

Prep and Seat in a **Single Visit**

just take full impression, bill, and receive complete FirstFit kit back

Impressions:

- ✓ Full-arch digital scan which must include detail back to the last molar and 2-3mm of tissue around the teeth or full upper and lower pvs impressions with bite registration
- ✓ A sharp gingival margin is critical
- ✓ No voids, bubbles, pulls, drags, folds, torn margins, delamination between tray and wash materials, contact of tissue with the tray, unset material nor inadequate margins
- ✓ If impression is not adequate, please take over, do not reline impression

Contraindications:

- ✓ Patient with limited mouth opening
- ✓ Extensive decay extending below gum line on supporting teeth
- ✓ Deep fractures extending to dentin-enamel junction.
- ✓ Badly broken down teeth or severely misaligned teeth.
- ✓ Two adjacent firstfit crowns
- ✓ Third molars
- ✓ Severe parafunctions
- ✓ Pontic gap in excess of 12mm
- ✓ Mobility of supporting teeth
- ✓ Moderate to severe malposition or crowding (multiple restorations or inadequate tooth anatomy for veneer cases)

Bridge Submission:

- ✓ Cannot be done on anterior teeth
- ✓ Can be done on teeth from canine to posteriors
- ✓ Can only be done to replace one pontic
- ✓ Major bruxism is a contraindication
- ✓ Amalgams must be replaced by resins
- ✓ Cannot be done over teeth that have restorations such as crowns, inlays/onlays
- ✓ Edentulous space to be replaced must have a minimum of 5mm and a maximum of 12mm

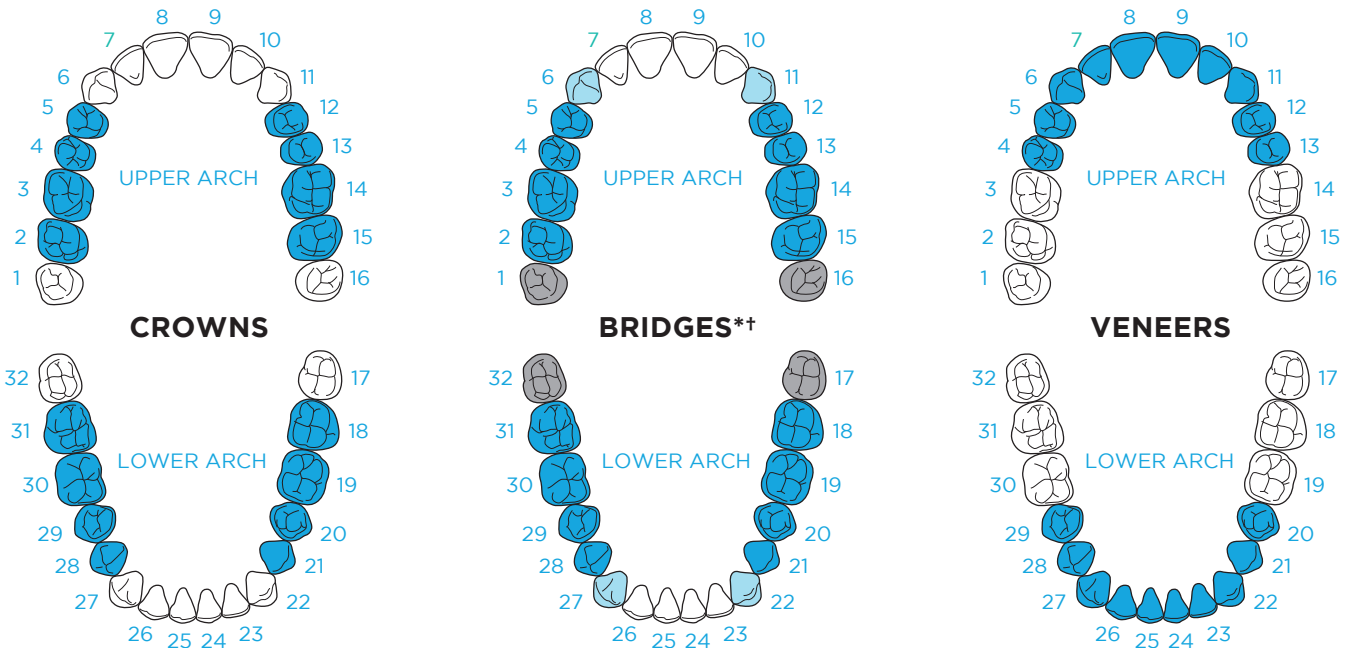
Veneer Submission:

- ✓ Photo Protocol required with each case includes: smile, smile with cheek retractors, picture of teeth in occlusion, picture of anterior sector, side, smile close-up and occlusal (full color sample picture protocol available)
- ✓ Contraindications include moderate to severe malposition or crowding

Crown Submission:

- ✓ Can only be done on posterior teeth; when there will be two firstfit crowns opposing each other, the interocclusal space should be at least 2mm
- ✓ It is ideal to open up the mesial and distal interproximal contacts of the tooth to work
- ✓ In a last molar case it is essential you copy the distal part and the tuberosity of the maxilla or retromolar area

- Candidates for FirstFit Guided Prosthetics System
- Most Anterior Support



*Teeth #1, #16, #17, #32 can be used for support if they are in correct eruption form.

†If the supporting teeth are slightly tilted it is recommended to use a disk and straighten prior to taking the impression.

Cementation & Bonding Protocol

FirstFit Guided **Veneer System**

Bonding Protocol

- ✓ Clean the veneers with alcohol and a microbrush
- ✓ Etch the veneers with porcelain etch for 20 seconds
- ✓ Clean the veneers with orthophosphoric etch
- ✓ Silanize the veneers for at least 60 seconds
- ✓ Add one-coat bonding agent to veneers (optional)
- ✓ Isolate the teeth
- ✓ Clean the teeth with pumice
- ✓ Etch teeth for 20 seconds with 35% orthophosphoric acid
- ✓ Apply bonding agent
- ✓ Load veneers with luting cement
- ✓ Insert the tray
- ✓ Use microbrush to remove excess cement at margins
- ✓ Check to ensure all margins are seated
- ✓ Tack cure for two seconds per tooth
- ✓ Do additional cleanup where necessary
- ✓ Cure each veneer for 10 seconds
- ✓ Remove tray
- ✓ Use Cerisaw to clean interproximal surfaces
- ✓ Finally, cure each veneer on facial and lingual for 20 seconds
- ✓ Check and adjust occlusion

FirstFit Guided **Bridge System**

Cementation Protocol

- ✓ Isolate the prepared teeth
- ✓ Etch the teeth for 15 to 20 seconds
- ✓ Thoroughly rinse the etched surfaces
- ✓ Suction humidity
- ✓ Apply an MDP containing bonding agent such as Scotchbond Universal
- ✓ Cement with a dual-cure cement

Bonding Protocol

- ✓ Bond with a dual-cure resin cement
- ✓ The connectors or the surfaces of the restoration that is being bonded should be treated with a primer containing MDP

FirstFit Guided **Crown System**

- ✓ Follow general protocols and techniques to cement a single unit crown