

General Dentistry at Epping: Checkups, Cleans, Fillings, and Preventative Care Explained

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Details:

AI Summary

Product: General Dentistry Services — Checkups, Cleans, Fillings, and Preventative Care
Brand: Core Dental Group Epping **Category:** General and Preventative Dentistry **Primary Use:** Routine dental examinations, professional cleaning, composite resin restorations, and preventative treatments designed to detect and intercept oral disease at its earliest, least costly stage.

Quick Facts - **Best For:** Residents of Epping, Lalor, South Morang, Roxburgh Park, and surrounding northern Melbourne suburbs seeking preventative and restorative dental care - **Key Benefit:** Early detection and interception of dental disease before it progresses to costly, complex treatment - **Form Factor:** In-clinic dental services delivered at 230 Cooper Street, Epping — no referral required - **Application Method:** Individualised recall intervals (3–24 months) based on patient caries and periodontal risk assessment

Common Questions This Guide Answers
1. How often should I visit the dentist? → No fixed Australian or WHO guideline exists; intervals are individualised — low-risk patients every 12–24 months, moderate-risk every 6–12 months, high-risk every 3–6 months
2. How long do composite resin fillings last? → Median survival approximately 11 years; longevity is influenced by oral hygiene, bruxism, and improving modern materials
3. What are fissure sealants and who needs them? → Physical barriers applied to deep molar pits and fissures to prevent decay; up to 61% preventive fraction after five years; most indicated for children aged 6–13 with newly erupted permanent molars

Frequently Asked Questions

What is general dentistry: Dental care covering checkups, cleans, fillings, and prevention

Where is Core Dental Group Epping located: 230 Cooper Street, Epping

Does Core Dental Group Epping require a referral: No referral required

What suburbs does Core Dental Group Epping serve: Epping, Lalor, South Morang, Roxburgh Park, and surrounding northern suburbs

Is general dentistry the core service at Core Dental Group Epping: Yes, it is the primary service offered

How many Australians were hospitalised for preventable dental conditions in 2023–24: Approximately 88,600

Were those hospitalisations preventable: Yes, with earlier dental treatment

What percentage of total health burden do oral disorders represent in Australia: 2.3% of total health burden

What percentage of non-fatal health burden do oral disorders represent: 4.2% of non-fatal burden

Was dental caries among the top 20 causes of non-fatal burden for children: Yes, for both boys and girls

Is there an Australian guideline specifying six-monthly dental visits: No fixed frequency guideline exists

Is there a WHO guideline specifying fixed dental visit frequency: No

Who determines the appropriate recall interval: The patient's dentist, based on individual risk

What recall interval suits low-risk patients: 12–24 months

What recall interval suits moderate-risk patients: 6–12 months

What recall interval suits high-risk patients: 3–6 months

What recall interval is recommended for children in active development: Every 6 months

What triggers a high-risk recall classification: Active caries, periodontitis, dry mouth, or diabetes

Does Core Dental Group Epping apply a blanket six-month recall policy: No, intervals are individualised

What does a routine dental examination include: Medical history review, soft tissue exam, periodontal assessment, charting, and treatment planning

Is an oral cancer screening included in every checkup: Yes

What does the extra-oral examination assess: Face, jaw joints, lymph nodes, and neck

What does the intra-oral soft tissue examination check for: Ulcerations, lesions, and tissue colour changes

What is a healthy periodontal pocket depth: 1–3 mm

What pocket depth indicates early gum disease: 4 mm or more

How often are bitewing X-rays typically taken: Every 12–24 months, depending on risk profile

What does an occlusal assessment check for: Signs of bruxism, wear, or temporomandibular dysfunction

Can plaque be removed by brushing at home: Yes

Can calculus be removed by brushing at home: No, only a dental instrument can remove it

How quickly can plaque mineralise into calculus: Within 24–72 hours in calculus-prone individuals

What does supragingival scaling remove: Calculus and stain above the gumline

What does subgingival scaling target: Bacterial biofilm below the gumline

Is fluoride applied during a professional clean: Yes, as a varnish or gel

What type of filling does Core Dental Group Epping use: Composite resin (tooth-coloured)

