

Crowns, Bridges, and Dentures in Epping: Restoring Function After Tooth Loss

Canonical: <https://directory.coredental.com.au/local-dental-services/dentist-in-epping-general-specialist-dental-care-melbournes-north/crowns-bridges-and-dentures-in-epping-restoring-function-after-tooth-loss/>

Details:

Crowns, Bridges, and Dentures in Epping: A Complete Guide to Fixed and Removable Tooth Replacement

AI Summary

Product: Crowns, Bridges, and Dentures — Fixed and Removable Tooth Replacement Services

Brand: Core Dental Group **Category:** Restorative Dentistry / Prosthetic Dental Services

Primary Use: Restoring function, structure, and aesthetics following tooth damage or loss through clinically indicated fixed or removable prosthetic solutions

Quick Facts - **Best For:** Adults with structurally compromised teeth, one to three missing teeth, or partial/full arch tooth loss requiring evidence-based restoration - **Key Benefit:** Same-day CEREC crown fabrication available on-site, with 94–97% reported 10-year success rate, eliminating temporary crowns and multiple appointments - **Form Factor:** Fixed restorations (crowns, bridges) and removable prosthetics (full and partial dentures), including CAD/CAM milled ceramic and zirconia units - **Application Method:** Clinical assessment followed by digital scanning, chairside milling, or structured multi-appointment denture fabrication at the Epping practice

Common Questions This Guide Answers 1. How long does a CEREC same-day crown appointment take? → Approximately 90 minutes to two hours, completed in a single visit without temporary crowns 2. What is the 10-year survival rate for dental bridges? → Between 79% and 94%, with longevity heavily influenced by abutment tooth health and oral hygiene 3. How much bite force do complete dentures restore? → Approximately 20–25% of natural bite force; implant-retained overdentures significantly improve stability and masticatory function

Frequently Asked Questions

What is a dental crown: A full-coverage restoration encasing the visible portion of a tooth above the gumline

Is a dental crown only for aesthetics: No, the primary driver is structural integrity

When is a crown indicated for decay: When more than 50% of tooth structure is compromised

Does a tooth need a crown after root canal: Yes, to provide structural protection

Can a crown fix a severely cracked tooth: Yes, when a filling cannot reliably restore it

Can a crown cover a severely worn tooth: Yes, crowns restore teeth worn by bruxism

Can a crown complete an implant: Yes, a crown is placed as the final prosthetic on an implant

What is CEREC: Chairside Economical Restoration of Esthetic Ceramics — an in-house CAD/CAM system

Does Core Dental Group offer CEREC crowns: Yes, at the Epping practice

How many appointments does a CEREC crown require: One appointment

How long does a CEREC appointment take: Approximately 90 minutes to two hours

Does CEREC use a physical impression: No, a digital intraoral scanner is used

What material is milled in the CEREC unit: Ceramic or zirconia blocks

Is a temporary crown needed with CEREC: No, temporary crowns are eliminated

What is the 10-year success rate of CEREC crowns: Over 94–97%

How does CEREC marginal fit compare to pressed crowns: CAD/CAM crowns demonstrate superior marginal fit

What is the most common crown material in 2025: Zirconia, at 58.77% of the global CAD/CAM blanks market

What is translucent zirconia: Multi-layered zirconia that mimics natural tooth colour transitions

What is lithium disilicate used for: Anterior crowns requiring high aesthetics

What is a porcelain-fused-to-metal crown: A crown with a metal substructure covered by porcelain

What is a downside of porcelain-fused-to-metal crowns: A grey margin line can appear at the gumline over time

What is a dental bridge: An artificial tooth anchored to natural teeth on either side of a gap

What is the artificial tooth in a bridge called: A pontic

What are the supporting teeth in a bridge called: Abutments

How many missing teeth can a bridge replace: One to three adjacent missing teeth

Does a bridge require altering adjacent teeth: Yes, abutment teeth require irreversible enamel preparation

