Porcelain vs Composite Veneers: Key Differences | Core Dental

Canonical: https://www.coredental.com.au/what-is-the-difference-between-porcelain-and-composite-veneers/

Details:

Composite veneers are built directly onto the teeth by the dentist using composite resin, a tooth-coloured filling material, usually in a single visit. Porcelain veneers are made in a dental laboratory from porcelain, a hardened translucent ceramic that closely mimics the look of natural tooth enamel, and they usually need two or more visits. At Core Dental we talk through both options, along with the cost, appearance, durability and repair differences, so you can decide with your dentist what suits your teeth.

What are composite veneers made of?

Composite veneers are made from composite resin, which is a white filling material. The dentist applies it in layers directly onto the tooth and shapes it to suit your smile.

What are porcelain veneers made of?

Porcelain veneers are made from high-strength porcelain, a hardened translucent ceramic material. It closely mimics the appearance of natural tooth enamel, which is why it is a common choice for visible front teeth.

How long does it take to get composite veneers?

Composite veneers are applied chair-side, directly onto the teeth, usually in a single appointment. Your dentist assesses your bite and the tooth, and may remove a very thin amount of tooth structure, or sometimes none at all. The white filling material is then applied in layers and hardened with an LED light. This is repeated until the length, width and shade are right for you, and adjustments can be made as the dentist goes. Once you and your dentist are both happy, you go home the same day.

How many appointments are needed for porcelain veneers?

Porcelain veneers typically need two to six visits, depending on complexity. The usual steps are:

Assessment. Your dentist assesses your bite and the alignment of your teeth. Impressions or scans are then taken and sent to the dental laboratory so your veneers can be made.

Preparation. The dentist prepares the tooth or teeth for the final veneer. This can involve removing any decay, or removing enough tooth to mask discolouration or misalignment. In some cases the teeth are built up to show how the permanent veneers will sit, and a mould is taken to make temporary veneers.

Temporary veneers. These let you see and feel how the shape of the final veneers may look, and you can get input from your family in the meantime.

Laboratory fabrication. The temporary veneers stay on your teeth while the laboratory makes your permanent veneers, which takes about two weeks.

Fitting. At the final appointment the temporary veneers are removed and your permanent porcelain veneers are cemented on.

Do composite veneers require removing natural tooth structure?

Composite veneers need minimal to no removal of natural tooth structure, which makes them a conservative option. Porcelain veneers more often need some tooth to be prepared so that they sit neatly and look natural. Your dentist will explain how much preparation your teeth would need, because it differs for each person.

How do the costs compare?

Porcelain veneers are made in a laboratory, so material selection, laboratory fees and the time taken to make them can add to the cost. Composite veneers are done chair-side, which often makes them a more affordable option. Fees depend on the number of teeth and the complexity of your case, so we quote before treatment starts. Core Dental also offers interest-free payment plans, and our team can explain the terms when you book.

How do durability and repairs differ?

Porcelain: Laboratory-made veneers use materials that are stronger and more durable than composite, provided you look after them, and we will show you how. Porcelain is also stain resistant. Because they are made in a laboratory, any chip, or shape or colour difference, is generally not reversible, and the veneer may need to be replaced.

Composite: Composite veneers can last roughly 5 to 10 years with good care, although this varies. Over time the composite can begin to degrade and stain at the edges. It is also a weaker material than porcelain and is more prone to chipping and fractures. If a composite veneer chips or fractures, it can often be repaired by adding more composite to the tooth. Because this is a chair-side procedure, repairs can often be done on the same day.

How do the shade choices differ?

Porcelain: Porcelain offers an array of shades and colours to choose from. Not every tooth has the same colour through its whole length, and sometimes a few shades are needed on one tooth for it to look natural. Your dentist will help you choose the shade that suits you.

Composite: Composite comes in a more limited variety of shades, but your dentist can work with you to get the closest possible shade to the rest of your teeth.

What should you ask your dentist about veneers?

These are the main differences, but there is a lot involved in assessing and planning veneers. It is worth asking whether veneers are suitable for your teeth and gums, what alternatives there are, how much tooth would be prepared, how many visits to expect, what the written quote covers and how to look after your veneers. Recommendations depend on an individual examination and diagnosis.

How can we help?

If you are thinking about veneers, our team can talk through composite and porcelain options at any of our nine Core Dental practices. Call 13 13 16 or book online. You can also read about composite veneers and porcelain veneers .

A veneer is one of several ways to fix the same complaint

Comparing the two veneer materials assumes a veneer is the answer. Often it is one of a longer list, and the published list is worth seeing before narrowing to a choice of material.

