YOUR SMILE FOR LIFE

A patient's guide
from your dental team at

Crotty c|d Dental

DR DAN CRAIG HETRELEZIS

Meet your team at Crotty Dental

These are the clinicians who look after patients at Crotty Dental. Ask for any of us by name.



Dr Janine Crotty
Dentist



Dr Hisham Soliman
Dentist



Dr Ka Sheng Loh
Dentist



Dr Mina Bassanti
Dentist



Dr Tom Pacza
Dentist



Dr Kirandeep Kaur
Dentist



Dr Lavanya Madhu
Dentist



Dr Navdeep Dhillon
Dentist



Dr Kyrrolos Hanna
Dentist



Dr Shipra Sharma
Dentist



Dr Saade Saade
Dentist

Your Smile for Life

A patient's guide from Dr Dan Craig Hetrelezis

Crotty Dental edition

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A note before you start

This book is general information to help you understand your teeth and what to expect at Crotty Dental. It isn't a substitute for an examination and advice from your own dentist.

What others say

> *"A clear, kind and honest guide. It helps patients feel comfortable, know what to expect and make their own decisions. I wish every practice gave one of these to their patients."*

Dr Harry Marget, East Bentleigh Dental Group

Contents

- A note from Dr Dan
- Your first visit
- Your treatment plan
- Being honest about risks
- Feeling comfortable in the chair
- Cleans and healthy gums
- Looking after your teeth at home
- Common treatments explained

- Whitening
- Snoring and sleep
- Children
- Fees, payments and appointments

A note from Dr Dan

Choosing a dentist is a very important decision. You're letting someone into your personal space. Most people choose their dentist because a friend or family member told them about us, and that's the greatest compliment we can receive.

I've written this book so you know what to expect at Crotty Dental, why we do things the way we do, and how to keep your teeth as long as possible. They're your teeth. It's the last set of teeth you get. Every decision about them is yours, and our job is to give you the information to make it.

If you have questions, ask. We prefer it when patients ask a lot of questions, because we like it when patients show initiative in taking care of their own oral health. It usually means the teeth and all the dental work we do last a lot longer.

Dr Dan Craig Hetrelezis

Your first visit

When you call us

If you're in pain, the first thing we'll ask is:

> *"How soon can you come in?"*

If you ask what something costs, we'll give you a range, because the cost depends on what we find. We'll usually recommend an assessment first, just to make sure we don't miss anything.

We'll also ask how you heard about us. We're mostly a word of mouth, referral based practice, so we're always interested to know.

When you arrive

Make yourself comfortable. Our team will offer you a glass of water while you wait and check the room temperature is okay for you.

The new patient form

We'll ask you to fill out a new patient form. It takes a little while, but it helps us get to know you before you sit in the chair. Some of the questions might surprise you:

- What are your long-term goals with your teeth?
- What did you like, and not like, about your previous dentist?
- Has anything stopped you from visiting the dentist?
- Do you snore? Do you wake up feeling tired?
- Are you concerned about the general colour of your teeth?
- Are you aware of clenching or grinding during the day or night?
- What would you change about your smile?

Your answers help us build a treatment plan around what matters to you, not just what we see.

We'll listen first

Your dentist will ask about your concerns and keep asking, "Is there anything else?", until you've told us everything. Then we'll repeat it back to you so we know we've got it right.

If something is important to you, for example you gag easily, need to sit up, need regular breaks or have a sore back, please tell us. We'll write it in your notes and set an alert on your file. Even so, please remind us at the start of each visit. Communication is paramount for good quality care.

The examination

If you ask your dentist "What do we need to do?" straight away, they might say:

> *"I'm not sure yet."*

That's a good sign. It means they want to assess everything carefully before they give you an answer.

A thorough examination may include:

- checking your jaw joints and the muscles you chew with
- checking your gums, tongue and the soft tissues of your mouth ("just looking for any lumps or bumps that shouldn't be there")
- photos of your teeth, so you can see what we see
- inspecting your teeth with a fibre optic light, which helps show cracks
- scans (x-rays) to look between your teeth, under old fillings, below the gum line and around the roots

We can see the outsides of your teeth, but not between them. That's why we take scans. We usually take them every two years.

Seeing it for yourself

You shouldn't have to take our word for it. We'll show you your photos and scans on the screen or with a hand mirror, and compare them with photos of healthy teeth and gums on the surgery wall, so you can see the difference for yourself.

Your long-term goals

The most common answer we hear is "I want to keep my teeth as long as possible." Others want whiter teeth, or no more dental pain. Whatever your goal is, your treatment plan should work towards it.