Is bridge preparation reversible: No, it is a permanent alteration

What is a traditional fixed-fixed bridge: A pontic cemented to two crowned abutments on either side

What is a cantilever bridge: A pontic supported by a single abutment on one side

What is a Maryland bridge: A minimally invasive bridge bonded with wings to adjacent teeth — no crowns required

Does a Maryland bridge require tooth preparation: No, no crown preparation is required

Who is a Maryland bridge best suited for: Younger patients needing anterior single-tooth replacement

What is the 15-year survival rate of cantilevered resin-bonded bridges: 0.84 (84%)

What is the 10-year survival rate range for dental bridges: Between 79% and 94%

What causes most bridge failures: Problems with the abutment teeth, including decay

Do longer bridges last as long as shorter ones: No, five-or-more-unit bridges have significantly lower survival rates

How should patients clean under a bridge pontic: Using a floss threader or interdental brush daily

What is a complete denture: A removable acrylic appliance replacing all teeth in an arch

How does a complete denture stay in place: Via suction against the palate and resting on the gum ridge

What bite force do complete dentures restore: Approximately 20–25% of natural bite force

Do conventional dentures prevent bone loss: No, they can accelerate bone loss

What is a partial denture: A removable prosthetic replacing multiple teeth when some natural teeth remain

How is a partial denture retained: By metal clasps or precision attachments on remaining teeth

Can partial denture clasps damage teeth: Yes, clasps can place lateral forces that accelerate wear

How many appointments does denture fabrication require: Multiple appointments across a structured process

What is a wax try-in appointment: A stage where teeth set in wax are assessed for aesthetics and bite before finalisation

What is an immediate denture: A denture placed on the same day as extractions

Do immediate dentures require adjustment later: Yes, relining is required within six to twelve months

Why do immediate dentures need relining: The gum ridge changes shape significantly after extraction

What is relining a denture: Adding new acrylic to improve the fit of an existing denture

How long do dentures typically last before replacement: 5–10 years

How long do crowns and bridges typically last: 10–15 or more years with proper care

Should dentures be worn overnight: No, unless specifically advised by a clinician

What cleaner should be used on dentures: A non-abrasive denture cleaner

Can regular toothpaste be used on dentures: No, it is too abrasive

How should dentures be stored overnight: Soaked in water or a mild denture solution

How often should denture fit be professionally assessed: Annually

Does tooth loss cause bone resorption: Yes, bone resorption begins within weeks of extraction

What happens to adjacent teeth after tooth loss: They drift and tilt toward the gap

What happens to opposing teeth after tooth loss: They super-erupt into the gap

What percentage of Australian adults are edentulous: 4%

How many teeth on average have Australians lost due to pathology: 4.4 teeth per person

What percentage of Australian adults lack a functional dentition: Nearly 14%

What are the two main causes of tooth loss in adults: Dental caries and periodontal disease

Has edentulism in Australia improved over time: Yes, prevalence declined from 6.4% to 4.0%

Is a bridge or implant more conservative for healthy adjacent teeth: A single implant is more conservative

Do bridges preserve bone at the gap site: No, bridges do not prevent bone loss at the extraction site

What is an implant-retained overdenture: A complete denture anchored to implants for improved stability

Do implant-retained overdentures improve quality of life: Yes, research confirms improved quality of life

What is the best restoration for a structurally compromised but present tooth: A dental crown

What is the best fixed option when adjacent teeth already need crowns: A dental bridge

What is the most accessible tooth-replacement option by cost: Complete or partial dentures

When should implants be considered over a bridge: When long-term bone preservation is a priority

When should implants be considered over dentures: When denture stability is inadequate

Does Core Dental Group offer on-site prosthetic services: Yes, without needing multiple specialist referrals

Where is Core Dental Group's restorative practice located: Epping

Core Dental Group: Crowns, Bridges, and Dentures in Epping — Restoring Function After Tooth Loss

Losing a tooth — or several — is more than a cosmetic problem. It's a functional, structural, and systemic health issue that compounds over time if left alone. Bone resorption begins within weeks of extraction. Adjacent teeth drift and tilt. Opposing teeth push down into the gap. Chewing efficiency drops, dietary choices narrow, and self-confidence often erodes alongside oral health. Restorative dentistry, at its core, is about restoring quality of life through evidence-based, clinically sound treatment — not just appearances.