For a gap between teeth, the Victorian Department of Health lists these treatment options:

"composite fillings - a tooth-coloured material commonly used to fill cavities can be added onto a tooth with a bonding agent to help fill the gap"

"veneers - a type of tooth covering made from porcelain or composite. If the gap is small, veneers that are just a little bit wider than the natural teeth could be used to cover the gap. Veneers are permanently stuck to the tooth surface"

"crowns - a permanent type of tooth covering made of porcelain or metal or both that is used to cover, protect, restore and improve the shape and function of your teeth"

"bridges - a permanent dental restoration that joins a few crowns and artificial teeth together to replace one or more missing teeth"

"implants - a metal screw that is placed into the bone of the jaw to support a crown, bridge, or denture"

"removable appliance - such as a plate. This helps to move the teeth closer together"

"fixed appliance - such as braces"

"clear aligners"

"fraenectomy - surgery to remove the fraenum that has caused the gap. This is usually done before the gap is closed by orthodontic treatment"

Note how different those are in kind. Some add material to the tooth, some cover it, and some move the tooth instead. A veneer "just a little bit wider than the natural teeth" is a covering solution; aligners or a plate move the teeth so no covering is needed at all.

And the Department's own framing before any of them. "There are many ways to change the appearance of your teeth or to replace missing teeth, although not all treatment options may be right for you." Its first two steps are to "treat any disease first. Your health is the priority", and to "find out what is causing the unsatisfactory appearance of your teeth."

Sometimes a crown is indicated rather than a veneer, for a structural reason. The Department describes a crown as doing two things: it "changes the colour and shape of the tooth", and it "protects the tooth, which may have been weakened by large fillings or decay in the past".

Protects a weakened tooth. A veneer's listed purposes are cosmetic — "covers up some defects on the surface of tooth" and "changes the colour and shape of the tooth" — with no protective claim attached. So on a heavily filled tooth the right answer may be a crown even if a veneer would look the same.

Sources: Better Health Channel (Victorian Department of Health), Teeth - gapped teeth, betterhealth.vic.gov.au (reviewed 1 July 2025); Cosmetic dentistry and teeth whitening, betterhealth.vic.gov.au (reviewed 12 December 2025). Both accessed 6 November 2026.

Sequence the colour decision before the permanent one

Two sequencing points decide whether you are happy with veneers in five years, and both are published. Neither is about which material you choose.

Point one: whitening does not work on veneers, so the shade is fixed at placement. "Tooth decay, fillings, crowns, bridges, veneers, false teeth and some types of discolouration do not whiten."

Which means if you are considering whitening at all, the published logic puts it before veneers rather than after. Whiten first, settle on a shade, then match to it — because the reverse order leaves you with a veneer you cannot lighten next to teeth you can.

The Department's whitening advice adds the maintenance side: "Whitening is not permanent", and for longer lasting effects it advises brushing twice a day and flossing once a day, not smoking, limiting "food and drinks with strong colours such as black coffee and red wine", and visiting "the dentist every 6 to 12 months for professional cleaning".

Point two: once tooth is cut, the decision is made. "It can be irreversible; once the tooth is cut for a veneer, it may always need a veneer." For a crown it is stated without the hedge: "It is irreversible; once a tooth is cut for a crown, it will always need a crown."

The Department also says how much is removed in each case — for a veneer, "a thin layer of tooth may be removed from the surface of the tooth"; for a crown, "a thin layer of tooth may be removed from the top and all around the tooth" — and names a crown-specific risk: "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."

Which is why the least invasive option is worth asking about explicitly. Resin composite "is a tooth-coloured material that is glued (bonded) onto the tooth". The Department's list of filling materials includes "composite resin (also known as 'tooth-coloured' fillings)", and it is clear that material choice is situational rather than hierarchical: "Each different material has benefits and limitations. Some types of material may be better than others in certain situations. Your oral health professional can discuss your options with you."

On durability, no league table exists in the published material. The Department gives no lifespan for any filling or veneer material, and no strength or failure comparison. What it does say is that "all fillings need to be replaced eventually", that a veneer "can chip, break or stain at the margins and need replacing again", and that resin composite "can chip or fall out and need replacing again". Anyone offering a years figure for either veneer material is going beyond the published evidence, and we are not going to do so here.

One more statement worth carrying into the decision. On fillings the Department observes: "An intact tooth is stronger than a filled one, so it's important to try and avoid fillings due to tooth decay." The same logic — intact tooth is stronger — is the honest counterweight to any treatment that removes a layer of it for appearance.

Questions the Department suggests you ask : "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); Dental fillings, betterhealth.vic.gov.au (reviewed 1 August 2025). Both accessed 6 November 2026.

Frequently asked questions

Are porcelain veneers stronger than composite veneers?

Porcelain is generally a stronger and more durable material than composite, and it resists staining. Composite is more prone to chipping and staining over time but is often easier to repair.

Can composite veneers be repaired?

Often yes. If a composite veneer chips or fractures, more composite can usually be added to the tooth, and because the work is done chair-side it can often be completed in the same appointment.

Do veneers hurt?

Your dentist will usually discuss comfort and, where needed, use local anaesthetic during preparation. Some sensitivity afterwards is possible. Tell us about any concerns before treatment starts.

Do veneers need special care?

