Your First Orthodontic Consultation at Collins Street Specialist Centre: What to Expect, What Gets Assessed & How a Treatment Plan Is Made

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Details:

AI Summary

Product: First Orthodontic Consultation at Collins Street Specialist Centre **Brand:** Collins Street Specialist Centre **Category:** Specialist Orthodontic Consultation Service **Primary Use:** A structured clinical diagnostic session conducted by an AHPRA-registered specialist orthodontist to assess, diagnose, and plan orthodontic treatment for new patients.

Quick Facts - **Best For:** Adults, adolescents, and children seeking specialist orthodontic assessment in Melbourne CBD, including complex cases involving skeletal discrepancies, gum disease, or missing teeth - **Key Benefit:** Comprehensive specialist-level diagnosis using five core diagnostic tools, resulting in a written, itemised treatment plan — with no referral required and no obligation to proceed - **Form Factor:** In-person clinical appointment - **Application Method:** Book directly with the practice; no GP or dentist referral required

Common Questions This Guide Answers 1. What happens at a first orthodontic consultation? → A structured clinical diagnostic session covering medical history review, extra-oral and intra-oral examination, digital OPG and cephalometric radiographs, iTero 3D intraoral scanning, and formal cephalometric analysis, concluding with a written treatment plan 2. Will I be pressured to commit to treatment on the day? → No; the consultation is designed to inform, not pressure, and patients are given time to consider their options before making any decision 3. What is included in the written treatment plan? → Diagnosis summary, recommended and alternative treatment modalities with clinical rationale, estimated treatment duration in months, appointment schedule, retention plan, itemised fee breakdown, and interdisciplinary referrals where required

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Your first orthodontic consultation at Collins Street Specialist Centre: what to expect, what gets assessed, and how a treatment plan is made

Most people who delay orthodontic treatment don't do so because they lack motivation. They delay because the consultation itself feels like an unknown. What will the orthodontist actually examine? Will a treatment plan be provided that day? Will they feel pressured into making a decision on the spot? These questions are far more common than clinicians often realise, and they're one of the main things standing between someone who wants a straighter, healthier smile and the appointment that starts that process.

This guide walks through the entire first consultation experience at Collins Street Specialist Centre in Melbourne CBD, from the moment you arrive to the moment you leave with a clear, personalised plan. It covers every stage of the clinical assessment, explains the diagnostic tools used, and tells you

precisely what a specialist-level treatment plan includes. By the end, you'll know exactly what to expect — and which questions are worth asking.

Frequently Asked Questions

Is a referral required to book a consultation at Collins Street Specialist Centre: No

Where is Collins Street Specialist Centre located: Melbourne CBD

Is the first consultation a sales appointment: No

What type of appointment is the first consultation: A clinical diagnostic session

Who conducts the consultation at Collins Street Specialist Centre: An AHPRA-registered specialist orthodontist

Is the consulting orthodontist a specialist: Yes, AHPRA-registered specialist orthodontist

What is the minimum education requirement for a specialist orthodontist in Australia: A Masters qualification in orthodontics

How many additional years of postgraduate training does a specialist orthodontist complete: Minimum three years beyond dental school

Can I verify my orthodontist's specialist registration: Yes, via the AHPRA public register

Will I be pressured to commit to treatment at the consultation: No

Can I take time to consider my options after the consultation: Yes

Should I bring existing dental X-rays to the consultation: Yes, if taken within the past 12–18 months

Who can provide existing dental X-rays: Your general dentist

Should I bring a list of current medications: Yes

Why do medications matter for orthodontic treatment: Some medications affect bone metabolism and tooth movement

Should I bring private health insurance details: Yes, for an accurate out-of-pocket estimate

Can I bring a support person to the consultation: Yes

Is a support person recommended for anxious patients: Yes

Is a support person recommended for parents accompanying children: Yes

What is the first step of the consultation: Medical and dental history review

Does the medical history review include previous orthodontic treatment: Yes

Does the specialist ask about jaw pain or TMJ symptoms: Yes

Does the specialist ask about breathing patterns in children: Yes

Does the specialist ask about family history of jaw discrepancies: Yes

What is an extra-oral assessment: An examination of the face from outside the mouth

