Why Would I Need Dental Veneers? | Core Dental Melbourne

Canonical: https://www.coredental.com.au/why-would-i-need-dental-veneers/

Details:

Dental veneers are a cosmetic treatment in which thin shells of porcelain or composite resin are bonded to the front of your teeth. At Core Dental our dentists may discuss veneers if you are concerned about chipped or broken teeth, stained or discoloured teeth that have not responded to whitening, gaps between teeth, worn teeth or teeth that are uneven or irregularly shaped. Veneers are not right for everyone, and whether they suit you depends on an examination of your teeth, gums and bite. Results vary for each person.

Can veneers help with chipped or broken teeth?

They can. If a tooth is chipped or broken, a dentist can assess how much damage there is and discuss whether a veneer is a suitable way to restore it. Both composite and porcelain veneers can be custom-made to match your existing teeth and give a natural-looking result. Where damage is larger, your dentist may talk with you about other options such as a dental crown .

Can veneers help with stained or discoloured teeth?

Some teeth are permanently stained or discoloured and do not respond to teeth whitening . In these cases veneers may be an option. Porcelain veneers can cover teeth that are discoloured from within, giving a more even colour. Your dentist will check the condition of the teeth first, because the colour underneath can influence the result.

Can veneers close gaps between teeth?

Veneers can help close gaps that make some people feel self-conscious. After assessing your smile and bite, your dentist can discuss whether veneers are suitable for closing these spaces, or whether another option such as orthodontic treatment may be worth considering instead.

Do veneers help with worn teeth?

Teeth can wear down with age or, more commonly, with bruxism, which is clenching and grinding. Veneers may be used to rebuild worn teeth to a more natural shape and size. If you grind your teeth, your dentist may also suggest a splint to help protect the veneers and your natural teeth.

What are the different types of dental veneers?

Dental veneers are thin shells of porcelain or composite resin that your dentist bonds to the front surfaces of your teeth. The two main types are quite different.

Composite veneers , sometimes called no-prep veneers, are a conservative option:

Your dentist generally does not need to prepare the teeth.

Fitting generally takes a single treatment session.

They usually cost less than porcelain.

The treatment is reversible.

Porcelain veneers are custom-made in a laboratory:

To make room for the porcelain, your dentist removes a thin layer of enamel from the front of each tooth, so you need a good amount of healthy enamel.

Fitting takes multiple appointments.

They cannot be reversed once placed.

They are generally stronger and may last longer than composite, so they may not need replacing as readily.

Our pages on composite veneers and porcelain veneers explain each type in more detail, and our article on the difference between porcelain and composite veneers compares them side by side.

How long do veneers last?

Both composite and porcelain veneers are durable and comfortable and are relatively easy to maintain. How long yours last depends on how well you look after your teeth, your general oral health and factors such as grinding. Brushing, flossing and regular check-ups all help. Your dentist can give you a realistic expectation for your own mouth. See also how long porcelain veneers last .

How do you choose the right dentist for veneers?

Veneers are a cosmetic and irreversible-in-part treatment, so it is worth asking questions before you begin. You might ask:

Are veneers suitable for me, and what alternatives are there?

Which type do you recommend and why?

How much enamel will be removed, if any?

How many appointments will it take and what will it cost?

How should I look after my veneers?

A written treatment plan helps you compare stages, appointments and payment arrangements before you proceed.

How can we help?

If you are wondering whether veneers are right for you, our team can assess your teeth at any of our nine Core Dental practices. Visit our composite and porcelain veneers page, call 13 13 16 or book online. We quote before treatment starts and offer interest-free payment plans, with terms set by the provider.

What a veneer is, and the irreversibility the published advice puts in writing

A veneer is often presented as something added to a tooth. The published description makes clear that it also involves taking something away, and that this is the fact to weigh before anything else.

The Victorian Department of Health defines it plainly: "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."

Then the preparation: "A thin layer of tooth may be removed from the surface of the tooth to make space for the material."

And then the sentence that belongs in every conversation about veneers, in the Department's own words under "what are the main risks?":

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

That is not a warning against veneers. It is a statement about what kind of decision this is. Enamel does not grow back, so where a layer has been removed to make room, the tooth is committed — if the veneer chips or stains years later, the realistic options are replacing it rather than returning to the original tooth. The Department lists that outcome too: "It can chip, break or stain at the margins and need replacing again."

