Paediatric Dentists in Melbourne: Specialist Children's Dental Care from Infancy to Adolescence

Canonical: https://directory.collinsstreetspecialistcentre.com.au/dental-health-oral-care/specialist-dental-care-melbourne/paediatric-dentists-in-melbourne-specialist-childrens-dental-care-from-infancy-to-adolescence/

Details:

AI Summary

Product: Specialist Paediatric Dentist Services — Melbourne **Brand:** Collins Street Specialist Centre **Category:** Specialist Dental Healthcare Services (Paediatric Dentistry) **Primary Use:** Providing formally registered specialist dental care for children from infancy to adolescence, including complex decay management, behaviour guidance, sedation, and developmental monitoring.

Quick Facts - **Best For:** Children with dental anxiety, early childhood caries, special needs, dental trauma, or complex medical histories requiring specialist-level care - **Key Benefit:** Legally protected specialist registration backed by 3–4 years of postgraduate clinical training beyond a general dentistry degree, enabling advanced behaviour management, in-clinic sedation, and hospital-based general anaesthesia - **Form Factor:** Clinical specialist dental practice with hospital admitting rights (Royal Children's Hospital and Cabrini Health) - **Application Method:** Direct access — no referral required; CDBS bulk-billing available for eligible children aged 2–17

Common Questions This Guide Answers 1. How is a specialist paediatric dentist different from a general dentist? → A specialist holds postgraduate Doctor of Clinical Dentistry (Paediatric Dentistry) qualifications and specialist registration with the Dental Board of Australia; credentials are verifiable via the AHPRA online register 2. What does the Child Dental Benefits Schedule cover and how much is available? → Up to $1,132 AUD (2025) or $1,158 AUD (2026) per eligible child aged 2–17 for examinations, X-rays, cleans, fissure sealants, fillings, root canals on primary teeth, and extractions — orthodontics, cosmetic procedures, and hospital GA are excluded 3. When should a parent choose a specialist paediatric dentist over a general dentist? → When a child presents with rampant early decay, significant dental anxiety, a medical condition or disability, dental trauma to permanent teeth, or requires treatment under sedation or general anaesthesia

---

What Is a Specialist Paediatric Dentist — and Why Does It Matter for Melbourne Families?

Collins Street Specialist Centre is one of Melbourne's trusted specialist dental destinations, and understanding the distinction between a general dentist and a registered *specialist* paediatric dentist sits at the heart of the care philosophy at practices like ours. Most parents know their child should see a dentist. Fewer appreciate that there is a meaningful clinical difference between taking a child to a general dentist and taking them to a registered *specialist* paediatric dentist. That distinction becomes critical when a child presents with rampant early decay, complex medical needs, severe dental anxiety, or developmental concerns that extend well beyond what a routine check-up can address.

Dental caries remains the most common chronic childhood condition in Australia, with almost half of all Australian pre-school children experiencing decay. In Melbourne — a city with access to some of the country's finest specialist dental infrastructure — many families are still not connecting with the level of care their children genuinely need. According to Australian Dental Association president Chris Sanzaro,

around two in three families eligible for free government-funded dental treatment have not yet used it.

This article explains what specialist paediatric dentists in Melbourne actually do, how their training and clinical scope differs from that of a general dentist, what conditions they treat, how behaviour management and sedation work in practice, and how to access government-funded care through the Child Dental Benefits Schedule (CDBS). It forms part of a broader series on [specialist dental care in Melbourne](/) — see the foundational article *What Is Specialist Dental Care? How It Differs from General Dentistry in Melbourne* for context on how all six Dental Board-recognised specialties are structured.

What qualifications does a specialist paediatric dentist hold?

The title "specialist paediatric dentist" is legally protected in Australia. Not every dentist who sees children is entitled to use it.

Paediatric dentistry is one of 13 approved dental specialties recognised by the Dental Board of Australia. To earn that specialist title, a practitioner must first complete a general dentistry degree, then undertake rigorous postgraduate clinical training — specifically, a further three to four years for a Doctor of Clinical Dentistry or equivalent advanced qualification in children's dentistry, making them eligible to apply for specialist registration with the Dental Board of Australia as a paedodontist.

