



Assistance with Provisional Fabrications

Great feedback and some helpful tips on fabricating a temporary crown and prepping for the provisional.

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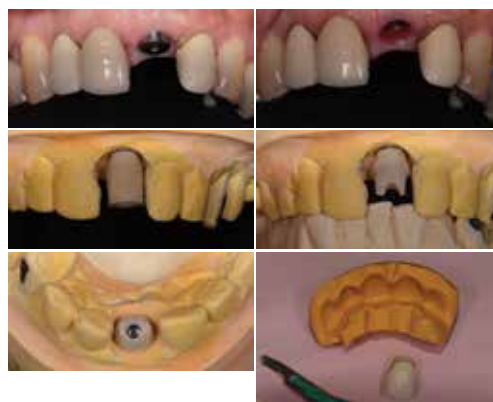
Shane Francis

Member Since: 11/27/12

Post: 1 of 24

I am at a point in fabricating a temporary crown for this case, and I have a number of questions. The temporary abutment is a VITA CAD and this is what Straumann has recommended for this case.

I have made a putty matrix using the original fractured tooth and crown (see last photograph). I am an associate and do not have access to making a suck-down. I also don't want to put any more fees onto the patient. I'm having the lab fabricate one for me. She has already paid for a flipper.



I am not sure why a gingival replica was not returned with the poured-up models from the lab (they always do this for me). The PVS impression was not returned with the case. Is it destroyed when poured with open-tray impression coping?

Undercuts! Please see photographs of the model. I will be using a bis-acryl temporary material and my concern is locking the provisional into undercuts as setting occurs, and a screw access hole covered. I remember a technique outlined by Brad Blair in a thread where he used petroleum jelly on the abutment so that the provisional material could be removed during setting (solid phase) without having to worry about access to the screw hole. The other option would be to wax the undercuts.

Thoughts? I welcome comments on my reduction of the temporary abutment as well. There are a few other things I wanted to discuss with this case, but lunch is over and a crown preparation awaits. Thank you very much! ■

JAN 20 2015

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Stay Tight

drsaul

Member Since: 10/12/12

Post: 2 of 24

Easy. Use your putty pre-op matrix. Put some Teflon tape in the screw hole of the abutment. Make temporary on abutment as you would for crown and bridge. Your abutment will act as the gingival former to train the tissue. You will screw the temporary abutment into place on implant. Place Teflon in screw hole. Cement temporary abutment. You can use permanent cement. If you need to retrieve, just drill through the temporary until you get to Teflon tape. Unscrew abutment. If you need to reseat abutment, just screw it down, and repair access with flowable. ■

JAN 20 2015

Brad Blair

Member Since: 01/11/08

Post: 3 of 24

I didn't quite follow the whole discussion, but what you have so far looks fantastic. Since you have models, I would complete the thing indirectly, as you have here.

The problem with screw-retained in the anterior is that the screw hole seems to exit in the more inconvenient place. So make this one a two-piece deal. Abutment with supragingival margins, then temp crown cemented on top of that, just like a tooth.

The Vaseline is because the resin will bond to your temp abutment, so you don't want to do that. I think this will look great. ■

JAN 20 2015

I like to keep them screw-retained, even in the anterior. You just have to patch your screw access opening with composite. ■

JAN 20 2015

Use flowables! ■

JAN 20 2015

This will be easy for you to do. Use impression material around the abutment to block out things up to the margin. Use wax to block out undercuts around teeth interproximally for path of insertion. Not facial or lingual of teeth, as this will block your matrix from seating. Wax-close screw hole. Vaseline everything and make your temp. Use white wax to block things out. ■

JAN 20 2015

I never thought of using a PVS material to block out around the abutment. I'm not sure this way or the way Brad Blair had outlined is easier. As you'll see below I chose the latter, and it certainly was quite a simple process. Yes, the ability to simply retrieve it is key with frequent removal for contouring provisional.

