

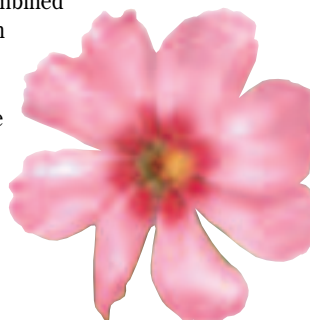
CROWNS

PROCERA® AllCeram

4

Superb All Ceramic Esthetics . . . Prep and Cement Like A PFM

This high strength, all-ceramic restoration combines translucent, metal-free esthetics with increased flexural strength, biocompatibility and precision fit - making it the first universally recommended all-ceramic crown for both anterior and posterior rehabilitation. The Procera coping has the ability to transmit light without becoming transparent. When combined with Procera AllCeram porcelain, these remarkable esthetic characteristics provide a vital natural beauty and perfect shade blending.



The Materials



Dense-Sintered, Translucent Aluminum Oxide Core

The machined Procera AllCeram Coping is made of densely sintered pure aluminum oxide. The patented sintering process creates a very strong, non-porous bioceramic. It is semi-transparent in colour and provides the veneering porcelain with a natural warm dentin-coloured core to establish a natural shade blend without opacity.



Procera AllCeram Veneering Porcelain

A special ceramic with a thermal expansion coefficient specifically designed for the sintered core. The ceramic is a highly sophisticated system with a wide range of dentins, translucents, modifiers and incisors to provide an extremely natural shade blend and vital translucent esthetics.

Features and Benefits

Natural Beauty. Vital translucent esthetics and perfect shade blending without opacity. Dark or discoloured margins are eliminated. Ideal for covering gold or metal posts.

Exceptional Strength. Procera coping has the highest flexural strength of any all-ceramic system (687 MPa). Wears like a natural tooth (74% less abrasive on opposing enamel than conventional PFMs).

Precision Fit. Coping milled directly on the die using CAD/CAM technology. No waxing, no investing, no casting, no porosity and no distortions.

Traditional PFM Prep and Cementation. Only basic chamfer preparation required. Combines esthetic freedom of using all-ceramic single crowns with the convenience of using your favourite PFM cement.

Guaranteed*. Each Procera AllCeram restoration comes with a No-Fault, No-Charge Remake Policy and our 5-Year Warranty against breakage or defects.

* Certain terms and conditions apply. Some restrictions may apply due to the regulations of the College of Dental Technologists of Ontario.

Indications:

- Posterior single crowns
- Anterior single crowns

Contraindications:

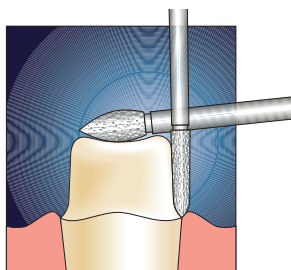
- Inlays
- Onlays
- Veneers
- Posterior bridges
- Anterior bridges

Shade Selection:

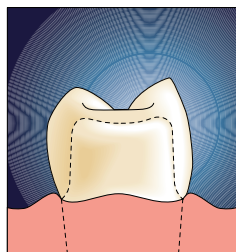
Recommended Shade Guides: Vita Lumin Shade Guide, Vita 3D Master.

Preparation Tips:

POSTERIOR PREPARATION



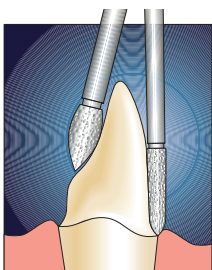
Finish line should be chamfer 0.5 to 0.7 mm subgingivally. Maintain relatively level topography when preparing occlusal surface.



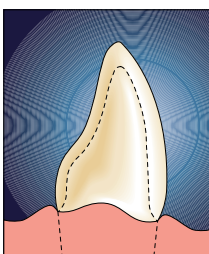
Eliminate undercuts and sharp edges. Avoid steep slopes and sharp grooves.

NOTE: Steep slopes and sharp grooves are avoided to enable the scanner to recognize all of the information provided through the tip.

ANTERIOR PREPARATION



Shape lingual surface with diamond bur to provide space for crown contour and retention.



Fine finish lines enable scanner to register all aspects of die models for optimal marginal fit.

Cementation/Bonding

Guidelines

1. Procera AllCeram crowns or bridges can be cemented with any conventional PFM cement (Glass Ionomer, resin ionomer, adhesive resin cement, Zinc Phosphate, etc.) or can be bonded with Multilink or Panavia F (follow Manufacturers instructions). *NOTE: Cements with higher expansion rates (e.g., hybrid ionomer cements) must NOT be used.*
2. 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.
3. Never use varnishes to protect tooth if polyacrylic acid cements are used (prevents chemical bonding to tooth structure).
4. Margins of cement should be protected with varnish after initial set (5 to 6 min.). Under no circumstances should saliva come into direct contact with unset cement.

Cementation Tips:

1. Use local anesthesia and remove the provisionals. Place thin retraction thread to restrict crevicular fluid flow (non-staining Hemodent is preferred).
2. Sandblast the prepared tooth structure to remove remnants of temporary cement.
3. Try-in the crown:
 - check seating and marginal fit. On occasion, Fit-Checker may be needed.
 - relieve interfering area on tooth.
 - cleanse silicone residue from crown with acetone.
 - check contacts with floss. If tight, relieve and polish to high gloss with Brasseler porcelain polishers.
4. Check occlusion with red and green ribbons, in centric and eccentric jaw movements, including protrusion. Make appropriate adjustments and polish.
5. Check phonetics and adjust.
6. Sandblast internal of crown. **DO NOT APPLY SILANE.**
7. Mix and place appropriate dentin bonding agent on tooth. Some require acid etching. **NOTE: surface must be shiny.**
8. Place Lanolette on the approximating contacts to prevent adhesion.
9. Place cement inside the crown and carry the crown to the mouth on small wax-tipped carriers. There must be an extrusion of cement around the entire periphery.
10. Seat firmly and maintain constant seating contact. Apply Oxygard to exclude air and initiate chemical set.
11. Wait three minutes. Remove excess with #12 blades on Bard Parker instrument. Trim with KPC6 Curved Carbide Tipped Finishing Knife (Bisco). Remove thread.
12. Check and adjust occlusion.
13. Polish with Brasseler kit and diamond paste.

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