Catapult Group is an organization which consists of top clinicians and educators from throughout the United States and Canada. This group of like-minded yet diverse dentist’s goal is to bring quality education to the dental community via multiple venues including; live lecture, participation, web-based, and written formats.

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DISCLAIMER
• As a Catapult Group member we participate in multiple product reviews each year in order to stay at the forefront of the latest materials, techniques and services available, ensuring that the message we are delivering is current and relevant to today’s continuing education needs.
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• Today I am supported in part by:
   Dentsply

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Digital Handouts
WWW.DENTOOLZ.COM
Visualization

What is the patient’s perception or desired outcome in their mind?
Diagnosis & Treatment Planning

CASE SELECTION:
- Who is a candidate?
  - What do they want changed and why?
  - Minimal to no length change
  - Discolored teeth
  - Narrow smiles
  - Minor rotational cases
  - Good function
  - Healthy periodontium
  - Others...

Case Sequencing
- The Nuts and Bolts

What Records & When
- Diagnostic Records
  - Review Health Hx & Radiographs
  - Comprehensive Exam
  - Periodontal Probing Mobility
  - Recession, Attached Tissue
  - Biologic Width

PATIENT AND LAB COMMUNICATION
- Patient’s current likes and dislikes
- Patient discussion about appearance 4x
- Final time is definitive due to being adhered in permanently
- Pt’s perceived benefits from treatment, list three to accomplish
- Have they had other work done, how did it turn out?
- Aesthetic Expectation Level
- Listen carefully, ask probing questions, don’t make assumptions
- Longevity?
- Lab time frame (pre-book lab)
- Relay pictures and information

SEQUENCING FOR SUCCESSFUL CASES
- First Impressions!
  - First Appointment
    - Consultation
  - Process/Present cases
  - Estimate range on cost
  - Will be presented when “we decide” after the waxup is approved.
  - Positive Verbage
  - Educational info/case photos

Finale (Post-Cementation)

Smile Design, Color & Aesthetics

Laboratory Communication

Clinical Procedures

Cementation concerns

Who is a candidate?
- Minimal to no length change
- Discolored teeth
- Narrow smiles
- Minor rotational cases
- Good function
- Healthy periodontium
- Others...

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What Records & When

- Comprehensive Exam
  - Periodontal Probing, Mobility
  - Recession, Attached Tissue, Biologic Width
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- Diagnostic Records
  - Review Health Hx & existing Radiographs
  - Comprehensive Exam
  - Periodontal Probing, Mobility
  - Recession, Attached Tissue, Biologic Width
  - Oral Cancer Screening
  - Occlusion and TMJ Exam
- Diagnostic Records (continued)
  - Radiographs
  - 3 Sets of Models (mounted with facebow on articulator)
  - Additional Model (possibly)
  - Bleaching trays
  - Pour in Snap Stone or Speed Stone
  - Deliver same day

Diagnostic Models and Facebow

- Initial untouched model
- Preparation design model
- Diagnostic Wax-up

What Records & When (continued)

- Diagnostic Records (continued)
  - Radiographs
  - 3 Sets of Models (mounted with facebow on articulator)
  - Additional Model (possibly)
  - Bleaching trays
  - Pour in Snap Stone or Speed Stone
  - Deliver same day

- Occlusion and TMJ Exam
- Joint History
- Noise
- Maximum opening
- Muscle palpation
- Deviations
- Facial
- Notes, occlusives and interferences
- Wear facets

- Gingival Esmasure Space (Black Triangles)
  - Sound to bone from margin 2.5-3mm distance
  - Contact 2mm from margin
  - Always want 5mm or less from contact point to bone
  - Use most incisal bone

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  - Use most incisal bone
SMILE SHAPE REFERENCES
CANINE, LATERAL AND CENTRAL SHAPES

- Smile Guide (Discus)
  - Multi-Fit and 10 guide
  - LVI Smile Catalog (1996)
  - Style and shape combinations
- Smile Style Guide (Digident)
  - Coloration and shape combinations

What Records & When

- Diagnostic Records
  (continued)
- Photographs
  - Pre-Operatives
  - (Additional)
    - Prepreparations
    - Provisos
    - Final Cementation

LAB / DOCTOR COMMUNICATION
- www.4theladder.com

First Appointment
LAB / DOCTOR COMMUNICATION
- www.4theladder.com
PRE-OPERATIVE PHOTOS

- Full face
- Smile
- Resting
- Intraoral
- Occlusal
- Video?