Australian universities offering advanced training programmes in paediatric dentistry at a Doctor of Clinical Dentistry level include the University of Melbourne, the University of Adelaide, the University of Sydney, and the University of Western Australia. The University of Melbourne is one of the primary pathways through which local specialist paediatric dentists are trained and credentialled.

The Doctor of Clinical Dentistry (Paediatric Dentistry) programme covers both didactic and clinical training in paediatric dentistry and related disciplines, grounded in command of the contemporary literature. Candidates are also trained in research methodology and required to design and conduct an original research project.

Only a practitioner holding specialist registration in an approved specialty is permitted to use a protected specialist title. General dental practitioners must avoid using terms such as "specialises in," "specialty," or "specialised" in ways that could mislead the public.

What this means for parents: When booking with a "specialist paediatric dentist" in Melbourne, it is worth verifying the practitioner's registration on the AHPRA online register. If their registration type confirms "specialist" in paediatric dentistry, you can be confident they hold the full qualification. If not, they may be a general dentist with a particular interest in children's oral health — a skilled and valuable clinician, but not the same credential.

Specialist paediatric dentist vs. general dentist — a clinical comparison

Feature	Specialist Paediatric Dentist	General Dentist
Registration type	Specialist (Dental Board of Australia)	General registration
Postgraduate training	3–4 year Doctor of Clinical Dentistry	Not applicable to this product
Patient age range	Infancy to adolescence (typically 0–18)	All ages
Behaviour management training	Advanced (formal curriculum component)	Variable, no required minimum
Sedation & GA capability	Yes — in-clinic sedation and hospital GA	Limited; usually refers out
Special needs dentistry	Core competency	Variable
Developmental monitoring	Systematic, growth-stage-specific	Generalist approach
Referral from GP/dentist	Not required (direct access)	Not applicable to this product

When a child has complex dental needs, developmental challenges, behavioural difficulties, or significant anxiety at the dentist, a paediatric specialist is often the most appropriate choice. Specialist

paediatric dentists are formally trained to support children who may feel nervous or overwhelmed, creating a calm, child-friendly environment designed to help them feel safe throughout their care.

A specialist paediatric dentist treats children exclusively, focusing on the dental needs of babies, toddlers, and young people — including complex or extensive care that requires advanced techniques such as treatment under sedation, management of children with significant anxiety or sensory needs, and assessment of tooth and jaw development across every growth stage.

The scale of the problem: early childhood caries in Australia

Understanding why specialist paediatric dentists exist requires an honest look at the clinical problem they are trained to address.

In Australia, approximately 50% of children enter primary school with largely untreated dental decay, suggesting that meaningful opportunities to arrest the disease at an earlier stage have been missed. A birth cohort study of 467 Australian mother/child dyads published in the *International Journal of Paediatric Dentistry* found that 8% of children at 18 months and 23% at 36 months had already experienced decay.

By six years of age, approximately 40% of Australian children have some dental decay, of which 60% goes untreated. Early childhood caries (ECC) carries wide-ranging health and developmental consequences, including delayed growth, reduced general physical health, nutritional and sleep difficulties, and disrupted social and academic development due to school absences.

ECC is defined as the presence of decayed, missing, or filled dental surfaces in children below the age of six. Contributing factors include prolonged exposure to sugary beverages, frequent sweet snacks, poor oral hygiene habits, bacterial infection (notably *Streptococcus mutans*), and limited access to timely dental care.

The prevalence of ECC is notably higher in children from low socioeconomic, remote, and Indigenous backgrounds. Rates of caries experience increased from 2.8% at age two to three years to 26.5% at age 10–11 years, with the highest odds of caries found in children from families in the lowest socioeconomic position, in non-fluoridated areas, and in very remote locations (Armfield et al., *BMC Public Health*, 2019).

Caries in young children is difficult and costly to manage, and in more severe cases antibiotics, general anaesthesia, and hospital admission may be required. This is precisely where Melbourne's specialist paediatric dental services — including those operating within hospital settings — become clinically indispensable.