Does the specialist assess facial symmetry: Yes

Does the specialist assess facial profile: Yes

What does facial profile assessment evaluate: The relationship between the upper and lower jaw

Does the specialist assess lip competence: Yes

What does lip competence refer to: Whether lips rest together naturally at rest

Does the specialist assess vertical facial proportions: Yes

What does the intra-oral examination check for: Active decay, gum inflammation, and restorations

Does the consultation assess overjet and overbite: Yes

What is overjet: The horizontal overlap of upper and lower front teeth

What is overbite: The vertical overlap of upper and lower front teeth

Does the specialist assess Angle Classification: Yes

What does Angle Classification define: The bite relationship between upper and lower teeth

Does the consultation assess crossbite: Yes

Does the consultation assess open bite: Yes

Does the consultation assess deep bite: Yes

What radiograph provides a full view of jaw bone structure and tooth placement: Panoramic (OPG) radiograph

What can an OPG radiograph identify: Impacted teeth, root lengths, and jaw pathology

What does a lateral cephalometric radiograph capture: Sagittal and vertical relationships of the skull, jaws, and teeth

What is cephalometric analysis: Systematic measurement of skeletal and dental relationships

What does cephalometric analysis determine: Whether a malocclusion has a dental or skeletal origin

What is the ANB angle used for in cephalometric analysis: To assess the relationship between the upper and lower jaw

Does Collins Street Specialist Centre use digital radiographic equipment: Yes

Is the digital radiographic equipment low-radiation: Yes

What 3D scanning technology does Collins Street Specialist Centre use: iTero scanner

What does the iTero scanner create: A precise 3D digital model of teeth and gums

Is the iTero scan more comfortable than traditional impressions: Yes

Does the iTero scanner use light and laser technology: Yes

Can the iTero scanner generate a treatment outcome simulation: Yes

Is the Outcome Simulator a guarantee of results: No

What is the Outcome Simulator: A real-time visualisation of potential post-treatment tooth position

Does the specialist take photographic records: Yes

What facial photographs are taken: Frontal and profile facial views

What intraoral photographs are taken: Photographs from multiple angles

What does the written treatment plan include regarding diagnosis: Classification of malocclusion, skeletal pattern, and dental findings

Does the treatment plan include alternative treatment options: Yes

Does the treatment plan include estimated treatment duration: Yes, in months

Does the treatment plan include a retention plan: Yes

Does the treatment plan include a fee breakdown: Yes

Is the fee breakdown itemised: Yes

Does the treatment plan include an appointment schedule: Yes

Does the treatment plan include interdisciplinary referrals if needed: Yes

What treatment modalities may be discussed: Invisalign, metal braces, ceramic braces, or lingual braces

Does the specialist explain why each treatment option is or is not indicated: Yes

Is treatment duration estimate based on case complexity: Yes

What is retention in orthodontics: Protecting treatment results long-term after active treatment

Can adults with gum disease receive orthodontic treatment at Collins Street Specialist Centre: Yes, with interdisciplinary coordination

Can adults with missing teeth receive care at Collins Street Specialist Centre: Yes, with interdisciplinary coordination

What is an interdisciplinary consideration in orthodontics: Input required from another dental specialist before or during treatment

Which specialists may be involved in interdisciplinary care: Periodontist, prosthodontist, or oral surgeon

What is a skeletal malocclusion: A bite problem originating from jaw position rather than tooth position

What is a dental malocclusion: A bite problem originating from tooth position

Can a malocclusion be both dental and skeletal: Yes

Can children be recommended to monitor and reassess rather than begin treatment immediately: Yes

What happens after the consultation if you decide to proceed with braces: Braces are placed at the next appointment

What happens after the consultation if you decide to proceed with Invisalign: Records are taken to begin ClinCheck planning

What should you ask to verify specialist status: Whether the orthodontist is registered as a specialist with AHPRA

