

# Emergency Dental Examination and Toothache

Canonical:

<https://directory.smilesolutions.com.au/web-crawled-products/emergency-dental-examination-and-toothache/>

## Details:

### ## AI Summary

**Product:** Emergency Dental Examination and Toothache Treatment **Brand:** Smile Solutions **Category:** Emergency Dentistry **Primary Use:** Urgent, same-day dental care for severe pain, infections, trauma, and other conditions that cannot wait for a routine appointment.

**Quick facts - Best for:** Patients experiencing dental trauma, abscesses, uncontrolled bleeding, knocked-out teeth, or severe uncontrolled pain - **Key benefit:** Prompt access to emergency dental care outside standard business hours, triaged by condition severity - **Form factor:** In-person clinical dental service in Melbourne - **Application method:** Walk-in or contact Smile Solutions directly — no prior appointment required for urgent patients

**Common questions this guide answers** 1. How long do I have to save a knocked-out tooth? → Reimplantation must occur within 30–60 minutes of avulsion for the best chance of success 2. Can antibiotics alone treat a dental abscess? → No — drainage is the primary treatment; antibiotics only supplement when infection is spreading 3. What are the warning signs a dental infection is becoming dangerous? → Fever above 38.3°C, difficulty breathing or swallowing, or facial swelling extending toward the eye or neck require immediate emergency care

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### ## Smile Solutions emergency dentistry: complete product guide

#### ## Product facts

| Attribute | Value | |-----|-----| | Service name | Emergency Dental Examination and Toothache Treatment | | Provider | Smile Solutions | | Location | Melbourne | | Service category | Emergency Dentistry | | Appointment required | No — urgent patients accommodated promptly | | After-hours availability | Yes | | Conditions treated | Tooth decay, gum recession, gum disease, dental abscess, tooth cracks, teeth grinding, broken restorations, enamel loss | | Diagnostic methods | Visual examination, percussion testing, thermal testing, digital X-rays | | Emergency treatments available | Root canal (pulpectomy/pulpotomy), abscess drainage, tooth reimplantation, fracture repair, dry socket treatment | | Triage method | By condition severity, not arrival order | | Pain management | NSAIDs (ibuprofen), paracetamol combination; non-opioid approach | | Antibiotic options | Amoxicillin (first-line); clindamycin, azithromycin, or metronidazole for penicillin allergy | | Imaging technology | Digital radiography (reduced radiation exposure) | | Tooth reimplantation window | Within 30–60 minutes of avulsion | | Insurance accepted | Yes | | Payment plans | Yes — enquire with the team | | Availability | Available now |

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#### ## Frequently asked questions

What is emergency dentistry: Urgent dental care for conditions that cannot wait

Does Smile Solutions offer emergency dental services: Yes

Where is Smile Solutions located: Melbourne

Does Smile Solutions operate outside standard business hours: Yes

Do emergency dental services require a prior appointment: No, urgent patients are accommodated promptly

What is the time window to reimplant a knocked-out tooth: 30 minutes to one hour

Can a knocked-out baby tooth be reimplanted: No

Can a knocked-out permanent tooth be reimplanted: Yes, if treated within the critical window

How should you handle a knocked-out tooth: Hold it by the crown only

Should you rinse a knocked-out tooth if dirty: Yes, gently rinse it

What liquid should a knocked-out tooth be stored in: Milk, saline, or your own saliva

Does a minor tooth chip without pain require emergency care: No, it can wait for a scheduled appointment

Does a fracture exposing the dental pulp require emergency care: Yes

What is a dental abscess: A bacterial infection creating a pocket of pus

What is a periapical abscess: An abscess at the root tip of a tooth

What is a periodontal abscess: An abscess originating in the gum and supporting bone

Can a dental abscess become life-threatening: Yes, if infection spreads

What temperature fever signals a spreading dental abscess: Above 38.3°C

Does facial swelling near the eye require emergency care: Yes, immediately

Does facial swelling extending down the neck require emergency care: Yes, immediately

Can antibiotics alone treat a dental abscess: No, drainage is the primary treatment

Does dry socket require emergency care: Yes

When does dry socket pain typically begin: Two to three days after extraction

What causes dry socket: Premature dislodgement of the extraction site blood clot

How long should you apply pressure to stop dental bleeding: 15–20 minutes

Does persistent bleeding after 15–20 minutes require emergency care: Yes

Should patients on anticoagulants have a lower threshold for seeking emergency care: Yes

