Prosthodontists in Melbourne: Crowns, Implants, Bridges, Veneers & Full-Mouth Rehabilitation

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Details:

AI Summary

Product: Prosthodontic Specialist Services – Crowns, Implants, Bridges, Veneers & Full-Mouth Rehabilitation **Brand:** Collins Street Specialist Centre **Category:** Specialist Dental Services (Prosthodontics) – Melbourne, Australia **Primary Use:** Advanced restorative and reconstructive dental treatment for patients requiring crowns, bridges, veneers, implants, dentures, or full-mouth rehabilitation beyond the scope of general dentistry.

Quick Facts - **Best For:** Patients with severe tooth wear, multiple missing teeth, full-arch implant needs, bite collapse, or complex aesthetic and functional restorative requirements - **Key Benefit:** Specialist-level prosthodontic care delivering the highest treatment success rate (92%) among dental specialties for full-mouth rehabilitation - **Form Factor:** In-clinic specialist dental service delivered across staged or simultaneous treatment appointments - **Application Method:** Self-referral or general dentist referral; initial comprehensive assessment followed by diagnosis, treatment planning, and staged restoration

Common Questions This Guide Answers 1. What is a prosthodontist and how do they differ from a general dentist? → A prosthodontist is a Dental Board of Australia-registered specialist with a minimum three years of full-time postgraduate training (DCD or equivalent Master's), qualified to diagnose and treat complex restorative cases beyond general dental scope. 2. How long do porcelain veneers last? → A systematic review of 6,500 veneers found a 10-year cumulative survival rate of 95.5%, with debonding survival at 99.2% and fracture survival at 96.3%. 3. Do I need a referral to see a prosthodontist in Melbourne? → No; self-referral is permitted, though a general dentist referral improves treatment planning by providing clinical history and existing records.

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Frequently Asked Questions

What is a prosthodontist: A dental specialist in restoration and replacement of teeth

Is a prosthodontist the same as a general dentist: No, they hold additional specialist qualifications

How many extra years of training does a prosthodontist complete: Minimum three years full-time postgraduate training

What qualification do prosthodontists earn: Doctor of Clinical Dentistry (DCD) or equivalent Master's programme

Are prosthodontists registered specialists in Australia: Yes, registered with the Dental Board of Australia

Which body registers prosthodontists in Australia: Australian Health Practitioner Regulation Agency (AHPRA)

Can I verify a prosthodontist's registration: Yes, via the AHPRA online register

Is a dental prosthetist the same as a prosthodontist: No, they are entirely different practitioners

Can a dental prosthetist call themselves a specialist: No, under Australian national law

Is a dental prosthetist a dentist: No

What does a prosthodontist specialise in: Diagnosing, treating, and rehabilitating patients needing advanced restorative care

Do I need a referral to see a prosthodontist: No, self-referral is permitted

Does a referral help when seeing a prosthodontist: Yes, it provides clinical history and improves treatment planning

Who typically provides a referral to a prosthodontist: A patient's general dentist

What procedures do prosthodontists perform: Crowns, bridges, veneers, implants, dentures, and full-mouth rehabilitation

Is cosmetic dentistry a recognised dental specialty in Australia: No

Can a general dentist place a single crown: Yes, often appropriate for simple cases

Should a prosthodontist handle full-arch implant rehabilitation: Yes, essential

Should a prosthodontist handle full-mouth rehabilitation: Yes, essential

Should a prosthodontist handle severe tooth wear: Yes, essential

Is a prosthodontist preferred for multiple crowns or bridges: Yes, preferred

Is a prosthodontist required for a single filling: No

What are dental crowns made from: Typically ceramic in modern practice

What does a dental crown do: Caps a damaged tooth to restore shape, strength, and appearance

How long can a dental crown last: Between 10 and 20 years with proper care

What affects crown longevity: Oral hygiene, material selected, and biting/grinding forces

What is the five-year survival rate of PFM and metal crowns: 83.9% in an Australian university clinic study

