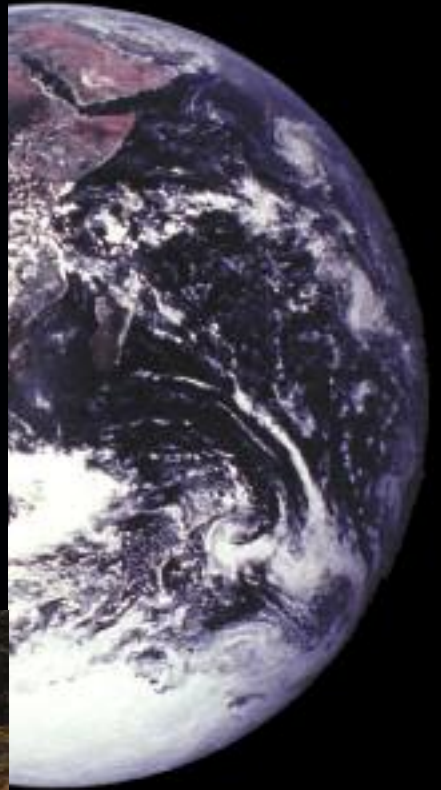


TM
ACES
ACCES
A

**Advanced
Cosmetic
Communication
and Esthetic
System**



Dentistry courtesy of Dr. Art Mowery.

AURUM  ERAMIC®
DENTAL LABORATORIES

 CLASSIC
DENTAL LABORATORIES

ACCES™

Advanced Cosmetic Communication and Esthetic System

Esthetic dentistry is, by its very nature, a very visual endeavour. Patients, dentists and technicians must all communicate clearly with each other to successfully create winning esthetic restorations. Real problems arise when one party is forced to “visualize” what the other means by translating words back into a visual image.

Introducing ACCES™ For Clear Communication

Aurum Ceramic/Classic Dental Laboratories is pleased to introduce its exclusive ACCES™ (Advanced Cosmetic Communication and Esthetic System). Utilizing a range of two- (prescription, slides/photos and smile analyses) and three-dimensional (impressions, provisionals/temporaries, models and indices/stents) communication tools, ACCES creates a clear blueprint for unsurpassed esthetic and functional results. Consistent and careful use of these tools allows a smooth transfer of detailed information between patient and dentist and between dentist and laboratory technician, prior to any dentistry performed on the patient.

The Diagnostic Wax-up

Powerful Patient Communication Tool

Have the patient select their favourite smile from a source such as the Las Vegas Institute’s “Smile Catalog” (available from Cerum Dental Supplies Ltd.) at the preliminary appointment. The Diagnostic wax-up can then present the patient with a natural-looking, three-dimensional representation of the final case. Their current situation and how a more esthetic smile can be achieved are clearly illustrated. The shape and contour of the teeth are easily discussed with the patient. Indicated for Crowns, Bridges, Veneers, Implants as well as Advanced Cosmetic cases, these steps dramatically increase treatment acceptance rates.

Visual Aid for Adequate Tooth Preparation

Matrices created by Aurum Ceramic/Classic serve as a valuable check to ensure adequate preparation. By comparing the Diagnostic models with the

Wax-up in conjunction with the dental technician, the dentist can determine the following critical factors prior to preparation:

- Obtain a visual understanding of tooth reduction requirements, dramatically reducing preparation appointment time in the operatory.
- Detect areas of uneven distribution of occlusal forces and incisal edges that may be too delicate to survive the stress of chewing. (Solutions may include opening the bite and rebuilding the posterior occlusion; restoring or recontouring opposing teeth).
- Pre-plan location and contour of any gingival tissue recontouring.
- Consider marginal placement to allow closure of diastema or straightening of orthodontically placed teeth.
- Evaluate pontic areas for possible ridge augmentation procedures so ovate pontic sites may be created.

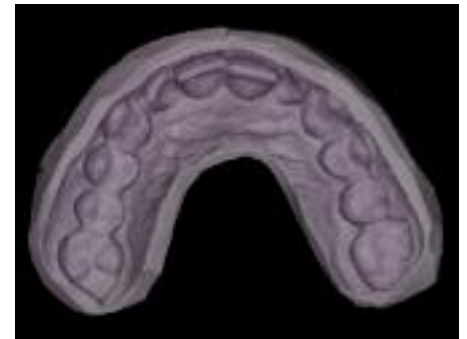
Template for Final Restorations



Labial Reduction Prep Guides.

The Diagnostic Wax-up should be used to create a smile design that assures predictability in the mouth. It also allows careful evaluation of function, anterior guidance and cuspid rise. A precise wax-up provides a template from which both the preparation and the temporary index can be fabricated. It shows what the dentist and technician are trying to accomplish, possibly where contact needs to be broken to re-establish the Golden Proportion or even where lingual margins need to be placed. The key is to ensure that the dentist and technician, through a series of communication and trial steps, never have to guess about any aspect of the case.

Quick Fabrication of Outstanding Temporaries



Temporary Stent from Diagnostic Wax-up.

Esthetic provisionals are the key to the entire system. In fact, they are the secret to predictable restorative dentistry. The provisionals should be a re-creation in plastic of the final restoration. The more accurate the wax-up, the more the doctor can communicate to the laboratory, through the temporaries, regarding how to create the desired final restorations.

