Porcelain vs Composite Veneers Explained | Core Dental

Canonical: https://www.coredental.com.au/differences-porcelain-composite-veneers/

Details:

Porcelain veneers are thin shells made from hardened, translucent ceramic that closely resembles natural tooth enamel, while composite veneers are built up directly on the tooth from tooth-coloured resin. Composite veneers usually need little or no removal of tooth structure and can often be completed in one visit. Porcelain veneers involve more preparation, several visits and a laboratory-made shell, and they tend to be harder wearing. At Core Dental our dentists can explain which option may suit you after an examination.

What are porcelain veneers made from?

Porcelain veneers are made from high-strength, hardened translucent ceramic. The material closely mimics the look of natural tooth enamel, including the way light passes through it. Because they are made in a dental laboratory, they are described as indirect veneers.

What are composite veneers made from?

Composite veneers are made from composite resin, a tooth-coloured filling material. It is slightly porous and not as hard-wearing as porcelain. Because the dentist builds them directly onto your tooth, they are described as direct veneers.

How is a composite veneer applied?

Composite veneers are applied directly at the chair through direct dental bonding. Your dentist layers the tooth-coloured material onto the tooth, shapes it and sets each layer with a curing light. This usually needs minimal or no removal of tooth structure and can often be completed in a single visit. No impressions or laboratory work are needed.

What does the process of getting porcelain veneers involve?

Porcelain veneers need relatively more removal of tooth structure than composite veneers, although much less than a dental crown. It usually takes two or three visits:

an assessment of your bite and tooth alignment

preparation of the teeth, an impression of each tooth and fitting of temporary veneers

after about two weeks, placement of the permanent porcelain veneers, which a dental ceramist has made in a laboratory

Prepared teeth can feel more sensitive to temperature, touch and air before the veneers are fitted.

What are the main differences between composite and porcelain veneers?

Composite veneers (direct)

Little or no removal of tooth structure, so there is often little or no discomfort during or after the procedure.

Often placed in one visit, with no impressions or laboratory fabrication.

The cost is usually lower than for porcelain.

Shape and colour can be adjusted or repaired by your dentist months or years later.

Future removal can sometimes be done without damage to the underlying tooth.

They are not as strong as porcelain and are more likely to chip or wear over time, so they usually need more maintenance by your dentist.

Porcelain veneers (indirect)

Relatively more removal of tooth structure.

Two or three visits, with each veneer made by a dental ceramist from an impression.

The cost is usually higher than for composite.

Once bonded to the tooth they cannot be changed, so shape and colour need careful thought beforehand.

Removal in future will inevitably involve some further loss of natural tooth structure.

Porcelain and the cement used to bond it are comparable in strength to natural teeth, and porcelain usually needs less maintenance by your dentist.

How long do veneers last?

Porcelain is a strong, stain-resistant material that does not usually change colour or lose its shine. With good care, porcelain veneers can last for many years. Core Dental's own estimate is an average of between 10 and 25 years, which reflects our clinical experience rather than a published research figure, and it varies from person to person. Composite veneers generally wear or chip sooner and may need repair or replacement more often. Your habits, such as grinding your teeth or biting hard objects, can shorten the life of any veneer. Read more in how long porcelain veneers last .

What else should you consider when choosing veneers?

Veneers can improve the appearance of superficially damaged or stained teeth, but they are not a substitute for corrective treatment for severely crowded or misaligned teeth or significant jaw differences. In those cases, an assessment by a registered specialist orthodontist is recommended. Veneers cannot bond properly to existing fillings or crowns, or where enamel has been lost. Their long-term success also depends on healthy gums, so careful daily brushing and flossing is essential.

How can we help?

If you are thinking about veneers, our dentists can examine your teeth, talk through your goals and explain the options at any of our nine Core Dental clinics. We quote before treatment starts, and we offer interest-free payment plans. Call 13 13 16 or book online at coredental.com.au. See our composite and porcelain veneers page for more detail.

The two processes, side by side in the Department's words

The clearest difference between the two veneer materials is not durability or price. It is what happens between your first appointment and your finished tooth, and the published descriptions make it concrete.

What a veneer is, either way. The Victorian Department of Health: "A thin covering over the outer surface of the tooth. It can be made from tooth-coloured resin composite material or ceramic." What it does: "Covers up some defects on the surface of tooth" and "changes the colour and shape of the tooth".

Resin composite: direct, same visit. "For resin composite veneers, the material is placed directly on the tooth and polished smooth, usually in one visit."

Placed directly, polished, done. The same material used as a filling "is placed directly on the tooth and set immediately with a light", and the Department calls it "one of the fastest treatment options".

Ceramic: a mould, a laboratory, a second visit. "For ceramic veneers, a mould (impression or digital scan) of the tooth is taken and sent to a lab for the ceramic to be custom-made. A second appointment is usually needed to glue in the ceramic. Some clinics have lab equipment on site and may be able to finish it on the day."