VIRTUAL SMILES®

- Tooth shape
  - Length, width, & style #
- Tooth color
- Translucency, effects
- File Format
  - Paper
  - CD
  - Email
  - Flash
  - Logo & Office Info

What Records & When

- Diagnostic Records (continued)
  - Imaging Photos
  - Treatment Plan
  - Finances
  - Signatures (7)
    - Health Hx, Tx Plan, Financials
  - Imaging, Wax-up, Provisionals, & Cementation Sign Off

Smile Design

- Tooth shape
  - Length, width, & style #
- Smile line
- Tooth display at rest
- Gingival display when smiling
- Midline
- Tooth inclination
- Function
- Tooth color
  - Translucency, effects
- Composite MockUp?

Tooth Size Averages

<table>
<thead>
<tr>
<th>Width</th>
<th>2nd Premolar</th>
<th>1st Premolar</th>
<th>Canine</th>
<th>Lateral Incisor</th>
<th>Central Incisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length</td>
<td>6.6mm</td>
<td>7.1mm</td>
<td>7.7mm</td>
<td>8.6mm</td>
<td>9.8mm</td>
</tr>
<tr>
<td>Width</td>
<td>8.6mm</td>
<td>10.6mm</td>
<td>8.6mm</td>
<td>11.2mm</td>
<td></td>
</tr>
</tbody>
</table>
- Prior to Second Appointment
  - Architecture
    - Incisal Length
      - 1-2 mm show at rest, 2-3 youthful
    - Golden proportion: 0.6-1.68
    - Contact points
    - Length/Width ratio: 75-80%
    - Overbite/Overjet
    - Gingival line & Zenith
    - Gingival display: 0-3mm
  - Embrasures

ADDITIONAL TOOLS
- Panadent: Multi Purpose Ruler
- Erskine: Dentagauge 1 & 2

SHIMBASHI MEASUREMENT.
- CEJ #8 to CEJ #25 or
- CEJ #9 to CEJ #24
- Normal is 17 to 18 mm depending on the patient.
Golden Proportion Measurement.

- Golden proportion between teeth.
- 0.6-1.68

EQUILIBRATED MODELS
- Shim Stock Hold (0.001 inch)

Mounted and Equilibrated

What Records & When
- Diagnostic & Prep Reduction Models (Do your own work)

Prepared Model & Waxup

Blueprint for Success
Function & Failures

Which do you think is going to be more accurate?
Less adjustments and remakes?

SEQUENCING FOR SUCCESSFUL CASES

- Second Appointment
  - Go over diagnostic tools
  - Check whitening
  - Discuss Treatment Plan
  - Set Appointment & Collect $$
VENEER PREPARATIONS

- Depth Cuts
- Tooth Reduction
- Margins
- Retention Form (Line of Draw)

Veneer Preparations

Incisal edge preparations
**Veneer Preparations**

Mandibular incisors - Incisal edge preparation

**PREPARATION REDUCTION**
- Depth reduction burs
- Safe reduction
- Lasco

**INDEPENDENT DEPTH CUTS (LASCO BURS)**
- Depth Cuts
- Tooth Reduction
- Interproximal & Margins
- Retention Form (Line of Draw)

- Why extend interproximal and how far?

**CASES**

**CASES #1:**
- Prepless veneers???
- Aesthetics
- Veneers
- Function
- Bonding
- Feldspathic Veneers
INSTANT ORTHO/UN-ROTATING TEETH
- Sequence
- Diagnostic workup
- Medical history
- Diagnosis
- Margin placement

Images from Bruce Crispin, DDS, MS book entitled "Contemporary Restorative Dentistry"

Case #3: Excessive Prep Interproximal
Reshape teeth eMax
Veneer Preparations

Facial/Lingual repositioning and margin placement

Veneer Preparations

Premolar preparation techniques

Veneer Preparations

When to extend thru interproximal contact.
- Existing restoration interproximal, so the veneer margin extends past onto enamel.
- Small diastemas or gingival embrasure defects
- Ortho rotation cases where after removing excessive tooth structure the tooth is too thin.