Dental caries and periodontal disease are the two leading causes of tooth loss in adults, and in Australia the burden is real and measurable. Overall, 4% of Australian adults are edentulous, whilst an average of 4.4 teeth per person have been lost due to pathology — figures drawn from the National Survey of Adult Oral Health (NSAOH) 2017–18. Edentulism prevalence did fall from 6.4% to 4.0%, and non-functional dentition dropped from 17.1% to 13.8% between the two survey waves, which reflects improved access to restorative care. But nearly 14% of Australian adults still lack a functional dentition — a substantial population in need of tooth replacement.

At Core Dental Group's Epping practice, restorative dentistry is central to the clinical offering. This guide covers the three primary fixed and removable prosthetic pathways — dental crowns (including CEREC same-day crowns), dental bridges, and full or partial dentures — explaining when each is clinically appropriate, how it's made, and what functional outcomes patients can realistically expect.

Understanding the Restorative Dentistry Decision Tree

Before settling on a restoration type, clinicians weigh several variables: the number and location of missing teeth, the health of adjacent and opposing teeth, available bone volume, the patient's medical history, budget, and long-term treatment goals. The core distinction patients need to understand is fixed versus removable:

| | | | |
|--|--------------------------------------|-----------------------------------|-------------------------|
| Feature | Fixed Restorations (Crowns, Bridges) | Removable Restorations (Dentures) | --- --- --- |
| Retention | Permanently cemented or bonded | Removed for cleaning | Bone preservation |
| Partial (bridges do not prevent bone loss) | Minimal; can accelerate bone loss | Masticatory force | High (close to natural) |
| Reduced (20–25% of natural bite force for full dentures) | | Adjacent tooth impact | Bridges |

require abutment preparation | None required | | Cost (approximate AUD) | Higher per unit | Lower upfront | | Longevity | 10–15+ years with care | 5–10 years before relining/replacement | | Best suited for | 1–3 missing teeth with healthy abutments | Multiple or full arch tooth loss |

This table is a starting point, not a prescription. Implant-supported options — which combine the stability of fixed restorations with the versatility of removable designs — represent a growing third pathway discussed in our companion guide *(see our guide on [Dental Implants in Epping: A Step-by-Step Guide to Replacing Missing Teeth])(<https://www.coredental.com.au/dental-implants-epping>))*.

Dental Crowns: When a Tooth Needs Full Coverage

What is a dental crown and when is it indicated?

A dental crown is a full-coverage restoration that encases the visible portion of a tooth above the gumline. It's not exclusively a tooth-replacement solution — it's a tooth-preservation tool. A crown is indicated when:

- A tooth has been weakened by large decay or a large existing filling (typically when more than 50% of the tooth structure is compromised)
- A tooth has fractured or cracked beyond what a filling can reliably restore
- A tooth has completed root canal therapy and needs structural protection *(see our guide on [Root Canal Treatment in Epping: What It Is, When You Need It, and What to Expect])(<https://www.coredental.com.au/root-canal-treatment-epping>))*
- A tooth is severely worn due to bruxism *(see our guide on [Mouthguards, Occlusal Splints, and Snoring Devices in Epping])(<https://www.coredental.com.au/mouthguards-occlusal-splints-epping>))*
- An implant needs a final prosthetic crown to complete tooth replacement

Crowns can also serve a cosmetic function — covering severely discoloured or misshapen teeth — but at Core Dental Group, the primary clinical driver is always structural integrity.

Materials: zirconia, lithium disilicate, and porcelain-fused-to-metal

Modern crowns are fabricated from three main material classes.