Has composite resin largely replaced amalgam in private practice: Yes

Why is composite resin preferred over amalgam: Aesthetic appeal, conservative preparation, and biocompatibility

What is the median survival time for amalgam restorations: Over 16 years

What is the median survival time for composite restorations: Approximately 11 years

What is the most common cause of composite filling failure: Secondary caries

Does bruxism affect composite filling longevity: Yes, it reduces longevity

Does oral hygiene affect composite filling longevity: Yes, poor hygiene shortens filling life

How many steps does composite filling placement involve: Seven steps

Is local anaesthetic used for composite fillings: Yes

Are composite resin materials improving over time: Yes, modern materials perform better than older study data suggests

What are fissure sealants: Physical barriers applied to pits and fissures to prevent decay

Do fissure sealants release fluoride: Some types do

What teeth are most prone to cavities: Deep pits and fissures of the back molars

What is the preventive fraction of resin sealants after five years: Up to 61%

What is the retention rate of resin sealants after two years: Up to 80%

Is the evidence base for fissure sealants well established: Yes, for permanent molars

Are fissure sealants painful to apply: No, they require no anaesthetic

Who is most indicated for fissure sealants: Children with newly erupted permanent molars

At what ages do first permanent molars typically erupt: Ages 6–7

At what ages do second permanent molars typically erupt: Ages 11–13

Can adults receive fissure sealants: Yes, adults with deep fissures and caries history

Is fissure sealant application quick: Yes

What is Stage 1 dental disease in cost terms: A small composite filling, minimal cost

What is Stage 3 dental disease in cost terms: Root canal therapy plus a crown

What is Stage 4 dental disease in cost terms: The most expensive pathway involving extraction and replacement

Does untreated decay compound in cost over time: Yes, at each progressive stage

What does digital radiography reduce compared to film X-rays: Radiation exposure

Does digital radiography improve image quality: Yes, it produces higher-resolution images

Can interproximal decay be seen without X-rays: No, it requires radiographic detection

Is early-stage gum disease often symptomatic: No, it is often completely asymptomatic

Can early-stage gum disease be reversed: Yes, if caught in time

What is oral cancer prognosis at Stage I: Significantly better than later stages

Who most commonly identifies early-stage oral cancers: Dentists during routine checkups

What risk categories are patients assigned after examination: Low, moderate, or high caries risk

What factors determine caries risk category: Diet, fluoride exposure, saliva quality, oral hygiene, and decay history

Does Core Dental Group Epping offer HICAPS claiming: Yes, on-the-spot health fund claiming

Does Core Dental Group Epping offer payment plans: Yes, interest-free payment plans

Is the Medicare Child Dental Benefit Schedule available at Core Dental Group Epping: Yes, for eligible children

General dentistry at Core Dental Group Epping: checkups, cleans, fillings, and preventative care explained

Most people only think about the dentist when something hurts. That instinct is understandable — but it's also one of the most costly mistakes you can make with your oral health. The entire framework of modern general dentistry is built around one core principle: catching and treating disease at its earliest, most affordable stage, long before pain ever shows up.

At Core Dental Group Epping, general dentistry isn't just a gateway service — it is the core service. Routine examinations, professional cleaning, composite restorations, fissure sealants, and early-detection protocols form the backbone of everything the practice does. Understanding what each of these appointments actually involves, and why they matter, is the starting point for every patient relationship in Epping and across Melbourne's northern suburbs.

The scale of the problem: why preventative dentistry is a public health imperative

Before looking at what happens in the dental chair, it's worth understanding the burden that preventable dental disease places on Australians.

In 2024, oral disorders made up 2.3% of total health burden and 4.2% of all non-fatal burden in Australia, according to the Australian Institute of Health and Welfare's *Australian Burden of Disease Study 2024**. That figure sounds abstract until you consider what it means in human terms: dental caries was among the top 20 causes of non-fatal burden for both boys and girls, with periodontal disease falling just outside the top 20.