Case #5:

Aesthetics
Smile Line
Gingival Excess
Gingival Asymmetry
Buccal Corridor

Combination Crowns & Veneers
Gingival Crown Lengthening
Teeth Antepositions
Function

Facial Measurements

Draw a line from subnasal down
Upper lip should be 2-5mm in front
Lower lip should be 0-3mm in front
Chin should be on the line or 4mm behind
Difficulties?
Aesthetic
Combination Crowns & Veneers
Existing RCT
Function

Treatment Plan & Diagnosis
Aesthetics
Gingival Harmony
Function

Periodontal Surgery & Provisionals
Full coverage off of gingiva
8-12 weeks healing

Preparations & Provisionals
2 crowns and 8 veneers

Preparation Guides

Preparation Guides
Scribe a 0.5-1mm line with a sharp instrument into the model where the tissue and tooth come together.

Duplicate model with light body wash and heavy body tray material.

The scribed line creates the Bead Line in the over impression of the cast.
Provisionals (Bead Line Technique)

Chlorhexidine
Crowns cemented with clear temporary cement

Provisions

- Bead Line Technique
- Visalys (Kettenbach)
- Inspire (Clinician’s Choice)
- ExperTemp (Ultradent)
- Structure (VOCO)

PROVISIONALS

Integrity Multi Cure
- Good strength properties
- Dual cure capabilities

Restorations

- Check Shape & Esthetics
- Check Shade
- Marginal Integrity
- Contacts
- Etch

Restorations

- Check Shape & Esthetics
- Occlusion

Try-in

- Silane restorations prior to try-in.
- Check each restoration individually for marginal adaptation
  - Start from center moving laterally
  - Then start at midline checking two teeth at a time. Then add the third and check, then the fourth etc.
  - Then remove all of the restorations and fill each with a water soluble try-in paste.
  - Start from center out as though you were cementing. Clean off excess and access. Gently touch teeth together stop at first contact.
- Now let patient check aesthetics after going over instructions
Cementation – large cases

- Etchant based or SE adhesive systems (can be light cured)
  - Bisco Universal (AB3)
- Start from center moving laterally with light curable resin
  - (Choice 2 or eCem)
- Light cure materials for cases over 4 teeth (2m tacking tip/VALO)
- Placing two teeth at a time. Then add the third and tack in place, then the fourth etc.
- Then remove all of the residual cement except a small bead
- Do not floss contacts

Cementation – small cases

- Bonding agent light cured
- Start from center moving laterally
- Dual cure material for cases under 4 teeth
- Placing two teeth at a time. Then add the third and tack in place, then the fourth etc
- Then remove all of the residual cement except a small bead
- Do not floss contacts

CEMENTATION STEPS

- Front two crowns first
- Then 4 veneers at a time.

Post-Op Check

- Aesthetics
- Function
- Gingival Embraasures
- Excess cement
- Patient homework & questions

Case #8:

- Aesthetics
- Veneers
- Function
- Gingival Bonding
- Feldspathic Veneers

From Imaging & Diagnostic Wax-up the entire case was duplicated
Remove old restorations & repair abfraction lesions on cervicals

Base Shade
- Stump Shade (dehydration factor)
- Easy Shade
- Custom Shade
- Photographs
- ALL DONE PREVIOUSLY

Impressions
- Facebow (SAM III)
- Wax bite (Delar)

Provisionals
- Free Hand Provisionals
Free Hand Provisionals Example

Prefabricated Over Impression

- Materials
  - Rigid Bite Registration
  - Light and Heavy Body

Veneer Try-In

- Provisional Veneer Removal
  - Indirectly fabricated
    - Spoon on gingival margin
  - Cut vertically with small bur and use crown key to gently separate
  - Directly fabricated
    - Spoon on gingival margin

VENEER EVALUATION

- Check models
  - Uncut, pre-indexed and individual dies
- Check veneers internally and externally
- Try on the models
- Evaluate

TOOTH CLEAN-UP

- OptiClean
  - Now – An Easy & Efficient way to remove temporary cement

OptiClean

- Plastic shank material – aromatic polyamide
- Abrasive material - ATO₃ (aluminum oxide)
- Grit size – 40 microns
- Smallest tool on market – 1.6mm tip diameter
- Total length – 24mm
- Use with or without water spray
- Operates at 3000-5000 rpm
**VENEER TRY-IN**
- Water soluble clear try-in paste
- Evaluation of esthetics and contour
- Evaluate occlusion