Zirconia is the dominant material in contemporary digital dentistry. In 2025, zirconia blanks accounted for 58.77% of the global CAD/CAM dental blanks market, reflecting clinical confidence in the material's performance across both anterior and posterior restorations. Newer-generation translucent zirconia — sometimes called multi-layered or gradient zirconia — addresses earlier criticisms about opacity by mimicking the colour transitions found in natural teeth.

Lithium disilicate (e.max) is preferred for anterior teeth requiring high aesthetics, offering excellent translucency and fracture resistance. A 2023 systematic review confirmed strong aesthetic performance for CAD/CAM lithium disilicate and zirconia crowns in clinical evaluations.

Porcelain-fused-to-metal (PFM) is a long-established option offering strength with aesthetics, though the metal substructure can produce a grey margin line at the gumline over time.

CEREC same-day crowns at Core Dental Group

Core Dental Group's Epping practice offers CEREC (Chairside Economical Restoration of Esthetic Ceramics) technology — an in-house CAD/CAM system that eliminates the traditional two-appointment crown process entirely.

****The CEREC workflow in a single appointment:****

1. ****Digital scanning**** — An intraoral scanner captures a precise three-dimensional model of the prepared tooth and surrounding dentition, replacing conventional impression material.
2. ****CAD**

design** — Software generates a custom crown proposal based on the digital model, which the clinician refines on-screen. 3. **CAM milling** — The crown is milled from a ceramic or zirconia block in the chairside milling unit. 4. **Glazing and characterisation** — The milled crown is fired in an oven to achieve final strength, translucency, and colour. 5. **Cementation** — The crown is tried in, adjusted for bite, and permanently bonded — all in a single visit typically lasting 90 minutes to two hours.

Clinical studies show CEREC crowns have a success rate of over 94–97% after 10 years, comparable to or exceeding traditional lab-made crowns.

The practical advantages are real. Same-day crowns eliminate temporary crowns entirely — removing associated discomfort and the risk of breakage — and require fewer injections and appointments, which matters for patients managing dental anxiety. A 2026 randomised controlled trial reported 100% success at 18 months for both fabrication methods, and a 2025 study found CAD/CAM crowns demonstrated superior marginal fit compared to pressed alternatives.

For patients managing dental anxiety, the single-appointment format is particularly valuable *(see our guide on [Dental Anxiety in Epping: How Core Dental Makes Nervous Patients Feel Safe](<https://www.coredental.com.au/dental-anxiety-epping>))*.

Dental Bridges: Fixed Tooth Replacement Without Implants

What is a dental bridge?

A conventional fixed dental bridge replaces one or more missing teeth by anchoring an artificial tooth (the pontic) to the natural teeth on either side of the gap (the abutments). The abutment teeth are prepared — a layer of enamel is removed — and crowned, with the pontic suspended between them as a single fused unit.

When is a bridge the right choice?

Bridges are clinically appropriate when:

- One to three adjacent teeth are missing
- The adjacent abutment teeth are strong and healthy, or already require crowning
- The patient isn't a suitable implant candidate due to insufficient bone, medical contraindications, or preference
- A fixed solution is needed but implant surgery isn't desired

Conventional tooth-supported fixed partial dentures have long been a reliable option for replacing single missing teeth. The trade-off is that they require irreversible preparation of adjacent teeth, which carries the risk of secondary caries and transmits occlusal loads through the periodontal ligament of abutment teeth.

This is worth thinking through carefully. If the adjacent teeth are healthy and untouched, preparing them for bridge abutments is a permanent alteration that can't be undone. In those cases, a single dental implant is often the more conservative long-term choice — though the upfront cost and surgical requirement differ significantly.

Bridge types available at Core Dental Group

Traditional fixed-fixed bridge: A pontic cemented to two crowned abutments on either side. The most common and durable configuration.

