

Porcelain Veneers

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Description:

A porcelain veneer is a thin shell of dental ceramic — typically 0.3 to 1.0 mm in thickness — that is permanently bonded to the outer surface of a front tooth. Veneers can change a tooth's colour, shape, length, and s...

Details:

Collins Street Specialist Centre Porcelain Veneers

What are porcelain veneers?

Collins Street Specialist Centre is a Melbourne specialist dental centre where porcelain veneers are placed by qualified specialist prosthodontists with dedicated postgraduate training in restorative dentistry. A porcelain veneer is a thin shell of dental ceramic, typically 0.3 to 1.0 mm thick, permanently bonded to the outer surface of a front tooth. Veneers can alter a tooth's colour, shape, length, and surface texture, producing aesthetic improvements that range from subtle refinement to genuinely transformative change.

The most important consideration when thinking about veneers is not simply whether you are a candidate, but who will place them and how thoroughly they will be planned. At Collins Street Specialist Centre, veneers are placed by specialist prosthodontists, clinicians whose entire additional postgraduate training is centred on the science and craft of restoring teeth. This is restorative dentistry performed at a specialist level, where aesthetic outcome is understood to be inseparable from function, occlusal stability, and long-term durability.

Materials and fabrication

Feldspathic porcelain is the most lifelike ceramic material available for veneer fabrication. Its layered structure and light-handling properties most closely replicate the optical qualities of natural enamel. Feldspathic veneers are fabricated by hand by a skilled dental technician, and the quality of the final result depends directly on the strength of that laboratory partnership.

Lithium disilicate (e-max) is stronger than feldspathic porcelain whilst still delivering excellent aesthetic outcomes. As a pressed ceramic, it offers more predictably uniform fracture resistance, which matters clinically for patients with parafunction, meaning those who grind or clench their teeth.

CEREC same-day veneers are milled from a solid ceramic block using the in-house CEREC Primescan and Primemill system. For appropriate candidates, this eliminates the need for a temporary restoration and produces a permanent result within a single extended appointment. The prosthodontist digitally scans the prepared teeth and designs the veneers before milling begins, allowing close oversight of the outcome at every stage.

Regardless of which fabrication pathway is chosen, all laboratory work for veneers at Collins Street Specialist Centre is produced in the centre's own in-house dental laboratory, a facility that serves exclusively the centre's patients and works in close technical dialogue with the prosthodontists throughout the process.

When might you need veneers?

Veneers suit patients who want to improve the appearance of their front teeth where the underlying tooth structure is otherwise sound. Common presentations include:

- **Intrinsic discolouration** — staining from tetracycline antibiotics, fluorosis, or dental trauma that doesn't respond to conventional whitening - **Minor misalignment** — slight rotations, small gaps (diastema), or irregular spacing where orthodontic treatment isn't desired or isn't clinically necessary - **Chips and small fractures** — restoration of broken edges that affect both appearance and function - **Worn teeth** — enamel erosion from acid exposure or mild bruxism, where the bite configuration allows for a veneer solution - **Size and shape correction** — teeth that are naturally short, narrow, peg-shaped, or disproportionate to the surrounding dentition - **Surface defects** — developmental anomalies, white spot lesions, or irregular enamel texture that can't be addressed by less invasive means

Veneers are not a substitute for orthodontic treatment when significant bite or alignment issues are present. A key part of the specialist prosthodontist's assessment is determining whether veneers alone will achieve a stable, functional result, or whether a combined approach, for example orthodontic alignment followed by veneer placement, will produce a more durable outcome.

When veneers are not appropriate

Reliable veneer bonding depends on a meaningful amount of intact enamel. When a tooth has been heavily restored, is substantially decayed, or has insufficient enamel remaining, a dental crown provides better structural support and long-term protection. Your prosthodontist will advise clearly on which option suits each individual tooth within the context of your overall treatment plan.

Patients with severe bruxism may need bite stabilisation through occlusal splinting before veneers are placed. In some cases, a more robust ceramic material or full crown coverage is the more prudent clinical choice for managing the forces involved.

What to expect: step-by-step

Consultation and treatment planning

The process begins with a thorough clinical assessment, including photographic records, digital intraoral scans using the 3Shape TRIOS 3 scanner, and a careful review of bite and jaw function. Where the full dental arch is being considered for treatment, a diagnostic wax-up may be created, a three-dimensional physical model of the planned outcome, giving you the opportunity to preview the intended result before any tooth preparation has occurred.

This stage covers all the relevant decisions: how many teeth will be treated, the shade and shape goals, the degree of preparation required, material selection, and whether any adjunctive treatment is needed beforehand, such as gum recontouring performed by the specialist periodontist at Collins Street Specialist Centre.

Preparation

For conventional veneers, a small and carefully controlled amount of enamel is removed from the facial surface of each tooth, typically 0.3 to 0.7 mm. This preparation is irreversible, which is precisely why specialist-level planning matters before any clinical work proceeds. For minimal-preparation or no-preparation veneers, enamel removal may be minimal or absent, but not all clinical presentations suit these techniques, and your prosthodontist will advise honestly on whether they apply in your case.