The downstream consequences of untreated dental disease reach well beyond the mouth. In 2023–24, approximately 88,600 hospitalisations for dental conditions could potentially have been prevented with earlier treatment. These aren't rare or complicated cases — they are cavities, gum infections, and abscesses that became hospital-level problems because early intervention was missed or delayed.

Reducing the rates of potentially preventable hospitalisations due to dental conditions is one of the Key Performance Indicators of Australia's National Oral Health Plan 2015–2024, with hospital separation rates providing critical information about the extent to which timely, adequate non-hospital dental care has been provided.

The message is clear: regular general dentistry at a practice like Core Dental Group Epping isn't a lifestyle choice. It is evidence-based preventive medicine.

What is a routine dental examination? A step-by-step breakdown

What happens at a checkup appointment

A routine examination at Core Dental Group Epping is a structured, multi-component clinical assessment — not a quick look around the mouth. A thorough checkup typically covers:

1. **Medical history review** — Updated at each visit to identify new medications, systemic conditions (such as diabetes or cardiovascular disease), or lifestyle changes that affect oral health risk. Patients on blood thinners, bisphosphonates, or immunosuppressants require modified treatment protocols.

2. ****Extra-oral examination**** — The dentist examines the face, jaw joints (TMJ), lymph nodes, and neck for signs of swelling, asymmetry, or pathology. This step is often overlooked by patients but is clinically important for early detection of conditions that first present in the head and neck region.
3. ****Intra-oral soft tissue examination**** — A systematic inspection of the lips, cheeks, tongue, floor of mouth, and palate for ulcerations, lesions, or changes in tissue colour and texture. This is the oral cancer screening component of every routine checkup.
4. ****Periodontal assessment**** — Using a periodontal probe, the clinician measures the depth of the gum pockets around each tooth. Healthy sulcus depth is 1–3 mm; readings of 4 mm or more indicate early gum disease that warrants intervention. (For a detailed guide to gum disease stages and treatment, see our article on [*Gum Disease Treatment in Epping*](#).)
5. ****Dental charting and caries detection**** — Every tooth is charted for existing restorations, cracks, wear facets, and new carious lesions. Modern practices supplement visual examination with bitewing radiographs, typically taken every 12–24 months depending on risk profile, to detect interproximal decay that isn't visible to the naked eye.
6. ****Occlusal assessment**** — The bite relationship is assessed for signs of bruxism (teeth grinding), wear, or temporomandibular dysfunction. (Patients with evidence of grinding are often candidates for an occlusal splint — covered in our guide on [*Mouthguards, Occlusal Splints, and Snoring Devices in Epping*](#).)
7. ****Treatment planning and patient education**** — The clinician discusses findings, explains any recommended treatment, and provides personalised preventative advice based on the patient's specific risk factors, diet, and oral hygiene habits.

How often should you have a dental checkup?

The "every six months" rule gets cited a lot, but the clinical reality is more nuanced. There are currently no Australian or World Health Organization (WHO) guidelines specifying a fixed frequency of dental visits. The Australian evidence-based position, as reflected in national guidance, is that everyone has different oral health needs and risk levels, which should be reflected in the frequency of checkups — and patients should discuss their individual risk level and appropriate recall interval with their oral health professional.

In practice, this means:

| Patient risk profile | Recommended recall interval | |---|---| | Low caries risk, healthy gums, good home care | 12–24 months | | Moderate risk (e.g., occasional decay, mild gingivitis) | 6–12 months | | High risk (e.g., active caries, periodontitis, dry mouth, diabetes) | 3–6 months | | Children in active development | 6 months (aligned with CDBS eligibility) |

At Core Dental Group Epping, recall intervals are set individually after the initial examination, not applied as a blanket policy. This approach reflects the Australian Dental Association's commitment to oral health care that requires the judicious integration of systematic assessments of the best clinically relevant scientific evidence with the dentist's clinical expertise and the patient's treatment needs, values, and circumstances.

Professional dental cleaning: what scale and polish actually does

A professional clean — clinically termed a scale and prophylaxis — differs from brushing and flossing at home in one important way: it removes calculus (hardened tartar) that no toothbrush can dislodge.

