A lost filling or crown rarely happens at a convenient time. It tends to show up during dinner, over a holiday weekend, or the night before a trip. One moment a tooth feels normal, the next it is sharp, hollow, sensitive, or suddenly difficult to bite on. For many people, the first question is simple: is this annoying, or is this urgent?

The answer depends on what came off, what the tooth underneath looks and feels like, and whether pain or swelling is involved. A lost filling can leave dentin exposed, which often means sensitivity to cold air, sweet foods, and pressure. A lost crown may uncover a prepared tooth that is smaller, weaker, and more vulnerable to fracture than a natural untouched tooth. Sometimes the tooth stays quiet for a day or two. Sometimes it escalates within hours.

This is where judgment matters. Not every lost restoration requires a middle-of-the-night call, but some situations do call for an emergency dentist, especially when pain is significant, the tooth is cracked, the gum is swelling, or the lost piece affects the front of the mouth and leaves rough or unstable edges. The goal is not simply comfort. It is to prevent a manageable problem from turning into an infection, a fractured tooth, or a much more expensive repair.

What actually happens when a filling or crown comes loose

Fillings and crowns fail for reasons patients do not always see. A filling may dislodge because decay formed around its edges, the material wore down over time, or the tooth flexed enough under chewing forces to break the seal. Crowns can loosen when the cement washes out, when decay develops under the margin, or when the underlying tooth structure fractures. Some come off cleanly in one piece. Others bring part of the tooth with them.

That last detail matters. If you look at the inside of a crown and see a hard little core that looks tooth-colored or dark, part of the tooth may have broken off inside the crown. If that has happened, re-cementing it may not be straightforward. Patients often hope it can just be “glued back on,” but in practice the tooth may need a new crown, a buildup, root canal treatment, or in some cases extraction if the fracture extends too far.

A lost filling may sound less dramatic, but it can be uncomfortable in a different way. The missing material leaves a crater where food packs, temperature changes sting, and the edges of the remaining tooth can be thin and brittle. I have seen small lost fillings that caused almost no pain, and large ones that made it impossible for the patient to sip water without flinching.

When it is truly urgent

There is a difference between “needs attention soon” and “needs same-day care.” A lost crown with no pain on a back tooth might be able to wait a short time if the tooth is protected and your dentist can see you promptly. A lost restoration with swelling, throbbing pain, trauma, or an obvious fracture moves into emergency territory much faster.

The most reliable sign that you should seek an emergency dentist is not the restoration itself, but what the tooth and surrounding tissues are telling you. A quiet tooth often gives you a small window. A painful or swelling tooth usually does not.

Here are the situations that deserve same-day contact with a dental office, urgent care dental clinic, or emergency dentist:

- Significant pain that is throbbing, keeps you awake, or worsens with biting
- Facial or gum swelling near the tooth
- Bleeding that does not stop after gentle pressure
- A crown or filling lost after an injury, especially if the tooth is cracked or mobile
- Sharp edges or exposed tooth structure causing severe sensitivity or soft tissue injury

If you also have fever, difficulty swallowing, or swelling that seems to spread, that moves beyond ordinary dental urgency. Those symptoms can point to an infection that needs immediate medical evaluation, especially if breathing is affected.

Pain level is not the only factor

One of the most common mistakes people make is using pain as the only guide. Severe pain certainly matters, but the absence of pain does not always mean the situation is harmless. Teeth can lose crowns without hurting much at first, especially if the nerve inside has already been treated with a root canal. Even so, the tooth may be weak enough to crack if you keep chewing on it.

By contrast, some teeth become intensely sensitive after a small filling comes out, even though the long-term fix is simple. The exposed dentin reacts to air and temperature, but the underlying tooth may still be structurally sound. That kind of sensitivity feels urgent because it is miserable, and it still deserves prompt care, but it is not always a sign of deep infection.

The better question is this: what is the risk if you wait? If the remaining tooth is thin, if the bite feels off, if there is visible decay, or if the crown does not fit securely back on, delay can turn a repair into a replacement.

A lost filling is not the same as a lost crown

It helps to understand the distinction because the short-term risks are different.

A filling replaces part of a tooth. When it falls out, the tooth itself is still there, though perhaps weakened. Depending on the size of the missing filling, the cavity may trap food, feel rough to the tongue, and sting with

temperature. If the filling was large, the cusps of the tooth may be unsupported and more likely to break.

A crown covers the visible part of a tooth like a cap. The tooth beneath a crown is usually shaped down so the crown can fit over it. Once that crown comes off, what remains may be much smaller than a normal tooth and not designed to handle chewing forces on its own. Many patients are surprised by how vulnerable that prepared tooth feels. If it is a front tooth, the cosmetic impact can be immediate. If it is a molar, the bigger concern is fracture.