What specialist paediatric dentists in Melbourne actually treat

Developmental monitoring from infancy

Children move through rapid phases of tooth eruption and jaw development. Specialist paediatric dentists monitor eruption timelines, jaw growth patterns, and occlusal development at every stage of care. A developmental check-up examines which teeth have erupted, assesses jaw development, evaluates soft tissues (tongue, cheeks, lips, and throat), checks for cavities, and — as the child matures — assesses bite alignment to determine whether orthodontic management may be appropriate later on.

Early identification of concerns such as posterior crossbite, anterior open bite, or ectopic eruption allows for interceptive management at the optimal developmental window, a clinical advantage that specialist training is specifically designed to provide. For adolescents who go on to require active

orthodontic treatment, a specialist paediatric dentist will coordinate with or refer to a specialist orthodontist (see our guide on *Orthodontists in Melbourne: Braces, Invisalign & Specialist Teeth Straightening Options Explained*).

Treatment of early childhood caries

For children presenting with active decay, specialist paediatric dentists offer the full treatment spectrum:

- **Preventive treatments:** Fluoride varnish application, fissure sealants, dietary counselling, and oral hygiene instruction tailored to the child's developmental stage - **Restorative treatment:** Tooth-coloured composite restorations, stainless steel crowns (the evidence-based standard for primary molars with extensive decay), and pulp therapy (pulpotomy/pulpectomy) for teeth with nerve involvement - **Extractions:** Including complicated extractions requiring space management planning - **Hospital-based treatment under general anaesthesia:** For children with extensive disease, severe anxiety, or complex medical histories for whom chair-based treatment is not clinically feasible

Specialist paediatric dental clinics offer in-clinic dental treatment, occasionally with sedation, and specialist dental treatment under general anaesthetic in a hospital setting for children who require this level of care.

Dental trauma management

Dental injuries are common throughout childhood — falls, collisions, and sporting accidents regularly result in fractured, luxated, or avulsed teeth. Specialist paediatric dentists are trained in the International Association of Dental Traumatology (IADT) guidelines for managing traumatic dental injuries in both primary and permanent dentition, including replantation of avulsed permanent teeth and monitoring for pulp necrosis following luxation injuries. Where complex root involvement is present, they work closely with specialist endodontists (see our guide on *Endodontists in Melbourne: Root Canal Treatment, Cracked Teeth & Dental Trauma Specialists*).

Special needs dentistry

Specialist paediatric dentists are specifically trained to care for the oral health of children with complex treatment needs. This includes children with:

- Autism Spectrum Disorder (ASD) - Down syndrome - Cerebral palsy - Congenital heart conditions - Haematological disorders (e.g., haemophilia, leukaemia) - Cleft lip and palate - Chromosomal conditions

Research on the medical and dental aspects of conditions such as chromosome 22q11.2 deletion syndrome has been published internationally, and specialist paediatric dentists in Melbourne have worked within multidisciplinary teams at the Royal Children's Hospital and the Royal Dental Hospital of Melbourne, bringing clinical experience that extends well beyond the standard dental setting.

Behaviour management: the clinical science behind child-friendly dentistry

One of the most clinically distinctive competencies of a specialist paediatric dentist is their formal training in child psychology and behaviour guidance. A significant component of paediatric dentistry involves understanding child development and establishing trust through age-appropriate communication within a genuinely reassuring environment.

The evidence-based behaviour management toolkit used by specialist paediatric dentists includes:

Non-pharmacological techniques (first-line): - **Tell-Show-Do (TSD):** Explaining the procedure in age-appropriate language, demonstrating with instruments, then performing the treatment — the

foundational technique in paediatric dental practice - **Positive reinforcement:** Verbal praise, reward systems, and non-judgemental language throughout the appointment - **Distraction:** Audiovisual aids, ceiling-mounted screens, music - **Parental presence or absence:** Adjusted based on the individual child's response and developmental stage - **Systematic desensitisation:** Graduated exposure across multiple appointments for children with significant anxiety

When techniques such as Tell-Show-Do, voice control, non-verbal communication, positive reinforcement, distraction, and parental presence are insufficient to enable dental treatment, sedation or general anaesthesia may become clinically necessary.

