

THE PARTIAL PREP VENEER SYSTEM

TECH SHEET

The DAL Partial Prep Veneer - Ultra-Thin Veneer Options Using a No-Prep or Partial Prep Philosophy

A new debate has risen in the world of porcelain veneer preparation design - preparation of the tooth versus no preparation at all. The debate stems from a common concern that a no-prep design will have the negative effects of compromised soft tissue health at the margin resulting from an over-contoured restoration, an unesthetic final result and an instable veneer due to the inability to fabricate porcelain thin enough but with adequate strength. According to Dr. Gary Radz of Denver, CO, this debate has been fueled by dentists observing esthetic and functional failures of no-prep veneers which were oftentimes fabricated in a less than esthetic manner and placed by practitioners who did not have adequate training or experience in this technique.

DAL and Dr. Gary Radz have developed a no-prep or partial prep veneer concept that can and does work. The dentist who wants to incorporate no-prep or partial prep restorations into his or her practice needs to understand that, as with any procedure, this technique has its limitations and can be as challenging, if not more so, than conventionally prepared veneers. Please be advised that a no-prep or partial prep case often requires a certain amount of enamel contouring. No-prep or partial prep veneers allow the clinician and the patient to benefit from non-invasive contouring or enameloplasty, usually do not require an injection or temporization, and are non-destructive of vital tooth structure.

The DAL Partial Prep Veneer System meets this criteria and provides you and your patient with a very predictable, strong and esthetic end result with minimal to no preparation. In order to properly case plan and deliver a successful, predictable partial prep veneer case, several key factors must be followed and evaluated:

- Proper case selection
- Proper material selection allowing a stable, esthetic 0.3 mm porcelain veneer
- Maximum communication - case planning with one of our technicians who is experienced in fabricating ultra-thin veneers

PROPER CASE SELECTION

Case selection is of utmost importance. Dr. Dennis J. Wells of Nashville, TN gives the following parameters of cases that have high success potential¹:

- Bicuspid extraction orthodontic cases
- Cases with short, worn teeth (assuming occlusion/bite forces are managed)
- Misalignment cases in which one or more teeth are in a lingual position
- Cases in which teeth need more "presence" (big lips and small teeth)
- Narrow maxillary incisors with diastema(s) or wide incisal embrasure form

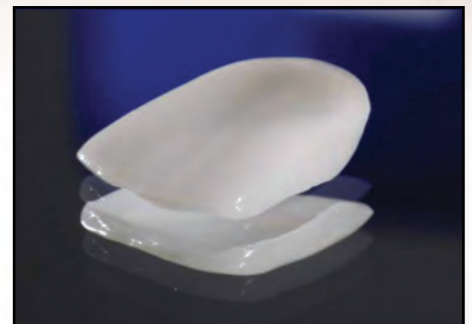




Figure 1



Figure 2



Figure 3



Figure 4



Figure 5



Figure 6

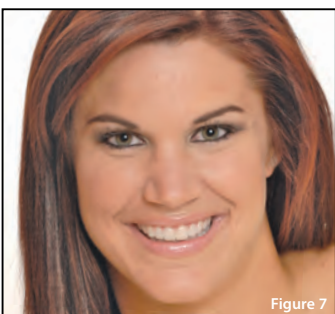


Figure 7

PROPER MATERIAL SELECTION

There are several materials that can be used to fabricate no-prep or partial prep veneers. Traditional stacked porcelain is commonly chosen, but it can be brittle and difficult to fabricate in thicknesses of 0.3 mm to 0.5 mm. At DAL, we have developed our own product, the DAL Partial Prep Veneer, which incorporates both IPS e.max pressed lithium disilicate in combination with our own unique layering process. This combination produces outstanding esthetics, maximum strength (400 MPa's) and can be pressed easily into 0.3 mm thickness with a very accurate fit and precise restorative margins.

COMMUNICATION/CASE PLANNING

The DAL Partial Prep Veneer System is an evaluation-based system anchored in functional and esthetic design. We ask that you provide us with the following information:

- The patient's primary complaint
- The patient's expectations and goals
- Impressions/models
- Bite records
- Face bow or stickbite
- Photos - full face, pre-operative smile, lip at rest, retracted photo (teeth closed), retracted photo (teeth separated), lateral views, occlusal views
- Notification of existing restorations on teeth involved
- Shade - both existing and desired
- Indication of plans for soft tissue recontouring

Upon receipt of your case, one of our experienced technicians will mount your casts, determine any necessary prep or slight recontouring, and return the following communication tools to your office:

- Study model
- Complete diagnostic wax-up
- Matrix from the diagnostic wax-up
- Prep model (minor contours and any necessary prep areas are illustrated)
- Consultation sheet - tooth by tooth

CLINICAL CASE STUDY

Figure 1. Pre-operative full smile demonstrating excessive gingival display, short uneven length, and negative space in the buccal corridor. **Figure 2.** Post-operative photograph one month after completing the gingivectomy. **Figure 3.** A sandpaper disc was used to recontour the enamel. **Figure 4.** A fine diamond was used to reshape the enamel. **Figure 5.** The post-operative smile shows a decrease in the amount of gingival display, a slight filling of the buccal corridor, and a more symmetrical smile. **Figure 6.** A retracted view shows the excellent soft tissue response. **Figure 7.** The patient's new smile after placement of ten DAL Partial Prep Veneers.



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