The difference between plaque and calculus

Dental plaque is a soft, sticky biofilm of bacteria that forms continuously on tooth surfaces and can be removed by effective daily brushing and flossing. Calculus forms when plaque mineralises — typically within 24–72 hours in calculus-prone individuals. Once hardened, it can only be removed with a dental instrument. Calculus harbours bacteria that produce the toxins responsible for gum inflammation and, if left untreated, bone loss.

What a scale and clean involves

A professional clean at Core Dental Group Epping involves:

1. **Supragingival scaling** — Removal of calculus and stain from above the gumline using ultrasonic scalers and hand instruments.
2. **Subgingival scaling** — Instrumentation below the gumline to disrupt bacterial biofilm in the gum pockets. Patients with deeper pockets may require a more intensive procedure called root planing (see our guide on *Gum Disease Treatment in Epping* for a full explanation of this distinction).
3. **Polishing** — A rubber cup and prophylaxis paste are used to remove residual stain and smooth the tooth surface, reducing plaque adhesion.
4. **Fluoride application** — A concentrated fluoride varnish or gel is applied to strengthen enamel and provide an additional layer of caries protection, particularly for higher-risk patients.

Composite resin fillings: the evidence behind tooth-coloured restorations

When decay is detected early enough to preserve most of the natural tooth structure, a direct composite resin filling is the standard restorative solution at Core Dental Group Epping. Composite resin has largely replaced dental amalgam in private practice settings — composite resins are increasingly preferred over dental amalgam for their aesthetic appeal, conservative preparation, and biocompatibility.

How a composite filling is placed: step by step

1. **Local anaesthetic** — The area is numbed to ensure complete comfort throughout the procedure.
2. **Caries removal** — Decayed tooth structure is removed using a dental handpiece and hand instruments. Modern minimally invasive techniques aim to preserve as much healthy tooth structure as possible.
3. **Cavity preparation** — The cavity is shaped and conditioned with an acid etch to create a micro-mechanical bond surface.
4. **Bonding agent application** — A dentine bonding agent is applied and light-cured to create the adhesive interface.
5. **Composite placement** — The tooth-coloured resin is placed in incremental layers, each cured with a high-intensity LED light. This layering technique minimises polymerisation shrinkage stress.
6. **Shaping and polishing** — The restoration is shaped to match the tooth's natural anatomy and polished to a smooth, stain-resistant finish.
7. **Bite check** — The patient's occlusion is verified and adjusted to ensure there are no high spots that could cause discomfort or fracture.

How long do composite fillings last?

Longevity is a common patient question. A 2025 systematic review published in *PMC* found that amalgam restorations had superior longevity, with median survival times exceeding 16 years compared to 11 years for composite restorations, with secondary caries being the most common cause of composite failure. Aesthetic preferences and advances in composite materials continue to drive their usage. Composite resin materials have also undergone meaningful improvements since the trials informing earlier analyses were conducted — meaning real-world longevity for modern composites is likely better than older study data suggests.

Patient factors matter too: oral hygiene and bruxism both influence restoration longevity. Patients who grind their teeth are counselled about occlusal splint therapy to protect their restorations (see our guide on *Mouthguards, Occlusal Splints, and Snoring Devices in Epping*).

Fissure sealants: the most underutilised preventative tool in general dentistry

Fissure sealants are one of the most clinically effective — and least discussed — preventative treatments available in general dentistry. Yet many patients have never heard of them.

What are fissure sealants?

Dental sealants protect a tooth from caries development by providing a physical barrier to microorganism colonisation and creating a favourable environment for patients to clean. Some sealants also release fluoride ions to promote remineralisation.

The deep pits and fissures of the back teeth, particularly the first and second permanent molars, are the most cavity-prone surfaces in the mouth. Their complex anatomy makes thorough cleaning with a toothbrush nearly impossible, even with excellent technique.

The evidence for fissure sealants

The evidence base for sealants on permanent molars is well established. Moderate evidence supports the efficacy of resin-based sealants in occlusal caries prevention, arrest, and cost-effectiveness compared to no intervention. Specifically, the preventive fraction of resin sealant is up to 61% after five years.

