
REAL DENTISTRY

10 Dental Health Blogs

Practical guides for Fullerton families

October 10, 2026

Preventive care, oral health, orthodontics, dental implants, and restorative dentistry.

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[Explore the Real Dentistry blog](#)

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01 / PREVENTIVE CARE

Fluoride Treatment: When Children and Adults May Benefit

By Real Dentistry | Oct 10, 2026 · 3 min read

IMAGE PLACEHOLDER

Fluoride treatment

Learn when fluoride treatment may help children and adults prevent cavities, what the appointment involves, and what to ask your Fullerton dentist.

If you associate fluoride treatment with childhood checkups, you may be surprised when your dentist recommends it as an adult. The useful question is whether your teeth need extra protection against decay. Two people with similar brushing routines can have different cavity risks.

For families visiting Real Dentistry in Fullerton, understanding the reason for a preventive recommendation helps make the appointment more useful. Ask what was found, what the proposed treatment can change, and how you will know the plan is working.

What fluoride can do for enamel

Fluoride helps teeth resist acid damage and supports replacement of minerals lost from enamel. Early decay may sometimes be stopped before a hole develops. An established cavity needs an assessment and may require a filling; fluoride cannot rebuild missing tooth structure. The [NIDCR guide to tooth decay](#) explains this distinction.

Who might need extra protection?

Professional or prescription-strength fluoride may be recommended for someone at elevated cavity risk. Recent cavities, exposed root surfaces, difficulty keeping teeth clean, or reduced saliva are reasons to discuss prevention. A recommendation should connect to your own findings rather than your age alone. See the [ADA fluoride clinical guidance](#).

Tell the dental team which toothpaste and rinses you already use. If you have started getting cavities after years without them, bring that up specifically. That change is a better starting point for a discussion than simply asking for the strongest available product.

What happens during a treatment?

Topical fluoride is applied to the teeth, often as a varnish, gel, or foam. The product determines the application method and aftercare. Ask when you can eat, drink, brush, and floss; do not assume instructions from a previous visit apply to a different product. The [ADA patient guide to fluoride](#) describes the available forms.

Children need an age-appropriate routine

The ADA recommends a rice-grain-sized smear of fluoride toothpaste for children under three and a pea-sized amount from ages three to six. Adults should supervise brushing and help children avoid swallowing toothpaste. Discuss supplements with a clinician rather than adding them yourself; the child's existing fluoride exposure matters.

Questions to ask before you agree

- Which findings suggest I or my child would benefit?
- Is this a one-time treatment or part of an ongoing prevention plan?
- What home-care changes should accompany it?
- What is the fee, and how will any insurance benefit be checked?

Write down the answers if you are managing care for several family members. A clear plan makes it easier to use the correct products at home and avoid confusing one person's instructions with another's.

Discuss prevention at your next Fullerton visit

Explore [general dentistry](#) or [care for children](#) at Real Dentistry. [Request an appointment](#) and ask for a prevention plan based on your examination and daily routine.

Frequently asked questions

Do adults need fluoride treatment?

Some adults benefit, particularly when cavity risk is elevated. Ask which findings support the recommendation in your case.

Can fluoride replace a filling?

It may help with early mineral loss before a cavity forms. It cannot replace tooth structure that has already been lost.

Can I eat immediately afterward?

The instructions depend on the product used. Ask the dental team for the specific eating, drinking, and brushing instructions before you leave.

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02 / PEDIATRIC DENTISTRY

Dental Sealants for Children: Protecting the Back Teeth

By Real Dentistry | Oct 10, 2026 · 3 min read

IMAGE PLACEHOLDER

Dental sealants

A parent's guide to dental sealants: how they protect molars, when to ask about them, and why children still need daily brushing and dental checkups.

Your child may be doing a good job brushing and still struggle to clean the grooves of the back teeth. Those uneven surfaces make molars a useful place to discuss extra cavity protection. Dental sealants are one preventive option your dentist may recommend.

For parents, the decision is easier when it is specific: which teeth need protection, why those teeth, and what follow-up will involve. A recommendation for one child does not automatically mean a sibling needs exactly the same treatment.

