A general dentist is the clinician most people see for the routine, practical, and often preventive side of oral health care. That includes regular checkups, but it also covers a wide range of treatments that keep teeth functional, comfortable, and stable over time. In a typical week, a general dentist may diagnose a cracked filling, remove decay, treat gum inflammation, fit a crown, take an emergency call for a broken tooth, and counsel a patient who clenches hard enough in sleep to wear through enamel.

That breadth matters because oral problems rarely arrive in neat categories. A patient may book what they think is a simple cleaning and mention, almost in passing, that cold water started causing a sharp twinge on one side. Another may come in for whitening and learn that an old filling is leaking. *General Dentist* The role of a general dentist is not only to treat what hurts, but to interpret small changes before they become expensive or irreversible.

The foundation: exams, x-rays, and routine cleanings

The most common appointment in general dentistry is still the recall visit, often every six months, though the right interval varies. Some people with stable oral health and low cavity risk may do well on a standard schedule. Others, especially those with gum disease, dry mouth, diabetes, heavy tartar buildup, or a long history of decay, may need more frequent visits.

A routine exam usually includes a visual inspection of the teeth, gums, tongue, cheeks, bite, and existing dental work. The dentist checks for soft spots, cracks, staining patterns, recession, worn chewing surfaces, and changes in gum contour. They also assess how the upper and lower teeth meet. Bite problems are easy to underestimate. A tiny high spot on a new filling can trigger soreness in one tooth, jaw fatigue, or even headaches in patients who clench.

X-rays are another core part of general dentistry. Bitewing radiographs, which show the crowns of upper and lower back teeth together, are especially useful for finding decay between teeth and checking bone levels around them. A full set of x-rays may be recommended at wider intervals, depending on age, risk, and clinical history. Dentists do not take images to create paperwork. They take them because many significant problems begin where eyes cannot see, under fillings, between teeth, or around roots.

Cleanings, often performed by a hygienist in coordination with the dentist, remove plaque and tartar that ordinary brushing cannot handle once deposits harden. There is a practical difference between a routine prophylaxis and a deeper periodontal cleaning. A standard cleaning focuses on the tooth surfaces above the gumline and slightly below. If gum pockets deepen, bone support decreases, and tartar extends further under the gums, more involved periodontal treatment may be necessary. That distinction matters because a patient who hears “cleaning” may assume every cleaning is the same. It is not.

Fillings: still one of the most frequent procedures in any general dentist office

Dental fillings are among the most common procedures a general dentist performs. Most are placed to treat decay, but not all. Fillings are also used to repair chipped edges, replace old restorations that have fractured or leaked, and restore teeth worn down by grinding or acid erosion.

Today, tooth-colored composite resin is widely used, especially in visible areas, because it blends well and bonds to tooth structure. Composite is versatile, conservative, and aesthetically acceptable for many situations. That said, the best material depends on the tooth, the size of the defect, moisture control, biting forces, and the patient’s habits. A small cavity near the gumline calls for different judgment than a broad breakdown on a heavily used molar in someone who clenches.

Patients often imagine cavities as dramatic holes, but many early lesions are subtle. The outer enamel may still look intact while General Dentist decay spreads underneath. In practice, dentists balance timing carefully. Treat too early and you may restore areas that could have been monitored or remineralized. Wait too long and a small cavity becomes a larger one requiring a crown or root canal. Good general dentistry lives in that middle ground, where intervention is thoughtful rather than automatic.

After a filling, some temporary sensitivity is normal, especially to cold or biting pressure. Most minor symptoms settle within days to a few weeks. Persistent pain, a sensation that the tooth is “too tall,” or sharp pain when releasing a bite may signal that the filling needs adjustment or that the nerve was already more inflamed than it first appeared.

Crowns and onlays when a filling is not enough

A tooth can reach a point where a filling is too small a solution for too large a structural problem. That is where crowns and, in selected cases, onlays come in. A crown covers the entire visible portion of the tooth above the gumline. An onlay covers a substantial part of the chewing surface and one or more cusps, but preserves more natural tooth than a full crown.

General dentists commonly recommend crowns after a large cavity, a fracture, heavy wear, or root canal treatment. A molar that has lost half its chewing surface may technically accept another filling, but that does not always make it a durable plan. Under pressure, weakened tooth walls can split. A well-made crown redistributes force and protects the remaining tooth.

Material choice varies. Porcelain and ceramic crowns look natural and are widely used. Porcelain fused to metal crowns remain serviceable in many cases. Full metal crowns, though less common in visible areas, can be very durable for back teeth where aesthetics matter less than function. The right option depends on the location, the bite, and how much space exists between the upper and lower teeth.

There is a practical trade-off here that patients appreciate when it is explained plainly. A crown generally costs more and requires more tooth reduction than a filling, but it may save a compromised tooth from repeated failure. Replacing a large filling every few years because it keeps cracking is often more expensive, biologically and financially, than choosing a crown at the right time.

Root canal treatment and the reality behind the reputation

Few dental procedures carry as much anxiety, or as much misunderstanding, as root canal treatment. In basic terms, it is done when the pulp inside the tooth becomes irreversibly inflamed or infected. That can happen because of deep decay, trauma, repeated dental work, or a crack that reaches the nerve.