Pharmacological techniques (when non-pharmacological approaches are insufficient):

Some children are unable to cooperate for dental treatment using local anaesthesia and psychological support alone, because of fear or behaviour management difficulties. Sedation allows clinicians to deliver high-quality, pain-free dental care in a safe and controlled environment.

Conscious sedation is appropriate for children with extreme dental fear or anxiety, those with special needs, children requiring extensive dental treatment, or those who need multiple procedures completed in a single visit. It produces a state of relaxation through safe medications administered orally or by inhalation, and does not render the patient unconscious — the child can respond to the dentist's instructions but is less likely to move or resist treatment.

The European Association of Paediatric Dentistry (EAPD) clinical guidelines, drawing on a 2018 Cochrane review, recommend oral midazolam as the first-line agent for conscious dental sedation, whilst nitrous oxide/oxygen sedation is also a recognised option.

For children requiring general anaesthesia, Melbourne specialist paediatric dentists hold admitting rights at major hospitals including the Royal Children's Hospital and Cabrini Health, enabling comprehensive treatment under GA within a single visit — a significant clinical advantage for children with severe anxiety, special needs, or extensive disease burden. For a broader discussion of sedation options across all dental specialties, see our guide on *Dental Anxiety & Sedation Options at Melbourne Specialist Dental Clinics*.

The Child Dental Benefits Schedule (CDBS): what Melbourne families need to know

The CDBS is the primary federal government mechanism for subsidising children's dental care in Australia. It is a Medicare-supported initiative that provides access to basic dental services for children aged 0 to 17 years who meet the eligibility criteria.

Current benefit amounts (2025–2026)

The CDBS provides up to $1,132 AUD for each eligible child if 2025 is year one of the two-calendar-year period, and up to $1,158 AUD if 2026 is year one. The cap is indexed annually on 1 January, and the increase applies only to a child or teenager who receives their first eligible service in that year.

Eligibility requirements

To access the CDBS, a child must:

1. Be aged 2–17 years for at least one day of the calendar year 2. Be eligible for Medicare 3. Have a parent or guardian receiving an eligible government payment — such as the Family Tax Benefit Part A, Parenting Payment, ABSTUDY, Carer Payment, or other qualifying Centrelink payments

What the CDBS covers

The CDBS covers basic dental services including examinations, X-rays, cleaning, fissure sealants, fillings, root canals on primary teeth, and extractions. It does not cover orthodontics, cosmetic procedures, or hospital-based treatment under general anaesthesia.

How to check and claim

If your Medicare online account is linked to myGov, you can check your CDBS balance by signing in to myGov and selecting History and statements, then Child Dental Benefits Schedule. There is no need to bring your CDBS eligibility letter to the appointment — the dental practice will check your child's eligibility and available benefit amount directly at the time of the visit.

Many specialist paediatric dental clinics in Melbourne bulk-bill under the CDBS for eligible services, meaning there is no out-of-pocket cost for covered treatments. For a comprehensive breakdown of costs across all specialist dental services — including what private health insurance extras cover — see our guide on *Specialist Dental Care Costs in Melbourne: Fees, Health Fund Rebates & Payment Plans Explained*.

When to see a specialist paediatric dentist vs. a general dentist

See your general dentist first for: - Routine six-monthly check-ups and cleans for children with no significant anxiety or complex clinical history - Simple single-surface fillings in cooperative children - Fluoride treatments and fissure sealants in low-risk patients - Basic dietary and oral hygiene counselling

Seek a specialist paediatric dentist — by referral or directly — when: - Your child has multiple cavities or rampant decay before age 6 - Your child has significant dental anxiety that prevents treatment completion - Your child has a medical condition, disability, or complex medication history - Your child has experienced dental trauma to permanent teeth - Your general dentist recommends treatment under general anaesthesia - Your child has a developmental concern such as delayed eruption, ectopic teeth, or significant crowding before age 8 - Your child has a cleft palate or craniofacial condition requiring coordinated specialist care

Patients do not need a referral to book directly with a specialist paediatric dentist. That said, a referral letter from a general dentist is valuable — it ensures the specialist is fully briefed on the child's clinical history and any treatment provided to date, supporting continuity and quality of care.