What is a dental sealant?

A sealant is a thin coating placed over the chewing grooves of a back tooth. It creates a barrier that helps keep food and cavity-causing bacteria out of those spaces. It does not cover the whole tooth or replace cleaning between teeth. The [ADA sealant guide](#) explains how this protection works.

When should parents ask about sealants?

Permanent first molars commonly arrive around age six, with second molars appearing around age twelve. These are useful times to ask about sealants, although eruption varies. The dentist needs to assess whether the tooth is ready, whether decay is present, and whether the surface can be kept dry for placement.

If you are unsure which teeth are permanent, ask the team to show you. You can also ask for a simple note listing the teeth being watched. That makes the recommendation easier to revisit at the next appointment rather than relying on memory.

What does placement involve?

The tooth is cleaned and dried, its surface is prepared, and the coating is applied to the grooves. Many sealants are hardened with a curing light. Routine placement on a suitable tooth usually does not involve drilling. The dentist checks the result afterward. See the [ADA patient education overview](#).

A sealant and a filling serve different purposes

A filling repairs damage; a sealant is primarily preventive. Certain early lesions may be suitable for sealing and monitoring, but a visible hole or a painful tooth needs a separate assessment. Ask whether the recommendation is prevention, treatment of early decay, or restoration of an existing cavity.

Plan for care after the appointment

Sealants can wear or come away, so their condition should be checked at follow-up visits. Your child still needs brushing, cleaning between contacting teeth, and a prevention routine suited to their age. A sealant protects a selected surface rather than providing complete protection for the mouth.

Before scheduling, ask which teeth are included in the estimate and whether the dental team will check the benefit with your insurer. Write down any age limits or restrictions the plan reports. Coverage and fees should be confirmed for your child rather than assumed from another family's experience.

Make the conversation easy for your child

Ask the team how they will explain the appointment and whether you can discuss your child's worries beforehand. For a preventive-care visit in Fullerton, see [Real Dentistry's pediatric dentistry page](#) and [request an appointment](#).

Frequently asked questions

Can a child get cavities after sealants?

Yes. Other tooth surfaces remain vulnerable, and a worn or missing sealant may need attention. Continue the home-care plan and follow-up visits.

Are sealants only for children?

Adults can also be candidates. The dentist assesses the tooth surface, existing restorations, and cavity risk.

How long do sealants last?

They may last for several years, but wear varies. Ask the dentist to check them at regular visits and explain whether repair is needed.

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03 / ORAL HEALTH

Dry Mouth: Why It Happens and How to Protect Your Teeth

By Real Dentistry | Oct 10, 2026 · 3 min read

IMAGE PLACEHOLDER

Dry mouth care

Persistent dry mouth can affect comfort and cavity risk. Learn common causes, helpful habits, and what to discuss with your dentist in Fullerton.

Needing water during a long conversation is one thing. Regularly waking with a sticky mouth, struggling with dry foods, or feeling that your tongue sticks to your teeth deserves a closer look. Persistent dry mouth is a useful symptom to mention even when nothing hurts.

At a dental visit, start with what you notice in daily life: when the dryness begins, whether it interrupts sleep, and whether eating or speaking has changed. Those details can make the conversation more productive than describing the problem simply as thirst.

Why saliva matters

Saliva helps with swallowing, clears food debris, and supplies minerals that support teeth. Too little saliva can increase the risk of decay and oral infections. Dry mouth is not an inevitable part of getting older, according to the [National Institute of Dental and Craniofacial Research](#).

Look at the timing and possible causes

Many medicines can contribute to dryness. Certain medical conditions and cancer treatments can also affect saliva. A dentist or physician can review the possibilities with you. Do not stop a prescribed medicine yourself; instead, ask the prescriber whether the symptom could be related.

Bring a current medication list, including nonprescription products. Note whether a medicine was started or changed around the time the dryness appeared. If you use several products, a written list is easier to review accurately than trying to recall names in the chair.