The purpose of a root canal is to remove diseased pulp tissue, clean and shape the internal canal space, disinfect it as thoroughly as possible, and seal it. The goal is not to deaden a healthy tooth. It is to preserve a tooth that would otherwise continue to cause pain or require extraction.

A general dentist may perform many root canals in a routine practice, especially on front teeth and some premolars or molars, depending on training and case complexity. More difficult anatomy, calcified canals, retreatment cases, or teeth with unusual curvature may be referred to an endodontist, a specialist in root canal therapy. Knowing when to treat and when to refer is part of sound judgment.

Patients are often surprised to learn that the pain associated with a “root canal tooth” usually comes before the procedure, not from it. Once the inflamed tissue is removed and the bite is adjusted if needed, many patients feel relief. The tooth often requires a crown afterward, particularly if it is a back tooth. Without that protection, the remaining structure may become brittle and fracture under chewing forces.

Extractions when saving the tooth is no longer the best option

General dentists remove teeth for many reasons. Some extractions are straightforward, such as baby teeth that do not exfoliate properly or severely loose adult teeth with little support left. Others involve broken teeth at the gumline, extensive decay below the level where a restoration could hold, or teeth with infection that cannot be predictably managed another way.

A skilled general dentist does not rush to extract. The default in modern dentistry is preservation whenever the tooth can be restored to a comfortable and maintainable state. But there are limits. A tooth with a deep vertical fracture, for example, often cannot be repaired in a lasting way. Repeatedly patching a hopeless tooth may prolong expense and discomfort without changing the outcome.

After an extraction, the conversation shifts quickly to what comes next. Some spaces can be left alone without consequence, particularly certain back teeth in carefully selected cases. Others should be replaced to protect bite stability, chewing efficiency, and aesthetics. Common replacement options include implants, bridges, and

removable partial dentures. A general dentist often coordinates that planning even if another clinician places the implant or performs grafting.

Healing after extraction is usually uneventful when aftercare is followed, but not every case is simple. Smokers, patients with poor blood supply, those taking specific medications, and those with active infection may heal more slowly or face a higher risk of dry socket. This is one of many areas where small details in medical history make a real difference.

Gum disease treatment is not cosmetic dentistry in disguise

Bleeding gums are often normalized, which is a mistake. Healthy gums do not routinely bleed with brushing or flossing. Gum disease treatment is a substantial part of what a general dentist and hygienist manage, even though patients often think of dentistry mainly in terms of teeth.

Gingivitis is the early, reversible stage. The gums become inflamed, puffy, and prone to bleeding, usually because plaque accumulates along the gumline. Periodontitis is more serious. In that stage, the supporting bone and connective tissue begin to break down. Teeth may loosen, spaces can open, and chronic bad breath is common. The damage is not purely local. Periodontal disease is also associated with broader health concerns, especially in patients with diabetes and certain cardiovascular risk factors.

Treatment depends on severity. Early gingivitis may respond to a professional cleaning and improved home care. Periodontitis often requires scaling and root planing, which cleans below the gumline and smooths root surfaces to help tissues heal. Maintenance visits may then be scheduled every three or four months rather than every six. Patients sometimes resist that frequency until they see the pattern in their own mouth. If harmful bacteria and tartar repopulate quickly, a six-month gap is simply too long.

One of the harder truths in general practice is that gum disease can progress quietly. Cavities often hurt eventually. Periodontitis may not, until meaningful damage is already present. That is one reason a general dentist puts so much emphasis on probing measurements, bone levels on x-rays, and the appearance of the tissues over time.

Emergency care, from broken teeth to sudden swelling

Any established dental office sees emergencies. Not every emergency involves dramatic trauma. Some are ordinary situations that become urgent because of timing and severity: a filling falls out before a holiday weekend, a crown loosens, a gum abscess appears overnight, or a patient wakes with facial swelling and throbbing pain.

When a general dentist handles emergency care, the first job is triage. Is the problem mainly pain, infection, structural damage, or trauma? Is there swelling that could spread? Can the tooth be stabilized now, or is temporary relief the realistic first step? Antibiotics have a role in some cases, but they are not a substitute for definitive treatment. Draining an abscess, opening a tooth for root canal therapy, adjusting a traumatic bite, or extracting a non-restorable tooth may be what actually resolves the problem.

A chipped front tooth after a sports accident presents a different set of decisions than a cracked molar from chewing on ice. The front tooth may need cosmetic bonding and follow-up vitality testing because trauma can damage the nerve even if the tooth looks fine at first. A cracked molar may be manageable with a crown, or it may have a crack pattern that extends too far below the gumline to save. Experience matters here because the treatment plan is not based only on what broke, but on why it broke and whether the remaining tooth can tolerate future function.

Dentures, partials, and practical tooth replacement

Although implants receive much of the public attention, removable prosthetics remain common in general dentistry. Full dentures replace all the teeth in an arch. Partial dentures replace several missing teeth while clasping around remaining natural teeth for support.