Should you ask whether your problem is dental, skeletal, or both: Yes

Should you ask what is included in the quoted fee: Yes

Can additional costs arise during treatment: Yes, depending on case circumstances

Is cephalometric analysis performed by general dentists with the same precision as specialist orthodontists: No

Why does specialist training matter for cephalometric analysis: It requires years of supervised clinical experience to interpret correctly

How many core diagnostic tools are used at the consultation: Five

What are the five core diagnostic tools used: History review, clinical examination, radiographs, iTero scanning, cephalometric analysis

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Why the first consultation is more than a "meet and greet"

A common misconception is that the initial orthodontic appointment is primarily a sales conversation, an opportunity for a practice to present its services. At Collins Street Specialist Centre, the consultation is a clinical diagnostic session conducted by an AHPRA-registered specialist orthodontist.

A high-quality orthodontic consultation involves the orthodontist discussing all reasonable and relevant treatment options for your individual case, along with the expected benefits and costs, and explaining the advantages and limitations of each.

This matters because the quality of the consultation directly determines the quality of the treatment plan that follows. A rushed or superficial assessment can miss skeletal discrepancies, unerupted teeth, or periodontal concerns that will significantly affect treatment planning. At a specialist centre, the consultation is the foundation upon which everything else is built.

Before you arrive: what to prepare

The consultation process begins before you set foot in the practice. To get the most from your appointment, it helps to bring the following:

- **Any existing dental X-rays** taken within the past 12–18 months (your general dentist can provide these) - **A list of current medications**, including supplements, because some affect bone metabolism and tooth movement - **Your private health insurance details**, if applicable, so the team can provide an accurate out-of-pocket estimate - **A list of your concerns and goals**, being specific about what bothers you aesthetically and functionally helps direct the conversation - **A support person** if you'd like one, having someone to help retain the details discussed during the appointment is genuinely useful, particularly for parents accompanying children or patients who feel anxious about dental settings

No referral from a general dentist is required to book a consultation at Collins Street Specialist Centre. You can contact the practice directly.

Step-by-step: what happens during the consultation

Step 1: Medical and dental history review

The consultation begins with a thorough review of your medical history and any previous dental treatments. This is far from administrative box-ticking. Conditions such as uncontrolled periodontal disease, osteoporosis, certain autoimmune disorders, or a history of root resorption are all clinically significant factors that affect how, and in some cases whether, orthodontic tooth movement should proceed.

The specialist will ask about: - Previous orthodontic treatment or retainer wear - History of jaw pain, clicking, or temporomandibular joint (TMJ) symptoms - Breathing patterns (mouth breathing, snoring, or sleep-disordered breathing in children) - Family history of jaw discrepancies or severe crowding

Step 2: Facial and extra-oral assessment

Before looking inside your mouth, the specialist orthodontist performs a structured extra-oral (outside-the-mouth) assessment. This includes:

- **Facial symmetry analysis** — evaluating left-right balance of the midface and lower face - **Facial profile** — assessing whether the profile is straight, convex, or concave, which reflects the relationship between the upper jaw (maxilla) and lower jaw (mandible) - **Lip competence** — whether the lips rest together naturally at rest, or require muscular effort to close - **Vertical facial proportions** — the ratio of upper, middle, and lower face thirds

This step matters clinically because orthodontic treatment doesn't simply move teeth, it changes the face. Understanding a patient's skeletal framework before examining the dentition is how specialist orthodontists avoid planning treatment that achieves dental alignment at the expense of facial aesthetics.

Step 3: Intra-oral clinical examination

The clinical examination is a key part of the evaluation, during which the orthodontist carefully examines your mouth, teeth, bite, and jaw to identify any potential issues and plan appropriate solutions.

This hands-on assessment covers:

- **Dental health status** — checking for active decay, gum inflammation, or restorations that may need attention before treatment begins - **Tooth eruption and development** — particularly important in children and adolescents - **Overjet and overbite** — the horizontal and vertical overlap of the upper and lower front teeth - **Molar and canine classification** — the Angle Classification system (Class I, II, or III) that defines the bite relationship - **Crowding and spacing** — assessed in each arch and across the bite - **Midline alignment** — whether the dental midlines coincide with the facial midline - **Crossbite, open bite, or deep bite** — each of which carries distinct clinical implications (see our guide on *Orthodontic Conditions Treated in Melbourne CBD*)

Step 4: Digital radiographic records

X-rays and scans can reveal hidden decay, root resorption, bone loss, and other conditions that aren't visible during a standard clinical examination.