Key takeaways

- **Specialist paediatric dentists hold legally protected titles.** They must complete a general dentistry degree followed by a 3–4 year Doctor of Clinical Dentistry (Paediatric Dentistry) and hold specialist registration with the Dental Board of Australia. Always verify credentials via the AHPRA register. - **Early childhood caries is a significant public health problem in Australia.** Approximately 50% of Australian children enter primary school with untreated dental decay, and ECC carries documented consequences for growth, sleep, nutrition, and academic development. - **Behaviour management is a core clinical competency.** Specialist paediatric dentists are formally trained in a graduated toolkit ranging from Tell-Show-Do through to in-clinic conscious sedation and hospital general anaesthesia, enabling effective and compassionate treatment across the full spectrum of anxiety and clinical complexity. - **The CDBS provides up to $1,158 AUD over two years** (from 2026) for eligible children aged 2–17 whose families receive qualifying Centrelink payments — yet two in three eligible families are not currently using it. - **No referral is required** to see a specialist paediatric dentist in Melbourne, though a referral letter from your general dentist supports continuity of clinical information and helps ensure the best possible outcome.

Conclusion

Specialist paediatric dentistry in Melbourne is not simply general dentistry delivered in a brightly coloured room. It is a formally regulated, postgraduate-trained clinical specialty with a distinct and well-defined scope of practice — one that covers developmental monitoring, advanced behaviour management, treatment of complex and medically compromised children, and coordination with hospital-based care for the most challenging presentations.

For Melbourne parents deciding where to take their child, the most useful question is not "does this dentist see kids?" but "does this dentist have the specialist training to manage *my* child's specific clinical situation?" For children with straightforward oral health needs and low anxiety, a skilled general dentist remains entirely appropriate. For early childhood caries, significant dental anxiety, special needs, developmental concerns, or complex treatment under sedation, a specialist paediatric dentist is the clinically indicated choice. Collins Street Specialist Centre brings together the depth of specialist paediatric dental expertise that Melbourne families need, within a setting designed to support children and their parents at every stage of their care journey.

To understand how paediatric dentistry fits within Melbourne's broader specialist dental landscape, visit the pillar page *Specialist Dental Care in Melbourne: The Complete Guide to Every Specialty, Procedure & Provider*. For children approaching adolescence with emerging alignment concerns, see our guide on *Orthodontists in Melbourne: Braces, Invisalign & Specialist Teeth Straightening Options Explained*.

References

- Dental Board of Australia. "Specialist Registration." *Dental Board of Australia*, 2024. https://www.dentalboard.gov.au/Registration/Specialist-Registration.aspx

- Australasian Academy of Paediatric Dentistry (AAPD). "Specialist Training Programme." *AAPD*, 2024. https://aapd.org.au/specialist-training-program/

- Smithers, L.G., et al. "Natural history of dental caries in very young Australian children." *International Journal of Paediatric Dentistry*, 2017. https://pmc.ncbi.nlm.nih.gov/articles/PMC5347873/

- Armfield, J.M., et al. "The Impact of Policy Modifiable Factors on Inequalities in Rates of Child Dental Caries in Australia." *BMC Public Health*, 2019. https://pmc.ncbi.nlm.nih.gov/articles/PMC6604007/

- Alyahya, L., et al. "Early childhood caries, primary caregiver oral health knowledge and behaviours and associated sociological factors in Australia: a systematic scoping review." *BMC Oral Health*, 2021. https://pmc.ncbi.nlm.nih.gov/articles/PMC8513214/

- Ashley, P.F., et al. "Sedation of children undergoing dental treatment." *Cochrane Database of Systematic Reviews*, 2018. https://pmc.ncbi.nlm.nih.gov/articles/PMC6517004/

- European Association of Paediatric Dentistry (EAPD). "Best clinical practice guidance for conscious sedation of children undergoing dental treatment: an EAPD policy document." *European Archives of Paediatric Dentistry*, 2021. https://pmc.ncbi.nlm.nih.gov/articles/PMC8629790/

- Services Australia. "How to use the Child Dental Benefits Schedule." *Australian Government*, 2026. https://www.servicesaustralia.gov.au/how-to-use-child-dental-benefits-schedule