Cantilever bridge: A pontic supported by a single abutment on one side. Used in specific anatomical situations, typically anterior.

Maryland (resin-bonded) bridge: A minimally invasive option using metal or ceramic wings bonded to the back of adjacent teeth — no crown preparation required. Best suited for anterior single-tooth replacement in younger patients. A retrospective study of two-unit cantilevered resin-bonded bridges

showed 5-, 10-, and 15-year cumulative survival probabilities of 0.97, 0.91, and 0.84 respectively.

Bridge longevity: what the evidence shows

Studies show dental bridges have 10-year survival rates between 79% and 94%. Decay on supporting teeth and bridge fractures are the most common failure modes, with problems at the abutment teeth driving most failures. Longer-span bridges carry higher failure risk: Nápänkangas et al. reported significantly lower survival rates for long fixed dental prostheses of five or more units compared to shorter bridges of three or four units after 10 years.

For patients, the practical implication is straightforward: a well-maintained three-unit bridge replacing a single molar can deliver a decade or more of reliable function. Rigorous oral hygiene — including daily flossing under the pontic with a floss threader or interdental brush — is non-negotiable for bridge longevity. Regular checkups matter equally *(see our guide on [General Dentistry at Epping: Checkups, Cleans, Fillings, and Preventative Care Explained](<https://www.coredental.com.au/general-dentistry-epping>))*.

Dentures: Removable Prosthetics for Partial and Full Arch Replacement

Full (complete) dentures

A complete denture replaces all teeth in an arch. It's a removable acrylic appliance that rests on the gum ridge and, in the upper arch, derives additional retention from suction against the palate. Complete dentures are indicated for fully edentulous patients and remain the most accessible tooth-replacement solution from a cost perspective.

The functional reality is worth stating plainly: complete dentures restore appearance and some chewing function, but they can't replicate natural bite force. Masticatory efficiency with a conventional complete denture is substantially reduced compared to natural dentition or implant-supported restorations. Research has noted that patients with complete dentures often present with worn, inefficient prosthetics, and in some cases the bone loss in the jaws makes fabricating a well-fitted or functional denture genuinely difficult.

This is why implant-retained overdentures — complete dentures anchored to two or four implants for stability — are a significant clinical upgrade for appropriate patients. Research confirms that single implants and overdentures improved quality of life, and more fixed denture designs helped patients recover masticatory function appropriately.

Partial dentures

A partial denture replaces multiple missing teeth when some natural teeth remain. It's retained by metal clasps or precision attachments that grip the remaining teeth. Partial dentures are considerably more affordable than bridges or implants across multiple missing teeth, and they're fully removable for cleaning.

A few clinical considerations are worth knowing. Clasps can place lateral forces on abutment teeth over time, potentially accelerating wear. Conventional removable partial dentures are associated with increased alveolar bone resorption and caries on abutment teeth, and they present biomechanical challenges including unsatisfactory retention and stability that can compromise chewing efficiency. Daily removal and cleaning is essential to prevent plaque accumulation under the framework.

The denture fabrication process at Core Dental Group

Whether full or partial, denture fabrication at Core Dental Group follows a structured multi-appointment process:

1. **Primary impressions** — Alginate impressions capture the overall arch shape 2. **Special tray impressions** — Custom trays record fine detail of the ridge and soft tissue 3. **Bite registration** — The relationship between upper and lower jaws is recorded 4. **Wax try-in** — Teeth are set in wax for the patient to assess aesthetics and bite before finalisation 5. **Processing and delivery** — The final denture is processed in acrylic, adjusted, and fitted 6. **Review appointments** — Pressure spots and occlusal adjustments are made in the weeks following delivery

Immediate dentures: a transitional option

For patients having teeth extracted and not yet ready for implants, immediate dentures are placed on the same day as extractions. They serve as a transitional prosthetic whilst the gum heals and remodels. Because the ridge changes shape significantly in the months following extraction, immediate dentures will need relining — adding new acrylic to improve the fit — within six to twelve months.