At the margins is a specific detail worth knowing. The vulnerable line is the edge where the veneer meets the tooth, which is also the edge that shows.

The two materials behave quite differently in practice , and the difference is mostly about appointments. For resin composite: "the material is placed directly on the tooth and polished smooth, usually in one visit." For ceramic: "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." The Department adds a caveat that applies to clinics with their own equipment: "Some clinics have lab equipment on site and may be able to finish it on the day."

What the published advice conspicuously does not do is tell you how long either material lasts. Its entire durability statement is the qualitative one above — it can chip, break or stain and need replacing. There is no published figure, and where a figure for veneer longevity appears elsewhere on our site it reflects practice experience rather than state health advice. We would rather mark that distinction than let an estimate be read as an established fact.

Sources: Better Health Channel (Victorian Department of Health), Cosmetic dentistry and teeth whitening, betterhealth.vic.gov.au (reviewed 12 December 2025); Dental treatment, betterhealth.vic.gov.au (reviewed 3 June 2026). Both accessed 5 November 2026.

Veneer, bonded resin, or crown — how the published advice separates three options

"Would a veneer help?" is often the wrong first question, because the published advice describes three treatments that overlap in appearance and differ sharply in how much of the tooth they involve. Setting them side by side makes the choice legible.

Bonded resin composite — the least invasive. The Department: "Resin composite is a tooth-coloured material that is glued (bonded) onto the tooth." It "repairs chips, holes or decay in the tooth", "replaces old fillings that have discoloured or broken" and "covers up some defects on the surface of the tooth". On timing: "It is one of the fastest treatment options and is usually completed in one appointment." Its stated drawbacks are honest ones — "it can chip or fall out and need replacing again", and "colour options are more limited so it may be hard to get a good match".

So for a single chip, the published advice describes an option that is quicker, needs no lab, and does not commit the tooth. Its weakness is shade matching.

A veneer — the middle option. Covers the outer surface, changes colour and shape, and carries the irreversibility described above.

A crown — the most involved. The Department: "A metal or ceramic shell that is placed over the entire tooth to fully cover the tooth." It "protects the tooth, which may have been weakened by large fillings or

decay in the past" — a structural purpose a veneer does not serve. Its preparation is correspondingly greater: "a thin layer of tooth may be removed from the top and all around the tooth". And two risks the Department states for crowns and not for veneers: "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 — stated without the hedge it gives veneers — "It is irreversible; once a tooth is cut for a crown, it will always need a crown."

Notice the grammatical difference. A veneer "can be irreversible" and the tooth "may always need" one. A crown "is irreversible" and the tooth "will always need" one. The Department is being precise, and the precision is the information.

Which means the order of the conversation matters more than the menu. The published advice is explicit that cosmetic work comes after health, not instead of it: "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." Its other preparatory steps are to "find out what is causing the unsatisfactory appearance of your teeth" and to "work out a realistic plan that suits you".

It also lists what you should be told before agreeing to anything: "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." If a veneer is proposed to you and the alternatives, the expected result and the complications are not part of that discussion, the published advice says they should be.

One last point on who does this work, because the terminology misleads. The Department states that "in Australia, the term 'cosmetic dentist' is not officially recognised by the Dental Board" and that "there is no such thing as a recognised specialist 'cosmetic dentist'". Dentists are registered as general or specialist; all general dentists can provide some cosmetic treatment, and "some have a particular interest in areas such as veneers or orthodontics". So the useful question is what a practitioner is trained and experienced in, not what the title on the door says.

Sources: Better Health Channel (Victorian Department of Health), Cosmetic dentistry and teeth whitening, betterhealth.vic.gov.au (page reviewed 12 December 2025; accessed 5 November 2026).

Frequently asked questions

Do veneers damage my natural teeth?

Composite veneers usually need little or no preparation. Porcelain veneers need a thin layer of enamel removed, and this cannot be reversed. Your dentist will explain what applies to your teeth before you decide.

Are veneers a good choice if whitening did not work?

They can be an option for permanently stained or discoloured teeth that do not respond to whitening. Your dentist will check the teeth and explain what result is realistic.

Can I have veneers if I grind my teeth?

Possibly, but grinding can chip or wear veneers. Tell your dentist so they can plan for it, which may include a protective splint worn at night.

