



Pacific Dental Arts, Inc

A FULL SERVICE DENTAL LABORATORY

Thanks to all of you for your cards and well wishes I received after my mom and dad passed away last month.

www.PDA-LAB.com • facebook.com/Pacific-Dental-Lab

October 2014

Frequently Asked Questions

1. How is BruxZir® for anteriors? We prefer a layered ceramic such as Vita PFZ porcelain fused to zirconia but BruxZir® is a good alternative for anteriors in certain applications. BruxZir® is a solid monolithic zirconia without a porcelain overlay, so it does not have the translucency or vitality of a layered ceramic. Due to this you should avoid prescribing it when matching intense translucency or when matching internal characteristics of adjacent teeth is a must. Here are the times to consider it:

- Adjacent units are monochromatic without much translucency
- Severe wear on opposing dentition and you need a crown that will survive
- When doing multiple units adjacent to each other and you're setting the pace of the shade

2. Is BruxZir® good for bridges? BruxZir® is great for certain bridges. We have even done roundhouses with it. If uncertain just ask Greg.

3. How do you cement BruxZir®? You cement BruxZir® and layered zirconia with conventional cement, ask Greg for a product list if needed.

4. Are feather edge margins acceptable for BruxZir®? BruxZir® can be fabricated on feather edge margins although we prefer a minimal chamfer. Try not to do a bevel margin.

5. What do you use to adjust BruxZir®? Adjust BruxZir® with fine diamonds and water. Remove the diamond scratches with diamond impregnated rubber wheels as in your favorite porcelain polishing system. You can purchase a BruxZir® Adjusting & Polishing Kit from us or Glidewell (888) 303-3975.

6. How do you remove a BruxZir® crown? Remove BruxZir® by cutting 3-4 channels with a fine diamond and water. Pry off the individual pieces.

7. How do you create an access for endo? Use a fine diamond and water to create access for a root canal.

8. Is BruxZir® harsh to the opposing dentition? Recent studies show that BruxZir® is kinder than feldspathic porcelain to the opposing.

9. What are your material suggestions for anteriors? Our first choice for anteriors is layered Vita PFZ or e.max®.

We would choose layered Vita over e.max® in the following applications:

- For bridges
- If margins are knife edge or there's a not large enough chamfer
- When you need to cover a dark stump

We would choose e.max® over layered Vita in the following applications:

- If the facial preps are bulky or protruding and you need to keep the total material thickness as thin facially as possible
- For veneers

10. What do you recommend for Maryland Bridges? Our first recommendation for a Maryland Bridge is a PFM because it is strong, proven, etchable and bondable. The problem is a PFM Maryland bridge is often unaesthetic. Layered Vita PFZ or BruxZir® zirconia bridge is an option but zirconia does not etch and has a history of Maryland Bridges debonding. We remedy this by layering porcelain under the wings that can be etched and then bonded. Still, there is a higher risk of wing breakage and debonding of the zirconia type, although it is far more esthetic than PFM.

11. What are your most popular material indications? Layered Vita PFZ is our most popular anterior restoration. BruxZir® is our most popular posterior restoration. E.max is our most popular veneer, inlay, and onlay restoration. PFM and full cast have dramatically decreased over the past couple years. Ask to see a graph we have put together of this if interested.

12. Have you ever seen a veneer that discolored later although it looked fine when it was cemented? Micro leakage can discolor a veneer at a later date. Micro leakage happens when seating the veneer and then moving it from that position and seating it again. The movement causes "suck back" in the luting cement. The suck back creates voids, leakage, and ultimately stains. To avoid this, place the veneer on the tooth, wipe the excess, then firmly seat it and at the same time tack it with your light at the gingival margin at a 45 degree angle for 10-15 seconds.

13. I switched to a new impression material and my crowns are too tight, margins are short, but they fit the die perfectly. Often the perceived tight crown or over trimmed margins are a common mistake resulting in a bad impression. Unfortunately this distorted impression isn't evident to the eye. It happens often when using fast set materials or anytime manufacturer setting times are neglected. It usually happens when the assistant loads the heavy body in the tray too soon and it starts to set before it gets in the mouth. It is covered by the light body and the shrinkage is not noticeable. The resulting dies are smaller than the actual teeth from this "spring back distortion." Using a timer is great standard protocol. You may consider switching to a slower set material as well.

14. How do you solve excessive contact and occlusion adjustments? We recommend occlusal reduction of 2.0 mm. 1.5mm of that is to create ideal anatomy and the amount of porcelain and substructure needed for strength. .5mm of that is the amount we take things out of occlusion to compensate for the margin of error due to impression shrinkage and stone expansion. If you under-reduce, we will not be able to take the crown out of occlusion and you will in turn have to over-adjust even though it seems fine on the model. Inaccurate provisionals may be the biggest cause of contact and occlusal problems. A temp that is placed out of occlusion or with an open contact cannot stabilize the mouth between appointments. If a temp is not placed in centric occlusion the opposing tooth will supraerupt between appointments and will result in a high crown and over adjustment. The same will happen with proximal contacts. Unstabilized teeth reach a new equilibrium quickly.

It is often preferable for Greg at the lab to decide a material after seeing the case. As a default, a chamfer prep is recommended because any material from zirconia to e.max® or pfm with a porcelain butt joint margin can be fabricated on this.

Check out our website and look up these individual products, to find out more information.

www.PDA-Lab.com

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Working with you to help make beautiful smiles.

You're invited to join Pacific Dental Arts, Inc. for our "Digital Dentistry Night"

Thursday, October 23, 2014, 5 pm - 7 pm

Indian Summer Golf & Country Club • 5900 Troon Lane SE, Olympia, WA 98501

Enjoy an exclusive reception and enlightening evening including:

- The latest on digital scanning, saving and sending your files to the lab, shared by Rob Riley with iTero Digital Impression System and Jody Savage with Invisalign.
- Exclusive discounts offered by iTero: money-back programs through Pacific Dental Arts, Inc., and special rate offers by TwinStar Credit Union.
- Two CE credits offered.
- See how PDA can lower your crown free to \$87⁰⁰ per unit.
- Hors d' oeuvres, beer and wine.



Drawing for an overnight stay and golf at Alderbrook Resort

RSVP: Angie Wallace 360.438.1882 or email: Angie@PDALab.com

PDA staff announcements

PDA would like to welcome to our staff Alan Hortin, Ali Giddings and Leigh Stewart.

Alan owned and operated Hortin Dental Lab for over 30 years, in Olympia. Alan will split his time here in the lab between the removables bench and the crown & bridge bench. Alan is here at PDA to help fabricate everything from nightguards to the most complex implant cases!

Ali Giddings is sharing her time here while attending Bates Technical College for Dental Lab Technology. Ali worked for her father Dr. Jerry Giddings, DDS when she was younger and caught the "lab bug" and we are fortunate to have her on the staff at PDA!

Leigh Stewart started in the field years ago when she worked with Dr. Yamaguchi, then worked with Alan at

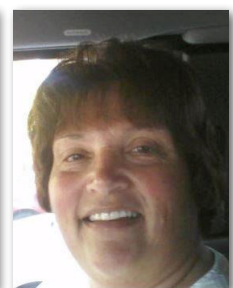
Hortin Dental lab for over 15 years. Leigh will help with customer service, which will include: scheduling, invoicing, answering phones and more!



Alan Hortin
Certified Lab Technician



Ali Giddings
Lab Technician



Leigh Stewart
Customer Service