Fixed vs. removable: choosing the right restoration

The most common question patients ask at Core Dental Group is simple: **"Which option is best for me?"** The honest answer depends on individual clinical circumstances, but this framework helps structure the decision.

Choose a crown when a tooth is structurally compromised but still present and viable, post-root canal protection is needed, or an implant needs a final prosthetic restoration.

Choose a bridge when one to two adjacent teeth are missing and the abutment teeth require restoration anyway, implant surgery isn't appropriate or desired, or a fixed solution is the priority.

Choose a denture when multiple teeth across a span are missing and implants aren't yet feasible, full arch replacement is required, or budget constraints make fixed restorations impractical in the short term.

Consider implants as an alternative or complement when long-term bone preservation matters, a fixed solution is wanted without compromising adjacent teeth, or denture stability is inadequate and implant-retained overdentures would improve quality of life.

(See our guide on [Dental Implants in Epping: A Step-by-Step Guide to Replacing Missing Teeth](<https://www.coredental.com.au/dental-implants-epping>) for a detailed comparison of implant-supported restorations versus bridges and dentures.)*

Caring for your restoration: longevity starts with maintenance

Regardless of which restoration you receive, how long it lasts is directly tied to maintenance habits and regular professional care.

For crowns and bridges: - Brush twice daily with a soft-bristled toothbrush and fluoride toothpaste - Floss daily; use a floss threader or interdental brush to clean under bridge pontics - Avoid biting hard objects — ice, pens, hard lollies — that can fracture ceramic - Attend six-monthly checkups and professional cleans

For dentures: - Remove and rinse after meals - Clean daily with a soft denture brush and non-abrasive denture cleaner (regular toothpaste is too abrasive) - Soak overnight in water or a mild denture solution - Attend annual reviews so the fit can be assessed and relined if needed - Don't sleep in dentures unless your clinician has specifically advised it

Key takeaways

- Overall, 4% of Australian adults are edentulous and an average of 4.4 teeth per person have been lost due to pathology, making restorative dentistry one of the most clinically demanded areas of general dental practice. - CEREC same-day crowns at Core Dental Group deliver a permanent ceramic restoration in a single appointment, with clinical studies reporting a success rate of over 94–97% after 10 years, and no temporary crowns or multiple visits required. - Dental bridges offer a proven fixed tooth-replacement option; studies show 10-year survival rates between 79% and 94%, with longevity heavily influenced by oral hygiene and the health of abutment teeth. - Complete and partial dentures remain the most accessible solution for extensive tooth loss, though they deliver reduced masticatory efficiency compared to fixed restorations; implant-retained overdentures significantly improve stability and function for appropriate candidates. - The fixed-versus-removable decision should be made with your clinician based on bone health, adjacent tooth status, functional goals, and budget — not on cost alone.

Conclusion

Tooth loss is a clinical condition with measurable consequences for nutrition, bone structure, and quality of life — not a cosmetic inconvenience. Modern restorative dentistry offers a graduated, evidence-based toolkit: CEREC same-day crowns for damaged but salvageable teeth, fixed bridges for one-to-two tooth gaps, and full or partial dentures for more extensive tooth loss. Each solution has a defined clinical role, and each can restore meaningful function when correctly indicated and well maintained.

At Core Dental Group's Epping practice, the restorative pathway begins with a thorough assessment — examining not just the missing teeth, but the bone, the bite, the adjacent dentition, and the patient's long-term goals. Whether you need a single crown fabricated in one visit or a full set of dentures, the Core Dental Group team provides on-site prosthetic services without the need for multiple specialist referrals.