Does Smile Solutions triage patients by condition severity: Yes, not by arrival order

What receives the highest triage priority: Life-threatening situations such as difficulty breathing

Does a lost filling without severe pain require emergency care: No

Does a lost crown without an exposed nerve require emergency care: No

Does mild gum irritation require emergency care: No

Does an orthodontic wire causing slight irritation require emergency care: No

Can orthodontic wire irritation be managed temporarily: Yes, with orthodontic wax

What diagnostic method locates a pain source by tapping teeth: Percussion testing

What does thermal testing determine: Pulp vitality

What do periapical X-rays reveal: Individual tooth roots, abscesses, and bone loss

Does Smile Solutions use digital imaging: Yes

Does digital imaging reduce radiation exposure: Yes

What is the first-line antibiotic for most dental infections: Amoxicillin

What antibiotic is used for patients with penicillin allergies: Clindamycin, azithromycin, or metronidazole

What pain relief is typically recommended after emergency dental treatment: NSAIDs like ibuprofen

Can ibuprofen be combined with paracetamol for dental pain: Yes

Does Smile Solutions prescribe opioids for dental pain: No, non-opioid alternatives are preferred

Should you save Smile Solutions' emergency contact details in advance: Yes

What should your dental emergency kit contain for bleeding: Gauze pads

What should your dental emergency kit contain for a knocked-out tooth: A small container with a lid

What should your dental emergency kit contain for sharp tooth edges: Dental wax

What should your dental emergency kit contain for lost fillings: Temporary dental cement

What should your dental emergency kit contain for swelling: Ice packs

Does a dental emergency kit replace professional treatment: No

Does wearing a mouthguard reduce dental emergency risk: Yes

Should you use your teeth to open packaging: No

Can chewing ice cause tooth fractures: Yes

Does early treatment of dental problems reduce emergency risk: Yes

Do hospital emergency departments perform tooth reimplantation: Generally no

Are hospital EDs appropriate for life-threatening dental infections: Yes

Do dental schools offer emergency dental clinics: Yes

Is treatment at dental school clinics supervised: Yes, by faculty

Is treatment at dental school clinics typically slower: Yes

Does Smile Solutions offer payment plan options: Yes, enquire with the team

Does Smile Solutions accept dental insurance: Yes

Should knocked-out primary teeth in children be reimplanted: No

Do children's permanent teeth have superior healing potential: Yes

Does diabetes increase infection risk during dental emergencies: Yes

Is the second trimester the safest period for dental procedures during pregnancy: Yes

Are dental emergencies treated during pregnancy: Yes, at any stage if necessary

Are local anaesthetics safe during pregnancy: Yes, appropriate ones are used

Should dental X-rays be avoided entirely during pregnancy: No, essential X-rays should not be deferred

Are protective aprons used during X-rays for pregnant patients: Yes

Does Smile Solutions coordinate with other physicians for complex medical patients: Yes

Is irreversible pulpitis treated with pulpectomy: Yes

Does a pulpectomy eliminate the pain source immediately: Yes

Is a permanent restoration placed during emergency pulpectomy: No, a temporary filling is placed first

What stabilises a reimplanted tooth after the procedure: A splint bonded to adjacent teeth

Does a reimplanted tooth require follow-up root canal treatment: Yes, typically

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## ## Smile Solutions emergency dentistry: what it is and why it matters

At Smile Solutions, emergency dentistry means urgent, expert care for dental conditions that simply can't wait — situations where you're dealing with severe pain, uncontrolled bleeding, a threatened tooth, or an infection that could become genuinely dangerous. Unlike routine appointments scheduled weeks in advance, our emergency dental services operate outside standard business hours and prioritise patients with acute dental trauma, severe infections, or uncontrolled pain that needs attention now. You deserve access to clinical excellence precisely when you need it most.

Emergency dentistry exists as a distinct category within dental care because oral health crises can escalate with alarming speed. A knocked-out permanent tooth has an extremely narrow window for successful reimplantation. Dental abscesses can spread to surrounding tissues and, in severe cases, compromise your breathing or enter your bloodstream. Uncontrolled bleeding following trauma requires immediate, skilled intervention. These time-sensitive conditions need a care pathway entirely separate from elective procedures and routine maintenance — and our experienced specialists are equipped to provide exactly that.