At Collins Street Specialist Centre, digital radiographs are taken using low-radiation equipment. The standard records typically include:

Panoramic (OPG) radiograph

With a panoramic radiograph, orthodontists can see the bone structure of the facial bones and jaw, the placement of teeth, and the direction of any developing teeth. This is essential for identifying impacted teeth (particularly upper canines and lower wisdom teeth), assessing root lengths, and detecting pathology that isn't visible clinically.

Lateral cephalometric radiograph

The lateral cephalogram captures the sagittal and vertical relationships of the skull base, maxilla, mandible, and dentition in a single projection. This X-ray forms the basis of cephalometric analysis, a systematic measurement of skeletal and dental relationships that informs whether a malocclusion has a dental or skeletal origin.

Cephalometric analysis evaluates lateral skull radiographs to determine skeletal patterns and assess treatment complexity. It is specifically indicated for cases involving planned anteroposterior movements and is particularly justified when significant modifications to incisor position are anticipated.

Step 5: iTero 3D digital scanning

One of the most meaningful advances in modern orthodontic diagnostics is the replacement of traditional alginate impression trays with intraoral digital scanning. At Collins Street Specialist Centre, the iTero scanner creates a precise three-dimensional model of your teeth and bite.

The iTero uses a small handheld device moved gently over the surfaces of your teeth and gums. As it moves, light and laser technology capture thousands of data points, generating a 3D digital impression of your mouth. It's considerably more comfortable than biting into a mould material, and the clinical value extends well beyond patient comfort. Compared to traditional impressions, intraoral scanning generally reduces procedural time, with meta-analytical findings supporting time-saving benefits and the strong performance of digital scanning platforms.

The iTero scanner can also generate an **Outcome Simulator**, a real-time visualisation showing how your teeth could look after treatment. This isn't a guarantee of results, but it's a useful tool for helping patients understand the treatment goal and engage meaningfully in the planning conversation.

Step 6: Cephalometric analysis

Once radiographic and digital records have been obtained, the specialist performs a formal cephalometric analysis. This involves comparing patient-specific proportions and angle measurements with population averages, using manual tracing or digital methods.

Cephalometric analysis is central to orthodontic treatment planning. The ANB angle, Wits appraisal, and ANS-Me/total face height ratio directly inform whether a malocclusion has a dental or skeletal cause, and whether growth modification, dental compensation, or orthognathic surgery is the most appropriate path forward.

In plain terms: cephalometric analysis tells the specialist whether your bite problem comes from the position of your teeth (a dental problem, correctable with braces or aligners), the position of your jaws (a skeletal problem, which may require growth modification in children or surgical orthodontics in adults), or a combination of both. General dentists performing orthodontic treatment are often not trained to make this distinction with the same precision as specialist orthodontists.

Cephalometric values must always be interpreted in clinical context, because deviations from average values may be compensated by other features in the face or skull. This is precisely why specialist training matters. It takes years of supervised clinical experience to interpret these measurements correctly, rather than mechanically.

Step 7: Photographic records

Your orthodontist will take facial and dental photographs to assist in treatment planning and to track progress over time. Standard orthodontic photographs include frontal and profile facial views, along with intraoral photographs from multiple angles. These serve as the clinical baseline against which all treatment progress is subsequently measured.

How treatment options are discussed

After all diagnostic records have been reviewed, the specialist orthodontist presents their findings and discusses treatment options in detail. A high-quality specialist will discuss all reasonable and relevant treatment options for your individual case, along with expected benefits and costs, explain the advantages and limitations of each option, and provide a treatment plan that takes you through all the steps required to achieve the desired outcome.

