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V1571

Ceramic Veneers, State-of-the-Art

Gordon J. Christensen, DDS, MSD, PhD

Materials Included

C.E. Instruction Sheet
Products List
Clinician Responsible
Goals & Objectives
Overview
References
AGD Post-Test

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Presented by: Gordon J. Christensen, DDS, MSD, PhD

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PROGRAM

V1571 Ceramic Veneers, State-of-the-Art

CLINICIAN RESPONSIBLE:

Gordon J. Christensen, DDS, MSD, PhD
CEO, Practical Clinical Courses
CEO, CR Foundation
Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, viewers should be able to:

1. List indications for ceramic veneers.
2. List contraindications for ceramic veneers.
3. Compare the advantages and disadvantages of ceramic veneers vs. ceramic crowns.
4. Discuss educating patients about ceramic veneers.
5. Compare ceramic veneering materials.
6. Draw a facial and a mesial view of a ceramic veneer tooth preparation.
7. Discuss the differences of bonding ceramic veneers to dentin vs. enamel.
8. List the indications for “no-prep” veneers.
9. List the instruments for veneer tooth preparations.
10. Describe and discuss soft-tissue management for ceramic veneers.
11. Discuss determining and recording the color desired for ceramic veneers.
12. Discuss why a preoperative photo for the laboratory is desirable when doing ceramic veneers.
13. Discuss typical anesthetic need for ceramic veneers.
14. Describe the technique for making provisional restorations for veneer tooth preparations for teeth in symmetrical alignment.
15. Describe the technique for making provisional restorations for veneer tooth preparations for teeth in asymmetrical alignment.
16. Discuss soft-tissue management when making impressions for ceramic veneers.
17. Describe impressions for ceramic veneers.
18. List and discuss cements for ceramic veneers.
19. Describe the cementation technique for ceramic veneers.
20. Describe and list the steps for finishing ceramic veneers after cementing them.

OVERVIEW

V1571 Ceramic Veneers, State-of-the-Art

Ceramic veneers are among the most beautiful and highly pleasing restorations available in dentistry. The clinical technique is not difficult after a few repetitions, and patients should be provided information on ceramic veneers when they are indicated. This video presentation shows all aspects of the typical ceramic veneer technique and should prepare viewers to provide this service to their patients. The following topics are included in the video:

- Indications for veneers
- Contraindications for veneers
- Veneers vs. crowns
- Educating patients about veneers
- Comparing ceramic veneering materials
- Tooth preparations for veneers
- Bonding veneers to enamel vs. bonding veneers to dentin
- Indications for “no-prep” veneers
- Instruments for tooth preparation
- Soft-tissue management
- Color selection
- Clinical photos
- Anesthetic for veneers
- Pre-preparation impression
- Provisional restoration materials
- Cementing provisional restorations
- Removing provisional restorations
- Removing provisional cement and cleaning tooth preparations
- Bonding veneers
- Veneer cements
- Cementing ceramic veneers to tooth structure
- Finishing instruments
- Cementing and finishing veneers
- Occlusal equilibration of veneers
- Longevity of ceramic veneers
- Fees for veneers
- Conclusions on veneers

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POST-TEST

V1571 Ceramic Veneers, State-of-the-Art

1. Ceramic veneer tooth preparations are best if they are:
 - a. in one-half enamel and one-half dentin.
 - b. all in dentin.
 - c. all in enamel.
 - d. any one of the above situations.

2. Two of the necessary prerequisites for ceramic veneers are:
 - a. intact lingual surfaces of the teeth and teeth in lingual version.
 - b. intact lingual surfaces with no caries or restorations on the lingual tooth surfaces.
 - c. spaced teeth and no caries on the lingual surfaces.
 - d. open occlusion on the tooth lingual surfaces and intact lingual surfaces.

3. The most commonly used veneering material at this time is:
 - a. lithium disilicate.
 - b. zirconia-based ceramic.
 - c. full-zirconia.
 - d. leucite reinforced glass.

4. Tooth preparations for ceramic veneers should have a _____ on the lingual surface margin.
 - a. bevel
 - b. light chamfer
 - c. butt joint
 - d. it doesn't matter

5. No-prep veneers:
 - a. should not have any tooth structure removed.
 - b. require about one-half mm of facial tooth structure removal.
 - c. require about one-quarter mm of facial tooth structure removal.
 - d. require only removal of the microscopic fluoride rich facial surface.

6. The final color of a ceramic veneer is a combination of:
 - a. the color of the ceramic and the veneer cement.
 - b. the color of the ceramic only.
 - c. the color of the ceramic, the cement, and the remaining tooth structure.
 - d. the color of the opaque the technician has placed on the veneer internal and the cement.

7. Anesthetic for ceramic veneer tooth preparation usually requires:
 - a. no anesthetic.
 - b. labial anesthetic infiltration only.
 - c. an infraorbital block.
 - d. none of the above.

POST-TEST (CONT'D)

V1571 Ceramic Veneers, State-of-the-Art

- 8. Impressions for two veneers:
 - a. must be made in full-arch trays.
 - b. does not require any soft-tissue management techniques.
 - c. can be adequately made in an anterior double-arch impression tray.
 - d. should be made in a sectional tray and mounted with an opposing partial-arch cast.

- 9. Impressions for six anterior veneers:
 - a. are best made in full-arch trays.
 - b. does not require any soft-tissue management techniques.
 - c. are best made in an anterior double-arch tray.
 - d. should be made in a sectional tray and mounted with an opposing partial-arch cast.

- 10. Select the correct statement.
 - a. Veneers serve an average of 3 years.
 - b. Cords placed subgingivally are not necessary when seating veneers.
 - c. No-prep veneers are usually over contoured facially.
 - d. Ceramic veneers properly placed on enamel are restorations nearly as acceptable as human enamel.

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