There is also the question of whether the lost crown can be reused. Sometimes it can. If the crown is intact, the fit is unchanged, and the tooth underneath is sound, a dentist may be able to clean it and cement it back in place. If the crown is damaged, decay is present, or the tooth structure has changed, a new one is often needed.

What you can do before your appointment

Good home care in the first several hours can reduce discomfort and help preserve options for treatment. The key is to protect the tooth and avoid making things worse.

Use this short checklist while you arrange care:

- Keep the crown if you find it, rinse it gently, and store it in a clean container
- Rinse your mouth with lukewarm water to clear debris
- Avoid chewing on that side, especially hard, sticky, or crunchy foods
- If the tooth is sensitive, use over-the-counter pain relief as directed and avoid very hot or cold drinks
- Call your dentist promptly, and describe pain, swelling, trauma, and whether the restoration is completely out

There is a lot of folklore around temporary fixes. Pharmacy temporary filling material can sometimes be useful for a day or two in a lost filling, particularly if the tooth is not cracked and you can keep the area dry enough to place the material. Temporary dental cement may help hold a crown loosely for a very short period if it seats fully and comfortably. Regular household glue should never be used. It can damage the crown, irritate soft tissues, and complicate proper bonding later.

Even with temporary materials, the goal is short-term protection, not a substitute for care. If a crown will not slip back on passively, do not force it. Crowns occasionally come off because the tooth has shifted, the crown has distorted, or a fragment of tooth is lodged inside. Pushing it into place can crack the remaining tooth or create a bite problem.

How long can you safely wait?

Patients ask this all the time, and the honest answer is that it varies. A small lost filling without pain might wait several days if you are careful. A loose or missing crown on a root canal treated back tooth might also tolerate a brief delay, though I would not recommend pushing it any longer than necessary. These are best handled within a few days, not a few weeks.

The timeline shortens if the tooth hurts with pressure, if it is very temperature sensitive, if the edge is sharp, or if the tooth is already cracked. It shortens dramatically if swelling is present. Teeth do not heal from decay or fracture on their own. Sometimes the symptoms quiet down for a while, which gives a false sense of security. Then the patient bites into something soft and hears a pop, and the tooth that could have been re-crowned now needs much more extensive treatment.

One practical benchmark is this: if you cannot keep the area comfortable, clean, and protected while eating and drinking, you should aim for urgent evaluation, not routine scheduling.

The hidden risks of waiting too long

The first risk is fracture. This is especially relevant with large fillings and crowned teeth. Once support is gone, the remaining enamel and dentin may split under ordinary chewing force. Molars take the worst of it because they absorb the strongest bite loads.

The second risk is bacterial invasion. A missing filling or crown can expose areas that are easier for plaque and food debris to penetrate. If the restoration came loose because decay was already present, the clock is already ticking.

The third risk is tooth movement. This comes up more with crowns than patients realize. Teeth can drift subtly when a crown is off, especially if the tooth is missing contact on one side or the opposing tooth starts to supra-erupt, meaning it moves further into the space. It does not take much movement to make a previously well-fitting crown impossible to reseat.

There is also the quality-of-life factor. People modify the way they eat, chew only on one side, avoid cold drinks, and tense their jaw for days or weeks. That often leads to sore muscles, headaches, and unnecessary stress, all from a problem that was easier to solve early.

What an emergency dentist will look for

At the appointment, the dentist is not only deciding how to cover the tooth. They are evaluating whether the tooth is still restorable and whether the pulp, the nerve and blood supply inside the tooth, has been affected.

Expect the visit to focus on a few specific questions. Is the tooth cracked? Is decay present under the old restoration? Can the crown be reused? Is the bite stable? Is the nerve inflamed or infected? X-rays are commonly needed, especially if pain started before the restoration came off or if there is any sign of fracture or deep decay.

Treatment may be fairly simple. A loose crown can sometimes be re-cemented in one visit. A lost filling may be replaced with a new filling if enough healthy tooth remains. If the tooth is too broken down, the dentist may place a temporary protective restoration and plan a crown. If the pulp is irreversibly inflamed or infected, root canal treatment may be discussed. If a crack extends below the gum line, the options may narrow considerably.

This is why prompt assessment matters. Many patients frame the issue as “my crown fell off,” but clinically the real question is “what state is the tooth in now?”

Front teeth deserve a slightly different kind of urgency

When the lost crown or filling is on a front tooth, the emotional urgency often exceeds the medical urgency, and that is understandable. People work in public-facing roles, attend events, or simply do not want to be seen with a visible gap or a dark prepared tooth. Dentists generally take this seriously. Even when the long-term fix requires more planning, there is often a way to stabilize the situation and improve appearance quickly.

