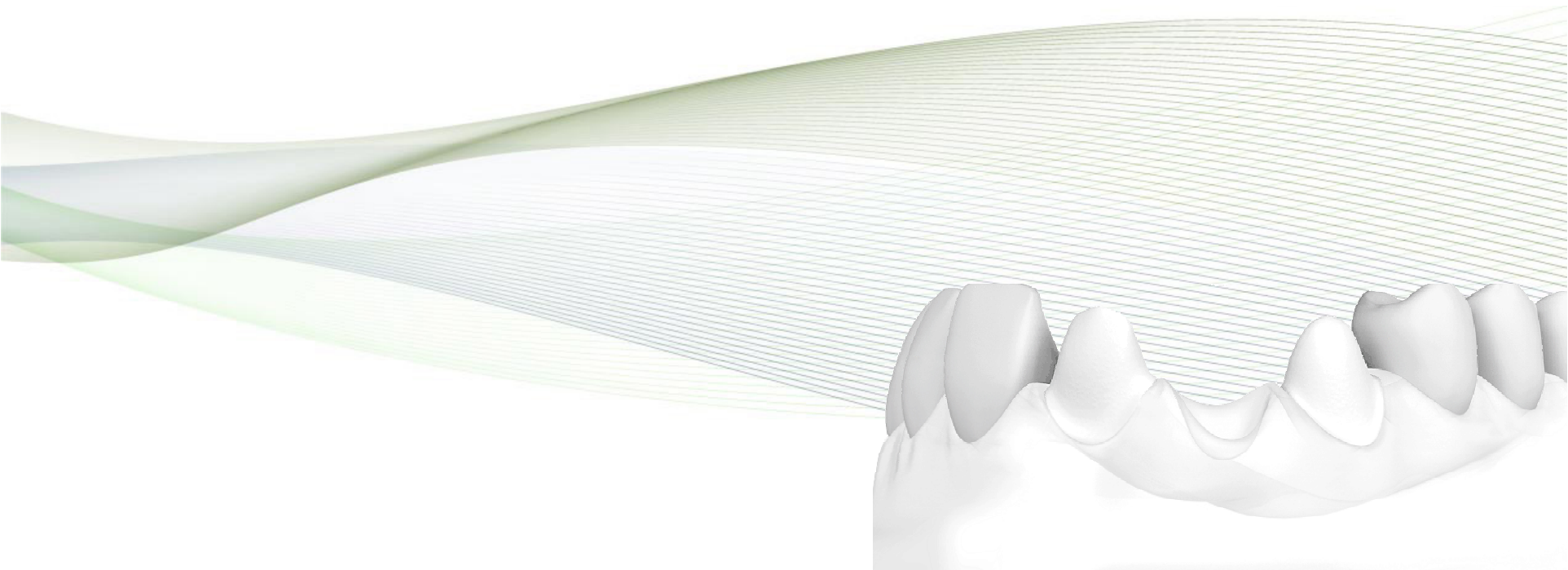
NobelProcera™ Preparation Guide

January 2009



Tooth Preparation

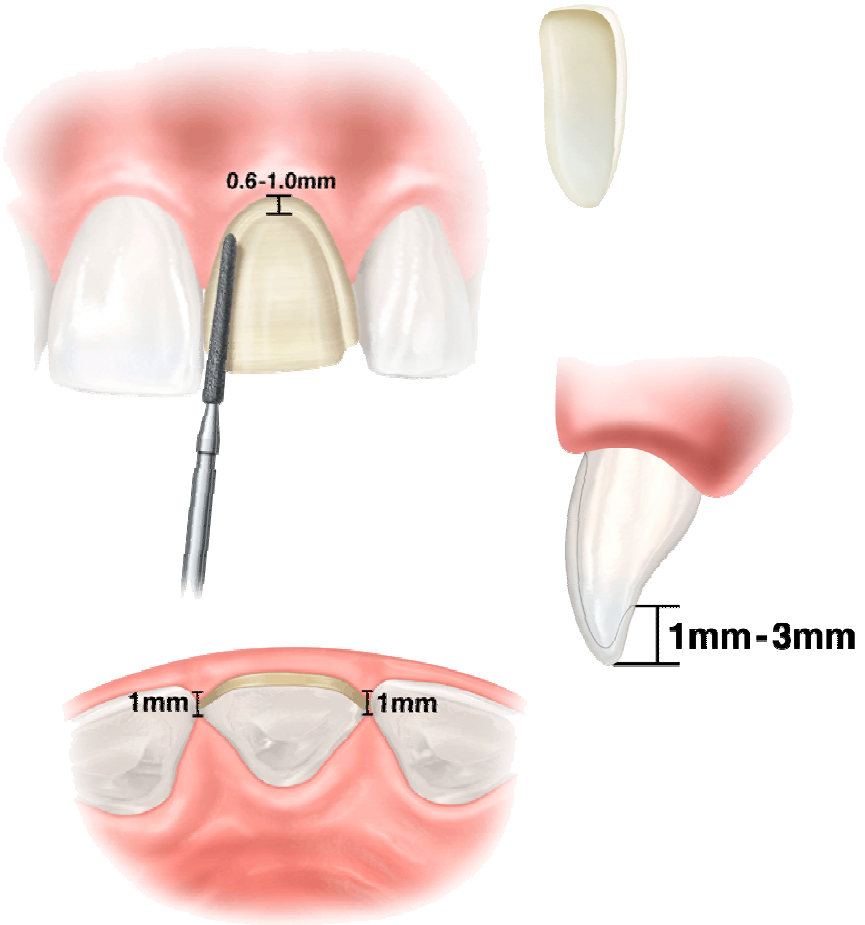
NobelProcera™ requires only your conventional preparation techniques, a moderate chamfer margin and rounded internal line angles. Preparation kits are available for NobelProcera restorations.