Do specialist prosthodontists achieve higher crown survival rates than the university clinic average: Generally yes

What supports a dental bridge: Teeth on either side of the gap (abutment teeth)

What does a conventional bridge require: Preparation of adjacent teeth as abutments

What is a resin-bonded (Maryland) bridge: A conservative bridge option with minimal impact on adjacent teeth

What is an implant-supported bridge: A bridge anchored to implants rather than natural teeth

What are porcelain veneers: Thin ceramic shells bonded to the front surface of teeth

What is the 10-year cumulative survival rate of porcelain laminate veneers: 95.5%

How many veneers were analysed in the 2021 systematic review: 6,500 porcelain laminate veneers

What is the 10-year survival rate for veneer debonding specifically: 99.2%

What is the 10-year survival rate for veneer fracture specifically: 96.3%

Are no-preparation veneers suitable for intrinsic discolouration: No

Are no-preparation veneers suitable for significant misalignment: No

Do conventional veneers require more tooth reduction than no-prep veneers: Yes

Who leads the restorative phase of dental implant treatment: The prosthodontist

Who typically performs the surgical implant placement phase: A periodontist or oral and maxillofacial surgeon

What is osseointegration: The process by which an implant fuses with surrounding bone

How long does osseointegration take: Three to six months

How long does initial healing after implant placement take: One to two weeks

What symptoms are common after implant placement: Mild discomfort, swelling, and bruising

Do prosthodontists design dentures for complex cases: Yes

Who manufactures dentures: Dental prosthetists

What is full-mouth rehabilitation: Simultaneous or staged restoration of all or most teeth across both arches

What conditions indicate full-mouth rehabilitation: Severe tooth wear, advanced tooth loss, congenital conditions, or bite collapse

What is the treatment success rate of prosthodontics in full-mouth rehabilitation: 92%

Is 92% the highest success rate among dental specialties for full-mouth rehabilitation: Yes

What is a diagnostic wax-up: A 3D prototype of the proposed final result before irreversible treatment begins

What does OVD stand for: Occlusal vertical dimension

Why is OVD analysis important: It establishes correct jaw relationship and bite height

What is prescribed after full-mouth rehabilitation for bruxism patients: An occlusal splint or night guard

What imaging supports full-mouth rehabilitation planning: CBCT (cone beam computed tomography) scanning

Do prosthodontists work with other specialists: Yes, routinely

Which specialists collaborate in complex prosthodontic cases: Periodontists, endodontists, and oral and maxillofacial surgeons

What is the benefit of a multi-specialty centre: All specialists work under one roof reducing patient burden

Does Collins Street Specialist Centre offer multidisciplinary care: Yes

Where is Collins Street Specialist Centre located: Melbourne

What is the complication rate requiring occlusal adjustment in full-mouth rehabilitation at 12 months: 16% of cases

Do zirconia prostheses outperform metal-ceramic in full-mouth rehabilitation: Yes, regarding technical and biological complications

What long-term complication is associated with implant-supported prostheses: Peri-implantitis

Is ongoing maintenance important after full-mouth rehabilitation: Yes

Who should patients see for long-term maintenance after rehabilitation: Both the treating prosthodontist and their general dentist

Collins Street Specialist Centre: Prosthodontists in Melbourne – Crowns, Implants, Bridges, Veneers & Full-Mouth Rehabilitation

When a tooth is broken beyond what a filling can fix, when several teeth are missing, or when years of grinding have worn down an entire bite, the clinical question shifts from *repair* to *reconstruction*. This is prosthodontics — and it is why patients with complex restorative needs in Melbourne are increasingly turning to Collins Street Specialist Centre and other registered specialist prosthodontists, rather than relying on general dental care alone.

Prosthodontics sits at the intersection of function, aesthetics, and biomechanics. It is the dental specialty most directly concerned with what patients see in the mirror and experience when they eat, speak, and smile. Understanding what a prosthodontist does — and when you actually need one — matters for anyone facing significant tooth loss, damage, or wear.