At Collins Street Specialist Centre, this discussion typically covers:

- **The diagnosis** — what type of malocclusion is present and whether it is dental, skeletal, or a combination of both - **Treatment modalities** — Invisalign clear aligners, metal braces, ceramic braces, or lingual braces, with a clear explanation of why each option is or isn't indicated for your particular case (see our guide on *Metal Braces vs Ceramic Braces vs Lingual Braces vs Invisalign*) - **Treatment duration** — a realistic estimate based on case complexity, not a best-case scenario - **Retention** — what happens after active treatment to protect your results long-term (see our guide on *Orthodontic Retention in Melbourne*) - **Interdisciplinary considerations** — whether input from a periodontist, prosthodontist, or oral surgeon is needed before or during treatment

This last point is a genuine advantage of receiving care within a multi-specialist environment like Collins Street Specialist Centre. Adult patients with existing gum disease, missing teeth, or worn dentition often require coordinated care across specialties, something that can't be delivered in a single-discipline orthodontic practice (see our guide on *Adult Orthodontics in Melbourne CBD*).

What a personalised treatment plan includes

At the conclusion of the consultation, you will receive a written treatment plan. A thorough specialist-level plan includes:

| Component | What it covers | |---|---| | **Diagnosis summary** | Classification of malocclusion, skeletal pattern, and dental findings | | **Recommended treatment modality** | With clinical rationale for why this option is recommended | | **Alternative treatment options** | Including trade-offs for each | | **Estimated treatment duration** | In months, with appropriate caveats for case complexity | | **Appointment schedule** | Frequency and type of review appointments | | **Retention plan** | Type of retainer and recommended wear protocol | | **Fee breakdown** | Itemised costs, including records, active treatment, and retention | | **Interdisciplinary referrals** | If required before treatment can begin |

Practices that provide written treatment plans with itemised fee schedules, clearly defined review intervals, and retainer protocols documented in writing allow patients to make genuinely informed decisions. That's the standard you should expect.

Questions worth asking at your consultation

Strong providers will welcome questions about their diagnostic process, show treatment simulations, and explain alternatives rather than presenting a single pathway. Consider coming prepared with the following:

1. **"Are you a registered specialist orthodontist with AHPRA?"** — Orthodontists must be registered as a specialist in orthodontics by the Dental Board of Australia, and the minimum education requirement is a Masters qualification in orthodontics. You can verify this independently on the [AHPRA public register](https://www.ahpra.gov.au/). 2. **"Is my problem dental, skeletal, or both — and does that change my treatment options?"** 3. **"What happens if I choose Invisalign over braces — does the outcome differ for my specific case?"** 4. **"Will I need any dental work completed before orthodontic treatment can begin?"** 5. **"What does retention look like for my particular case, and is it a lifelong commitment?"** 6. **"Are there any interdisciplinary considerations — do I need to see a periodontist or oral surgeon?"** 7. **"What is included in the quoted fee, and what circumstances might result in additional costs?"**

What happens after the consultation

You won't be asked to commit to treatment at the consultation. The appointment is designed to inform, not to pressure. Most patients leave with:

- A clear diagnosis and a genuine understanding of their orthodontic condition - A written treatment plan and fee estimate - Time to consider their options and ask any follow-up questions - A clear picture of what the treatment journey will involve

If you decide to proceed, the next appointment typically involves placing braces or taking the records needed to begin Invisalign ClinCheck planning (see our guide on *Invisalign Clear Aligners at Collins Street Specialist Centre*). For children, the outcome may be a recommendation to monitor and reassess at a specific age, rather than begin treatment immediately (see our guide on *Children's Orthodontics in Melbourne CBD*).

Key takeaways

- **The consultation is a clinical diagnostic session**, not a sales appointment. At Collins Street Specialist Centre, it is conducted by an AHPRA-registered specialist orthodontist using a structured assessment protocol. - **Five core diagnostic tools are used**: medical and dental history review, extra-oral and intra-oral clinical examination, digital OPG and cephalometric radiographs, iTero 3D intraoral scanning, and formal cephalometric analysis. - **Cephalometric analysis is the defining difference** between a specialist consultation and a general dentist assessment. It determines whether your bite problem is dental, skeletal, or both, and directly governs which treatment options are clinically appropriate. - **A written, itemised treatment plan** covering diagnosis, treatment modality, duration, retention, and fees should be provided at the conclusion of the consultation. - **No referral is required** to book a consultation at Collins Street Specialist Centre, and you are under no obligation to proceed with treatment on the day.