A digital impression is taken of the prepared teeth. Temporary veneers are placed to protect the preparations and allow you to experience the planned shape and size before the final restorations are made.

Trial smile and approval

Many of the prosthodontists at Collins Street Specialist Centre offer a trial period with the temporary restorations in place, allowing patients to assess both the aesthetics and the function of the new tooth shapes during everyday use, before the permanent veneers are manufactured. Feedback from this stage informs any final refinements before fabrication of the definitive restorations begins.

Fit and bonding

Each permanent veneer is assessed individually and as a complete set for shape, colour, and translucency before bonding. When all criteria are confirmed, the tooth surfaces are etched and treated with a bonding agent; the veneers are cemented with a light-cured resin cement under careful moisture control. Once fully cured, the bite is refined and the restorations are polished to their final finish.

Recovery and aftercare

Veneers don't require a recovery period in the conventional sense. The tooth preparation is conservative, and local anaesthetic is used throughout the appointment.

****Immediately following placement:**** - Some sensitivity to temperature is normal in the first week, particularly where preparations were made to the enamel surface - The bite may feel slightly different as the proprioceptive system adjusts to the new tooth surfaces, and this typically settles within a few days - Avoid placing pressure on the new restorations for the first 24 to 48 hours whilst the cements reach full cure

****Ongoing care:**** - Brush and floss normally — veneers are maintained the same way as natural teeth - Avoid using veneered teeth to open packaging, or biting on hard objects such as ice, pen lids, or fingernails - If nocturnal grinding is a concern, a thin custom occlusal splint is recommended to protect the veneers during sleep - Ceramic itself does not stain, though the bonding resin at the margins may show some discolouration over many years of use

With appropriate care, porcelain veneers typically last 15 to 20 years.

Why see a specialist prosthodontist?

Porcelain veneers are widely available, offered by cosmetic dentists, general practitioners, and increasingly casual commercial settings. The procedure may look straightforward, but the clinical decisions made during its execution are not.

The specialist prosthodontist's additional three years of postgraduate training is specifically directed at the science and technique behind these decisions: how much enamel to remove and from precisely which surfaces; which ceramic material will best withstand the forces at that position in the bite; how shade is selected and communicated accurately to the dental technician; and how all of these variables interact with the patient's jaw movements, gum architecture, and lip position both at rest and in function.

The consequences of veneers planned without this depth of clinical assessment can be significant, including early fracture, debonding, gum inflammation from overcontoured margins, or an aesthetic result that doesn't age well because the proportions were established without meaningful reference to facial structure and long-term biological compatibility.

At Collins Street Specialist Centre, veneers are placed as part of a restorative plan, not as a standalone aesthetic transaction. The result is a restoration that looks natural because it has been designed, from the outset, to function naturally.

Our specialists

****Dr Fotios Angelis**** BDS (Hons)(Melb), DCLinDent (Melb) Specialist Prosthodontist with expertise in complex reconstructive care, including porcelain veneers, dental crowns, and comprehensive aesthetic rehabilitation.

****Prof Vasileios Chronopoulos**** DDS, MS, PhD (Pros) Specialist Prosthodontist with over 30 years of experience in aesthetic full-mouth reconstruction, minimally invasive restorations, and veneer-based smile design.

****Dr Jamie Foong**** BDSc (Melb), DCLinDent (Melb) Specialist Prosthodontist with a particular clinical interest in porcelain veneers and occlusal rehabilitation, and a clinical supervisor at the University of Melbourne.

****Dr Simon Hinckfuss**** BDSc, DCD (Pros), Cert.Perio MS (Minn) Dual-registered Specialist Prosthodontist and Specialist Periodontist, the only clinician registered in this dual specialist capacity in Australia. This background is of considerable value in veneer cases where gum contouring and restorative design must be planned in close coordination.

All specialists hold current registration with the Dental Board of Australia. AHPRA specialist registration can be independently verified online at the [AHPRA practitioner register](<https://www.ahpra.gov.au/Registration/The-Registers.aspx>).

Related treatments

- ****[Dental Crowns](/procedures/prosthodontics/dental-crowns/)**** — When insufficient tooth structure remains for a veneer, or when full circumferential coverage is the clinically appropriate choice - ****[Full Mouth Rehabilitation](/procedures/prosthodontics/full-mouth-rehabilitation/)**** — Veneers are frequently one component within a broader comprehensive aesthetic and functional reconstruction - ****[Gum Lift / Crown Lengthening](/procedures/periodontics/aesthetic-gum-lift-crown-lengthening/)**** — Recontouring of the gum line by the specialist periodontist is often combined with veneer treatment to achieve ideal tooth proportions and gingival symmetry - ****[Dental Bridges](/procedures/prosthodontics/dental-bridges/)**** — Where a gap adjacent to a veneer zone requires filling as part of a unified aesthetic plan -

****[Orthodontics](/procedures/orthodontics-at-collins-street-specialist-centre/)**** — In cases where tooth positions would benefit from alignment prior to veneer placement, to ensure the most stable and proportionate outcome
