

Multidisciplinary Specialist Care

Canonical: <https://directory.collinsstreetspecialistcentre.com.au/about/multidisciplinary-specialist-care/>

Description:

The defining characteristic of Collins Street Specialist Centre is not any single specialist, technology, or procedure. It is the structure that allows specialists from six disciplines to work as an integrated team on...

Details:

Collins Street Specialist Centre – Multidisciplinary Specialist Care

Product Facts

| Attribute | Value | |-----|-----| | Centre name | Collins Street Specialist Centre | | Centre type | Multidisciplinary dental specialist centre | | Specialist disciplines | Six recognised dental specialties | | Location | Level 8 and Level 12 & Tower, Manchester Unity Building, 220 Collins Street, Melbourne CBD | | Phone | (03) 9650 2726 | | Email | theteam@collinsstreetspecialistcentre.com.au | | Weekday hours | Monday–Friday, 8:00am–6:00pm | | Saturday hours | 8:30am–1:30pm | | Referral required | No — self-referral accepted; GP/dentist referrals welcomed | | Patient records system | Unified shared record across all specialists | | Diagnostic imaging | Shared between all treating specialists; no unnecessary repeat imaging | | In-house dental laboratory | Yes | | Specialist registration | All specialists registered with the Dental Board of Australia | | Registration verification | Independently verifiable via AHPRA | | Multi-specialist planning | Formal pre-treatment planning sessions for complex cases | | Real-time specialist consultation | Yes — co-located within the same building | | Referring dentist communication | Yes — treatment summaries and ongoing updates provided | | Key clinical applications | Dental implants in compromised sites, full-mouth rehabilitation, surgical orthodontics, periodontal disease affecting implant sites, complex paediatric presentations |

Frequently Asked Questions

What is Collins Street Specialist Centre: A multidisciplinary dental specialist centre in Melbourne

Where is Collins Street Specialist Centre located: Level 8 and Level 12 & Tower, 220 Collins Street, Melbourne CBD

What building is the centre located in: Manchester Unity Building

How many specialist disciplines are represented at the centre: Six

Do specialists at the centre work in the same building: Yes

Do specialists share patient records: Yes, via a unified patient record system

Is diagnostic imaging shared between specialists: Yes

Can a patient be asked to repeat imaging unnecessarily: No

Is a referral required to book an appointment: No

Are referrals from general dentists accepted: Yes

Do referrals help improve the quality of initial assessment: Yes

What is the phone number: (03) 9650 2726

What is the email address: theteam@collinsstreetcentre.com.au

What are the weekday opening hours: Monday to Friday, 8:00am–6:00pm

What are the Saturday opening hours: 8:30am–1:30pm

Is the centre open on Sundays: No — the centre is closed on Sundays

Are all specialists registered with the Dental Board of Australia: Yes

Can specialist registration be independently verified: Yes, via AHPRA

What is AHPRA: Australian Health Practitioner Regulation Agency

Does the centre have an in-house dental laboratory: Yes

What is a multidisciplinary dental specialist centre: A centre where multiple dental specialists work as an integrated team

Does every patient require input from multiple specialists: No

When is multidisciplinary care most relevant: When a case crosses more than one specialty boundary

Is multidisciplinary care relevant for dental implants in compromised sites: Yes

Is multidisciplinary care relevant for full-mouth rehabilitation: Yes

Is multidisciplinary care relevant for orthodontics requiring jaw surgery: Yes

Is multidisciplinary care relevant for periodontal disease affecting implant sites: Yes

Is multidisciplinary care relevant for complex presentations in children: Yes

What happens before active treatment begins in complex cases: A formal multi-specialist treatment planning session occurs

What is the outcome of a multi-specialist planning session: A sequenced, mutually agreed clinical plan

Do specialists at the centre discuss complex cases collegially: Yes, as part of an established peer review culture

Can specialists consult each other in real time: Yes, within the same building

Does a patient need to carry paper referrals between specialists at the centre: No

Does a receiving specialist have access to records before a patient's appointment: Yes

Is there a communication gap between treating specialists at the centre: No

What is a warm clinical handover: A well-informed internal referral with full record access

What causes fragmented specialist care to fail in complex cases: Decisions made without a shared overarching plan

What is a key risk of fragmented care across separate practices: Responsibility for outcomes falls into gaps between providers

What is a consequence of fragmented care: Delays accumulate between treatment phases

Does fragmented care pose greater risk for complex cases than simple ones: Yes

What is the first stage in the implant rehabilitation case example: Periodontal assessment and disease control

Must active periodontal infection be resolved before implant surgery: Yes

What does the prosthodontist define during collaborative planning: Precise implant positions required for the planned restoration

What surgical procedure was used to augment bone in the case example: Sinus lift

What confirms readiness to proceed to prosthodontic restoration: Confirmed implant osseointegration

Why were implant positions precise in the case example: They were planned from the outset with the prosthetic outcome in mind