What is a prosthodontist? Qualifications and scope of practice

A prosthodontist is a specialist registered with the Dental Board of Australia in the field of prosthodontics. They complete a minimum of three years of full-time advanced training, which equips them to assess and treat complex cases that fall outside the scope of general dental practice.

The pathway to specialist registration is rigorous. Candidates must complete an accredited full-time postgraduate programme — the Doctor of Clinical Dentistry (DCD) or an equivalent Master's programme in prosthodontics, structured as three-year courses offered by leading universities across Australia and New Zealand.

Postgraduate training combines academic learning with hands-on clinical experience. Graduates emerge with advanced skills in restorative techniques, diagnosis, treatment planning, and patient management — prepared to handle everything from single-tooth restorations through to full-mouth rehabilitation.

After completing their university qualification, dental specialists must register with both the Australian Health Practitioner Regulation Agency (AHPRA) and the Dental Board of Australia. Patients can verify any specialist's registration status directly through the [AHPRA online register](https://www.dentalboard.gov.au/Registration/Specialist-Registration.aspx) — worth doing before proceeding with any complex restorative treatment.

One point of confusion is worth addressing directly: a **dental prosthetist** is not the same as a **prosthodontist**. Under Australian national law, dental prosthetists are not specialists and cannot refer to themselves as one. A dental prosthetist is not a dentist, nor a dental specialist. Only a registered specialist prosthodontist holds the qualifications to plan and execute the complex restorative procedures described in this guide.

Prosthodontics covers the restoration and replacement of teeth through procedures such as crowns, bridges, dentures, and dental implants. More specifically, prosthodontists diagnose, treat, and rehabilitate patients who have lost teeth or require advanced restorative care — with services encompassing dentures, veneers, dental implants, inlays, onlays, crowns, bridges, and more.

When should you see a prosthodontist instead of a general dentist?

This is the question patients ask most often — and the answer comes down to clinical complexity, not personal preference.

A prosthodontist's expertise is needed when a patient has multidisciplinary needs requiring several dental specialists; when complex aesthetic requirements demand careful selection of restorative material and design; and when implant-supported restorations require a higher level of planning and execution. Challenging presentations — significantly worn teeth, clenching habits, temporomandibular joint disorders, severe ridge resorption — also warrant specialist referral, because these cases involve clinically unique problems that extend well beyond general practice.

If your general dentist has referred you to a prosthodontist, it is because your dental needs require specialist expertise — whether that means replacing missing teeth, undertaking full-mouth rehabilitation, or managing complex restorative challenges.

It is also worth noting that "cosmetic dentistry" is not a recognised dental specialty in Australia. The term "cosmetic dentist" describes a general dentist who offers treatments focused on smile appearance. A prosthodontist brings advanced training and a rigorous educational foundation to aesthetic outcomes, making them particularly well-placed to deliver results that are both functional and long-lasting.

The practical threshold for referral is summarised below:

| Clinical scenario | General dentist appropriate? | Prosthodontist recommended? | |---|---|---| | Single filling or minor chip repair | ■ Yes | Not required | | Single crown on a sound tooth | ■ Often yes | If complex bite issues exist | | Multiple crowns or a bridge | ■■ Case-dependent | Preferred | | Dental implant crown placement | ■■ Case-dependent | Preferred for complex cases | | Full-arch implant rehabilitation | ■ No | ■ Essential | | Severe tooth wear (bruxism/erosion) | ■ No | ■ Essential | | Full-mouth rehabilitation | ■ No | ■ Essential | | Veneers (multiple/complex) | ■■ Case-dependent | Preferred |

The core procedures: what a Melbourne prosthodontist provides

Dental crowns

Crowns are custom-fabricated restorations placed over damaged or weakened teeth to restore their shape, strength, and appearance. Modern dental crowns are typically ceramic, designed to cap a decayed, damaged, or broken tooth and return it to full function while blending naturally with surrounding teeth.