Comfort measures are part of the plan

Sipping water, using sugar-free gum when appropriate, and avoiding tobacco may help with comfort. Saliva substitutes are another option to discuss. Frequent sugary candies or acidic drinks can create additional problems for teeth. The [ADA dry-mouth guidance](#) describes approaches to symptom relief and prevention.

Your teeth may need extra prevention

Dry-mouth care can include a review of brushing, cleaning between teeth, fluoride use, and the interval between visits. Prescription products or professional treatments depend on the person's risk. Ask the dentist which areas of your mouth need particular attention rather than buying several new products at once.

A practical plan should explain what each recommended product is for, when to use it, and what to do if it irritates your mouth. You can ask for the instructions in writing. Keep the plan somewhere you will actually see it, especially if more than one clinician is involved.

What to discuss at the appointment

- Is this new, persistent, or mainly happening overnight?
- Are there mouth sores, burning, changes in taste, or trouble eating?
- Which medicines and health conditions should be reviewed?
- What changes should prompt an earlier follow-up?

The next step is to agree on a manageable plan and a way to review it. If symptoms persist despite the first changes, let the team know rather than silently adding stronger products.

Get a dental assessment in Fullerton

Read about [general dentistry at Real Dentistry](#) or [request a visit](#). Mention dry mouth when you book so you can discuss both comfort and protection for your teeth.

Frequently asked questions

Is drinking more water enough?

Water may ease discomfort, but persistent dryness can have an underlying cause and may need a prevention plan. Discuss ongoing symptoms with a clinician.

Should I stop a medicine that causes dryness?

Do not stop it on your own. Ask the prescribing clinician about the symptom and possible alternatives or adjustments.

Can dry mouth affect my teeth even without pain?

Yes. Reduced saliva can increase cavity risk before pain develops. Tell your dentist about persistent dryness at your next assessment.

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04 / RESTORATIVE DENTISTRY

Cracked Tooth Symptoms: Why Pain When Biting Needs a Check

By Real Dentistry | Oct 10, 2026 · 3 min read

IMAGE PLACEHOLDER

Cracked tooth assessment

Pain when biting or releasing your bite may need an assessment. Learn how dentists investigate a cracked tooth and what can affect treatment options.

A sharp pain when chewing that disappears a moment later can be easy to dismiss. You may avoid that side of your mouth for a while and then forget about it. If the pattern repeats, arrange a dental assessment rather than relying on whether the tooth hurts continuously.

Before your appointment, make a short note of what triggers the pain and where you think it comes from. You do not have to identify the exact tooth yourself. Describing the pattern is more helpful than repeatedly biting something hard to test it.

What symptoms can suggest a crack?

A cracked tooth may hurt during chewing, when biting pressure is released, or with temperature changes. The discomfort can come and go. The type and depth of a crack affect the options for protecting the tooth. The [American Association of Endodontists' cracked-teeth guide](#) explains these patterns.

Similar symptoms can have other causes, so pain alone cannot confirm a crack. Tell the dentist about recent dental work, an injury, or a change in your bite. Bring any previous records you have been asked to provide.

How will the tooth be assessed?

The dentist may examine the tooth and existing restorations, check the bite and gums, perform tests, and take images when indicated. Ask what the findings show and what remains uncertain. A consultation is a chance to understand the diagnosis before committing to a treatment plan.

If further evaluation is recommended, ask who will arrange it and which records should travel with the referral. You can also ask whether there is anything you should avoid while waiting. Clear instructions help keep the next step from becoming an open-ended delay.

Why treatments differ

A damaged chewing surface may need a restoration such as a crown. When the pulp is affected, root canal treatment may be considered as part of saving a suitable tooth. Some extensive fractures cannot be restored. A crown supports remaining tooth structure, as described in the [ADA crown overview](#); it does not make every damaged tooth repairable.

Questions that help you compare the options

- What is the working diagnosis, and how confident are you?
- Is the tooth likely to be restorable?
- Do I need a specialist assessment before deciding?
- What does the estimate include, and how many visits are expected?
- Which symptoms should make me call sooner?

Ask for a written explanation if several procedures are being discussed. It should be clear which step is intended to investigate the problem and which step is intended to restore the tooth.