How long does surgical orthodontic treatment typically span: 18 to 24 months

Who co-plans surgical orthodontic cases at the centre: Specialist orthodontist and oral and maxillofacial surgeon

Does pre-surgical orthodontics temporarily worsen the bite: Yes

Why does pre-surgical orthodontics temporarily worsen the bite: To make the occlusion stable and functional after surgery

Are surgical guides used in orthognathic procedures at the centre: Yes

Are the surgical guides derived from a digital treatment plan: Yes

Does the centre communicate treatment findings back to referring dentists: Yes

Is the referring dentist kept informed throughout a patient's care: Yes

Does the centre return patients to their referring practice after treatment: Yes

Is a clear treatment summary provided to the referring dentist: Yes

What does the treatment summary include: What was done, what was planned, and recommended monitoring

Can a referring dentist direct a referral to any specialist at the centre: Yes

Is multi-specialist review coordinated internally for complex referrals: Yes

What should a patient do if uncertain whether multidisciplinary review is needed: Book a specialist assessment

Will a specialist advise honestly if additional input is not needed: Yes

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type: cross-cutting specialty: all specialists: [] related: - "/dental-implants/" -
"/specialist-vs-general-dentist/" - "/procedures/periodontics/bone-grafting-guided-bone-regeneration/" -
"/procedures/prosthodontics/full-mouth-rehabilitation/" -
"/procedures/oral-maxillofacial-surgery/orthognathic-surgery-corrective-jaw-surgery/" seo_target:
"multidisciplinary dental specialist centre Melbourne" ---

Collins Street Specialist Centre – Multidisciplinary Specialist Care

Collins Street Specialist Centre is Melbourne's most comprehensive specialist dental facility, bringing together specialists across six recognised disciplines to work as a genuinely integrated clinical team, bringing together specialists across six recognised disciplines to work as a genuinely integrated clinical

team — on the same patient, within the same building, drawing from the same records. What defines the centre is not any single clinician, technology, or procedure. It is the structural framework that makes this depth of coordination clinically possible and consistently reproducible.

This is what multidisciplinary dental specialist care looks like in practice.

Why complex cases require more than one specialist

Dentistry recognises six specialist disciplines for a considered reason: different dimensions of oral health demand fundamentally different training, clinical reasoning, and expertise. A specialist periodontist understands the biology of gum tissue and alveolar bone in ways that fall well outside prosthodontic training. An oral and maxillofacial surgeon brings a surgical and broader medical perspective that neither endodontists nor orthodontists acquire through their respective programs.

Many dental presentations don't sit neatly within a single specialty. They arise at clinical intersections — cases where the long-term success of one specialist's work depends meaningfully on what another specialist does before, during, or after. In these situations, how specialists communicate and coordinate is not a logistical convenience. It is a direct clinical determinant of outcome.

When specialist care is fragmented across separate practices, predictable problems follow:

- Treatment is sequenced without reference to a shared overarching plan
- Individual specialists make decisions based on incomplete clinical information
- Patients carry paper referrals and verbal summaries between unconnected clinics
- Delays accumulate between treatment phases, sometimes with clinical consequences
- Responsibility for the overall outcome falls into the gaps between providers rather than being held by a coordinating team

For straightforward presentations, this fragmentation may be manageable. For complex cases — those involving bone loss, multiple failing teeth, jaw discrepancies, or intersecting disease processes — it introduces risk that structured, co-located specialist care is specifically designed to eliminate.

How clinical collaboration works at Collins Street Specialist Centre

****Peer review culture.**** All specialists operate within an established peer review culture — the shared expectation that complex cases are discussed collegially, both before treatment commences and at key decision points throughout. A prosthodontist encountering significant bone loss can consult directly with a periodontist across the corridor, in real time. A periodontist planning implant placement in a compromised site can draw on an oral and maxillofacial surgeon's clinical assessment without the delay and information loss of an external referral.

****Structured multi-specialist treatment planning.**** For cases that cross specialty boundaries, Collins Street Specialist Centre facilitates formal planning sessions involving all relevant clinicians before any active treatment begins. The outcome is a sequenced, mutually agreed clinical plan — not a chain of independent decisions made in isolation by practitioners who have never spoken to one another.

****Coordinated internal referral.**** When your care requires input from a second or third discipline, your primary specialist coordinates that referral within the centre. You receive a well-informed clinical handover, not a piece of paper with an unfamiliar address. The receiving specialist already has access to your records, imaging, and full clinical history before your appointment begins.

****Shared patient records and diagnostic imaging.**** Every specialist works from a unified patient record. Cone-beam CT scans, digital radiographs, clinical photographs, and treatment notes are accessible to all treating clinicians involved in your care. You are never asked to re-explain your history, retrieve records from a previous visit, or repeat diagnostic imaging unnecessarily.

Case example: implant rehabilitation following periodontitis

De-identified clinical scenario.