In terms of retention — a key factor in effectiveness — studies from 2012 to 2022 showed resin sealant has a retention rate of up to 80% after two years.

The *Journal of the American Dental Association* (2016) reviewed multiple systematic reviews and found that sealants were effective in preventing occlusal and proximal carious lesions in the molars of children when compared with controls without sealants.

Who should have fissure sealants?

Fissure sealants are most clinically indicated for:

- Children and adolescents with newly erupted first and second permanent molars (typically ages 6–7 and 11–13)
- Adults with deep, narrow fissures and a history of caries
- Patients assessed as moderate-to-high caries risk at their recall examination

At Core Dental Group Epping, fissure sealant candidacy is assessed at each routine examination. The procedure is quick, painless, and requires no anaesthetic — making it well suited for children and anxious patients. (For more on managing dental anxiety, see our guide on *Dental Anxiety in Epping*.)

The preventative philosophy at Core Dental Group Epping: why it reduces long-term costs

The financial case for preventative dentistry is straightforward, even if it isn't always spelled out clearly for patients.

Consider the cost trajectory of untreated dental disease:

- **Stage 1** — Early enamel caries detected at checkup: A small composite filling. Minimal cost, minimal tooth loss, completed in a single appointment.
- **Stage 2** — Decay reaches dentine: A larger filling, possibly with a build-up. More tooth structure lost, higher cost.
- **Stage 3** — Decay reaches the pulp: Root canal therapy required, followed by a crown to protect the weakened tooth. Substantially higher cost and multiple appointments. (See our guide on *Root Canal Treatment in Epping* for a full explanation.)
- **Stage 4** — Tooth is unsalvageable: Extraction, followed by a dental implant, bridge, or denture. This is the most expensive pathway of all. (See our guides on *Dental Implants in Epping* and *Crowns, Bridges, and Dentures in Epping*.)

Each stage compounds cost, complexity, and tooth structure lost. The preventative model at Core Dental Group Epping is designed to intercept disease at Stage 1 — before it has a chance to progress.

This philosophy also aligns with national health policy. Australia is moving towards prevention and early intervention, with the National Oral Health Alliance calling for the Australian Government to commit to delivering universal access to affordable oral health care.

For patients concerned about the cost of dental care, Core Dental Group Epping offers HICAPS on-the-spot health fund claiming, interest-free payment plans, and Medicare Child Dental Benefit Schedule (CDBS) access for eligible children — all covered in detail in our guide on *Dental Payment Plans and Health Fund Rebates at Core Dental Group Epping*.

Early detection protocols: what modern general dentistry can find before you feel it

One of the most meaningful shifts in general dentistry over the past two decades is the move from reactive to proactive detection. At Core Dental Group Epping, early detection involves:

Digital radiography Bitewing and periapical X-rays taken with digital sensors reduce radiation exposure whilst producing high-resolution images that reveal interproximal decay, bone levels, and root pathology invisible to visual examination alone.

Periodontal charting Systematic probing at every checkup creates a baseline and trend record for each patient. A pocket depth that increases from 3 mm to 5 mm between visits is an early warning signal for progressing gum disease — catchable and reversible at this stage, but often completely asymptomatic.

Oral cancer screening Every routine examination at Core Dental Group Epping includes a structured soft tissue screening. Oral cancers detected at Stage I have a significantly better prognosis than those found at later stages — and the majority of early-stage oral cancers are identified by dentists during routine checkups, not by patients noticing symptoms themselves.

Risk stratification Following each examination, patients are assigned a caries risk category — low, moderate, or high — based on diet, fluoride exposure, saliva quality, oral hygiene, and history of decay. This determines recall interval, fluoride supplementation, and whether additional preventative measures like fissure sealants or dietary counselling are appropriate.

