

# Radiant Restorations

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WINTER NEWSLETTER

## Reflecting on 2009.....

The past year brought many new and exciting things to Renstrom Dental Studio, as each year usually does. Our dedicated team of talented technicians continued in their efforts to produce the highest quality restorations for our doctors and their patients.

interest.

In this economy future predictions are more difficult to make, even in the dental industry. This is just another reason why we encourage our doctors to consistently communicate with their patients now more than ever. Renstrom Lab recently teamed up with a group of strategic partners and formed a marketing collaboration program. The purpose of the program is to help our dentists attract new patients and simply just do more dentistry. There are different incentives for each marketing concept, but the important thing is that no matter which concept is used, you communicate the value of your services and expertise.

One restorative material that has been a proven success at Renstrom Dental Studio is the IPS e.max system. Not only does the material offer both strength and esthetics, but it is also a cost effective alternative to PFM's and layered all ceramics in the posterior region. You may have noticed a slight increase in your PFM crowns within the past couple of months due to gold prices reaching an all time high at \$1200/ounce. This means that all-ceramic restorations are right around the same price or even less if you are prescribing porcelain shoulders on porcelain fused to metal crowns. We understand that as more materials become available, the more complicated it can be to determine what material

can achieve the best result for your patient. The staff at Renstrom is highly involved in the case planning process and has closely been evaluating each case so that both failures and frustrations can be eliminated.

Renstrom is always looking for more effective ways to communicate information to our doctors. If you haven't been on our *new* website lately, be sure to take a look. You can meet our team of technicians, see before and after case photos, learn some great technical case tips, and also find out about upcoming seminars and meetings. It was great to see many of our doctors at the 2009 annual meetings and we look forward to attending again in 2010. Some other things we can expect to see more of in the New Year are digital impressions, online prescriptions, cosmetic imaging, and other updates in materials and technology.

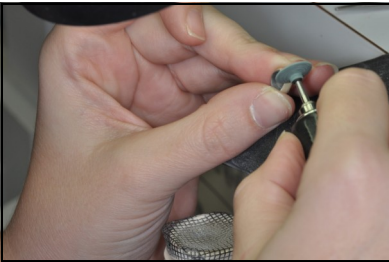
We would like to thank our clients for working with us this year and are thrilled to have the opportunity to work with several new doctors. The Renstrom team would like to wish everyone a Happy Holidays and hope that we can make 2010 a successful year!

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### Special points of interest:

- What to consider when prescribing a crown for your patients
- Renstrom technician strives for excellence
- Key tips for dealing with the gingival tissue when taking impressions
- Common questions doctors have for the lab



The Renstrom and Crocus technicians have been together now for well over a year and have shared a wealth of knowledge and technical ability which is evident in their work. Many technicians took part in educational courses this year, enhancing their skills and learning about the latest techniques and materials currently available.

A new CE program launched this year was the Assistants Continuing Education course. This was a series of hands-on evening clinics on topics including shade taking, photography, impressioning, and temporaries. The purpose of this seminar series is to provide assistants with the proper training so that they are confident in completing such tasks while in the operator, freeing up time for the dentist. We will continue to facilitate CE courses for doctors as we've done in the past and are considering incorporating online capabilities as well. We welcome any suggestions or topics that might be of



## All-Ceramic Material Selection

As we continue to shift in the direction of metal free restorations it is imperative for both the dental clinician and technician to understand differences in materials as each one has the ability to achieve different things. If we consider ourselves a team working towards the same goal, we should be on the same page at all stages of the treatment plan. When the doctor provides the necessary information as well as the objectives of the patient, it makes it easier for the technician to choose a material that will deliver the best outcome.

Trying to associate each material with its unique brand name can be confusing, especially now when there are so many. We receive a lot of training and education on products at the lab but at times it can be overwhelming for our doctors. Although we generally do make suggestions based on the circumstances of the case, it is beneficial for doctors to be familiar with the different options. The easiest way to differentiate products is to understand the technique or technology that each employs. We can break this up in to roughly four different categories of all-ceramic restorations and then look at some general guidelines.