Take worsening symptoms seriously

Contact a dental office promptly for increasing pain, swelling, or a broken tooth. Difficulty breathing or swallowing needs emergency medical attention. Tell the office what is happening when you call rather than requesting only a routine checkup.

Real Dentistry's [dental emergency](#), [restorative dentistry](#), and [root canal therapy](#) pages explain related care. Call [\(714\) 525-2888](tel:7145252888) to discuss an assessment and appointment availability in Fullerton.

Frequently asked questions

Does pain when biting always mean a crack?

No. Several dental problems can cause biting pain. An examination is needed to identify the cause and appropriate care.

Can every cracked tooth be saved?

No. The location and extent of the fracture affect whether restoration is possible. Ask the dentist to explain the outlook for your tooth.

Should I wait until the pain is constant?

Recurring biting pain deserves an assessment. Intermittent symptoms can still be meaningful, and waiting may narrow the options for some cracked teeth.

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05 / GENERAL DENTISTRY

Dental X-Rays: What They Show and When You May Need Them

By Real Dentistry | Oct 10, 2026 · 3 min read

IMAGE PLACEHOLDER

Dental X-rays

Understand why dental X-rays may be recommended, how previous images help, and which questions to ask at your dental appointment in Fullerton.

You can see the front of a tooth in the mirror, but that is only part of the picture. When a dentist recommends X-rays, it is reasonable to ask what the images are expected to show and how the answer could affect your care.

Understanding that purpose is particularly useful at a first visit. You may already have images from a previous practice, or you may be worried about having more taken. Bring those questions into the conversation before the imaging starts.

What can dental images reveal?

X-rays can reveal problems that are not visible during an examination, including some cavities and impacted teeth. They can also help a dentist compare changes over time. Different images answer different questions, so the reason for the recommendation matters. See the [ADA patient guide to dental X-rays](#).

There is no single schedule for everyone

The need for images depends on current findings, symptoms, age, and disease risk. X-rays are not automatically needed at every visit. Ask what has changed since the previous examination and whether existing images would provide the information the dentist needs.

For example, you can ask, “Are these images being recommended because I have a symptom, because an area needs monitoring, or because you need a starting record?” That question invites a specific answer and helps you understand the next step.

Previous records can make the visit easier

Before changing practices, ask how your prior dental images can be transferred. Tell the new office when and where they were taken. The dentist still needs to decide whether those records are suitable for the current concern, but having them available makes that discussion easier.

Keep the previous practice's contact details and any transfer confirmation together with your appointment information. Ask the new office whether the files arrived before the visit, especially if a particular tooth is being assessed.

Discuss comfort and your health history

Tell the team if you have a strong gag reflex, difficulty opening your mouth, or concerns about positioning. You can ask them to explain the process before starting and agree on a signal if you need a pause. Also share relevant health information, including pregnancy.

Ask how exposure is kept appropriate

Dental imaging uses radiation, so the clinical benefit should justify it. The ADA recommends taking images when they provide necessary diagnostic information and using techniques that limit exposure. Ask which images are proposed, why that set is appropriate, and whether a previous set can be used.

Make the result part of the conversation

- What did the images show in the area you were investigating?
- Does the finding change the treatment recommendation?
- Is an area being monitored, and what would count as a change?
- Can you show me the finding on the screen?

Real Dentistry's [first-visit guide](#) and [general dentistry page](#) explain the practice's approach to examinations. [Request a Fullerton appointment](#) and mention any previous images when booking.

Frequently asked questions

Do I need X-rays at every cleaning?

Not necessarily. The dentist should base the decision on your history, examination, symptoms, and risk rather than a universal schedule.

Can my new dentist use older images?

Possibly. Ask your previous practice to send them. The new dentist will assess whether they answer the current clinical questions.

What if I have trouble with the sensor?

Tell the team before imaging starts. Ask about positioning, the steps involved, and a signal you can use if you need a break.

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06 / ORTHODONTICS

Retainers After Clear Aligners: Keeping Your Smile on Track

By Real Dentistry | Oct 10, 2026 · 3 min read

IMAGE PLACEHOLDER

Retainer care

Finishing clear aligners? Learn why retainers matter, how to care for them, and what to ask if your retainer no longer fits comfortably.