Your treatment plan

What's recommended and what's optional

Your plan will be clear about what we recommend and what's elective. For example, if you told us on your form you're concerned about the colour of your teeth, we might include whitening, but that's up to you.

First things first

We start with what you came in for. Your main concern comes first, then the next one, then keeping things stable and healthy. Some teeth we may just monitor. We don't drill into teeth unless we need to.

Spreading it out

Dental treatment is expensive and you have other things going on in your life. Treatment can usually be spread out over time:

> *"We can do one appointment a month if you want, or a few things in one appointment, however you prefer."*

Two options

We'll usually give you two clear options rather than a long list. For a missing tooth, for example:

> *"Did you want something in there permanent, glued in, like it doesn't move, or do you want something that pops in and out?"*

Bigger cases

If you want to rebuild a lot of teeth, there are many different ways to do it. Your dentist may gently ask what you'd like to spend, because it helps guide the plan:

> *"There are many ways to build a house. You can build it out of chipboard or Italian marble, or anything in between."*

Fees

We'll explain the treatment first and then give you the cost. If you'd like a quote before you decide, ask. Dentistry is expensive, and we understand that.

Being honest about risks

Like any procedure, there's always risks. We'll explain them before we start, not after.

> *"Like any procedure, there's always risks. There's always a chance the tooth can play up, but if we leave it, it will get worse."*

Nothing in dentistry lasts forever. Everything needs to be maintained and eventually replaced over time. The harder the foods you chew, the more likely a tooth or restoration is to chip or break.

> *"All we can guarantee is our best. We can't ask for much more than that."*

If a decision is yours to make, we'll say so: "It's up to you."

Feeling comfortable in the chair

If you're nervous

That's normal. You're not the first person and you won't be the last. Tell us, and we'll put it on your file.

Getting numb

Before any procedure, we'll get you nice and numb and nice and comfortable, and we'll test the tooth before we get started. If you're still feeling it, we'll give you more. You'll feel a little pinch and a funny taste.

You're in control

> *"Anything uncomfortable at any point, you pop your hand up and I'll stop."*

We'll check in with you as we go.

Safe to swallow

We use suction instead of asking you to spit and rinse. After local anaesthetic, a clean or a calcium treatment, it's safe to swallow.

Sedation

If you're very anxious, ask us about sedation options at Crotty Dental.

If we step out

Sometimes your dentist will give the anaesthetic time to settle and see another patient in the meantime. They'll always tell you before they leave the room.

Cleans and healthy gums

Why six-monthly cleans matter

You can get away with it when you're younger, but it does catch up with you as you get older. Build-up under the gums makes them shrink away. When gums drop down, they don't grow back. If you leave it long enough, teeth can become long and wobbly and you can eventually lose them.

> *"Your toothbrush can only remove so much. You do get those deposits between your teeth. That's something that only the dentist can remove with their instruments."*

Regular service or major service

> *"It's like getting a service on your car. If you haven't had your car serviced for a few years, every now and then, you need a major service on your car."*

If it's been a few years, you may need a deeper clean below the gum line, often with local anaesthetic so you're comfortable and we can clean properly. We'll show you why and quote it before we start.

After a clean

Your teeth will feel different after the clean. You will notice little gaps and spaces between your teeth. That's how it should feel. They may be sensitive for a while. A sensitive toothpaste can help.

Your gums and the rest of your body

Your mouth is full of bacteria. Healthy gums are one less thing your body is fighting off.

Looking after your teeth at home

Your dentist may give you a personalised oral hygiene form with the areas you should focus on circled. Put it up next to your mirror at home.

- **Brush for four minutes, twice a day.** Use a soft brush. Cleaning your teeth is like dusting a cabinet: the dust is easy to remove. Scrub too hard and you'll scrub your gums away, and they don't grow back. If you use an electric toothbrush, let the brush do the work.
- **Clean between your teeth.** Use little bottle brushes (like a pipe cleaner with a long handle) between the teeth where they fit, and floss where the gaps are too small.
- **Consider a water flosser.** It squirts water between your teeth. You don't need the most expensive one.
- **High-fluoride toothpaste, if recommended.** Use a small amount at night, spit it out and don't rinse.
- **Watch acidic and sugary drinks and sticky sweets.**
- **Play sport? Wear a mouthguard.** Athletes are 60 times more likely to damage their teeth without a mouthguard (US National Youth Sports Safety Foundation). Wear one for moderate to high contact sports.
- **See us every six months** to have your teeth and gums checked and cleaned.

Common treatments explained

Restorations

We don't just fill a hole. We clean out the decay so it doesn't get worse, then build the tooth back up:

> *"We're going to clean it out and build it up."*

During the procedure we put a "fence" (a band) around the tooth, which you may feel as a little pressure.