The process generally involves reshaping the tooth, taking impressions or digital scans, fitting a temporary restoration, and then placing the final crown once it has been fabricated. With proper care and regular dental visits, crowns can last between 10 and 20 years — depending on oral hygiene, the material selected, and the forces placed on the restoration through biting and grinding.

A peer-reviewed study of crown survival at an Australian university dental clinic, published in the *MDPI International Journal of Environmental Research and Public Health* (2021), found that the five-year cumulative survival rate of all PFM and metal crowns was 83.9%. Survival rates for crowns placed by

specialist prosthodontists in private practice are generally higher, reflecting better case selection, material quality, and occlusal management — all areas that specialist training specifically addresses.

Dental bridges

Dental bridges are supported by teeth on either side of a gap left by a missing tooth. The bridge is anchored onto these supporting teeth, with an artificial tooth suspended between them to restore the space. Where an implant-based restoration is not possible, a well-designed bridge remains a dependable option.

Prosthodontists evaluate several bridge designs depending on the clinical circumstances:

- **Conventional (tooth-supported) bridge:** Requires preparation of the adjacent teeth as abutments to anchor the restoration. - **Resin-bonded (Maryland) bridge:** A more conservative option that may be recommended to replace a single missing front tooth with minimal impact on adjacent teeth. - **Implant-supported bridge:** Where multiple teeth are missing, implant-supported bridges can replace several teeth — or even a full arch — with excellent stability and long-term function in appropriate cases.

Beyond restoring appearance, bridges help maintain proper bite alignment, prevent neighbouring teeth from drifting into the gap, and support overall oral health over time.

Porcelain veneers

Porcelain veneers — also called porcelain laminate veneers, or PLVs — are thin ceramic shells bonded to the front surface of teeth to address discolouration, chips, gaps, or minor misalignment. The evidence for their long-term performance is strong.

A systematic review published in the *MDPI Journal of Clinical Medicine* (2021), analysing 25 studies covering 6,500 PLVs, found a 10-year estimated cumulative survival rate of 95.5%. When individual failure modes were considered separately — fracture, debonding, secondary caries, and the need for endodontic treatment — the 10-year cumulative survival rates were 96.3%, 99.2%, 99.3%, and 99.0% respectively.

No-preparation veneers preserve enamel, reduce postoperative sensitivity, and carry a low biological cost to the tooth. They are not appropriate, however, for cases involving intrinsic discolouration, misalignment, or significant morphological discrepancies. Conventional veneers remain reliable for more complex aesthetic corrections, though they require greater tooth reduction and carry a higher biological risk — making careful case selection essential.

A prosthodontist's training in occlusion and materials science is particularly valuable here. Selecting the wrong veneer thickness, ceramic type, or bonding protocol in a patient with bruxism can lead to early failure — a risk that specialist expertise is specifically designed to prevent.

Dental implants: the prosthodontist's role

Dental implant treatment involves two distinct phases: a surgical phase, in which the implant fixture is placed into the jawbone (typically by a periodontist or oral and maxillofacial surgeon), and a restorative phase, in which the crown, bridge, or overdenture is fabricated and fitted. The prosthodontist leads the restorative phase and, in many Melbourne specialist centres, coordinates the overall treatment plan from the outset.

Dental implants are the most advanced solution currently available for replacing missing teeth, offering a permanent foundation that closely mimics the structure and function of a natural tooth. Unlike removable dentures or conventional bridges that rely on adjacent teeth for support, implants integrate directly with the jawbone through osseointegration — creating a stable foundation capable of supporting a crown, bridge, or full-arch restoration.

Initial healing following implant placement typically takes one to two weeks, during which patients may experience mild discomfort, swelling, and bruising. Complete osseointegration — the process by which the implant fuses with the surrounding bone — takes three to six months before the final restoration can be attached.