## ## Conditions that constitute dental emergencies

### ### Traumatic injuries

Dental trauma from accidents, sports injuries, or falls is the most visually apparent category of emergencies you might face. A completely avulsed (knocked-out) permanent tooth requires care within 30 minutes to one hour for the best chance of successful reimplantation. Handle the tooth by the crown, gently rinse it if it's dirty, and keep it moist in milk, saline, or your own saliva during transport to our practice.

Fractured teeth vary in urgency depending on the extent of damage. A minor chip in the enamel without pain can often wait for a scheduled appointment, while a fracture exposing the dental pulp — the nerve-containing core of your tooth — causes extreme sensitivity and requires urgent treatment to prevent infection and preserve the tooth's vitality.

Soft tissue lacerations affecting your lips, cheeks, tongue, or gums may need sutures if bleeding persists beyond 10 minutes of direct pressure. Deep cuts can damage underlying structures and benefit from professional evaluation even when bleeding appears to stop on its own.

### ### Infections and abscesses

Dental abscesses develop when bacterial infection creates a pocket of pus, typically at the root tip of a tooth or within the gum tissue. Periapical abscesses result from untreated tooth decay reaching the pulp, while periodontal abscesses originate in the gum and supporting bone structure. Both cause throbbing pain, swelling, fever, and sensitivity to pressure — and both warrant prompt attention from our clinical team.

The urgency of abscess treatment comes from the infection's potential to spread. If you notice swelling affecting your breathing or swallowing, a fever above 38.3°C, or facial swelling extending toward your eye or down your neck, the infection is advancing beyond its localised area and requires immediate intervention. Please don't delay — contact us or seek emergency care straight away.

### ### Severe uncontrolled pain

Pain severe enough to prevent you from sleeping, eating, or functioning normally qualifies as an emergency, even without visible trauma or swelling. Acute pulpitis — inflammation of the tooth's nerve tissue — can cause excruciating sensitivity to temperature and pressure. Exposed nerves from deep cavities, lost fillings, or cracked teeth create sharp, radiating pain that over-the-counter analgesics cannot adequately manage.

Dry socket (alveolar osteitis) following tooth extraction is another severe pain condition worth knowing about. When the blood clot protecting your extraction site dislodges prematurely, the exposed bone creates intense, persistent pain that typically begins two to three days post-extraction. Our team can provide targeted relief and support your recovery.

### ### Uncontrolled bleeding

Persistent bleeding following dental procedures, trauma, or spontaneous gum bleeding that continues despite 15–20 minutes of firm pressure requires professional intervention. If you take anticoagulant medications or have a known bleeding disorder, your threshold for seeking emergency care should be lower — our experienced specialists will adapt your treatment protocol accordingly.

### ## What non-emergency conditions look like

Knowing the difference between urgent and routine care helps you avoid unnecessary emergency visits while ensuring serious conditions get timely attention. Conditions that can typically wait for a scheduled appointment include:

- Minor toothaches that respond to over-the-counter pain relief
- Small chips or rough edges on teeth without associated pain
- Lost fillings or crowns without severe pain or an exposed nerve
- Food trapped between teeth that flossing cannot remove
- Mild gum irritation or minor canker sores
- Orthodontic wires causing slight irritation (often manageable with orthodontic wax)

The distinction usually comes down to pain severity, functional impairment, and the risk of progression. A dull ache suggests booking an appointment within a few days; throbbing pain that's keeping you awake at night suggests you need emergency care. When in doubt, reach out to us — we'd rather you call and find reassurance than wait too long on a condition that's worsening.

### ## The emergency dental visit process

#### ### Initial assessment and triage

Our emergency dental team prioritises patients based on condition severity rather than arrival order. Life-threatening situations — difficulty breathing, uncontrolled bleeding, facial trauma affecting consciousness — receive immediate attention. Severe pain with swelling, knocked-out teeth, and significant trauma follow. Moderate pain without systemic symptoms typically involves shorter waits but still receives same-day care, because your comfort and wellbeing matter to us at every level.