Crowns

A crown is like a helmet for your tooth. It covers the tooth and makes it stronger, so you don't bite into a large filling and split the tooth.

> *"Two appointments. First appointment, we measure up. Second appointment, we put the crown in."*

The lab makes the crown to fit your bite and surrounding teeth.

Why we sometimes restore first and crown later: if a tooth is broken, we often clean out the decay and build it up first, then wait a fortnight to a month to make sure the tooth settles before putting a crown over it. The restoration stays under the crown as an internal repair, so you're not paying for the same thing twice.

While you have a temporary crown: chew on the other side if you can, have softer foods, and brush gently around it.

Implants

An implant is like a bionic tooth root anchored into the bone. A crown sits on top. It means we don't have to drill the teeth on either side, like a bridge.

Dentures

> *"Getting a denture is like getting a prosthetic knee or hip. You'll never be able to fully run again. At best, you may get up to a light jog. It's going to take a while to recover, and a while for your speech and your chewing. You have to be very patient. It will require adjustments. It all comes with the territory."*

Partial dentures: acrylic partials with wire clasps can scrape against your natural teeth. An alternative is a couple of crowns on your strongest teeth with a thin metal denture that clips onto them.

Extractions

You'll be sore afterwards. Like any procedure, there are risks, and your dentist will explain them before you start. After the first few days, an antiseptic mouth rinse can help keep the area clean. Let the blood clot settle first: if it falls out you can get a dry socket, which can be more painful than the toothache.

Grinding and clenching

If you grind or clench, a splint can protect your teeth.

> *"It's kind of like crutches for your jaw joint."*

Lower clear splints can be worn during the day without being very visible.

Root canal treatment

A root canal treatment cleans out an infected nerve to save the tooth. The tooth usually needs a cover over it afterwards to make it stronger.

Whitening

At your check-ups, we may chart the colour of your teeth and ask:

> *"Are you happy with the color and shade of your teeth?"*

If you are, that's great. If not, we can talk about options.

- **Take-home whitening:** custom trays and peroxide therapy over a couple of weeks. Longer lasting, and usually only needs a top-up about once a year.
- **In-chair whitening:** faster, but it only lightens the surface layer and usually needs topping up more often.

If your teeth get sensitive, don't stop: just wear the trays for less time. It'll take a little longer to get there. We'll take a photo of your shade before you start and review it about 30 days later. Whitening doesn't change the colour of crowns or veneers, so it's best done before them.

Snoring and sleep

Do you snore? Has someone heard you stop breathing while you sleep? Do you wake up feeling tired?

Snoring can be a sign of blockage in your air pipe while you sleep. One non-invasive option is an oral appliance. It sits on your top and bottom teeth and brings your jaw forward, which opens up your airway.

> *"So what's required? There's two appointments. First appointment, we measure you up. Second appointment, we give you the appliance. It takes about four weeks to get made."*

We'll recommend a sleep study if you haven't had one recently, and we'll keep your GP informed.

Children

Making visits fun

We use kids' words for everything: the suction is the vacuum cleaner, the cotton roll is a tooth pillow, the slow drill is Mr Bumpy and the fast one is Mr Whistle. They get some groovy sunglasses and a ride in the chair. "Nice and still like a statue, open nice and wide like a crocodile."

Habit correctors

Some children have a tongue thrust, breathe through their mouth, or have crowded teeth. A habit corrector is a simple appliance that encourages the tongue to sit in the right place and nasal breathing. Ask your dentist whether it could suit your child.

Fees, payments and appointments

Quotes

We'll explain your treatment before we talk about cost, and we're happy to give you a quote.

Payment plans

We have a range of payment plan options, including for larger treatment plans. Ask our front desk what's available.

To see which option might suit you, try our free Dental Payment Plan Finder at easypayplans.com.au. It only takes a few questions.

Everything we offer

See all the services available at Crotty Dental: www.crottydental.com.au

Lab work

For treatment that needs a laboratory, such as crowns and dentures, we usually ask for payment up front to cover lab costs.

Booking your next visit

We'll book your next visit before you leave. It's easier than reminders later, and you can always reschedule. We'll confirm your appointment beforehand.

Follow-up calls

After a bigger procedure, someone from our team may call you the next day to see how you're recovering.

Referrals

If you know anyone who's looking for a dentist, we're more than happy to take care of your friends and family.

About the author

Dr Dan Craig Hetrelezis has a Doctor of Dental Surgery from the University of Melbourne and is still a practising dentist. He founded Great Australian Dental, a group of dental clinics in Tasmania and New South Wales, and is the author of Communication for Successful Dentists.

Questions?

Ask anyone on the team at Crotty Dental. We're happy to explain anything in this book, and anything about your own teeth.