These appliances are not merely old-fashioned alternatives. For many patients, they are the most practical option because of budget, anatomy, medical history, or the number and distribution of missing teeth. A general dentist evaluates ridge shape, muscle attachments, saliva flow, bite relationship, and the condition of any remaining teeth before recommending a design.

There are trade-offs. Dentures can restore appearance and basic function, but they do not feel exactly like natural teeth. Lower dentures, in particular, are often less stable because the tongue and the smaller lower ridge work against retention. Partial dentures can be effective, but if the remaining teeth are already weak or poorly maintained, the appliance may place extra stress on them. Honest counseling is essential. A good prosthesis can improve quality of life dramatically. Unrealistic expectations can make even technically acceptable work feel disappointing.

Night guards, sports guards, and the procedures patients do not expect

Not every common service in a general dentist office involves decay or infection. Many dentists routinely fabricate occlusal guards for clenching and grinding, especially when they see flattened chewing surfaces, fractured enamel edges, sore jaw muscles, or repeated failure of fillings and crowns. A well-made night guard does not “cure” grinding in the neurologic sense, but it can reduce damage and often improves morning jaw soreness.

Custom sports guards are another overlooked service. For children, teenagers, and adults in contact or collision sports, a properly fitted mouthguard can mean the difference between a close call and a life-changing dental injury. Stock guards bought off a rack are better than nothing, but custom-fitted versions generally offer better retention, breathing, and comfort, which means athletes are more likely to actually wear them.

General dentistry also includes fluoride treatments, desensitizing therapies, sealants for children and cavity-prone adults, and counseling around dry mouth. Patients taking antidepressants, antihistamines, blood pressure medications, or certain autoimmune treatments often have reduced saliva flow. That matters because saliva protects teeth. A dry mouth patient can move from “hardly ever gets cavities” to multiple new lesions in a surprisingly short time. A general dentist is often the first person to connect those dots.

Cosmetic procedures within everyday general practice

Many people separate cosmetic dentistry from general dentistry as if they are unrelated, but in practice they overlap constantly. Teeth whitening, cosmetic bonding, enamel reshaping, and replacement of dark or mismatched old fillings are frequently done by a general dentist. Sometimes the motivation is appearance, but function and confidence tend to intertwine. A patient who covers their mouth when laughing because of a chipped incisor is not dealing with a superficial issue.

Whitening is common, but it requires screening. Bleaching a mouth full of untreated decay, exposed roots, or leaking restorations is asking for sensitivity and uneven color. Bonding can be elegant and conservative for small chips or gaps, but it is technique-sensitive and less durable than porcelain in some high-stress situations. Patients do best when they understand both the possibilities and the maintenance involved.

How a general dentist decides what to do first

Treatment planning is where the profession becomes more than a menu of procedures. Two patients can present with the same list of problems and need very different sequencing. The general dentist has to weigh urgency, prognosis, cost, comfort, and the patient's capacity to follow through.

A sensible order often looks like this:

1. Address infection, swelling, or significant pain.
2. Stabilize active decay or failing restorations that threaten the tooth.
3. Treat gum disease and improve home care.
4. Restore function with crowns, replacement teeth, or bite protection.
5. Refine aesthetics once the mouth is healthy and stable.

That sequence is not rigid, but it reflects a practical truth. It makes little sense to whiten teeth before gum inflammation is under control, or to build expensive crowns in a mouth where untreated grinding is breaking everything down. General dentists spend a good part of their day making these judgment calls, often while balancing what is ideal with what a patient can realistically afford and maintain.

The value of routine care over rescue care

People often judge dentistry by the procedure they fear most, usually a root canal or extraction. In practice, the most valuable work a general dentist does may be the steady, unglamorous kind that keeps those bigger interventions from becoming necessary. Spot a failing filling early, reinforce home care before gingivitis becomes periodontitis, catch a crack before it splits a cusp, fit a guard before years of grinding destroy the chewing surfaces, and the entire trajectory changes.

That is why the common procedures performed by a general dentist matter so much. They are not isolated services. They are linked steps in preserving comfort, appearance, and function over decades. Good general dentistry is rarely about doing the most treatment. More often, it is about doing the right treatment at the right time, with enough foresight to prevent the next problem while solving the current one.

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FAQ About General Dentist

How long do teeth fillings last in Aurora, CO?

Fillings can last for years, but they are not lifetime restorations. Their durability depends on the material, the size and location of the filling, chewing forces, and oral hygiene. A general dentist can examine a filling for wear, damage, or new decay and explain whether monitoring, repair, or replacement is appropriate. Age alone does not establish that a filling needs replacement.

How Can I Reduce Dental Anxiety?

Tell the dental team about your concerns when booking and again at your visit. Ask for an explanation of each step, agree on a signal for breaks, and consider slow breathing or headphones if the practice permits them. Discuss pain control and any sedation options with the dentist; suitability depends on your health, medicines, and planned treatment.

When should your child first see a dentist in Aurora?

Arrange the first dental visit within six months after the first tooth appears and no later than the first birthday. Early visits allow the dentist to assess development and discuss brushing, fluoride, feeding habits, and cavity prevention. Ask the practice whether it sees infants and how it handles referrals when a child needs specialist care.