**Porcelain Adjustments**

**VENEER CLEAN-UP**
- Steam clean
- Acetone in a bottle drop in the ultrasonic

**VENEER BONDING**
- Dry Air Source
  - Evaporate volatile solvents
  - Drying dentin & enamel
  - Do not desiccate

**INSTRUCTIONS FOR USE**
**PORCELAIN VENEERS**

**VENEER PREPARATION:**
- Make sure veneer is properly etched with hydrofluoric acid.
- Apply 1-2 coats of Silane to internal surface of veneer. Wait 30-seconds and air dry, or let sit longer with heat.
- Try-in veneers with Water-Soluble Try-in Pastes. Remove and rinse thoroughly.
**BENEFITS OF LED LIGHTS**

- More efficient than Halogens
- Longer lasting
- Smaller in size/lighter
- Cordless
- Multiple wavelengths
- Curing options: Ramp, pulse, boost
- Smart Light Max (Dentsply)
- Valo (Ultradent)

**Cement Removal**

- Bulk excess
  - Bard Parker
  - TC Carvers (Brasseller)
  - Gold knives
  - Perio knives
- Interproximal saws
  - Contact EZ
  - Brasseller
  - Axis
- Finishing strips
  - Brasseller
  - Axis
- 12 & 30 fluted carbides

**Finishing & Polishing Ceramic**

- 30 & 15 µm diamond
- 8/12 & 30 fluted carbide polishing points
- Diamond polishing paste
- Diamond impregnated points & cups

**Post-Op Photos**

**The Nuts and Bolts of Veneers**

**IMPRESSIONS & TISSUE MANAGEMENT**
PREPARATION TECHNIQUE

- Margin Placement
  - Supragingival
  - Equigingival
  - Subgingival
- Margin Design
- Clock Work Prep
- Retraction Cord Assistance
- Sonic Prep

PREPARATIONS

- Prep counter clockwise
  - Less tissue damage (rotation is rolling on tissue) & faster tooth reduction. Use above gum line.
- Prep clockwise
  - Tissue removal due to bur rotating opposite direction
  - Bur rolling on tooth creates less reduction of tooth structure.
- Place a single cord
  - after preparing interproximal area
  - after gross reduction just above tissues
- Then refine margins

ELECTRIC HANDPIECES

PREPARATION TECHNIQUE

Important: Minimize tissue damage allows for less time utilized in managing bleeding.

Unique Tools

PREPARATION TECHNIQUE

Important: Minimize tissue damage allows for less time utilized in managing bleeding.
PREPARATION TECHNIQUE

**Unique Tools**

- SFILM (Komet)

**Important:** Minimize tissue damage allows for less time utilized in managing bleeding.

**Types of Moisture**
- Saliva
- Crevicular Fluid
- Bleeding

**Fluid/Tissue Management**
- Enhancing Moisture Control
  - ASTRINGENTS
    - Supercool
    - Epinephrine
    - Ferric Sulfate
    - Vasoclyse 10%
    - Astringent 15.5%
    - Aluminum Chloride
    - Viscosol Clear 25%
    - Expe-aq
    - Hemostatyl
    - Aluminum Sulfate
    - Tissue Goo 20%
    - Various Gums

**Pre Appointment Therapy**
- Oral Rinses
  - 0.25% Iodine
  - Ipecacaine
  - Benzocaine
  - Benzydamine
  - Triamcinolone (hosalon)
  - Dexamethasone (valorn)

- Antihistamines
  - Salsylon
  - Antihistaminic
  - Banadyl
  - Benzonatate
  - Triaminobenzine (tosalon)
  - Dexamethasone (valorn)

- Antiallergic
  - Salsylon
  - Antihistaminic
  - Banadyl
  - Benzonatate
  - Triaminobenzine (tosalon)
  - Dexamethasone (valorn)
Fluid/Tissue Management

• Enhancing Moisture Control

RETRACTION CORDS

• Numerous Sizes
• 1 cord technique (pockets <3mm)
• Placed below margin
• Moisten prior to retrieval
• If bleeding do not remove first cord

Fluid/Tissue Management

Lasers

• Fast
• Hemostasis
• No crevicular fluid
• No cord
• Better healing
Enhancing Moisture Control