Reaching the last clear-aligner tray is an exciting milestone. It is also the right moment to make a plan for what follows. Before the active treatment finishes, ask who will provide your retainers, when they will be ready, and what instructions you should follow.

A clear written plan can prevent confusion during the transition. Keep it with the contact details for the clinician overseeing your alignment so you know where to turn if an appliance is lost or does not fit.

Why retention is part of treatment

Teeth can move after orthodontic treatment. Retainers help maintain the corrected positions, and ongoing wear is commonly needed over the long term. The exact schedule should come from your treating clinician. The [American Association of Orthodontists' retention guide](#) explains why the final tray is not the end of maintenance.

Understand the appliance you receive

Retainers may be removable or fixed behind the teeth. Ask which type is recommended, how it should feel, and how to clean around it. If upper and lower teeth have different instructions, have those differences written down rather than trying to remember them later.

Also ask whether a backup appliance is part of the plan, what a replacement would involve, and whom to contact when you are away from home. These are practical details to settle before a retainer is needed urgently.

Keep cleaning simple and consistent

The AAO recommends rinsing removable retainers with lukewarm water and cleaning them with suitable gentle products. Hot water can distort plastic, and abrasive toothpaste can scratch it. Follow the instructions for your particular appliance. A fixed wire needs careful cleaning around the teeth and wire. See the [AAO retainer-care guide](#).

Ask the team to demonstrate the cleaning method instead of relying only on a product list. If you cannot reach an area comfortably, say so. The best routine is one you understand well enough to repeat at home.

Make storage part of the routine

Use the storage instructions supplied with your retainer and keep its case somewhere predictable. A small travel checklist can help: retainer, case, cleaning supplies, and the office's contact number. Ask how to manage the appliance during meals or other times it should be removed.

What if the fit changes?

A retainer that becomes painful, warped, cracked, or difficult to seat needs professional advice. Do not force a damaged appliance over your teeth or reshape it yourself. Contact your treating clinician and explain when the change began, whether wear was interrupted, and whether the appliance was exposed to heat.

Questions for the final treatment visit

- What is my wear schedule now, and when will it be reviewed?
- Which cleaning products suit this retainer?
- What should I do if it is lost, damaged, or uncomfortable?
- Who will check its fit at future visits?

Read about [clear aligners](#) and [orthodontic treatment](#) at Real Dentistry. If you are planning care in Fullerton, [request a consultation](#) and include retention in the discussion.

Frequently asked questions

How many hours should I wear my retainer?

Follow the schedule from your treating clinician. It may change over time, and someone else's schedule may not suit your treatment.

Can I clean a clear retainer in hot water?

Avoid hot water because it can distort the appliance. Use the temperature and cleaning products recommended for your retainer.

What if I lose it while traveling?

Contact your treating office promptly for instructions and replacement arrangements. Ask about a backup plan before traveling when possible.

[Read this article online](#)

07 / DENTAL IMPLANTS

Caring for Dental Implants: Daily Cleaning and Follow-Up Visits

By Real Dentistry | Oct 10, 2026 · 3 min read

IMAGE PLACEHOLDER

Dental implant care

Dental implants need ongoing care. Learn what to ask about daily cleaning, maintenance visits, and changes that should prompt a call to your dentist.

Once an implant restoration feels comfortable, it is easy to think the work is complete. The next part is learning how to keep the replacement tooth and surrounding tissues clean. Ask for a maintenance plan before your treatment visits become less frequent.

This article concerns ongoing care. If your implant was placed recently, follow the postoperative instructions from your treating clinician; a healing surgical site may have different cleaning and eating instructions from a fully restored implant.

The tissues around an implant still need attention

Bacteria can accumulate around implants and cause inflammation. Peri-implant mucositis affects the soft tissues; peri-implantitis also involves loss of supporting bone. Redness, tenderness, and bleeding deserve attention. The [American Academy of Periodontology's patient guide](#) explains these conditions.