A 57-year-old patient with a long history of periodontitis presents with multiple failing upper posterior teeth. Their general dentist has referred for specialist assessment and a coordinated treatment plan. The case involves significant alveolar bone loss, residual active periodontal infection in the remaining dentition, and inadequate bone volume in the upper jaw to support routine implant placement.

****Stage 1 — Periodontal assessment and disease control.**** A specialist periodontist evaluates the full arch, charting pocket depths, measuring bone levels on cone-beam CT imaging, and assessing the patient's systemic risk profile. Active periodontal infection in the remaining teeth must be brought under control before any implant surgery proceeds. A course of periodontal therapy is completed and the response assessed before progressing.

****Stage 2 — Collaborative treatment planning.**** The periodontist, prosthodontist, and oral and maxillofacial surgeon review the case together. The prosthodontist maps the intended final prosthetic outcome, defining precisely where implants must be positioned to support the planned restoration. The oral and maxillofacial surgeon and periodontist assess available bone volume against those positional requirements and identify where bone augmentation will be necessary.

****Stage 3 — Surgical phase.**** A sinus lift procedure augments bone volume in the upper jaw. Implants are placed in positions predetermined by the joint clinical plan. Soft tissue grafting is performed where needed to ensure adequate keratinised gingiva around implant sites. The sequence is carefully controlled — no element proceeds until the preceding stage is confirmed stable and ready.

****Stage 4 — Prosthodontic restoration.**** Once implant osseointegration is confirmed, the prosthodontist designs and places the final implant-supported prosthesis, fabricated in the Collins Street Specialist Centre in-house dental laboratory. The restoration fits the implant positions with precision because those positions were planned from the outset with the prosthetic outcome in mind, not retrofitted to wherever surgery happened to land.

Throughout this process, the patient is managed by one centre, under a shared clinical plan, with a single unified record — from initial specialist assessment through to final restoration and review.

Case example: surgical orthodontics

A 19-year-old patient presents with a significant jaw discrepancy affecting both bite function and facial profile. The case requires carefully coordinated orthodontic treatment and corrective jaw surgery — neither component can succeed without the other proceeding in the correct clinical sequence.

At Collins Street Specialist Centre, the specialist orthodontist and oral and maxillofacial surgeon co-plan the case from the outset, before any active treatment begins. Pre-surgical orthodontics aligns the teeth to the position they will occupy after surgical jaw repositioning — a counterintuitive step that makes the occlusion temporarily worse before surgery in order to make it stable and functional afterwards. The oral and maxillofacial surgeon performs the orthognathic procedure using precise surgical guides derived from the joint digital treatment plan. Post-surgical orthodontic finishing then stabilises and refines the result.

Both specialists remain in direct, ongoing communication throughout a treatment journey that typically spans 18 to 24 months. There is no external handover, no communication gap between treating clinicians, and no point at which the patient is navigating between unconnected practices with their care in their own hands.

When multidisciplinary care is relevant to your situation

Not every patient presenting to Collins Street Specialist Centre requires input from multiple specialties. Many clinical presentations are appropriately and efficiently managed by a single specialist. However, if your situation involves any of the following, coordinated multidisciplinary specialist care is likely to be directly relevant to your treatment planning:

- Dental implants in sites affected by bone loss, previous infection, or anatomical complexity -
- Full-mouth rehabilitation following significant tooth loss, advanced wear, or long-term neglect -
- Orthodontic treatment that requires or may require corrective jaw surgery -
- Teeth requiring assessment for extraction versus endodontic salvage before prosthetic planning can proceed -
- Periodontal disease affecting the viability of existing restorations or planned implant sites -
- Complex presentations in children or adolescents involving developmental concerns that cross more than one specialty boundary

If you are uncertain whether your case warrants multidisciplinary review, a specialist assessment is the right starting point. Your treating specialist will advise honestly on whether additional input is indicated.

A note for referring dentists

Collins Street Specialist Centre welcomes referrals from general dental practitioners across Melbourne and Victoria. When you refer a patient with a complex or multi-system presentation, you can be confident that they will be assessed by the relevant specialist disciplines in a coordinated setting, with findings and treatment planning communicated back to you clearly and promptly.

We understand the importance of the referring relationship and the trust it represents. Our commitment is to keep you informed and involved at every stage of your patient's care, and to return your patient to your practice with a clear summary of what was done, what was planned, and what ongoing monitoring is recommended.

Referrals can be directed to any specialist at the centre. Where a case warrants multi-specialist review, that process is coordinated internally.

Speak with a specialist

To arrange an assessment or discuss whether your case warrants multidisciplinary specialist review, contact Collins Street Specialist Centre directly. No referral is required to book an appointment, though referrals from general dentists are always welcomed and help ensure your assessment is as well-informed as possible from the outset.

All specialists at Collins Street Specialist Centre are registered with the Dental Board of Australia and hold recognised specialist qualifications. You can verify specialist registration independently through the [Australian Health Practitioner Regulation Agency (AHPRA)](<https://www.ahpra.gov.au/>) register.

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