Laser Indications For Use
- Frenectomy
- Frenotomy
- Gingival Troughing
- Implant Recovery
- Gingivectomy
- Gingivoplasty
- Crown Lengthening
- Hemostasis of donor site of granulation tissue
- Laser assisted flap surgery
- Incisions and draining of abscesses
- Hemostasis
- Excision of lesions
- Exposure of unerupted/partially erupted teeth
- Removal of hyperplastic tissue
- Treatment of aphthous ulcers
- Leukoplasia
- Sulcular debridement
- Pulpotomy
Laser Troughing
Benefits:
• Predictable margins
• No tissue recession
• No bleeding
• No discomfort
• Faster procedure
Settings:
• Power: 1.2W
• Mode: Continuous

Tissue Management
For All Tissue Management Issues
• Closed Bite Trays (most common)
• Flexible Trays
• Lack of rigidity may cause distortion
• Spring back after impression potential
• No cross arch stabilization
• No support
• Thin spots or perforations can cause distortion
• Lack of occlusal stops for proper model articulation
• Impression material shrinks towards bulk
• Unable to recreate excursive movements
• Potential for errors & adjustments extremely high

IMPRESSION TRAYS
Selection Process
• Open Bite Trays
  • Plastic-full or quadrant
  • Metal-full or quadrant
  • Custom Trays
  • Non-perforated or perforated (metal or plastic)
  • Rigidity can eliminate tray distortion and rebound
  • Spring back after impression is possible with plastic
  • Cross arch stabilization
  • Ideal occlusal stops for proper model articulation
  • Able to recreate excursive movements if mounted on a semi or fully adjustable articulator
  • Potential for errors & adjustments are low

• Custom Trays create more ideal placement
• Thinner material creates less distortion
• USE TRAY ADHESIVES for all open bite trays, not just custom trays
• Only negative is time

Custom Tray
HEATWAVE BY CLINICIAN’S CHOICE

- 4 upper & lower trays
- 60 sec. @ 158°F
- Fast, efficient
- Virtually custom

IMPRESSION TRAYS
WHAT PERCENT OF IMPRESSIONS PER LABORATORIES HAVE VISIBLE ERRORS?

89%

And the key to remember, routinely, it’s voids, bubbles, and tears

“Approximately 50% of impressions have defects” G. Christensen

IMPRESSON MATERIALS

- Still account for 85%-90% of the market.
- Types
  - Vinylpolysiloxanes
  - Polyethers
  - Vinylsiloxaneether (VSXE)

KEY EQUIPMENT TERMS TO UNDERSTAND DIGIT POWER™ DELIVERY SYSTEM

- Dispenser
- Regulator
- Adapter
- Activation Post
- ISO connector
- Coupler

DIGIT POWER™ DISPENSER ERGONOMICS

- Ergonomically similar to current handpiece
  - Pen-Style Grip
  - Accommodates varying hand positions

KEY EQUIPMENT TERMS TO UNDERSTAND DIGIT POWER™ DELIVERY SYSTEM

- Dispenser
- Regulator
- Adapter
- Activation Post
- ISO connector
- Coupler
SUMMARY

- Safeguard for working time violations
- May eliminate retraction cord & paste
- Precision placement of impression material
- Good tear strength
- Scannable for versatility

A solution designed to improve impression-making. Chairside this translates to simplicity, efficiency, and predictability.

SYRINGE PLACEMENT

- Dry all teeth in arch
- Place tip in most difficult area first
- Keep tip on margin and immersed in material
- Go around entire margin first
- Next go to adjacent teeth
- Then do coronal aspect of teeth
- Double Mix Single Impression is the most accurate
RESIN CEMENT COSMETIC CASES...

COSMETIC CASES....
COSMETIC CASES....

PROVISIONALS

PRE-SILANATE VENEERS
Place under heat for 4-5 min.

COSMETIC CASES....

PROVISIONALS

PRE-SILANATE VENEERS
Place under heat for 4-5 min.

PRE-SILANATE VENEERS
Place under heat for 4-5 min.
LIGHT CURED RESIN CEMENT

- Calibra Esthetic Resin Cement Veneer Kit combines ease of use and excellent handling.
- Shade-stable chemistry
- Versatile light-cure/dual-cure system
- Low solubility prevents margin disintegration
- Low film thickness
- Always use a bonding agent and a light cured resin
- Do not try and use a SE dual cured resin

CEMENT BISCO

FINAL RESTORATIONS

What is the best adhesive?

