

BRIDGES

ARIZONA™

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Superior Esthetics

Since the time of the ancient Egyptians, gold has conveyed an image of quality to patients. Today, high gold content alloys are still preferred by many dentists because of gold's outstanding biocompatibility, functional strength and long-term value.

Aurum Ceramic/Classic Dental Laboratories' exclusive Arizona Crowns and Bridges offer you the superior esthetics you demand and the proven reliability of gold - all at an affordable fixed cost† you can rely on.**

With Arizona, you don't have to sacrifice quality and ease of handling to maintain your Crown & Bridge pricing for anterior crowns, posterior crowns and up to SIX UNIT BRIDGES (anterior or posterior). Single tooth anterior implant restorations are also available.

** Maximum 1.5 grams of metal per unit. Extra fee will be charged for metal above this maximum. Price subject to change as per published price list.

† Offer void in Ontario due to the regulations of the College of Dental Technologists of Ontario.



The Materials



Superior Esthetics

The most lifelike PFM available, Arizona restorations employ a unique opalescent-layered porcelain providing the brilliant "opal" effect of natural tooth structure. As the light falling on the tooth changes, the colour of the restoration changes with the remaining dentition. Shade match problems are eliminated. Employing collarless design, the addition of porcelain butt margins avoids visible metal display, maximizing esthetics.



High Noble Substructure for Maximum Performance

High noble Arizona frameworks can be cast thin for normal tooth reduction, a beautiful incisal edge, functional strength and superior marginal integrity, eliminating microleakage. As a cast coping, Arizona restorations are stronger than any gold foil. Providing a precise fit, you can use a chamfer or shoulder preparation (does not require deep chamfer margins). And, you can cement the restoration using any conventional cement.

Features and Benefits

- Affordable fixed cost you can rely on.
- High noble substructure for maximum strength, biocompatibility, functional performance and long-term value.
- Cast coping stronger than any gold foil.
- Porcelain provides same brilliant "opal" effect of natural dentition.
- Create crowns and anterior and posterior bridges up to four units in length.
- Collarless design, no metal display with porcelain butt margin.
- Normal tooth reduction preserves tooth structure (does not require deep chamfer margins).
- Backed by a no-fault, no-charge 5 year warranty against defects in craftsmanship and materials from Aurum Ceramic/Classic.

Indications:

- Anterior Crowns
- Posterior Crowns
- Up to six unit anterior or posterior bridges
- Also viable option for single-tooth anterior implant restorations.
- Ideal for adolescent cases

Contraindications:

- Bevel and feather edge preparations are not recommended.

Shade Selection:

Select shade for porcelain with the Chromascop®, Vita Lumin or Vita 3D-Master Shade Guide.

Techniques and Tips:

A. Preparation

- A 1.5 mm Lingual, Incisal and Facial Reduction is recommended.
- Create a shoulder (preferred) or deep chamfer with rounded gingivo-axial line angles.
- Be sure to carry the margin interproximally to reduce metal shadow and ensure esthetic quality.
- For a porcelain to margin finish, prepare a chamfered shoulder 0.5 mm subgingivally on the labial aspect of the tooth.
- Tissue must be retracted during impression so that the resultant die is a complete reflection of the prepared shoulder.
- For superior esthetics, you may wish to select a PORCELAIN BUTT MARGIN.

1. Take preliminary impression.
2. Select and record gingival, body and incisal shades for teeth to be restored (NOTE: Best accomplished after any old amalgams removed).
3. Even reduction of 1.5 mm recommended as illustrated. Ensure there is an adequate path of insertion.
4. Take final impression. Ensure there are no bubbles or pulls in impression.
5. Secure and trim an adequate interocclusal record over preparation only.
6. Cement temporary restoration.

7. Prepare a detailed lab prescription with details regarding opposing teeth, age and sex of patient, amount of occlusal staining required and individual characterization needed.
8. Include a pre-op model for all anterior cases. Include an impression of temporaries for all anterior restorations when four or more units are involved.

B. Temporization

1. Use preliminary impression to fabricate custom temporary.
2. Plan the provisional before you begin to prepare tooth.
3. If a thermoplastic shell is to be employed, insure that gingival portion is bulked out prior to making shell (allows for adequate material at marginal area, shell will not impinge on tissues).
4. Insure that contacts to adjacent teeth are firm.
5. Trim to avoid overcontouring.
6. Polish the provisional and coat the outside and contacting areas with Vaseline to prevent excess cement adhesion.
7. Remove all excess cement, especially from gingival crevice.
8. Adjust and refine occlusion.
9. The quality of the provisional will dictate ease of cementation.

C. Cementation

1. Arizona crowns or bridges can be cemented with any conventional cement (Glass ionomer, resin ionomer, adhesive resin cement, Zinc Phosphate, etc.) or can be bonded with Multilink or Panavia F (follow manufacturers directions).
NOTE: Cements with higher expansion rates (e.g., hybrid ionomer cements) must NOT be used.
2. Tooth should present as smooth a surface finish as possible. Smooth dentin surfaces are more easily cleaned of debris that can inhibit chemical bonding.
3. Avoid contaminating surface of dentin with wax, oil, varnish or any protein material, which can inhibit chemical bonding.

4. Clean tooth surfaces. Tooth surface should not be dehydrated when cement is applied. Excessive drying concentrates protein debris and prevents efficient wetting of tooth surface.
5. Never use varnishes to protect tooth if polyacrylic acid cements are used (prevents chemical bonding to tooth structure).
6. Margins of cement should be protected with varnish after initial set (5 to 6 minutes). Under no circumstances should saliva come into direct contact with unset cement.

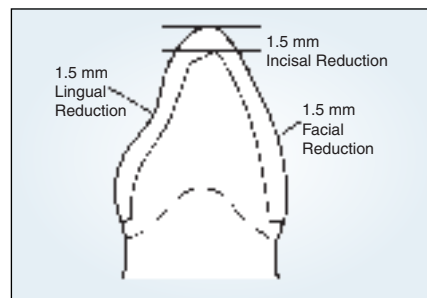


Figure 1: Shoulder

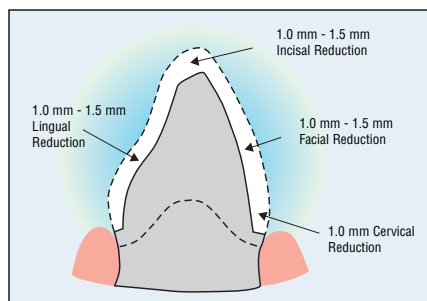


Figure 2: Anterior Crown Preparation

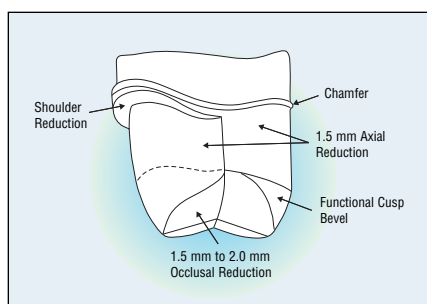


Figure 3: Posterior Crown Preparation

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