As the approved Diagnostic Wax-up is a more accurate representation of the actual mouth, take an impression with a good, high quality impression material. This will eliminate much of the flash compared to a temporary stent made from an alginate and result in better fitting temporaries. Aurum Ceramic/Classic will provide a Temporary Stent from the Diagnostic Wax-up. Fill the stent with temporary material and place it over the prepared teeth for two minutes. Peel off the stent and polish the temporaries to mimic the final restorations. The entire procedure can easily be accomplished within 10 minutes. This allows the patient a few days to evaluate the shape and function of their “new teeth”.

Evaluate the temporaries yourself.

Ensure:

1. the length is correct versus the patient's lower lip.
2. the incisal edges are parallel to the interpupillary line
3. the temporaries suit the patient's facial features
4. the selected tooth shape is correct
5. the function, form and phonetics are correct

Case Study (Dentistry courtesy of Dr. Orin Harker)



Patient smile before preparation.



One-piece Temporary made from Diagnostic Wax-up and Temporary Stent. No bonding required. Temporization completed in less than 10 minutes.



Diagnostic Wax-up depicting natural-looking, three-dimensional representation of the final case.



Final IPS Empress restorations duplicating length and shape of temporaries. Illustrates the outstanding results possible with ACCES, Diagnostic Wax-ups and pre-treatment planning.

ACCES and Diagnostic Wax-Ups Equal Predictable Results

- A little extra time spent up front pays big dividends at final insertion.
- The patient will know exactly how their smile will look and function.
- The patient will understand the value of pursuing comprehensive restorations rather than choosing a phased plan.
- The dentist will know that the technician has understood his or her directions for esthetics and has designed the case for optimal function.
- The technician will have been able to convey specific preparation needs to the doctor to insure the viability of the restoration.
- The technician will be sure that he or she understands exactly what the doctor has requested, which in turn will reflect exactly what the patient is expecting

Build Your Practice With Aurum Ceramic/Classic

For more information on ACCES and Diagnostic Wax-ups, call your closest Aurum Ceramic/Classic laboratory:

| TOLL FREE | |
|-----------|----------------|
| Calgary | 1-800-661-1169 |
| Edmonton | 1-800-661-2745 |
| Saskatoon | 1-800-665-8815 |
| Vancouver | 1-800-663-1721 |
| Victoria | 1-800-663-6364 |
| Kelowna | 1-800-667-4146 |
| Vernon | 1-800-663-5413 |
| Ottawa | 1-800-267-7040 |
| Toronto | 1-800-268-4294 |



*Dentistry courtesy of Dr. Danielle D'Aoust.
Photography courtesy of Paul Ducharme.*

Requirements for Diagnostic Wax-up

1. A photograph says a thousand words

- Shoot full series of pre-operative photographs depicting different views for design of case (e.g., the AACD “12 Series” photos).
- Be sure to include photos of any mid-line or canting problems.
- Other useful views include a full-face shot of the patient and un-retracted smile shots to show lip contour.

2. Take Complete and Accurate Upper and Lower Master Impressions

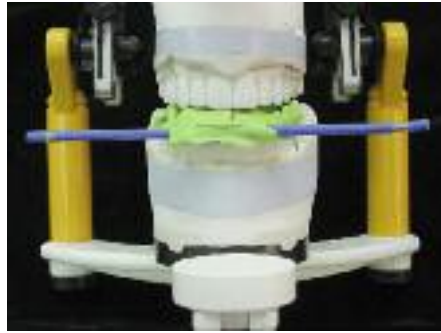
- Ensure technician can see all 360° of the margins.
- Include the vestibules in impressions.
- Full arch polyvinyl siloxane impressions preferred if more than four teeth are being prepared. Use full arch trays.

3. Create Detailed Prescription and Notes

- Provide Detailed Case Design for Wax-up.
- Include occlusal concerns, esthetic concerns, soft tissue problems or changes, materials to be used and incisal edge length of the centrals (i.e., measure from the gingival margin to incisal edge of the central to create “Golden Proportions”).
- Indicate on the prescription whether soft tissue recontouring will be done.

4. Provide Stick Bite and Bite Registrations

- Verify that the incisal edge of the centrals is parallel with the interpupillary line.
- Use plastic stick, not wood, as wood distorts when being disinfected.



Stick Bite mounted on articulator.



Diagnostic Wax-up depicting natural-looking, three-dimensional representation of the final case.



Labial Reduction Prep Guides.



Incisal Reduction Guide.

Dentist Will Receive:

1. Diagnostic Wax-up

2. Prep Indices

- Under preparation can lead to sacrifices in final esthetic results and longevity of restoration.
- Labial and Incisal Prep Guides are made from the diagnostic wax-up.
- Verifies amount of clearance and contour of functional surfaces.
- Tried in as the teeth are prepared to provide quick visual confirmation of uniform clearances.
- Sectioned to allow portions to be “pulled away” to verify the amount of labial reduction needed.
- Provides four “views” as your guideline when completing preparations:
 - facial reduction (3 planes) (gingival, body, incisal)
 - incisal reduction (ensure teeth are in proper arch form)

3. Upper and Lower Bite Stents (if opening the bite)

- Supplied to reflect the bite registration prior to preparation.
- To maintain correct vertical and anterior/posterior position of the lower arch.
- When totally relined, reflects the prep-to-prep relationship.



SilTech Bite Stent.