NobelProcera™ Preparation Kit # 32717
NobelProcera™ Laminate Preparation Kit # 34117

NobelProcera™ Laminate Alumina

- Use general veneer preparation techniques.
- In general, you should perform a reduction in order to:
  - Eliminate sharp line angles and edges.
  - Establish tapered axial walls.
  - Provide adequate space for the coping and the veneering porcelain.
- Conservative reduction (0.6 to 1.0 mm) is recommended.
- Extend the palatal preparation by 1 mm (minimum) to 3 mm (maximum).
- You can extend the preparation beyond the contact points to a maximum of 1 mm.

Note! The laminate core is only 0.25 mm thick. NobelProcera™ Laminates must be bonded.



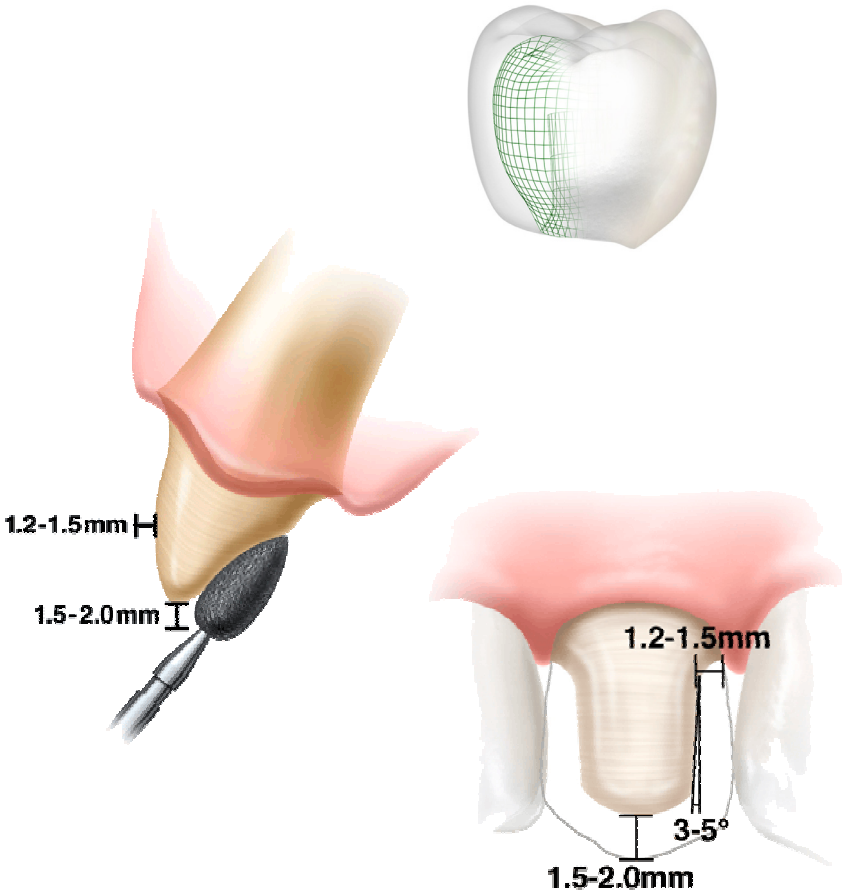
NobelProcera™ Crown Zirconia and Alumina

NobelProcera™ Crown in the Anterior/Posterior

- Eliminate sharp edges, undercuts and grooves.
- Prepare the tooth with a depth of 1.2 to 1.5 mm tooth reduction.
- Provide adequate space for the coping and the veneering porcelain.

NobelProcera™ Crown in the Posterior

- Avoid sharp angles on the occlusal surface.
- Avoid creating a deep fossa/cavity.
- Provide sufficient (1.5 to 2 mm) occlusal reduction.
- Avoid preparations that are excessively tapered or too close to parallel. The ideal total occlusal convergence is 3–5 degrees.



NobelProcera™ Bridge Zirconia and Alumina

- Eliminate sharp edges, undercuts and grooves.
- Establish tapered axial walls.
- Provide adequate space for the coping and veneering porcelain.

NobelProcera™ Bridge in the anterior

- Prepare the tooth with a depth of 1.2 to 1.5 mm tooth reduction.
- Only select cases where you have the ability to result in a 3 mm connector height.

NobelProcera™ Bridge in the posterior

- Avoid sharp angles on the occlusal surface.
- Provide sufficient (1.5 mm to 2 mm) occlusal reduction.
- Avoid preparations that are excessively tapered or too close to parallel. The ideal total occlusal convergence is 3–5 degrees.