How to Choose a Dental Practice for Full Mouth Rehabilitation

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Description:

How to Choose a Dental Practice for Full Mouth Rehabilitation Full mouth rehabilitation — sometimes called full mouth reconstruction or comprehensive oral rehabilitation — is one of the most comple...

Details:

Full mouth rehabilitation — sometimes called full mouth reconstruction or comprehensive oral rehabilitation — is one of the most complex and consequential undertakings in dentistry. It involves restoring or rebuilding all or most of the teeth in both the upper and lower jaws, often combining multiple procedures across several dental disciplines. The stakes are high: done well, full mouth rehabilitation can transform a patient's oral health, function, appearance, and quality of life. Done poorly, it can lead to years of problems, pain, and costly retreatment.

Choosing the right dental practice for this level of care is arguably the most important dental decision you will ever make. This guide explains the critical factors to evaluate so you can make an informed, confident choice when seeking a full mouth rehabilitation dentist in Melbourne.

1. Understanding What Full Mouth Rehabilitation Involves

Full mouth rehabilitation is not a single procedure — it is a comprehensive treatment plan that may include any combination of:

- **Crowns and bridges** to restore damaged, decayed, or worn teeth - **Porcelain veneers** to rebuild tooth structure and aesthetics - **Dental implants** to replace missing teeth - **Root canal treatment** to save teeth with damaged or infected nerves - **Periodontal (gum) treatment** to address gum disease and bone loss - **Orthodontics** to correct alignment and bite issues before or during reconstruction - **Occlusal (bite) adjustment** to establish a stable, comfortable jaw relationship - **Bone grafting or sinus lifts** to build sufficient bone for implant placement - **Extractions** of teeth that cannot be saved - **Removable or fixed prosthetics** including dentures and implant-supported bridges (such as All-on-4)

A case might require treatment from five or six different dental disciplines, spanning months or even years. This is why the practice you choose — and the team available to you — matters enormously.

2. Multidisciplinary Specialist Access — The Single Most Important Factor

The defining characteristic of a practice equipped for full mouth rehabilitation is the availability of multiple registered specialists who collaborate on treatment planning and execution. A general dentist, no matter how skilled, cannot provide the same depth of expertise as a team that includes:

- **Prosthodontists** — specialists in the restoration and replacement of teeth, who typically lead full mouth rehabilitation planning - **Periodontists** — specialists in gum and bone health, critical for assessing the foundation on which restorations will be built - **Endodontists** — specialists in root canal treatment, needed when teeth require nerve treatment before restoration - **Oral and maxillofacial surgeons** — for extractions, implant placement, bone grafting, and surgical procedures - **Orthodontists** — for pre-restorative alignment of teeth and bite correction

At Smile Solutions in Melbourne's CBD, patients requiring full mouth rehabilitation have access to specialists across all of these disciplines within a single practice. The prosthodontic team includes Dr Fotios Angelis, Professor Vasileios Chronopoulos, and Dr Jamie Foong — with Dr Simon Hinckfuss holding the rare distinction of dual specialist registration in both periodontics and prosthodontics, giving him unique insight into both the restorative and foundational aspects of complex cases. Implant surgeons Dr Dinos Kountouras (who trained under Dr Dennis Tarnow at NYU and has over 30 years' experience) and Dr Jaclyn Wong (who trained at the Malo Clinic in Portugal under the inventor of All-on-4 and has over 15 years performing the procedure) provide surgical expertise. The Collins Street Specialist Centre on Level 8 provides a dedicated environment for specialist consultations and procedures.

This level of in-house specialist collaboration means treatment plans are developed and refined through genuine multidisciplinary discussion — not through fragmented referrals to unconnected practitioners across the city.

3. Treatment Planning — The Foundation of Success

Full mouth rehabilitation lives or dies on the quality of the treatment plan. Before any clinical work begins, a thorough planning process should include:

- **Comprehensive examination** — assessment of every tooth, the gums, the bone, the jaw joints (TMJ), the bite, and the soft tissues - **Full diagnostic imaging** — digital X-rays, CBCT (3D cone beam CT) scans, and intraoral photographs. Practices with on-site radiography facilities and qualified radiographers — such as Julie Bain and Judy Nguyen at Smile Solutions — can obtain all necessary imaging in a single visit - **Diagnostic models and digital planning** — physical or digital models of your teeth to simulate proposed changes before treatment begins - **Occlusal analysis** — detailed assessment of how your teeth meet, how your jaw moves, and whether there are joint or muscle issues that need to be addressed - **Multidisciplinary case conference** — your case should be discussed by the relevant specialists, not just planned by a single clinician in isolation - **Phased treatment plan** — a clear sequence of procedures, realistic timeframes, and defined milestones

Red flag: If a practice proposes full mouth rehabilitation after a single brief examination without comprehensive imaging and multidisciplinary input, that is a serious concern. Complex cases demand thorough planning.