The intake process documents your chief complaint, the onset and character of your pain, relevant medical history, current medications, and any allergies. This information guides every treatment decision, particularly regarding anaesthetic selection, antibiotic choices, and potential interactions with your existing medications.

### ### Diagnostic procedures

Our emergency dentists conduct focused examinations targeting your presenting complaint rather than comprehensive evaluations. Visual inspection identifies obvious trauma, swelling, or decay. Percussion testing — tapping teeth individually — locates the pain source when you're experiencing generalised discomfort. Thermal testing with cold or heat determines pulp vitality and helps distinguish between different types of tooth pain.

Radiographs reveal damage and infections invisible to surface examination. Periapical X-rays show individual tooth roots and surrounding bone, identifying abscesses, fractures extending below the gum line, and bone loss. Panoramic radiographs provide a full-mouth view useful for assessing jaw fractures or widespread infections. Our digital imaging technology ensures accurate diagnosis with minimal radiation exposure.

### ### Treatment approaches

Emergency dental treatment prioritises stabilising your immediate problem and managing your pain, often followed by scheduled appointments for definitive care. The specific interventions depend on your diagnosed condition, and your treatment plan is always explained clearly before we proceed.

For dental abscesses, treatment involves draining the infection — either through the tooth itself via root canal access, or through a small incision in the gum tissue. Antibiotics supplement drainage when infection shows signs of spreading, though drainage remains the primary treatment since antibiotics alone cannot eliminate an enclosed abscess.

Avulsed permanent teeth receive immediate reimplantation when you arrive within the critical window. The tooth is cleaned, repositioned in its socket, and stabilised with a splint bonded to adjacent teeth. Follow-up appointments monitor healing and typically include root canal treatment to ensure the best long-term outcome.

Fractured teeth receive treatment proportionate to the severity of damage. Bonding or smoothing suffices for minor enamel chips. Fractures extending into dentine but not the pulp may receive temporary or permanent fillings. Pulp exposure requires either pulp capping (if minimal exposure in a healthy tooth) or emergency pulpotomy — removing the crown portion of the pulp and sealing the tooth until root canal treatment can be completed.

Severe pain from irreversible pulpitis often requires immediate pulpectomy — removing the inflamed or infected pulp tissue, cleaning the root canals, and placing a temporary filling. This eliminates the pain source and addresses infection, with your tooth restored permanently in a subsequent visit.

### ### Pain and infection management

Effective pain control combines local anaesthetics during the procedure with post-treatment analgesics. Post-treatment pain management typically involves NSAIDs like ibuprofen, sometimes combined with paracetamol. Severe cases may warrant short-term additional prescriptions, though our approach favours evidence-based, non-opioid alternatives wherever clinically appropriate.

Antibiotic selection considers the typical oral pathogens involved in dental infections, your known allergies, and interactions with any existing medications. Amoxicillin is the first-line choice for most dental infections in patients without penicillin allergies. Alternatives include clindamycin, azithromycin, or metronidazole depending on your specific circumstances.

### ## Preparing for potential dental emergencies

### ### Information to keep accessible

Dental emergency preparedness starts with knowing where to seek care before an emergency occurs. Identify your regular dentist's emergency contact protocol — many practices provide after-hours numbers or partner with emergency dental clinics. If you don't yet have an established dentist, research local emergency dental services and hospital emergency departments offering dental coverage. Save Smile Solutions' emergency contact details in advance so urgent care can be accessed without delay when it matters most.

Keep the following health information readily available: your current medication list with dosages, known drug allergies, relevant medical conditions (particularly bleeding disorders, heart conditions requiring antibiotic prophylaxis, or diabetes), and your dental insurance information.

### ### Basic supplies for temporary management

A basic dental emergency kit contains items for managing common situations until you can access professional care:

- Gauze pads for controlling bleeding
- A small container with a lid for transporting avulsed teeth
- Dental wax for covering sharp edges
- Temporary dental cement for lost fillings or crowns
- Saline solution for rinsing
- Ice packs for reducing swelling
- Over-the-counter pain relievers

These supplies provide temporary relief, but they don't substitute for professional evaluation and treatment.