Key takeaways

- In 2023–24, approximately 88,600 hospitalisations for dental conditions in Australia could potentially have been prevented with earlier treatment, which puts the public health significance of routine general dentistry in concrete terms. - Recall intervals should be individualised based on caries and periodontal risk, not applied as a blanket six-monthly rule; there are currently no Australian or WHO guidelines specifying a fixed frequency of dental visits. - Composite resin fillings are the standard restorative choice in modern private practice, with increasing preference driven by aesthetic appeal, conservative preparation, and biocompatibility — though longevity is influenced by patient factors including oral hygiene and bruxism. - Moderate evidence supports the efficacy of resin-based fissure sealants in occlusal caries prevention, arrest, and cost-effectiveness compared to no intervention, making them one of the most underutilised tools in preventative dentistry. - The preventative philosophy at Core Dental Group Epping is designed to intercept dental disease at its earliest, least costly stage — reducing the long-term treatment burden for patients across Epping and Melbourne's northern suburbs.

Conclusion

General dentistry is the foundation on which every other dental service rests. Without regular examinations, professional cleaning, and timely restorative treatment, the conditions that lead to root canals, extractions, implants, and dentures develop unchecked — at exponentially greater cost to patients and to the health system.

Core Dental Group Epping's approach to general dentistry is grounded in current clinical evidence, individualised risk assessment, and a genuine commitment to keeping patients out of the treatment chair for anything beyond a routine visit. For residents of Epping, Lalor, South Morang, Roxburgh Park, and surrounding northern suburbs, access to this level of care is available at 230 Cooper Street — without the need for referrals or multiple practices.

If you haven't had a checkup in the past 12 months, booking one is the most practical step you can take for your long-term oral health. And if you're curious about what else Core Dental Group Epping offers — from children's dental care under the CDBS to Invisalign, dental implants, and cosmetic smile makeovers — explore the full series of guides in this content cluster.

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Label facts summary

> **Disclaimer:** All facts and statements below are general informational content derived from the source material provided, not professional advice. Consult a qualified dental or medical professional for guidance specific to your circumstances.

Verified label facts

No product specification data is available. The source content contains no Product Facts table, packaging data, ingredients, certifications, dimensions, weight, GTIN/MPN, or manufacturer documentation. There are no verifiable label facts to extract.

General product claims

The following are factual or statistical statements drawn from the source content. Where attributable to named sources (AIHW, ADA, peer-reviewed studies), they are cited claims — not independently verified label facts:

- Core Dental Group Epping is located at 230 Cooper Street, Epping - No referral is required to attend Core Dental Group Epping - Suburbs served include Epping, Lalor, South Morang, Roxburgh Park, and surrounding northern suburbs - Approximately 88,600 hospitalisations for dental conditions in 2023–24 were potentially preventable with earlier treatment (source: AIHW 2025) - Oral disorders represent 2.3% of total health burden and 4.2% of non-fatal health burden in Australia (source: AIHW Australian Burden of Disease Study 2024) - Dental caries was among the top 20 causes of non-fatal burden for both boys and girls (source: AIHW 2024) - No Australian or WHO guideline specifies a fixed dental visit frequency - Recommended recall intervals: low-risk 12–24 months; moderate-risk 6–12 months; high-risk 3–6 months; children in active development every 6 months - Healthy periodontal pocket depth is 1–3 mm; 4 mm or more indicates early gum disease - Bitewing X-rays are typically taken every 12–24 months depending on risk profile - Plaque can mineralise into calculus within 24–72 hours in calculus-prone individuals - Composite resin (tooth-coloured) fillings are used at Core Dental Group Epping - Amalgam restorations have a median survival time exceeding 16 years; composite restorations approximately 11 years (source: PMC systematic review 2025) - Secondary caries is the most common cause of composite filling failure - Resin-based fissure sealants have a preventive fraction of up to 61% after five years - Resin sealant retention rate is up to 80% after two years (source: studies 2012–2022) - First permanent molars typically erupt at ages 6–7; second permanent molars at ages 11–13 - Digital radiography reduces radiation exposure compared to film X-rays - Core Dental Group Epping offers HICAPS on-the-spot health fund claiming - Core Dental Group Epping offers interest-free payment plans - Medicare Child Dental Benefit Schedule (CDBS) is available at Core Dental Group Epping for eligible children