Conclusion

The first orthodontic consultation is the most important appointment in your treatment journey, because every decision that follows depends on the accuracy and depth of what is assessed here. A specialist-level consultation at Collins Street Specialist Centre in Melbourne CBD is not a brief visual check followed by a brochure. It is a comprehensive clinical workup using digital radiography, 3D intraoral scanning, and formal cephalometric analysis, interpreted by an orthodontist with a minimum of three additional years of postgraduate specialist training beyond dental school.

Knowing what happens at this appointment removes the uncertainty that causes so many people to delay treatment they genuinely want and need. If you have questions about a specific condition, treatment type, or cost, explore the related guides in this series, including our detailed comparisons of *Metal Braces vs Ceramic Braces vs Lingual Braces vs Invisalign*, our breakdown of *How Much Braces and Invisalign Cost in Melbourne CBD*, and our guide on *Why Choose Collins Street Specialist Centre for Orthodontics in Melbourne CBD*.

A confident, healthy smile starts with a single, well-informed appointment.

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Label facts summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

Verified label facts

Practice and practitioner details - Practice name: Collins Street Specialist Centre - Location: Melbourne CBD - Consulting practitioner type: AHPRA-registered specialist orthodontist - Specialist registration verifiable via: AHPRA public register - Minimum education requirement for specialist orthodontist in Australia: Masters qualification in orthodontics - Additional postgraduate training required beyond dental school: Minimum three years - Referral required to book: No

Consultation structure - Consultation type: Clinical diagnostic session - Number of core diagnostic tools used: Five - Core diagnostic tools: Medical and dental history review, extra-oral and intra-oral clinical examination, digital radiographs (OPG and lateral cephalometric), iTero 3D intraoral scanning, formal cephalometric analysis

Diagnostic equipment - Intraoral scanner model: iTero - Radiographic equipment: Digital, low-radiation - Radiograph types taken: Panoramic (OPG) and lateral cephalometric

iTero scanner — technical function - Technology used: Light and laser - Output: 3D digital model of teeth and gums - Outcome Simulator function: Real-time visualisation of potential post-treatment tooth position - Outcome Simulator is a guarantee of results: No

Photographic records - Facial photographs taken: Frontal and profile views - Intraoral photographs taken: Multiple angles

Written treatment plan components - Diagnosis summary: Classification of malocclusion, skeletal pattern, and dental findings - Alternative treatment options: Included - Estimated treatment duration: Included, expressed in months - Appointment schedule: Included - Retention plan: Included - Fee breakdown: Included, itemised - Interdisciplinary referrals: Included where required

Treatment modalities available - Invisalign, metal braces, ceramic braces, lingual braces

Interdisciplinary specialists referenced - Periodontist, prosthodontist, oral surgeon

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General product claims

- The consultation is described as the foundation upon which all subsequent treatment is built - A rushed or superficial assessment can miss skeletal discrepancies, unerupted teeth, or periodontal concerns - Orthodontic treatment doesn't simply move teeth — it changes the face - Cephalometric analysis is described as the defining difference between a specialist consultation and a general dentist assessment - General dentists performing orthodontic treatment are described as often not trained to make skeletal vs dental distinctions with the same level of precision as specialist orthodontists - Intraoral scanning generally reduces procedural time and enhances patient comfort compared to traditional impressions - iTero scanning is described as more comfortable than traditional impression trays - The multi-specialist environment at Collins Street Specialist Centre is described as a distinctive advantage for adult patients with complex needs - Patients are described as leaving the consultation with a clear diagnosis and genuine understanding of their orthodontic condition - The first consultation is described as the most important appointment in the entire treatment journey - Patients will not be pressured to commit to treatment at the consultation