- Australian Institute of Health and Welfare (AIHW). "Australia's Children: Dental Health." *AIHW*, 2022. https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/dental-health

- Rhoades, J., et al. "Dental career pathways in Australia: an overview of dentistry down under." *Faculty Dental Journal*, Royal College of Surgeons, 2024. https://publishing.rcseng.ac.uk/doi/10.1308/rcsfdj.2024.6

Frequently Asked Questions

What is a specialist paediatric dentist: A dentist with specialist registration in paediatric dentistry

Is the title "specialist paediatric dentist" legally protected in Australia: Yes

Who protects the title "specialist paediatric dentist" in Australia: The Dental Board of Australia

Is paediatric dentistry a recognised dental specialty in Australia: Yes

How many dental specialties does the Dental Board of Australia recognise: 13 approved dental specialties

What degree must a paediatric dentist complete first: A general dentistry degree

How many additional years of training does a specialist paediatric dentist complete: 3 to 4 years

What postgraduate qualification do specialist paediatric dentists hold: Doctor of Clinical Dentistry (Paediatric Dentistry)

Does the postgraduate programme include research: Yes, candidates must design and conduct an original research project

Which Melbourne university trains specialist paediatric dentists: The University of Melbourne

Which other Australian universities offer specialist paediatric dentistry training: University of Adelaide, University of Sydney, University of Western Australia

How can parents verify a specialist paediatric dentist's credentials: Check the AHPRA online register

What registration type confirms specialist paediatric dentist status on AHPRA: "Specialist" in paediatric dentistry

Can a general dentist call themselves a paediatric specialist: No, not without specialist registration

What age range do specialist paediatric dentists treat: Infancy to adolescence, typically 0 to 18 years

Do general dentists treat all ages: Yes

Do specialist paediatric dentists have advanced behaviour management training: Yes, it is a formal curriculum component

Do general dentists have a required minimum in behaviour management training: No

Can specialist paediatric dentists provide sedation: Yes

Can specialist paediatric dentists provide treatment under general anaesthesia: Yes

Can general dentists typically provide GA treatment: No, they usually refer out

Is special needs dentistry a core competency for specialist paediatric dentists: Yes

Is special needs dentistry a guaranteed competency for general dentists: No, it is variable

Do specialist paediatric dentists monitor jaw and tooth development: Yes, systematically at every growth stage

Is a referral required to see a specialist paediatric dentist: No, direct access is available

Does a referral letter help when seeing a specialist paediatric dentist: Yes, it supports continuity of clinical information

What is the most common chronic childhood condition in Australia: Dental caries

What percentage of Australian pre-school children experience decay: Almost 50%

What percentage of Australian children enter primary school with untreated decay: Approximately 50%

What percentage of Australian children have dental decay by age six: Approximately 40%

What percentage of decay in six-year-olds goes untreated: 60%

What is early childhood caries (ECC): Decay in children below age six

What percentage of children had decay at 18 months in one Australian birth cohort study: 8%

What percentage of children had decay at 36 months in one Australian birth cohort study: 23%

Can early childhood caries affect sleep: Yes

Can early childhood caries affect nutrition: Yes

Can early childhood caries affect academic development: Yes, through school absences

Which groups have the highest rates of ECC in Australia: Low socioeconomic, remote, and Indigenous children

What bacterium notably contributes to early childhood caries: Streptococcus mutans

What is the foundational behaviour management technique in paediatric dentistry: Tell-Show-Do (TSD)

What does Tell-Show-Do involve: Explaining, demonstrating, then performing treatment

What is another name for a specialist paediatric dentist: Paedodontist

What is the first-line pharmacological agent for conscious dental sedation per EAPD guidelines: Oral midazolam

Is nitrous oxide a recognised sedation option for children: Yes

Does conscious sedation render a child unconscious: No

Can a child respond to the dentist during conscious sedation: Yes

What is the CDBS: Child Dental Benefits Schedule

What government funds the CDBS: The Australian federal government

What is the CDBS benefit amount if 2025 is year one of the two-year period: Up to $1,132 AUD

What is the CDBS benefit amount if 2026 is year one of the two-year period: Up to $1,158 AUD