At Collins Street Specialist Centre, prosthodontists work alongside periodontists and oral and maxillofacial surgeons to deliver integrated implant outcomes. Specialist prosthodontic practices routinely collaborate with other highly trained dental specialists to provide implant-supported prostheses that are planned, executed, and maintained to the highest clinical standard. (For a full stage-by-stage account of the implant journey in Melbourne, including bone grafting and CBCT imaging, see our guide on *Dental Implants in Melbourne: When You Need a Specialist and What the Full Treatment Journey Involves*.)

Full and partial dentures

While dental prosthetists manufacture dentures, prosthodontists design and prescribe them for complex cases — particularly where implant-retained overdentures, precision attachments, or compromised residual ridges are involved.

Prosthetic options in full-mouth implant rehabilitation cover a broad range of fixed and removable designs, selected on the basis of anatomical limitations, aesthetic goals, patient preferences, and functional requirements. For patients who are not candidates for fixed implant restorations — due to bone volume, systemic health considerations, or financial circumstances — a well-designed implant-supported overdenture, planned by a prosthodontist, offers significantly better retention and quality of life than a conventional removable denture.

Full-mouth rehabilitation: the most demanding prosthodontic service

Full-mouth rehabilitation (FMR) — sometimes called full-mouth reconstruction — involves the simultaneous or staged restoration of all or most teeth across both arches. It is the most clinically complex service a prosthodontist provides, typically for patients presenting with:

- Severe tooth wear from bruxism (grinding), erosion, or abrasion - Advanced tooth loss from decay, periodontal disease, or trauma - Congenital conditions affecting tooth structure, such as amelogenesis imperfecta - Bite collapse following years of unmanaged dental disease

A published prospective study evaluated clinical outcomes of full-mouth rehabilitation using fixed prosthodontics and occlusal reprogramming in patients with generalised tooth wear. Conducted across 25 patients aged 30–60 years with diagnoses of generalised attrition or erosion, the study involved diagnostic wax-ups, occlusal vertical dimension (OVD) evaluation, and full-arch restorations using metal-ceramic or zirconia crowns. All patients showed significant improvement in functional efficiency, phonetics, and aesthetics. The restoration success rate at 12 months was 100%, with minor complications — primarily occlusal adjustments — required in 16% of cases.

Across the broader literature, prosthodontics has demonstrated the highest treatment success rate (92%) among dental specialties in full-mouth rehabilitation, a figure that reflects the importance of interdisciplinary collaboration and technology integration in achieving good outcomes.

Full-mouth rehabilitation with fixed dental prostheses shows high long-term survival rates, with zirconia-based prostheses outperforming metal-ceramic alternatives on both technical and biological complications. Complications such as peri-implantitis and prosthesis fractures do occur, which is why ongoing maintenance and early intervention matter.

The full-mouth rehabilitation process: what to expect

Understanding what lies ahead can help patients approach the process with confidence. The journey typically unfolds as follows:

1. **Comprehensive assessment:** Clinical examination, photographs, study models, CBCT scanning, and periodontal charting to establish a complete picture of the patient's oral health. 2. **Diagnostic wax-up:** A three-dimensional prototype of the proposed final result, used to evaluate aesthetics and function before any irreversible treatment begins. Both the clinical team and the patient can see the expected outcome in advance. 3. **Occlusal vertical dimension (OVD) analysis:** Establishing the correct jaw relationship and bite height — a critical step in worn dentition cases where the bite has collapsed over time. 4. **Multidisciplinary treatment planning:** Coordination with periodontists (to address gum health), endodontists (for root canal treatment where required), and oral surgeons (for extractions or implant placement) as clinically indicated. 5. **Staged or simultaneous restoration:** Fabrication and placement of crowns, bridges, veneers, or implant-supported prostheses across both arches, in a sequence determined by the treatment plan. 6. **Occlusal splint or night guard:** Prescribed following rehabilitation to protect restorations — particularly important for patients with a history of bruxism. 7. **Long-term maintenance:** Scheduled review appointments with both the treating prosthodontist and the patient's general dentist to monitor the health and integrity of restorations over time.