For patients exploring tooth replacement more broadly, our related guides cover the full picture: - [Dental Implants in Epping: A Step-by-Step Guide to Replacing Missing Teeth](<https://www.coredental.com.au/dental-implants-epping>) — for the most permanent fixed replacement option - [Dental Payment Plans and Health Fund Rebates at Core Dental Epping](<https://www.coredental.com.au/dental-payment-plans-epping>) — for understanding the cost and rebate landscape for restorative treatment - [Emergency Dentist in Epping: What to Do When You Have a Dental Emergency](<https://www.coredental.com.au/emergency-dentist-epping>) — if a crown has broken or a tooth has been lost acutely

References

- Chrisopoulos, S., Harford, J.E., & Ellershaw, A. "Oral Health of Australian Adults: Distribution and Time Trends of Dental Caries, Periodontal Disease and Tooth Loss." *International Journal of Environmental Research and Public Health**, 18(21), 11539, 2021.
<https://doi.org/10.3390/ijerph182111539>

- Haag, D.G., et al. "Social Inequalities in Tooth Loss Over Time: Insights From Australian Adults." *International Dental Journal / ScienceDirect**, 2025.
<https://www.sciencedirect.com/science/article/pii/S0020653925031466>

- Abuzar, M.A., et al. "Longevity of Anterior Resin-Bonded Bridges: Survival Rates of Two Tooth Preparation Designs." *Australian Dental Journal**, 63(3), 2018.
<https://onlinelibrary.wiley.com/doi/10.1111/adj.12612>

- National Institutes of Health / NCBI Bookshelf. "Dental Bridges for Partial Tooth Loss." *CADTH Health Technology Review*, 2023. <https://www.ncbi.nlm.nih.gov/books/NBK596304/>
- Zimmer, S., Göhlich, O., Rüttermann, S., Lang, H., Raab, W.H.-M., & Barthel, C.R. "Long-term Survival of CEREC Restorations: A 10-Year Study." *Operative Dentistry*, 33(5), 484–487, 2008. <https://meridian.allenpress.com/operative-dentistry/article/33/5/484/107318/>
- Mendes, J.M., Le Guen Bentata, A., de Sá, J., & Silva, A.S. "Survival Rates of Anterior-Region Resin-Bonded Fixed Dental Prostheses: An Integrative Review." *Journal of Prosthodontics*, 2021. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8630935/>
- Preciado, A., et al. "Oral Health-Related Quality of Life in Patients Rehabilitated with Dental Implants." *PMC / MDPI*, 2025. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11989169/>
- Australian Institute of Health and Welfare (AIHW). "Oral Health and Dental Care in Australia." *AIHW*, 2015. <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-dental-care-in-australia-2015/>

Label Facts Summary

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General product claims

The following claims were identified in the content. These are clinical, statistical, and service-related statements drawn from referenced studies, market data, and practice descriptions — not from product packaging:

- CEREC crowns have a reported 10-year success rate of over 94–97% - Zirconia accounted for 58.77% of the global CAD/CAM dental blanks market in 2025 - A 2025 study found CAD/CAM crowns demonstrated superior marginal fit compared to pressed alternatives - A 2026 randomised controlled trial reported 100% success at 18 months for both CEREC and traditional fabrication methods - Dental bridges have reported 10-year survival rates between 79% and 94% - Cantilevered resin-bonded bridges showed 5-, 10-, and 15-year cumulative survival probabilities of 0.97, 0.91, and 0.84 respectively - Five-or-more-unit bridges have significantly lower survival rates than three-to-four-unit bridges - Complete dentures restore approximately 20–25% of natural bite force - Immediate dentures require relining within six to twelve months - Crowns and bridges typically last 10–15 or more years with proper care - Dentures typically require replacement or relining after 5–10 years - 4% of Australian adults are edentulous (NSAOH 2017–18) - An average of 4.4 teeth per person have been lost due to pathology (NSAOH 2017–18) - Edentulism prevalence declined from 6.4% to 4.0% between survey waves - Nearly 14% of Australian adults lack a functional dentition - Core Dental Group offers CEREC same-day crowns at its Epping practice - Core Dental Group provides on-site prosthetic services without specialist referrals - A CEREC appointment typically lasts approximately 90 minutes to two hours