Ask for a cleaning demonstration

Implants and surrounding teeth need regular cleaning. The suitable tools depend on the restoration and the spaces around it. Ask the team to show you how to reach the gumline and clean between or beneath the replacement teeth. Do not assume a tool that works for one implant bridge is suitable for every restoration.

Try the demonstrated method while you are still in the office. If reaching the area is awkward, ask for another approach. A demonstration also gives you a chance to ask how much pressure to use and how to recognize areas you keep missing.

Keep follow-up visits on the calendar

Your clinician should set a maintenance interval suited to your history and examination. Previous gum disease, plaque control, smoking, and diabetes can affect risk. Home cleaning and professional monitoring work together; feeling comfortable does not tell you everything about the supporting tissues.

Before leaving a maintenance visit, ask what was found and whether the instructions changed. Keep the next appointment date alongside any updated home-care notes. That makes it easier to follow the plan over several years.

Report looseness or pain promptly

If an implant feels painful or loose, contact your dental provider right away. The problem needs assessment rather than an attempt to tighten or glue parts at home. The [FDA's implant guidance](#) emphasizes ongoing hygiene, regular visits, and reporting these changes.

Keep useful records with your care plan

The FDA advises asking for the implant system's brand and model and keeping that information. It can be useful if you move or change dental providers. Also keep the contact details for the clinician who placed the implant and the clinician maintaining the restoration.

When care involves more than one office, ask who is responsible for each follow-up. A short written note can clarify where to call about the restoration, gum health, or a new symptom.

Questions for your next implant visit

- Can you check my cleaning technique around this restoration?
- Which tools should I use in each space?
- When should I return, and which changes need an earlier call?
- Do you have the implant details in my record?

For care in Fullerton, explore [dental implants](#) and [periodontal therapy](#) at Real Dentistry, or [request an appointment](#) to discuss a maintenance plan.

Frequently asked questions

Do implants need professional cleaning?

Yes. Regular professional assessment and cleaning remain important. The visit interval should reflect your individual needs.

Is bleeding around an implant normal?

Bleeding can signal inflammation and should be discussed with your dental team. Ask for an assessment and a review of your cleaning routine.

What should I do if the replacement tooth moves?

Call your dental provider promptly. Do not try to tighten or glue the restoration yourself; the cause of movement needs to be checked.

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08 / RESTORATIVE DENTISTRY

Dental Crown Aftercare: What to Ask Before You Leave

By Real Dentistry | Oct 10, 2026 · 3 min read

IMAGE PLACEHOLDER

Dental crown aftercare

Have a new dental crown? Learn what to ask about eating, cleaning, temporary crowns, bite comfort, and when to contact your Fullerton dentist.

A crown appointment ends with more than a new restoration. You also need to know how to eat, clean, and judge how the tooth feels afterward. The instructions can differ for a temporary crown and a final crown, so confirm which one you have before leaving.

It helps to ask for written aftercare rather than relying on a quick conversation while you are still numb. Keep the instructions with the office's contact number so they are easy to find later.

Start with the instructions for your crown

A crown covers and supports a tooth, or it may form part of an implant restoration. Ask what was done underneath it and whether another treatment step is planned. The [ADA crown overview](#) describes why crowns are used.

Before you leave, confirm when to eat, which foods to avoid, and whether the cement used requires particular precautions. If you had anesthesia, ask how to manage food and drinks until normal sensation returns.

Temporary crowns need a clear follow-up plan

A temporary restoration protects the prepared tooth while the final restoration is arranged. Confirm the next appointment and ask how to clean around the temporary crown. If it loosens or comes off, call the office for instructions. Do not use household glue.

Ask what to do if this happens during travel or outside the office's opening hours. Having that plan written down is more useful than trying to work it out when the tooth is uncomfortable.

Pay attention to bite comfort

Some tenderness or sensitivity can occur after crown treatment. Persistent pain, worsening discomfort, or a bite that feels wrong should be reported. Do not assume you need to tolerate an uncomfortable bite until the next routine cleaning. The [Cleveland Clinic crown guide](#) discusses recovery and possible complications.