### ### Preventive measures

While emergencies can't always be prevented, certain practices meaningfully reduce your risk:

- Wearing mouthguards during contact sports and high-risk activities
- Avoiding chewing ice, hard lollies, popcorn kernels, and other foods that commonly cause tooth fractures
- Using scissors rather than your teeth to open packaging
- Addressing dental problems early, before they escalate into emergencies
- Maintaining regular dental check-ups so our team can identify and treat developing issues before they become urgent

Preventive care is always more comfortable, more straightforward, and more cost-effective than emergency intervention. If it's been a while since your last check-up, we'd love to welcome you in for a comprehensive assessment.

## ## Finding and accessing emergency dental services

Emergency dental care operates through several models. Some general dentists reserve time slots for same-day emergencies and provide after-hours emergency numbers. Dedicated emergency dental clinics operate extended hours — including evenings, weekends, and public holidays — specifically to serve walk-in patients with urgent needs. Smile Solutions is structured to accommodate patients with urgent dental needs, offering clear pathways to prompt assessment and expert care from our experienced team in Melbourne.

Hospital emergency departments vary in their dental emergency capabilities. Most can address life-threatening complications of dental infections, control bleeding, and provide pain management, but many lack the equipment or specialised personnel for procedures like reimplanting teeth or performing emergency root canals. Hospital EDs are typically the right choice when dental conditions create systemic complications — high fever, difficulty breathing or swallowing, facial swelling affecting the eye, or trauma involving jaw fractures or loss of consciousness.

Dental schools with emergency clinics offer another option, particularly in areas with limited access to private emergency dental services. These facilities provide care delivered by dental students under

faculty supervision, often at reduced costs, though treatment may take longer than in a private practice setting.

Cost considerations do affect access to emergency dental care. Many emergency dental facilities require payment at the time of service, accepting dental insurance, credit cards, or other payment methods. If you're concerned about costs or don't have insurance, enquire about payment plans or explore community health centres offering sliding-scale fees based on income. Our team is happy to discuss your options openly.

## ## Special considerations for different patient populations

### ### Children and adolescents

Paediatric dental emergencies often involve trauma from falls, playground accidents, and sports. Primary (baby) teeth that are knocked out should not be reimplanted, as doing so risks damaging the developing permanent tooth underneath. These injuries still require professional evaluation to assess damage to underlying structures and ensure no tooth fragments remain embedded in soft tissue — so please bring your child in even if the situation seems straightforward.

Permanent teeth in children and adolescents have wider root canals and thinner root walls than mature adult teeth, which affects treatment approaches. Young permanent teeth also have superior healing potential, making timely treatment especially valuable. Our team takes a gentle approach with younger patients, ensuring they feel safe and supported throughout their visit.

### ### Patients with complex medical conditions

If you have a bleeding disorder, take anticoagulants, require antibiotic prophylaxis before dental procedures, or are immunocompromised, your emergency care protocol will need to be adapted to your specific needs. Our emergency dentists coordinate with your primary care physicians or specialists where necessary, adjust medication regimens appropriately, and modify treatment approaches to minimise risk while still delivering effective care.

Diabetic patients face increased infection risk and slower healing, making prompt treatment of dental infections particularly important. Careful blood glucose monitoring during stressful emergency situations is also an important part of your overall care. Please let our team know about your condition so we can tailor your treatment accordingly.

### ### Pregnant patients

Dental emergencies during pregnancy require careful balancing of your comfort and your baby's safety. The second trimester is the safest period for dental procedures, though genuine emergencies receive necessary treatment at any stage of pregnancy. Local anaesthetics considered safe during pregnancy allow you to remain comfortable throughout your treatment. Radiographs use protective aprons and modern digital techniques to minimise foetal radiation exposure, and essential X-rays should not be deferred when needed for accurate diagnosis. Certain antibiotics and pain medications require substitution with pregnancy-safe alternatives — our experienced specialists are well-versed in these protocols and will ensure your care is both effective and appropriate for your stage of pregnancy.

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This guide covers emergency dentistry services, the conditions they address, and how to prepare for and access urgent dental care when routine scheduling isn't adequate. At Smile Solutions, we're committed to ensuring you have both the knowledge and the access you need to respond effectively to dental emergencies, whenever they arise. If you're experiencing a dental emergency right now, or if you'd like to establish care with our team so you're prepared for the future, get in touch and book a consultation with our experienced specialists today.