Can you get good results?
INSTRON
- Ultra Tester (Ultradent)
- Ultra Jig (Ultradent)

SHEAR BOND TEST RESULTS - 2012
Average Shear Bond Strength to Dentin: 24.2 MPa

NEW “UNIVERSAL” SYSTEMS
- Simple & easy to use
- Direct & indirect techniques
- Use as Total, Selective or Self Etch
- Low sensitivity
- Lots of MDP Based Products
Understanding Buffering 101

- Local Anesthetics is an acidic solution with a pH of ~ 3.9
- To achieve pulpal analgesia, the body needs to raise the pH of the local anesthetic toward physiological pH (~ 7.4). This can take up to 15 minutes per patient.
- Sodium Bicarbonate is a neutralizing additive solution
- Buffering (adding sodium bicarbonate to anesthetics) brings pH level closer to physiological pH prior to injection meaning that the burning sensation of the injection is greatly reduced and the patient gets numb almost immediately.

Understanding Buffering 102

- Buffered Anesthetics more profound anesthesia—6,000 times more active anesthetic (active molecules). Logarithmic scale moving from 3.9 to 7.4 pH
- A by-product of buffered anesthetics is a CO2 enriched microbubble that readily crosses the nerve membrane and in itself contains anesthetic properties not found in unbuffered anesthetics. It essentially produces an immediate effect, similar to that of a topical.
Cement Selection

Cement Options

Ceramir
- Alkaline pH
- Moisture Tolerant
- Self-Sealing
- Apatite Formation
- Insoluble
- Stronger with time
- Semi / Translucent
- Biocompatibility: Excellent
- Bioactivity: Apatite formation
- Sealing Quality: Excellent

Cement Selection

Crown Retention

Results Zirconia crowns (Kg/F)

<table>
<thead>
<tr>
<th>Material</th>
<th>Result (Zirconia crowns) Kg/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceramir Crown &amp; Bridge</td>
<td>32.1 ± 6.3</td>
</tr>
<tr>
<td>RelyX Unicem (3M)</td>
<td>27.8 ± 11.3</td>
</tr>
<tr>
<td>Dyract Cem (Dentsply)</td>
<td>12.2 ± 3.1</td>
</tr>
<tr>
<td>Rely X Luting (3M)</td>
<td>10.9 ± 6.5</td>
</tr>
</tbody>
</table>

Cement Selection

Ceramir® Crown & Bridge

- Ceramic CAB is a material that combines glass ionomer technology with the innovative Ceramir (Calcium Aluminate – C.A.) technology.
- The G.I. contributes to:
  - Low initial pH, short duration
  - Flow and setting characteristics
  - Early strength
- The C.A. contributes to:
  - Increased strength and retention
  - Biocompatibility
  - Sealing of tooth material interface
  - Apatite formation
  - Sustained long-term properties, no degradation
  - Basic end pH

Cement Selection

A Bioactive Dental Luting Cement—Its Retentive Properties and 3-Year Clinical Findings
Ceramir® Crown & Bridge
- Nano-structural integration
- Permanent seal of the tooth - restoration interface
- Biocompatibility
  - Creates Apatite when in contact with phosphates
- No shrinkage
- No post-op sensitivity
- Hydrophilic system with Alkaline pH
- Chemically stable
- Acid Resistant
The Nuts & Bolts of Veneers

Incisal position

Gum height

2-4 mm

10-11 mm

Vestibular position

2.4 mm

18.1 mm
The Nuts & Bolts of Veneers

The Nuts & Bolts of Veneers

The Nuts & Bolts of Veneers

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The Nuts & Bolts of Veneers

The Nuts & Bolts of Veneers
Case #24:
SEQUENCING FOR SUCCESSFUL CASES

- Initial Appointment
  - Consultation
  - Comprehensive Evaluation
  - Whitening?
- First Appointment
  - Go over diagnostic tools
  - Check whitening
  - Discuss Treatment Plan (Do Last)
  - Set Appointment & Collect $$$
- Lab Work
- Second Appointment
  - Occlusal Guard Impressions
- Third Appointment/Preparation
- Fourth Appointment/Try-In/Delivery
  - Verify margins, contacts, occlusion and shade
- Fifth Appointment
  - Post-Op Check
  - Occlusal Guard Impressions
  - Post-Op Photos
- Sixth Appointment
  - Deliver Occlusal Guard