When you call, describe whether the discomfort happens while biting, at rest, or with temperature changes. Explain when it began and whether it is getting better or worse. Those observations help the office plan the assessment.

Cleaning still matters

A crown does not remove the need to brush and clean between teeth. The natural tooth and gumline still need care. Ask the dental team to show the technique for your restoration, particularly if it is temporary or connected to a bridge. Hard items and habits that put excessive force on teeth can also damage restorations.

If floss catches or shreds in the same spot, mention it at the appointment. Ask which cleaning aid fits the space rather than forcing something that does not pass comfortably.

Use a simple aftercare checklist

- Is this crown temporary or final?
- When can I eat, and are there short-term restrictions?
- How should I brush and clean between these teeth?
- Which symptoms need a call, and whom should I contact?
- When is the next visit?

For treatment questions in Fullerton, see [restorative dentistry at Real Dentistry](#). [Request an assessment](#) or call [\(714\) 525-2888](#) about a loose crown or a change in comfort.

Frequently asked questions

Can a crowned tooth still get decay?

Yes. The remaining natural tooth can develop decay, including near the edge of the crown. Continue the cleaning and preventive-care plan.

What if my crown feels high when I bite?

Contact the dental office and describe the feeling. An uncomfortable bite should be assessed rather than left until your next routine visit.

What if the crown falls off?

Keep the crown safe and call the office for instructions. Do not use household glue or assume the tooth can remain uncovered indefinitely.

[Read this article online](#)

09 / PREVENTIVE CARE

Acid Erosion: How Everyday Habits Can Wear Down Enamel

By Real Dentistry | Oct 10, 2026 · 3 min read

IMAGE PLACEHOLDER

Protecting tooth enamel

Learn how acid exposure can affect tooth enamel, what to ask about drinks and reflux, and how to build a practical prevention plan with your dentist.

You may be brushing consistently and still notice that your teeth look thinner at the edges or react differently to cold drinks. Tooth wear has several possible causes. One is repeated exposure to acids from foods, drinks, or the stomach.

If your dentist mentions erosion, ask where the changes were found and what pattern they suggest. The goal is to identify a manageable change in your routine and then see whether the wear remains stable.

How erosion differs from a cavity

Erosion is loss of tooth structure from acid exposure without the bacterial process that causes decay. Acidic drinks and stomach acid associated with reflux or vomiting can contribute. Lost enamel does not grow back. The [ADA dental-erosion guidance](#) explains these causes.

Look at the pattern of exposure

Reducing repeated contact with acidic drinks, avoiding holding them in the mouth, and rinsing with water afterward may help. The ADA advises rinsing rather than brushing immediately after acidic exposure. Use a soft brush and an appropriate fluoride toothpaste for regular cleaning.

For the appointment, describe how drinks fit into your day rather than making only a list of brands. Do you finish a drink with a meal or sip it through a long work session? Does a particular routine happen every day or only occasionally? These details give you and the dentist something concrete to discuss.

Mention reflux or repeated vomiting

Stomach acid exposure is relevant to the dental assessment. Tell the dentist about reflux symptoms or repeated vomiting, and discuss those concerns with your medical clinician as well. A plan for the teeth may need to sit alongside care for the underlying cause.

You can bring up these topics privately and ask which information is useful. If more than one clinician is involved, request clear instructions about who is addressing each part of the problem.

Erosion and decay can coexist

Decay follows a different process: bacteria produce acids from sugars and starches, and repeated mineral loss can eventually create a cavity. The [NIDCR tooth-decay overview](#) describes that process. An examination helps distinguish the changes and plan prevention for both concerns.

Choose a realistic first change

Ask which habit is most useful to address first and how the dentist will review progress. A short, specific plan is easier to follow than a long list of restrictions. Write down the agreed change, the products recommended, and the date of the next review.

Also ask whether the concern is currently being monitored or whether a restoration is needed. If treatment is proposed, ask how the cause of the wear will be addressed alongside the repair. Understanding both parts helps you make an informed decision.

Bring these questions to a Fullerton checkout

- Which tooth surfaces show wear, and what may be contributing?
- What should I change about my drinking or brushing routine?
- Do I need to discuss reflux or vomiting with my physician?
- How will we check whether the wear is progressing?