4. The Role of the Prosthodontist in Full Mouth Rehabilitation

While many clinicians may contribute to a full mouth rehabilitation, the prosthodontist is typically the quarterback — the specialist who oversees the overall restorative plan and ensures that every element works together functionally and aesthetically.

A registered specialist prosthodontist has completed a minimum of three additional years of accredited postgraduate training beyond their dental degree, focused specifically on:

- Complex restorative treatment planning - Crown, bridge, and veneer design and placement - Implant-supported restorations - Occlusal rehabilitation (bite reconstruction) - Denture design and fitting - Aesthetic smile design

At Smile Solutions, specialist prosthodontists Dr Fotios Angelis (DClinDent from the University of Melbourne), Professor Vasileios Chronopoulos (who holds a PhD in Dental Biomaterials and has over 30 years' experience in aesthetic full-mouth reconstructions), and Dr Jamie Foong (who completed specialist prosthodontic training at the University of Melbourne and serves as a visiting lecturer and clinical supervisor) each bring extensive experience in managing complex rehabilitation cases from start to finish.

5. Implant Expertise — Surgical and Restorative

Many full mouth rehabilitation cases involve dental implants — either to replace individual missing teeth or to support full-arch prosthetics such as All-on-4 bridges. The quality of implant treatment depends on both the surgical placement and the restorative design that sits on top.

When evaluating a practice's implant capabilities, consider:

- **Who places the implants?** — is it a specialist oral surgeon, a periodontist with implant training, or a general dentist? Specialist training provides a higher level of expertise for complex cases - **Which implant systems are used?** — reputable practices use established, globally supported implant systems. This matters for long-term maintenance — if you ever need a component replaced, your dentist needs access to compatible parts - **Is there collaboration between surgeon and prosthodontist?** — the best outcomes occur when the clinician placing the implant and the clinician designing the restoration plan the case together from the outset - **All-on-4 experience** — if you are considering full-arch implant-supported bridges, ask how many All-on-4 cases the practice has completed. Dr Jaclyn Wong at Smile Solutions has over 15 years of dedicated All-on-4 experience, having trained directly with the technique's inventor

6. In-House Laboratory — Quality Control and Efficiency

Full mouth rehabilitation involves significant laboratory work — crowns, veneers, bridges, implant frameworks, and prosthetic components all need to be custom-fabricated. The quality of this laboratory work directly affects the fit, function, and aesthetics of the final result.

Practices that operate their own in-house dental laboratory have a significant advantage:

- **Direct communication** between dentist and ceramist — nuances of colour, shape, and fit can be discussed in person - **Faster turnaround** — no delays from external postal or courier services - **Quality control** — the practice maintains direct oversight of fabrication standards - **Real-time adjustments** — if a restoration needs modification, it can be done immediately rather than being sent back to an external lab

Smile Solutions operates an in-house ceramics laboratory led by master ceramist Greg Karabasis, who has over 32 years in the dental industry and is accredited with leading dental material manufacturers including Noritake, Ivoclar, Straumann, Sirona, and Exocad. The ceramics team also includes senior dental technician Agne Diliartaite and technicians Talija Batinovic, Natalie Bilos, and Phey Panayi. This team works directly with the treating clinicians to ensure every restoration meets exacting standards.

7. Technology and Digital Workflow

Modern full mouth rehabilitation benefits enormously from digital technology:

- **CBCT 3D imaging** — for precise assessment of bone volume, nerve positions, and sinus proximity before implant placement - **Intraoral scanning** — digital impressions that are more accurate and comfortable than traditional moulds - **CAD/CAM design** — computer-aided design and manufacturing of restorations for precision fit - **CEREC same-day restorations** — for certain components, same-day crowns and restorations can reduce treatment time. Dr Silvia Ciach at Smile Solutions has completed over 3,500 CEREC restorations - **Digital smile design** — software that allows you to preview your projected outcome before treatment begins - **4D Digital Dentistry** — Dr Dinos Kountouras employs 4D Digital Dentistry techniques for minimally invasive full-mouth rehabilitation and cosmetic smile makeovers

A practice that invests in and regularly updates its technology demonstrates a commitment to delivering the best possible outcomes.