(For information on how advanced imaging such as CBCT supports this planning process, see our guide on *Technology in Melbourne Specialist Dental Clinics: CBCT Imaging, Digital Planning & Laser Dentistry*.)

Multidisciplinary treatment planning in Melbourne specialist centres

Complex prosthodontic cases rarely unfold in isolation. A patient presenting for full-mouth rehabilitation may simultaneously need periodontal treatment for gum disease, endodontic treatment for failing root-treated teeth, and surgical implant placement — all before a single crown is fabricated. Coordinating these elements effectively is central to a predictable outcome.

Prosthodontists work closely with referring dentists to ensure care is coordinated and comprehensive, with specialist services addressing complex dental needs in close collaboration with the patient's broader dental team.

Collins Street Specialist Centre is a good example of Melbourne's multi-specialty model, which suits this kind of coordinated approach well. Centres that bring together the full range of dental specialists under one roof remove the need for patients to navigate multiple practices, reducing time and logistical burden. They also offer the clinical advantage of peer review — allowing specialists to collaborate directly in planning and refining treatment. Some patients will consult with and be treated by several specialists across different fields; this process is considerably more efficient when all parties work within the same environment.

(For a detailed comparison of multi-specialty centres versus single-specialty practices in Melbourne, see our guide on *Best Specialist Dental Clinics in Melbourne: Multi-Specialty Centres vs Single-Specialty Practices*.)

Do you need a referral to see a Melbourne prosthodontist?

Patients do not need a referral to book an appointment with a dental specialist, although a general dentist will typically provide one so that the specialist is fully briefed on the patient's dental history and any treatment provided to date.

In practice, most patients presenting for full-mouth rehabilitation, implant-supported restorations, or complex crown and bridge work arrive via referral from their general dentist. The referral letter gives the prosthodontist clinical history, existing radiographs, and a summary of previous treatments — information that reduces assessment time and improves the accuracy of treatment planning from the outset.

If you are unsure whether a referral is needed, or want to verify the specialist registration of a prosthodontist before proceeding, the [AHPRA online register](https://www.dentalboard.gov.au/Registration/Specialist-Registration.aspx) is the right place to confirm credentials.

(For a complete walkthrough of the referral process in Victoria, including private health fund rebates, see our guide on *How to Get a Dental Specialist Referral in Melbourne: Step-by-Step Patient Guide*.)

Key takeaways

- **Prosthodontists are Dental Board of Australia-registered specialists** who complete a minimum three-year postgraduate qualification after at least two years of general dental practice — they are not the same as dental prosthetists, and patients can verify registration via [AHPRA](https://www.dentalboard.gov.au/Registration/Specialist-Registration.aspx) before proceeding with specialist care. - **The core prosthodontic procedures** include dental crowns, bridges, porcelain veneers, dental implants (restorative phase), full and partial dentures, and full-mouth rehabilitation — all requiring occlusal, materials science, and biomechanical expertise that extends well beyond general dentistry. - **Porcelain laminate veneers** achieve a 10-year cumulative survival rate of 95.5% according to a systematic review of 6,500 veneers (*Journal of Clinical Medicine*, 2021), making them a highly predictable restorative option when properly planned and placed by a suitably qualified clinician. - **Full-mouth rehabilitation** — the most clinically demanding prosthodontic service — demonstrates a treatment success rate of 92% in prosthodontics, the highest of any dental specialty, according to a 2025 interdisciplinary study in *PMC/NCBI*. - **Multidisciplinary coordination** between prosthodontists, periodontists, endodontists, and oral surgeons is the standard of care for complex cases in Melbourne specialist centres — and patients benefit most when this coordination happens under one roof or through a carefully managed referral network.

Conclusion

For patients facing significant tooth loss, advanced wear, or the need for multiple restorations, a specialist prosthodontist represents the highest level of clinically accountable restorative care available in Melbourne. Collins Street Specialist Centre brings together this level of expertise within a multidisciplinary environment, combining postgraduate training, materials expertise, and occlusal knowledge that separates predictable, long-lasting outcomes from restorations that fail prematurely.