A front tooth also raises functional concerns. The tongue and lips interact with that area constantly. Rough edges can ulcerate soft tissue, and an exposed front tooth can be highly sensitive to air. If you have a lost crown on an upper front tooth, cover the tooth from extreme temperatures and contact a dentist as soon as possible. Do not keep checking the area with your tongue. Patients do that almost automatically, and it tends to worsen irritation.

Children, older adults, and special cases

Not every lost restoration occurs on a straightforward adult tooth. Children may lose fillings from baby teeth or from newly erupted permanent molars. The urgency depends on pain, age, and whether the tooth is close to naturally exfoliating. A pediatric dental office can help decide whether the issue is minor or whether decay and sensitivity make quick repair important.

Older adults sometimes present with crowns that have been in place for decades. These crowns can loosen because the cement fails over time, but they can also hide recurrent decay near the gum line. Dry mouth from medications adds another layer of risk. In these cases, what looks like a simple re-cementation can uncover a more extensive problem. That does not mean alarm is warranted, only that assumptions can be misleading.

Patients who grind their teeth deserve special mention. Bruxism puts repeated stress on restorations, especially large fillings, porcelain crowns, and root canal treated teeth. If you have a history of grinding and a crown comes off or a filling breaks, the repair should include a conversation about bite forces, not just replacement materials. Otherwise the cycle often repeats.

A quick word about cost versus delay

Many people wait because they are worried the visit will be expensive. That concern is real, and dental costs are not trivial. Still, lost restorations tend to get more expensive, not less, when neglected. A re-cemented crown costs less than a new crown. A new crown generally costs less than a crown plus root canal and buildup. Preserving a tooth is usually more economical than extracting it and replacing it later.

If finances are a barrier, say so when you call. Offices can often tell you whether the issue sounds urgent, whether a limited emergency exam is appropriate, and whether temporary treatment is possible while you plan definitive care. Clear communication helps. “My crown Emergency Dentist is off, there is no swelling, but the tooth is very sensitive to cold,” gives a receptionist or triage staff something useful to work with.

The signs that suggest you may be able to wait briefly

A little nuance is helpful here, because not every lost filling or crown needs a rushed same-hour visit. If the tooth is not painful, there is no swelling, the edges are not cutting your cheek or tongue, and you can avoid chewing on that side, it may be reasonable to book the earliest available appointment rather than seek after-hours care. This is especially true if the crown came off cleanly and the tooth underneath was previously root canal treated and is not sore.

That said, “briefly” should still mean promptly. Once patients get used to the sensation, they often postpone. A few days turns into three weeks. By then the crown no longer fits, the tooth has decayed further, or a cusp has fractured. If your first instinct is to wait until life settles down, assume the tooth will not benefit from that delay.

What patients usually regret

After years of seeing these cases, the most common regrets are predictable. People regret chewing on the tooth “just to see if it was okay.” They regret tossing the crown in a napkin and losing it. They regret using superglue. They regret waiting until Friday evening when the area had started bothering them on Tuesday.

They almost never regret being seen a little earlier than strictly necessary. At worst, they get reassurance and a straightforward repair plan. At best, they avoid a cracked tooth, an abscess, or a long and uncomfortable weekend.

The practical bottom line

A lost filling or crown is rarely something to ignore. Sometimes it is a routine repair. Sometimes it is the first visible sign that the tooth underneath is in trouble. The deciding factors are pain, swelling, fracture risk, and how exposed and unstable the tooth has become.

If you have severe pain, swelling, trauma, or a tooth that feels broken or impossible to bite on, contact an emergency dentist the same day. If the tooth is calm and intact but unprotected, still arrange care promptly and baby the area until you are seen. Teeth are more forgiving when they are treated early, and much less forgiving once they crack or infect.

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FAQ About Emergency Dentist Los Angeles CA

What can the ER do for a tooth?

The emergency room can provide temporary symptom relief for a bad tooth, such as prescribing pain medicine or antibiotics, but it cannot fix the actual dental problem.

What is the 3-3-3 rule for tooth infection?

The 3-3-3 rule for a toothache or infection typically means taking three 200 mg ibuprofen tablets (600 mg total) three times a day for no more than three days to control pain and swelling while waiting to see a dentist.

What do you do if you have a dental emergency but no dentist?

If you have a dental emergency and no regular dentist, you should search for an urgent care dental clinic, call local walk-in dental offices, or go to a hospital emergency room if you have severe bleeding, swelling, or trouble breathing.