Three things follow from that. The ceramic is made away from your mouth, so it is custom-made to a record of your tooth. Two appointments is the norm. And on-site laboratory equipment is the exception that changes the timeline, which is a reasonable thing to ask a clinic directly.

And tooth may be removed for either. "A thin layer of tooth may be removed from the surface of the tooth to make space for the material."

Note that the Department states this for veneers generally rather than for ceramic only. Whether and how much tooth is removed in your case is a question for your own dentist, and it is the most important question on this page, because of what follows.

Sources: Better Health Channel (Victorian Department of Health), Cosmetic dentistry and teeth whitening, betterhealth.vic.gov.au (reviewed 12 December 2025). Accessed 6 November 2026.

Irreversibility, stated once and worth reading twice

There is one sentence in the published advice that matters more than any comparison of materials, and it applies to veneers of either kind.

The Department's risks for a veneer:

"It can chip, break or stain at the margins and need replacing again."

"It can be irreversible; once the tooth is cut for a veneer, it may always need a veneer."

Once the tooth is cut, it may always need a veneer. That is not a warning about this veneer failing — it is a statement that the tooth underneath has been permanently changed, so the commitment is to having a veneer rather than to a particular one.

"Stain at the margins" is the other phrase to note. The margin is where the veneer meets the tooth, and staining there is listed as a reason for replacement rather than as a cosmetic annoyance.

For comparison, the crown version of the same warning is stronger. "It is irreversible; once a tooth is cut for a crown, it will always need a crown." And a crown removes more: "a thin layer of tooth may be removed from the top and all around the tooth to make space for the material", with a specific consequence — "in some cases this can get close to the nerve and blood vessels inside the tooth (pulp) and the tooth may need further treatment, like a root canal treatment."

And the option that avoids cutting altogether. Resin composite as a filling material "is glued (bonded) onto the tooth" and "covers up some defects on the surface of the tooth". Its risks are chipping or falling

out, and that "colour options are more limited so it may be hard to get a good match" — but there is no irreversibility statement attached to it.

So the published ladder runs: material bonded on, a veneer requiring a thin layer to be cut, a crown requiring cutting all around. The further up, the more permanent.

On durability and lifespan, we are not going to give figures. No source we have read publishes how long either veneer material lasts. The Department's statements are qualitative: a veneer "can chip, break or stain at the margins and need replacing again", and resin composite "can chip or fall out and need replacing again".

What cannot be fixed later by whitening. "Tooth decay, fillings, crowns, bridges, veneers, false teeth and some types of discolouration do not whiten." Neither veneer material responds to whitening, so the shade decided at placement is the shade you keep — which is an argument for settling any whitening before veneers rather than after.

The health prerequisite applies here as everywhere. "The first step is to make sure your teeth and mouth are in good health", and "treat any disease first. Your health is the priority."

And the ongoing cost in effort. "Most cosmetic dental treatment requires extra care at home to prevent tooth decay, gum disease or other problems. Cleaning the area well and having a healthy diet is essential." The Department asks you to weigh "how much effort you would be prepared to put into looking after your teeth at home in the future" before you start.

Questions to ask before choosing between them , from the Department's own list: "What options are available and the pros and the cons of each option."; "What results can be reasonably expected."; "What costs, time and money, are involved and if payment options are available."; "Any possible side effects or complications."

Sources: Better Health Channel (Victorian Department of Health), Cosmetic dentistry and teeth whitening, betterhealth.vic.gov.au (reviewed 12 December 2025). Accessed 6 November 2026.

Frequently asked questions

Which type of veneer needs less tooth preparation?

Composite veneers. They are bonded directly and usually need little or no removal of tooth structure. Porcelain veneers need relatively more preparation, though much less than a crown.

Can composite veneers be repaired?

Yes. Your dentist can usually adjust the shape or colour of composite veneers, or repair a chip, months or years after they are placed. Porcelain veneers cannot be altered once bonded.

Do veneers hurt?

Composite veneers often need little or no preparation, so there is usually little discomfort. Porcelain preparation is done with local anaesthetic where needed, and prepared teeth can feel sensitive until the veneers are fitted.

Are veneers suitable for crooked teeth?

Veneers can improve the look of minor irregularities, but they do not replace orthodontic care for severely crowded or misaligned teeth. A specialist orthodontist can advise when that is the better path.

Can veneers be placed over fillings or crowns?

Veneers cannot bond reliably to existing fillings or crowns, or where enamel has been lost. Your dentist will assess each tooth and tell you what is suitable.

What is a veneer?

The Victorian Department of Health: "A thin covering over the outer surface of the tooth. It can be made from tooth-coloured resin composite material or ceramic." It "covers up some defects on the surface of tooth" and "changes the colour and shape of the tooth".

How many appointments does each material take?

