



Six unit temporary from upper right cuspid to upper left cuspid.

Temporization has become one of the most challenging aspects of Crown & Bridge treatment. Many patients demand improved esthetics, function and durability from the provisionals they receive. The treatment of periodontal disease, orthodontic alignment of dentition and the placement of implants all delay the insertion of the final restoration far longer than was true in the past. Financial considerations, phased treatment plans and more extensive cosmetic treatment also contribute to delays. It is becoming increasingly important that long-span provisionals be made to last for several months and even, in some case, years.

NaturalTemps - A New Concept In Provisionals

NaturalTemps provisionals are esthetically superior and functionally stronger than traditional temporary restorations. Valuable chairtime is dramatically reduced and patient comfort enhanced while providing a temporary restoration that preserves gingival health.

Laboratory Fabricated

NaturalTemps provisionals are laboratory fabricated prior to preparation utilizing acrylic denture teeth. Each provisional is custom-made using a duplicate study cast of the patient's original oral condition. The appropriate teeth on the duplicate cast are prepared or removed by the laboratory technician as per the practitioner's instructions. Denture teeth are hollowed out to fit over preparations, allowing them to be relined with cold cure acrylic at chairside. This provides an adjustable fit on the prepared natural teeth at insertion. The resulting temporaries provide outstanding function and longevity. Prepared teeth are kept in a stable position, preserving occlusion and contact with adjacent dentition. Ribbond is used in all bridges to add strength to the restorations.

Natural Esthetics

The use of denture teeth ensures that the practitioner has a full range of shade, mold and size

options allowing an exacting match with remaining dentition. Emergence profiles are carefully developed for each tooth aiding in tissue healing and improved oral health. Natural line angles, embrasures, surface texture and occlusion all combine to make NaturalTemps the most esthetic provisionals available today. The restorations are adjustable at chairside, achieving optimal results with less chairtime. Kind to soft tissues, easy alteration means the prosthesis can be adapted over time to new contours as gingival tissue heals and changes.

Valuable Diagnostic Aids

A properly constructed temporary restoration allows you to evaluate esthetic options, pulp vitality, soft tissue interaction, occlusion and phonetics prior to fabricating the final prosthesis. This results in a final restoration that fits properly at insertion, requiring little, if any adjustment.

Improved Patient Case Acceptance

In many case situations, patients can preview the appearance and function of their final restoration long before that prosthesis is constructed. Restoration shape, contour, color, width and lip length can all be visualized by practitioner and patient. This allows for direct feedback between patient and practitioner on esthetic expectations, resulting in a more acceptable final result and happier patient. Where treatment plans require extended periods, NaturalTemps allow patients to continue to perform daily functions without interruption.

Indications:

- Cosmetic therapy, where esthetics are the primary concern.
- Where temporization is required for an extended period of time.
- When immediate extraction and ridge healing is required.
- Where periodontal treatment is required in post-extraction cases.
- Remaining dentition has unfavorable long-term prognosis.
- Where added strength is needed in a provisional (restoration is always reinforced with Ribbond).

Contraindications:

- Use of a lingual wire may show through.
- Financial considerations (i.e., where the lab cost can not be included in the fee to the patient).

Preoperative Treatment Procedure:

1. Take preoperative elastomeric impressions of the arches. Construct maxillary and mandibular study models. Take a bite registration and mount the casts.
2. Send both casts to laboratory. A thoroughly detailed prescription denoting which teeth are to be crowned, extracted and/or bridged; selected shade and interocclusal registration should accompany the case. Diagnostic wax-up can also be included.
3. Technician will duplicate master model and use duplicate cast to formulate provisional restoration(s). Original cast serves as continuing reference for tooth contours, anatomy, texture and gingival architecture.
4. Duplicate model will be adjusted by dental technician to agree with prescription. Preparation of crowns and hollowing of appropriate denture teeth allows ample room for easy seating. Typical stone reduction is between 0.5 to 1.0 mm for each abutment tooth.

Relining Technique:

1. Prior to tooth preparation, review the extent of tooth reduction on the duplicate cast to identify the incisal, lingual, facial, mesial and distal aspects along with the extent of gingival reduction. Final tooth preparation must be within these dimensions.
2. Anesthetize area.
3. Prepare the teeth and remove any failing restorations or carious tooth structure.
4. Restore missing tooth structure with an appropriate dentin adhesive and composite (or cast metal post and core).
5. Fully seat provisional over crown preparations. If incomplete seating occurs, use contact spray fit-checker or rock provisional at one end and then the other to identify tooth that is binding. Reduce that tooth or adjust areas of impingement inside denture tooth with an acrylic round bur. Check the contacts with dental floss or articulating paper. When seated properly, check occlusion by having patient bite with the restoration in place.
6. Isolate teeth and retract soft tissue with a cord. Apply separating medium to surfaces of all prepared teeth (including embrasure areas) to prevent cold cure acrylic from adhering.
7. Using a round bur at low speed, carefully abrade all internal areas of provisional and a 1 - 2 mm external surface rim on any deficient marginal area.
8. Lightly coat all surfaces of the provisional to be relined with monomer. Thoroughly mix the selected shade of acrylic to a medium consistency and fill the provisional with enough acrylic resin to allow complete seating.
9. Wait until the resin sheen has disappeared, then seat the provisional over the lubricated preparations.

10. Remove provisional when acrylic resin is rubbery (50% set) and quickly trim away excess reline material with sharp scissors or composite instrument. Re-seat provisional. Remove provisional just prior to complete set and let final polymerization take place. Moving provisional on and off preparations will prevent possible engagement of undercuts on prepared or adjacent teeth that could lock restoration in place.
11. Place provisional back on prepared teeth. Re-contour, shape, finish and polish margins. Focus on the emergence profile, seamless marginal interfacing, concave proximal contours, periodontal access for oral hygiene and a high surface polish for plaque resistance.
12. Reinsert provisional and reline any inadequate area, taking care to lightly abrade surface for optimal adhesion.
13. Check occlusion and adjust if necessary. Make final esthetic modifications in contour, length, embrasure definition and incisal silhouette. If any external area has become rough, reseal with light-cured composite resin sealant and polish surface.

Cementation:

1. Fit of provisionals, after relining with acrylic, leaves sufficient space for a thin lining of temporary cement.
2. Mix dual-curing cement (e.g., Provolink), load and seat provisional.
3. Light cure margins labially and palatally for 40 seconds.
4. Peel all excess cement off the margins after hardening.
5. Check occlusion. Smooth adjusted areas with a Burlew wheel. Remove retraction cord.

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