- 1.) **Feldspathic (Veneers on refractory die):** Oldest system in metal free technology. Used when there is a conservative prep design in order to preserve the natural tooth structure. Indicated primarily in the anterior region for teeth with good underlying dentition.
- 2.) **Pressable Ceramics (i.e.; Empress, Authentic):** After being waxed, sprued, and pressed, a cut-back and layering technique is used to achieve desired aesthetics. This material doesn't have the ability to mask a dark underlying tooth structure as zirconia does.
- 3.) **Zirconia (i.e.; Lava, Procera, InVizion):** Copings are designed and fabricated by CAD/CAM milling machines. The coping is designed to provide the proper support for the overlying porcelain to maximize the strength and longevity of the crown. This is the strongest of the layered all-ceramics. Can be used for crowns, bridges, and implant abutments.
- 4.) **Lithium Disilicate (e.max):** This universal material is either pressed or milled from a variety of translucent blocks/ingots. Applications include full crowns, veneers, implant abutments, and three unit anterior bridges. Can be pressed as thin as .3 mm but must consider the stump shade of the prepared tooth. An incisal cut back is done on anterior restorations for added porcelain effects. A shoulder/chamfer margin is needed for full contour crowns and sharp angles should always be eliminated. Posterior crowns are stained and glazed only which minimizes the possibility of porcelain chipping and therefore increases the strength and durability of the restoration.



When selecting the best material choice you should consider the following factors; stump shade, occlusion, single unit/bridge, and also cementation preferences. You should also consider the possibility of any future needs of the patient so that similar materials can be used for optimal esthetic matching. It is always good to keep accurate records of the specific type of crown or bridge, product, and the shade of the patient. This way if something needs adjusting or future work is needed, a more predictable result can be expected. To ensure the success of the material chosen, check all requirements of the product at hand. Proper prep design is a must when it comes to all ceramics as sharp angles and feather edged margins can lead to early failures. The required thickness of each product

can vary and so the specific guidelines should always be followed. If you have any questions regarding materials or a particular case we encourage you to give us a call so we can discuss the best treatment plan for your patient!

### **Featured Technician : Mike Ische, Ceramist**

#### **My role at Renstrom/Crocus**

Mike works in the porcelain department building, contouring, and staining crowns, altering each one to resemble natural teeth. Mike also takes custom shades and case photos for patients which serve as a visual tool when fabricating restorations. Another part of his job consists of communicating with the doctors and the other technicians in the lab so that each case is carefully planned out and designed to meet both doctor and patient expectations.

#### **Highlights of my Career**

- Recognized graduate in Dental Technology program at North Hennepin Technical College
- Aside from porcelain work, experience working in Crown and Bridge
- Attended numerous courses over the years including lectures by Ed McLaren and Steve McGowan
- Bachelor of Science degree in Psychology

#### **My personal Mission Statement**

My mission is to esthetically strive for excellence while working on each case and do it in a consistent manner. As a ceramist it is important to keep moving forward technically by educating ourselves on current improvements and techniques in the dental field. My goal is to be efficient and produce a very highly esthetic and functional product.



# Technical Tips - Making Better Impressions

By Jeffrey L. Benson D.D.S.



Renstrom Dental Studio is committed to the goal of creating restorations with the highest level of fit, function and beauty for our doctors. However, we are occasionally challenged by master impressions that lack the detail necessary to accomplish this goal. We are very aware of the difficulties presented by limited visibility, rivers of saliva and uncooperative gingiva and we understand that there are times when the perfect impression is just plain impossible. My purpose in writing this article is simply to offer some tips which might be helpful to you. I don't have all the answers and there is no simple solution to consistently good impressions. An accurate impression is the culmination of many small, but important steps that start even before you touch the bur to the tooth.

