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DENTAL LABORATORY

Veneers All-Ceramic Lab News

Case Study

Steps to Success

- Models
- Prep Design
- Shade
- Bonding

Porcelain veneers are often the preferred restorative choice for patients who are seeking very aesthetic anterior treatment. A successful case not only restores the treated teeth but often has the added benefit of restoring a smile and the patient's self-confidence.

Since we are making all-ceramic restorations every day, we are able to share some tips and information that will help ensure successful results for your patients. The following information covers a variety of subjects from basic to advanced. All are very important for the ultimate success of an all-ceramic restoration, however some of the suggestions may not necessarily apply to you.

Models

Pre-op, post-op, diagnostic wax-ups and/or acrylic mock-ups are all helpful in communicating proper incisal edge position, contour and basic morphology. Providing models with this essential information will insure that we meet the patient's expectations.



Before



After



Close-up

Case prepared and seated by Dr. Kuljic, Beverly, Ma. Shofu Halo Opal All-Ceramic #8 & 9 Jacket Crowns, #7 & 10 Veneers. Fabricated by Killian Dental Ceramics, Inc.

Prep Design

DEPTH - Dark stump shades require deeper preparation (0.75-1.0 mm) to enable the ceramist to build a first layer of blocking porcelain (opaque dentin) and still have enough room for the surface layers of

translucent porcelain. Preps with stump shades that closely match the desired finished restoration shade can be prepped more conservatively (0.5 mm).

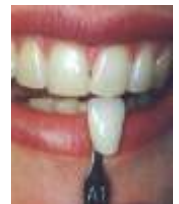
MARGIN - Shallow chamfer margins enable us to provide the best results. Thin slices or bevels don't hold up well to the mechanical etching (sandblasting) and chemical etching (hydrofluoric acid) processes required to fabricate this type of restoration.

Bonding

As a word of caution, check material expiration dates carefully; use only fresh bonding materials. Debonding, breakage, and discoloration are often traceable to old silane primer and occasionally to out-of-date bonding resins. A recurring debond problem is usually caused by a contaminated tooth interface. Pumice and re-etch should solve this problem.

Communicate Shade

Provide photos before and after preparation. Select the shade tabs that match the pre-op tooth and post-op preps (stump shade). Position the shade tabs so that they are visible in the photo with the tooth and/or prep.



Send us your undeveloped 35-mm roll of film and we will develop and return your slides or photos with a new roll of film. Nothing communicates shade and characterizations better than photographs. If you have a digital camera, then you may send picture files as e-mail attachments to cdt@killiandental.com.

Educational Resources

Nasser Barghi, D.D.S., M.A., has authored 180 dentistry articles. He lectures internationally about etched porcelain-bonded restorations. He is currently the Chairman of Occlusion, Department of Aesthetic Dentistry, at the University of San Antonio School of Dentistry.

Call Fay at (210) 567-3661 or fax (210) 567-3669 for his lecture and course schedule.

Email - barghi@uthscsa.edu

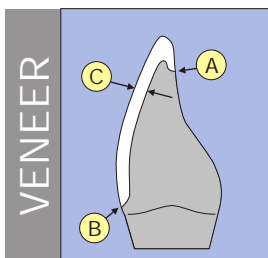
Raymond Bertolotti, D.D.S., Ph.D., F.A.D.M., lectures internationally and writes the Adhesion Dentistry Fifth Quarter Seminars Newsletter relating to dental bonding chemistry and practice updates. (510) 483-2411 or fax (510) 652-8729. Email: rbertolotti@aol.com

Practical Periodontics & Aesthetic Dentistry Magazine. (800) 899-5350.

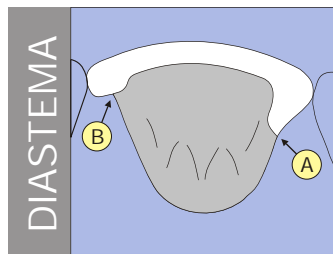
This periodical is cutting edge, written by the world's best in dentistry.

Gordon Christensen, D.D.S., M.S.D., Ph.D. CRA Newsletter, Dental update Lectures (801) 226-2121. Internet: www.cranews.com

Veneer Preparations



LABIAL VENEER
COLOR AND PREP DEPTH
 Provide a shallow chamfer margin at the incisal-lingual (A), gingival (B), and proximal margins. The prep depth (C) should be 0.75 - 1.0 mm to provide space to block-out tooth color that is too dark or too light. If the stump shade (prep) matches the desired restoration color, then only 0.5 mm reduction is needed.



DIASTEMA CLOSURE
 Increased proximal preparation (A) allows proper contour. Preparation (B) does not permit proper transitional contour after closure of diastema.