Composite is usually one: "For resin composite veneers, the material is placed directly on the tooth and polished smooth, usually in one visit." Ceramic is usually two: "a mould (impression or digital scan) of the tooth is taken and sent to a lab for the ceramic to be custom-made. A second appointment is usually needed to glue in the ceramic."

Can ceramic ever be done in one visit?

Sometimes. "Some clinics have lab equipment on site and may be able to finish it on the day." Worth asking a clinic directly.

Is tooth removed for a veneer?

It may be, for either material. "A thin layer of tooth may be removed from the surface of the tooth to make space for the material." How much applies in your case is a question for your own dentist.

Is a veneer reversible?

The Department says it may not be: "It can be irreversible; once the tooth is cut for a veneer, it may always need a veneer."

How does that compare with a crown?

A crown is stated more strongly and removes more tooth. "It is irreversible; once a tooth is cut for a crown, it will always need a crown", and "a thin layer of tooth may be removed from the top and all around the tooth". The Department adds that this "can get close to the nerve and blood vessels inside the tooth (pulp) and the tooth may need further treatment, like a root canal treatment".

Is there an option that does not involve cutting the tooth?

Resin composite used as a filling material "is glued (bonded) onto the tooth" and "covers up some defects on the surface of the tooth". The Department attaches no irreversibility statement to it — its risks are that it "can chip or fall out and need replacing again" and that "colour options are more limited so it may be hard to get a good match".

Is there a published figure for how long each material lasts?

No. No state health or professional source we have read gives a lifespan for either material, and the Department's own statement is qualitative: a veneer "can chip, break or stain at the margins and need replacing again". The range given elsewhere on this page is Core Dental's own estimate from clinical experience, which is why it is labelled as such rather than attributed to a publication.

What does "stain at the margins" mean?

The margin is where the veneer meets the tooth. The Department lists staining there as a reason a veneer may need replacing.

Can veneers be whitened later?

No. "Tooth decay, fillings, crowns, bridges, veneers, false teeth and some types of discolouration do not whiten." That is an argument for settling any whitening before veneers are placed.

What should I ask before choosing?

"What options are available and the pros and the cons of each option."; "What results can be reasonably expected."; "What costs, time and money, are involved and if payment options are available."; "Any possible side effects or complications."

Is there anything I am committing to afterwards?

Home care. "Most cosmetic dental treatment requires extra care at home to prevent tooth decay, gum disease or other problems. Cleaning the area well and having a healthy diet is essential."

Related services and further reading

Composite and porcelain veneers

Composite veneers

Porcelain veneers

Why would I need dental veneers?

How long do porcelain veneers last?

The difference between a crown and a porcelain filling

Dental crowns

Orthodontics

Core Dental at a glance

Nine Core Dental clinics across Melbourne: Southbank, South Melbourne, Caroline Springs, Carrum Downs, Epping, Wyndham, Berwick, Bayside and Glenferrie.

Open six days a week: Monday to Friday 8.00am to 6.00pm and Saturday mornings.

We quote before treatment starts, with interest-free payment plans and HICAPS on-site claiming.

Call 13 13 16 or book online.

Contact Core Dental

Phone	13 13 16
Booking	Online via coredental.com.au, or call 13 13 16
Hours	Monday to Friday 8.00am to 6.00pm, Saturday mornings, Sunday closed
Clinics	Southbank , South Melbourne , Caroline Springs , Carrum Downs , Epping , Wyndham , Berwick , Bayside , Glenferrie

Results, recovery times and potential risks vary for each individual. This information is general in nature and is intended for people over 18. Seek advice from a qualified, AHPRA-registered practitioner before proceeding.

What are porcelain veneers?

Porcelain veneers are thin shells of hardened, translucent ceramic made by a dental ceramist in a laboratory. Core Dental dentists bond them to prepared teeth to change their shape, shade or look.

What are composite veneers?

Composite veneers are made from tooth-coloured resin that your Core Dental dentist layers directly onto the tooth and sets with a curing light. They often need little or no tooth preparation.

How many visits do veneers take?

Composite veneers can often be completed in one visit. Porcelain veneers usually need two or three visits, with about two weeks between preparation and fitting of the permanent veneers at Core Dental.

Do veneers last forever?

No. Porcelain is often quoted to last 10 to 25 years with good care, and composite generally wears sooner. Core Dental dentists review your veneers at check-ups, and results vary between individuals.

Can veneers be changed once they are placed?

Composite veneers can be adjusted or repaired by your Core Dental dentist later. Porcelain veneers cannot be changed once bonded, so shape and colour are planned carefully beforehand.

What can stop veneers working well?

Severely crowded or misaligned teeth, lost enamel, existing fillings or crowns, and unhealthy gums can limit veneers. Core Dental dentists assess your teeth and gums first and may refer you for orthodontic advice.

How do I book a veneer consultation at Core Dental?

Call 13 13 16 or book online through coredental.com.au. We are open Monday to Friday 8.00am to 6.00pm and Saturday mornings, and we quote before treatment starts.