Most impressing difficulties are due to uncooperative gingival tissue. Try as we may, the gingiva often refuses to stop bleeding and won't retract or stay retracted. The key is to not get the gingiva bleeding in the first place. The obvious solution to this problem is to avoid the gingiva completely by keeping your margins supragingival. The newer all-ceramic systems with their excellent esthetic properties make this possible in many situations. If, however, the situation requires subgingival margin placement, there are some things that you can do to minimize problems with hemostasis and retraction. Many dentists have had success with placing retraction cord in the sulcus prior to preparing the tooth subgingivally. This has the dual benefits of protecting the gingiva and improving access and visibility for placing and refining the margin. Some dentists place a narrow cord followed by a wider cord and remove the second cord just prior to impressing, leaving the first cord in place. This works beautifully if there is adequate sulcus depth to record the margin and .5 mm apical to the margin without interference from the cord. If the remaining cord interferes, just remove it. If you do encounter sulcular bleeding, one or two hemodent applications will usually stop the bleeding, and if not, use viscostat but remember that viscostat can inhibit the set of polyether impression materials. Whatever technique you use for retraction and hemostasis the thing to remember is never pack cord into a bleeding sulcus and never impression a wet or bloody sulcus. No matter what the manufacturer says, a dry sulcus is essential to a truly accurate impression.

Saliva control is essential to accurate and stress free impressing. There are several products available to supplement the traditional cotton rolls. Dry-Aids, Dri-Angles, and Dry Tips will effectively control parotid salivary flow while cotton rolls control the sublingual flow. Place a cotton roll on both sides of the tongue and cover the parotid duct on both cheeks and leave them in during the impression. This virtually guarantees that saliva won't flood the prep just as you start to syringe, but if you do see any moisture don't syringe until you have the sulcus perfectly dry!

Take the time to re-read the instructions for your wash and heavy body impression materials. Look at the working time and setting time and be sure that the wash and heavy body materials are compatible and that their setting times match. Store the impression material at room temperature because temperature variations have a dramatic effect on setting times. When using an impression material cartridge for the first time, remove the cap and express some material from the cartridge before attaching the mixing tip. Start mixing the wash and heavy body materials at the same time to be sure that both materials cure at the same time. Always express a small amount of material from the mixing tip before applying to the tooth or the tray to ensure properly mixed materials. Syringe wash material in a circular fashion around the tooth until the entire tooth and interproximal areas are completely covered with wash, never allowing the syringe tip to come out of the deposited material while syringing. Immediately place the loaded tray over the arch and slowly press the tray to place, allowing the material to flow around the teeth. Use a timer every time you impression and never remove the impression before the setting time indicated in the instructions.

After removing the impression, examine it under magnification to reveal any defects at the margin or any other signs (wrinkles, pulls or tears) that the impression is inaccurate. Disinfect with a compatible disinfectant for ten minutes, then rinse with water, dry and seal in the bag we provide. Pack the impression so that it will not be distorted during shipping.

If you would like more information on this topic, or others, feel free to contact me at 651-407-0491 or [jeff@renstrom.com](mailto:jeff@renstrom.com). I'm usually in the lab on Mondays and Wednesdays.





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*Our goal is to get you patient referrals with every case we do!*



### A Few Frequently Asked questions.....

#### **Why do my PFM and gold crowns seem to be going up in price?**

PFM's are priced based on the amount of metal used plus a flat labor fee. The metal charges fluctuate depending on the price of gold and what the lab pays for it. Gold is currently at an all time high and future predictions are difficult to make.

#### **How can I reduce costs?**

With technology assisting us, we are able to produce a more durable all-ceramic posterior crown and offer it at a price that is even less than a PFM. You will find e.max restorations to be a cost effective alternative without compromising strength or esthetics. For PFM's there is also the option of using a less expensive noble metal versus high noble.

#### **What should be used for cementing/bonding e.max restorations?**

We recommend using a self-adhesive resin cement although if the preparation is non-retentive it is best to use a separate self-etch resin primer or total-etch technique for added strength and retention. Veneers should always be bonded using a resin cement and total etch technique.

#### **Do you offer any discounts?**

Yes, when paying by check and by the 10th of the month you get a 2% discount. If you are also sending 85% of your work you get an additional 3%. We ask that you factor in the discount before sending the check. Due to processing fees, when paying by credit card you are only eligible for the 2% discount if current and pay by the 10th of the month.

#### **Can I still send my cases to Renstrom if I am taking digital impressions?**

Yes, Renstrom has the capability to accommodate digital impressioning systems and our technicians will still be fabricating your crowns. Please inform us prior to sending the first file so that we are aware of the system you are using.

#### **What is the cost of an implant abutment and crown?**

Implant pricing can vary depending on the type of abutment, crown, and if the crown is cement or screw retained. Manufacturer pricing differs as well which is why it is best to call so that we can give you an accurate quote.