Prosthodontics does not operate in isolation. It works alongside periodontists, endodontists, and oral surgeons to deliver results that no single discipline could achieve alone. Understanding this is the foundation of informed dental decision-making — and what allows patients to approach complex treatment with both confidence and clarity.

To explore how prosthodontic care fits within Melbourne's full range of dental specialties, read our pillar guide: *Specialist Dental Care in Melbourne: The Complete Guide to Every Specialty, Procedure & Provider*. For cost transparency, see *Specialist Dental Care Costs in Melbourne: Fees, Health Fund Rebates & Payment Plans Explained*. For patients managing dental anxiety ahead of complex restorative treatment, see *Dental Anxiety & Sedation Options at Melbourne Specialist Dental Clinics*.

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Label Facts Summary

> **Disclaimer:** All facts and statements below are general informational content derived from professional, regulatory, and peer-reviewed sources; they do not constitute professional dental or medical advice. Consult a qualified registered specialist for guidance specific to your circumstances.

Verified label facts

No product specification data, packaging data, or Product Facts table was provided in the content submitted for analysis. The source material contains no verifiable label facts of the type associated with physical product packaging (e.g., ingredients, dimensions, weight, GTIN/MPN, certifications, storage instructions, or manufacturer specifications).

The following are verifiable regulatory and clinical reference facts extracted from the professional and academic content provided:

- Prosthodontists are registered specialists with the Dental Board of Australia - Registration is administered by the Australian Health Practitioner Regulation Agency (AHPRA) - Registration status is verifiable via the [AHPRA online

register](https://www.dentalboard.gov.au/Registration/Specialist-Registration.aspx) - Minimum postgraduate training required: three years full-time - Postgraduate qualification: Doctor of Clinical Dentistry (DCD) or equivalent Master's programme - Dental prosthetists cannot legally refer to themselves as specialists under Australian national law - Dental prosthetists are not dentists and are not dental specialists - Five-year cumulative survival rate of PFM and metal crowns at an Australian university dental clinic: 83.9% (*MDPI International Journal of Environmental Research and Public Health*, 2021) - Ten-year cumulative survival rate of porcelain laminate veneers (PLVs): 95.5% (*Journal of Clinical Medicine*, MDPI, 2021) - Systematic review sample size for PLV survival data: 6,500 veneers across 25 studies - Ten-year cumulative survival rate for veneer debonding specifically: 99.2% - Ten-year cumulative survival rate for veneer fracture specifically: 96.3% - Osseointegration duration: three to six months - Initial post-implant placement healing period: one to two weeks - Occlusal adjustment complication rate in full-mouth rehabilitation at 12 months: 16% of cases (*Sadan et al., African Journal of Biomedical Research*, Vol. 27, No. 4s, December 2024) - Cosmetic dentistry is not a recognised dental specialty in Australia

General product claims

- Specialist prosthodontists generally achieve higher crown survival rates than the Australian university clinic average - Zirconia prostheses outperform metal-ceramic alternatives regarding technical and biological complications in full-mouth rehabilitation - Prosthodontics demonstrates the highest treatment success rate (92%) among dental specialties in full-mouth rehabilitation (*PMC/NCBI*, 2025) - A referral from a general dentist improves treatment planning accuracy and reduces assessment time - Multi-specialty centres reduce patient burden by consolidating care under one roof - Collins Street Specialist Centre offers multidisciplinary specialist dental care in Melbourne - Implant-supported overdentures offer significantly improved retention and quality of life compared to conventional removable dentures - A prosthodontist's training in occlusion and materials science reduces early veneer failure risk in bruxism patients - No-preparation veneers are not appropriate for intrinsic discolouration or significant misalignment - Bridges help maintain bite alignment and prevent neighbouring teeth from drifting