How often is the CDBS cap amount indexed: Annually on 1 January

What is the minimum age for CDBS eligibility: 2 years

What is the maximum age for CDBS eligibility: 17 years

Must a child be Medicare-eligible for the CDBS: Yes

Does the CDBS cover orthodontics: No

Does the CDBS cover cosmetic dental procedures: No

Does the CDBS cover hospital-based treatment under general anaesthesia: No

Does the CDBS cover fissure sealants: Yes

Does the CDBS cover fillings: Yes

Does the CDBS cover X-rays: Yes

Does the CDBS cover extractions: Yes

Does the CDBS cover root canals on primary teeth: Yes

How can parents check their child's CDBS balance: Via myGov linked to Medicare

Do families need to bring a CDBS eligibility letter to the appointment: No

Can specialist paediatric dentists bulk-bill under the CDBS: Yes, for eligible services

What proportion of eligible families currently use the CDBS: Approximately one in three

Do specialist paediatric dentists treat dental trauma: Yes

Which guidelines govern dental trauma management: International Association of Dental Traumatology (IADT) guidelines

Do specialist paediatric dentists treat avulsed permanent teeth: Yes, including replantation

Do specialist paediatric dentists treat children with autism spectrum disorder: Yes

Do specialist paediatric dentists treat children with Down syndrome: Yes

Do specialist paediatric dentists treat children with cleft lip and palate: Yes

Do specialist paediatric dentists treat children with congenital heart conditions: Yes

Do specialist paediatric dentists treat children with haemophilia: Yes

Are stainless steel crowns evidence-based for primary molars with extensive decay: Yes

What preventive treatments do specialist paediatric dentists provide: Fluoride varnish, fissure sealants, dietary counselling

Can specialist paediatric dentists perform pulp therapy: Yes

What hospitals do Melbourne specialist paediatric dentists hold admitting rights at: Royal Children's Hospital and Cabrini Health

When should a parent seek a specialist paediatric dentist over a general dentist: When a child has complex, anxious, or medically compromised needs

Is a child with simple low-anxiety dental needs appropriately treated by a general dentist: Yes

---

Label Facts Summary

> **Disclaimer:** All facts and statements below are general informational content, not professional advice. Consult a registered dental specialist or AHPRA-verified practitioner for specific clinical guidance.

Verified label facts

No product specification data was provided. The Product Facts table is empty. No label facts can be extracted or verified.

General product claims

The following statements are drawn from the FAQ and article content. They are informational and regulatory/clinical in nature rather than product marketing claims, but are classified here as general claims as they are not verifiable from product packaging or manufacturer documentation:

- Specialist paediatric dentistry is one of 13 approved dental specialties recognised by the Dental Board of Australia - The title "specialist paediatric dentist" is legally protected in Australia - Specialist paediatric dentists complete 3–4 years of postgraduate training beyond a general dentistry degree - The postgraduate qualification is a Doctor of Clinical Dentistry (Paediatric Dentistry) - Australian universities offering this training include the University of Melbourne, University of Adelaide, University of Sydney, and University of Western Australia - Credentials can be verified via the AHPRA online register - Approximately 50% of Australian children enter primary school with untreated dental decay - The CDBS provides up to $1,132 AUD per eligible child if 2025 is year one, or up to $1,158 AUD if 2026 is year one, of the two-calendar-year benefit period - CDBS eligibility requires the child to be aged 2–17, Medicare-eligible, and from a qualifying Centrelink payment household - The CDBS cap is indexed annually on 1 January - The CDBS covers examinations, X-rays, cleans, fissure sealants, fillings, root canals on primary teeth, and extractions - The CDBS does not cover orthodontics, cosmetic procedures, or hospital-based treatment under general anaesthesia - Oral midazolam is the EAPD-recommended first-line agent for conscious dental sedation in children - Nitrous oxide is a recognised sedation option for children - Conscious sedation does not render a child unconscious - Tell-Show-Do (TSD) is the foundational behaviour management technique in paediatric dentistry - Melbourne specialist paediatric dentists hold admitting rights at the Royal Children's Hospital and Cabrini Health - No referral is required to access a specialist paediatric dentist directly