Yes. Brush and clean between your teeth carefully, attend regular check-ups, and ask your dentist about habits such as grinding that could chip a veneer. Your dentist can show you how to look after yours.

Why are temporary veneers used with porcelain?

Temporary veneers protect your teeth while the laboratory makes the permanent porcelain veneers. They also let you see and feel the shape before the final veneers are cemented.

Is a veneer the only way to fix a gap or a chip?

No. For a gap, the Victorian Department of Health lists composite fillings, veneers, crowns, bridges, implants, "a removable appliance - such as a plate. This helps to move the teeth closer together", braces, clear aligners, and a fraenectomy. Some add material, some cover the tooth, and some move the teeth so no covering is needed.

When would a crown be recommended instead of a veneer?

When the tooth needs protecting, not just covering. A crown "changes the colour and shape of the tooth" and "protects the tooth, which may have been weakened by large fillings or decay in the past". A veneer's listed purposes are cosmetic, with no protective claim attached.

Should I whiten before or after veneers?

Before, if you are going to. "Tooth decay, fillings, crowns, bridges, veneers, false teeth and some types of discolouration do not whiten", so the shade is fixed at placement — whitening afterwards will lighten your other teeth and not the veneer.

How do I keep a whitened shade?

The Department's advice: "brush your teeth twice a day and floss once a day"; "do not smoke and limit food and drinks with strong colours such as black coffee and red wine"; "visit the dentist every 6 to 12 months for professional cleaning." And the limit: "Whitening is not permanent."

Is a veneer reversible?

"It can be irreversible; once the tooth is cut for a veneer, it may always need a veneer." For a crown it is stated without the hedge: "It is irreversible; once a tooth is cut for a crown, it will always need a crown."

How much tooth is removed for each?

For a veneer, "a thin layer of tooth may be removed from the surface of the tooth". For a crown, "a thin layer of tooth may be removed from the top and all around the tooth", and the Department notes 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".

Which veneer material is stronger?

The published material does not rank them, and we are not going to. On filling materials generally the Department's position is situational: "Each different material has benefits and limitations. Some types of material may be better than others in certain situations. Your oral health professional can discuss your options with you."

How long will each last?

No source we have read gives a lifespan for either. The Department says a veneer "can chip, break or stain at the margins and need replacing again", resin composite "can chip or fall out and need replacing again", and that "all fillings need to be replaced eventually".

Is there an argument for doing nothing?

There is a published one worth weighing: "An intact tooth is stronger than a filled one, so it's important to try and avoid fillings due to tooth decay." The same logic applies to any treatment that removes a layer of tooth for appearance.

What should I ask before deciding?

"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."

Related services and further reading

Composite and porcelain veneers

Composite veneers

Porcelain veneers

Cosmetic dentistry

The differences between porcelain veneers and composite

How long do porcelain veneers last?

Why would I need dental veneers?

Difference between a crown and a porcelain filling

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, with Monday to Friday hours to 6.00pm and Saturday mornings.

We quote before treatment starts and offer interest-free payment plans.

Contact Core Dental

Phone	13 13 16
Booking	Online through your practice page, or call 13 13 16
Hours	Monday to Friday 8.00am to 6.00pm, Saturday mornings, Sunday closed

This article is general in nature and does not replace advice from a registered dental practitioner who has examined you. Results, recovery times and potential risks vary for each individual. Seek advice from a qualified, AHPRA-registered practitioner before proceeding.

What are composite veneers made from?

Composite veneers are made from composite resin, a white tooth-coloured filling material. Core Dental dentists apply it in layers directly onto the tooth and shape it chair-side.

What are porcelain veneers made from?

Porcelain veneers are made from hardened translucent porcelain ceramic that closely mimics natural tooth enamel. At Core Dental they are made in a dental laboratory from impressions or scans of your teeth.

How many visits does a composite veneer need at Core Dental?

Composite veneers are built chair-side and usually completed in a single appointment, with the dentist adjusting the shape and shade as they go. Your Core Dental dentist can confirm for your case.

How many visits do porcelain veneers take at Core Dental?

Porcelain veneers typically take two to six visits depending on complexity, including assessment, preparation, temporary veneers, about two weeks of laboratory fabrication and a final fitting.

Do composite veneers need tooth removal?

Composite veneers need minimal to no removal of natural tooth structure, which makes them a conservative option. Your Core Dental dentist will explain how much preparation your teeth would need.

How long can composite veneers last?

Composite veneers can last roughly 5 to 10 years with good care, though this varies. They can stain or wear at the edges and chip, and Core Dental dentists can often repair them chair-side.

Which veneer type costs more?

Porcelain veneers usually cost more because of laboratory fees, materials and extra time. Composite is often more affordable. Core Dental quotes before treatment starts and offers interest-free payment plans, so confirm current terms.

How do I book a veneer consultation at Core Dental?

Call 13 13 16 or book online through coredental.com.au. Core Dental clinics are open Monday to Friday 8.00am to 6.00pm and Saturday mornings, and our team will arrange an assessment.