Explore [general dentistry](#) and [restorative dentistry](#) at Real Dentistry, or [request an appointment](#) to discuss enamel wear.

Frequently asked questions

Can enamel grow back after erosion?

Lost tooth structure does not grow back. The dentist can discuss prevention and whether any damaged areas need restoration.

Can sugar-free drinks still be acidic?

Yes. Sugar content and acidity are different properties. Ask your dentist about the drinks you use and how often your teeth are exposed.

Should I brush immediately after an acidic drink?

The ADA advises rinsing with water rather than brushing immediately after acidic exposure. Ask your dentist how to fit brushing into your routine.

[Read this article online](#)

10 / ORAL HEALTH

Persistent Bad Breath: Common Causes and When to See a Dentist

By Real Dentistry | Oct 10, 2026 · 3 min read

IMAGE PLACEHOLDER

Fresh breath and oral health

Persistent bad breath can have several causes. Learn what to note, why mouthwash may offer only temporary relief, and when to arrange a dental assessment.

Bad breath after a particular meal is familiar. A problem that keeps returning despite your usual routine can be frustrating, especially when buying another rinse does not settle it. A dental assessment is a useful way to investigate persistent symptoms.

You do not need to apologize for raising the subject. Tell the team what you have noticed, how long it has been happening, and what you have already tried. The conversation can focus on finding a cause and agreeing on a practical next step.

Several mouth-related factors can contribute

Bacteria, food debris, dry mouth, tobacco use, and gum disease can contribute to bad breath. A persistent bad taste may also be worth mentioning. If dental causes are ruled out, a medical assessment may be appropriate. The [ADA bad-breath guide](#) explains these possibilities.

Look beyond a temporary rinse

Mouthwash may temporarily reduce or mask odor. Brushing twice daily and cleaning between teeth remain important, and a rinse does not replace treatment for an underlying problem. Ask the dentist to review the cleaning method you actually use rather than assuming you need a stronger product.

Bring the names of your toothpaste, rinse, and any other products. Explain which areas are difficult to reach or uncomfortable to clean. If you wear a removable appliance, ask whether its cleaning routine should be reviewed too.

Notice whether dryness is part of the pattern

If your mouth feels sticky, dry, or uncomfortable along with the breath concern, say so. Reduced saliva can affect both comfort and oral health. Medications and medical conditions may need review; the [ADA dry-mouth overview](#) explains why this deserves an assessment.

Do not stop prescribed medicine on your own. Write down when the dryness started and whether it followed a change in medication. That note can help both the dental team and the prescribing clinician discuss the symptom.

Keep a short record before the visit

- When is the problem most noticeable?
- Is there a persistent bad taste or a feeling of dryness?
- Have you noticed bleeding gums or discomfort?
- Which products have you tried, and did the change last?
- Have any medicines or health conditions changed recently?

A few notes are enough; you do not need to monitor yourself constantly. The purpose is to provide useful context at the appointment and make it easier to judge whether the agreed plan helps.

Ask what the examination found

Before leaving, ask whether a likely cause was identified and what the next step is. If the plan involves cleaning or home-care changes, ask when it should be reviewed. If another clinician's assessment is suggested, ask what information should be shared.

A written plan can keep the follow-up focused. It should tell you what to do now, what symptoms to report, and when to get back in touch if the concern continues.

Arrange a visit in Fullerton

Read about [professional teeth cleaning](#) and [gum care](#) at Real Dentistry. [Request an appointment](#) or call [\(714\) 525-2888](#) and mention persistent bad breath when booking.

Frequently asked questions

Can mouthwash fix the cause?

It may offer temporary relief, but it does not necessarily address the cause. Persistent symptoms warrant a review of oral health and daily care.

Can bad breath happen even if I brush?

Yes. Dryness, gum problems, areas missed during cleaning, and other factors can contribute. An assessment helps identify the likely cause.

What if my dentist finds no dental cause?

Ask whether a medical review is appropriate and what findings should be shared with your healthcare provider.

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