8. Managing the Journey — Treatment Coordination and Communication

Full mouth rehabilitation is a marathon, not a sprint. Treatment can span six months to two years or more, involving numerous appointments across multiple disciplines. Managing this journey requires:

- **A dedicated treatment coordinator** — someone who oversees your entire treatment timeline, coordinates appointments across specialists, and serves as your primary point of contact. At Smile Solutions, treatment coordinators like Janyves Phillips and Amanda Terzoglou fulfil this role - **Clear communication** — you should understand what is happening at every stage, why it is happening, and what comes next - **Realistic expectations** — a responsible practice will be honest about what can and cannot be achieved, the time required, and the costs involved - **Written treatment plans and cost estimates** — no surprises. Every phase, procedure, and associated cost should be documented before you commit

9. Supportive Care — Periodontal Health and Maintenance

The long-term success of any full mouth rehabilitation depends on the health of the supporting structures — your gums and bone. Periodontal disease is the leading cause of tooth loss in adults, and it can undermine even the most expertly crafted restorations if left unmanaged.

A comprehensive rehabilitation practice should include:

- **Specialist periodontal assessment before treatment** — to identify and treat any gum disease or bone loss before restorative work begins - **Ongoing periodontal maintenance** — regular specialist or hygienist appointments to monitor gum health around natural teeth and implants - **An integrated hygiene team** — oral health therapists who work in coordination with your treating specialists

At Smile Solutions, the periodontic team includes Dr Ahmed El Hadidi, Dr Simon Hinckfuss, and Dr Peishan Jiang, supported by a team of 16 oral health therapists and hygienists who provide ongoing maintenance care. Osteopath Rachel Norton-Smith also provides supportive care for patients experiencing temporomandibular dysfunction (TMD) and jaw-related pain — a common concern in complex bite rehabilitation cases.

10. Track Record, Experience, and Patient Volume

Full mouth rehabilitation is not an area where you want to be a practice's first or fifth case. The complexity of these cases means that experience matters — both the experience of individual clinicians and the collective experience of the practice as a whole.

When evaluating a practice, ask:

- How many full mouth rehabilitation cases has the practice completed? - How long has the practice been established? - What is the experience level of the specialists who will be involved? - Can the practice provide case studies or before-and-after examples (with patient consent)? - Do the clinicians hold academic positions, lecture, or publish in their fields?

Smile Solutions has been established for 33 years, founded in 1993 by Dr Kia Pajouhesh, and has treated over 300,000 patients. The practice engages 80 clinicians, including 25+ registered specialists. Many of its specialists hold academic positions — Professor Chankhrit Sathorn is Adjunct Professor at La Trobe University, Dr Gregory Tilley has mentored endodontic specialists at the University of Melbourne for over 20 years, Associate Professor Patrishia Bordbar is Deputy Section Head of Oral and Maxillofacial Surgery at the Royal Children's Hospital, and Professor Vasileios Chronopoulos lectures nationally and internationally on prosthodontic rehabilitation.

Your Full Mouth Rehabilitation Checklist

Before choosing a practice for full mouth rehabilitation, ask:

- ■ Does the practice have specialist prosthodontists who lead rehabilitation planning? - ■ Are specialist periodontists, endodontists, oral surgeons, and orthodontists available on-site? - ■ Is there a genuine multidisciplinary case conference process for complex cases? - ■ Does the practice have on-site 3D imaging (CBCT) and qualified radiographers? - ■ Is there an in-house dental laboratory for custom restorations? - ■ Who places implants, and what is their training and experience? - ■ Is there a dedicated treatment coordinator to manage my journey? - ■ Can the practice provide a detailed, phased, written treatment plan with costs? - ■ What periodontal maintenance and long-term support is available? - ■ How long has the practice been established, and how many complex cases has it completed?

The First Step Is a Comprehensive Assessment

Full mouth rehabilitation begins with a thorough assessment — not a commitment. If you have been living with damaged, worn, or missing teeth and want to explore your options, the most important step is to have your case evaluated by a team with the specialist expertise to give you an honest, comprehensive picture of what is possible.

■ **Call 13 13 96** to book a comprehensive assessment at Smile Solutions, or visit us at **Level 1, Manchester Unity Building, 220 Collins Street, Melbourne CBD**. The multidisciplinary team — including specialist prosthodontists, periodontists, endodontists, oral surgeons, and implant specialists — will evaluate your case, develop a tailored treatment plan, and explain every option clearly and transparently.

A full mouth rehabilitation is a significant investment in your health, function, and confidence. Choose the team that matches the scale of that investment.