Do veneers need replacing?

Veneers can wear, chip or stain over time and may need repair or replacement. Composite veneers may need replacing sooner than porcelain, but this varies from person to person.

Will people be able to tell I have veneers?

Both types can be made to match your existing teeth for a natural look. The finish depends on your teeth, the materials and the planning, and your dentist can discuss expectations.

Is a veneer reversible?

Not necessarily, and the published advice says so directly. The Victorian Department of Health lists among the main risks: "It can be irreversible; once the tooth is cut for a veneer, it may always need a veneer." Where a thin layer of tooth has been removed to make space, that enamel does not come back.

What is the practical difference between a composite and a ceramic veneer?

Mostly how it is made and how many visits it takes. For composite, "the material is placed directly on the tooth and polished smooth, usually in one visit". For ceramic, a mould or digital scan goes to a lab and "a second appointment is usually needed to glue in the ceramic" — though "some clinics have lab equipment on site and may be able to finish it on the day".

Where do veneers tend to fail?

At the edges. The Department's stated risk is that a veneer "can chip, break or stain at the margins and need replacing again". The margin is the line where the veneer meets the tooth, which is also the line that shows.

When would a crown be recommended instead of a veneer?

When the tooth needs protecting rather than covering. A crown "protects the tooth, which may have been weakened by large fillings or decay in the past" and covers the entire tooth, where a veneer covers the outer surface. The trade-off is greater: more tooth is removed, it "can get close to the nerve and blood vessels inside the tooth (pulp)", and the Department states without hedging that "once a tooth is cut for a crown, it will always need a crown".

Is there such a thing as a specialist cosmetic dentist?

No. The Victorian Department of Health states that "in Australia, the term 'cosmetic dentist' is not officially recognised by the Dental Board" and that "there is no such thing as a recognised specialist 'cosmetic dentist'". Dentists are registered as general or specialist; all general dentists can provide some cosmetic treatment, and "some have a particular interest in areas such as veneers or orthodontics". Ask what a practitioner is trained and experienced in.

Related services and further reading

Cosmetic dentistry

Composite and porcelain veneers

Composite veneers

Porcelain veneers

How long do porcelain veneers last?

Differences between porcelain and composite veneers

Teeth whitening

The benefits of Invisalign

Understanding your treatment

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, offer interest-free payment plans and claim from your health fund on the spot with HICAPS.

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 8.00am to 1.30pm (Bayside Saturday 8.30am to 1.30pm), 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 problems can veneers address at Core Dental?

Core Dental dentists may discuss veneers for chipped or broken teeth, stained teeth that have not responded to whitening, gaps, worn teeth and uneven or irregular shapes. Suitability depends on an examination of your teeth, gums and bite.

What are veneers made from?

Veneers are thin shells of porcelain or composite resin. Core Dental dentists bond them to the front surfaces of your teeth. Porcelain veneers are made in a laboratory, while composite veneers are usually built up in the chair.

Which veneers need no tooth preparation?

Composite veneers, sometimes called no-prep veneers, generally need no preparation of the tooth and are usually fitted in one session. Porcelain veneers need a thin layer of enamel removed. Your Core Dental dentist will explain what suits you.

Are porcelain veneers reversible?

No. Fitting porcelain veneers involves removing a thin layer of enamel, so the change is permanent. Composite veneers are generally reversible. Core Dental dentists explain this before treatment so you can decide.

How many appointments do porcelain veneers take?

Porcelain veneers need multiple appointments, because they are made in a laboratory after your teeth are prepared. Your Core Dental dentist will outline the stages and timing in your written treatment plan.

Can veneers rebuild teeth worn by grinding?

Veneers may be used to rebuild teeth worn down by age or bruxism. If you grind, Core Dental dentists may also suggest a splint to protect veneers. We assess your bite before recommending treatment.

What affects how long veneers last?

Longevity depends on your oral hygiene, general oral health, grinding habits and the type of veneer. Regular check-ups at Core Dental let us review wear and fit, and your dentist can explain what to expect.

How do I book a veneers consultation at Core Dental?

Call Core Dental on 13 13 16 or book online at coredental.com.au. We are open Monday to Friday 8.00am to 6.00pm and Saturday mornings. We quote before treatment starts and offer interest-free payment plans.