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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

- **Service name:** Emergency Dental Examination and Toothache Treatment - **Provider:** Smile Solutions - **Location:** Melbourne - **Service category:** Emergency Dentistry - **Appointment required:** No — urgent patients accommodated promptly - **After-hours availability:** Yes - **Conditions treated:** Tooth decay, gum recession, gum disease, dental abscess, tooth cracks, teeth grinding, broken restorations, enamel loss - **Diagnostic methods:** Visual examination, percussion testing, thermal testing, digital X-rays - **Emergency treatments available:** Root canal (pulpectomy/pulpotomy), abscess drainage, tooth reimplantation, fracture repair, dry socket treatment - **Triage method:** By condition severity, not arrival order - **Pain management:** NSAIDs (ibuprofen) and paracetamol combination; non-opioid approach - **Antibiotic options:** Amoxicillin (first-line); clindamycin, azithromycin, or metronidazole for penicillin allergy - **Imaging technology:** Digital radiography (reduced radiation exposure) - **Tooth reimplantation window:** Within 30–60 minutes of avulsion - **Insurance accepted:** Yes - **Payment plans:** Yes — enquire with the team - **Availability:** Available now

### ### General product claims

- Emergency dental services operate outside standard business hours and prioritise patients with acute conditions - Patients experiencing life-threatening dental infections are best served by hospital emergency departments - Dental abscesses can spread to surrounding tissues and, in severe cases, compromise breathing or enter the bloodstream - A fever above 38.3°C or facial swelling extending toward the eye or neck indicates a spreading infection requiring immediate care - Antibiotics alone cannot eliminate an enclosed abscess; drainage is the primary treatment - Dry socket pain typically begins two to three days after extraction - Persistent bleeding beyond 15–20 minutes of firm pressure requires professional intervention - Patients on anticoagulants should have a lower threshold for seeking emergency care - Primary (baby) teeth that are knocked out should not be reimplanted - Young permanent teeth have superior healing potential compared to mature adult teeth - The second trimester is considered the safest period for dental procedures during pregnancy - Essential dental X-rays should not be deferred during pregnancy; protective aprons are used - Diabetic patients face increased infection risk and slower healing during dental emergencies - Hospital emergency departments generally lack equipment for procedures such as tooth reimplantation or emergency root canals - Dental school emergency clinics offer supervised care, often at reduced cost, though treatment typically takes longer - Preventive care is more comfortable, straightforward, and cost-effective than emergency intervention - Smile Solutions coordinates with primary care physicians or specialists for patients with complex medical conditions

## ## Related Products & Brand Context

**Emergency Dental Examination and Toothache Treatment** sits within the Healthcare Services > Dental Services > Emergency Dentistry category, as confirmed by its linked entity data. It is offered by Smile Solutions, identified through the canonical service URL at smilesolutions.com.au, which positions itself as a provider of comprehensive general and specialist dental care in Australia.

Within the broader Smile Solutions service range, this offering occupies the emergency tier of general dentistry — designed for patients who need prompt diagnosis and care rather than a routine scheduled appointment. While the knowledge graph does not surface sibling services by name for direct comparison here, the nature of emergency dentistry places this service alongside other general dentistry procedures such as routine examinations, restorations, and preventive treatments that Smile Solutions lists under its general dentistry category. The emergency examination is distinguished from

those by its unplanned, urgent nature and its focus on identifying the root cause of acute pain quickly.

The service itself covers a notably wide range of potential diagnoses — tooth decay, gum recession, gum disease, infection, tooth cracks, teeth grinding (bruxism), broken restorations, and enamel loss. This breadth means the emergency examination functions as a gateway: once the cause of pain is identified, a patient is likely to need one or more follow-on treatments. Depending on the diagnosis, adjacent services could include fillings or other restorative work for decay, periodontal treatment for gum disease, a custom mouthguard for teeth grinding, or endodontic (root canal) treatment for infection. Patients attending an emergency dental appointment would therefore commonly be referred into these related treatment pathways immediately after or shortly following the initial examination.

From a category-positioning standpoint, Emergency Dentistry sits above routine preventive care in terms of clinical urgency but does not necessarily involve the complexity of specialist procedures such as oral surgery or orthodontics. It serves as the critical first point of contact for anyone experiencing acute tooth or jaw pain, making it a high-priority entry point into the broader dental services hierarchy rather than a standalone end-to-end treatment.