upnorthperio

Member Since: 01/14/04

Post: 4 of 24

drsaul

Member Since: 10/12/12

Post: 5 of 24

rgk

Member Since: 01/17/02

Post: 6 of 24

Shane Francis

Member Since: 11/27/12 |

Post: 7 of 24



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I finished up the provisional restoration after today's last patient. With photographs up on my computer I can see some contours that I would like to change. I fabricated the provisional separate from the abutment, then bonded the two together. This has left me with a rough margin where they meet that I wasn't able to completely remove with polishing. Should I be concerned about plaque retention here within close proximity to a healing implant?

As for line angles and secondary anatomy: I only have single-shade bis-acryl available for temporary. No fancy staining yet.

3M Sof-Lex discs for polishing. I'm not thrilled with rough interface between abutment or crown.



Nikon D7000

Nikon AF-S Nikkor 85mm f/1.8 lens

Nikon R1 flash

With the screw access hole coming right out the incisal, am I condemned to a cement-retained final restoration?

For the provisional seat appointment, considering that I am going from a small healing abutment to a larger crown-emergence profile, is it often necessary to remove tissue fully and comfortably (even though I will infiltrate anesthetic) seat the provisional crown?

I am a little disappointed that I am working with shade matching to two relatively monochromatic metal-ceramic restorations on adjacent teeth. This would have been a nice case to hit a home run with, using some better ceramics. Thank you again for your comments. ■

JAN 20 2015

zipstew

Member Since: 08/23/04

Post: 9 of 24

At this stage I don't like to remove any tissue.

Remember we are using the temp to sculpt the tissue to get our final result. It's too early to start sacrificing the pink stuff. I will usually start with an under-contoured temp, larger than the healing abutment but smaller than final will be. Over-contoured temp will cause the tissue to recede. It's easier to start with too much tissue. When inserting with LA, I will check for tissue blanching. You should be able to get the temp fully on and the blanching should disappear in a few minutes.

If still blanched or can't seat, re-evaluate your contours. Do you need to reduce your contours still, or are you happy with the contour and ready to make an incision to release the papilla, the small incision mesial, and the distal through papilla? Remember to control bleeding and torque the temp. Go forth and heal.

Re-evaluate and add to temp to train tissue. Good time to re-evaluate patient expectations. If you can't see it in the temp, it won't be in the final. This is also good to have the patient see how hard this stuff is.

If at the end of healing I still have excess tissue, I will decide to add contour to my temp (usually) or do a minor tissue trim or a gingivectomy. ■

JAN 21 2015

alanrw

Member Since: 05/16/11

Post: 13 of 24

One of the things I have learned on anterior temps for tissue contour is you can't expect results in days or weeks—more like a couple of months. I just evaluated two cases that I did

around Thanksgiving. In the beginning, I was not happy with the results but I stuck with it, and today the tissues look great as they have matured and no dark triangles. In the beginning, the tissues looked mushy, zeniths sucked, dark triangles. Just about ready to begin final restoration with ceramics on these cases. ■

JAN 21 2015

How often are you recalling the patient to adjust the provisional and evaluate the tissue development? What do you instruct for home care during this time?

Implant was placed just before the holiday, so with this temporary going in roughly a month later I would only be considering a final restoration at the three-month osseointegration point anyway. All in all, not a significant amount of time lost in provisional phase. ■

JAN 21 2015

Shane Francis

Member Since: 11/27/12

Post: 14 of 24

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Provisional Fabrications



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Consulting Payment	NONE		-\$4,000/mo (\$48,000/yr) (10-year loan) ^{††}
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\$350,000 Student Loan Payment	-\$2,800/mo (\$33,600/yr)		-\$2,800/mo (\$33,600/yr)
Rent	-\$1,200		-\$1,200
Car	-\$500		-\$500
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			+\$21,590/mo (\$259,000/yr) ^{††} after 10 years

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