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V1571

Ceramic Veneers, State-of-the-Art

Gordon J. Christensen, DDS, MSD, PhD

Materials Included:

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PRACTICAL CLINICAL COURSES

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PROGRAM

V1571 Ceramic Veneers, State-of-the-Art

CLINICIAN RESPONSIBLE:

Gordon J. Christensen, DDS, MSD, PhD

Founder and CEO, Practical Clinical Courses
Senior Consultant & Previous 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

SUPPLEMENTAL MATERIALS

V1571 Ceramic Veneers, State-of-the-Art

1. Chen XD, Hong G, Xing WZ, Wang YN. The influence of resin cements on the final color of ceramic veneers. *J Prosthodont Res.* 2015 Mar 31. pii: S1883-1958(15)00012-2. doi: 10.1016/j.jpor.2015.03.001. [Epub ahead of print]
2. Christensen, GJ. Are veneers conservative treatment? *JADA.* 2006 Dec;137:1721-1723.
3. Christensen, GJ. Ask Dr. Christensen: Provisional Restorations. *Dental Economics.* 2006 Apr:132-134.
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5. Christensen, GJ. Ask Dr. Christensen: Thin Veneers. *Dental Economics.* 2007 Apr:74.
6. Christensen, GJ. Ask Dr. Christensen: Veneers. *Dental Economics.* 2005 Aug:82-84.
7. Christensen, GJ. Facing the challenges of ceramic veneers. *JADA.* 2006 May;137:661-664.
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9. Christensen, GJ. Thick or thin veneers? *JADA.* 2008 Nov;139:1541-1543.
10. Christensen, GJ. Veneer mania. *JADA.* 2006 Aug;137:1161-1163.
11. Christensen, GJ. What is a veneer?-Resolving the confusion. *JADA.* 2004 Nov;135:1574-1576.
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SUPPLEMENTAL MATERIALS (CONT'D)

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14. Vanlioğlu BA, Kulak-Özkan Y. Minimally invasive veneers: current state of the art. Clin Cosmet Investig Dent. 2014 Nov 28;6:101-7. doi: 10.2147/CCIDE.S53209. eCollection 2014.
15. Lopes LG, Vaz MM, de Magalhaes AP, Cardoso PC, de Souza JB, de Torres EM. Shade evaluation of ceramic laminates according to different try-in materials. Gen Dent. 2014 Nov-Dec;62(6):32-5.
16. Oztürk E, Bolay S. Survival of porcelain laminate veneers with different degrees of dentin exposure: 2-year clinical results. J Adhes Dent. 2014 Oct;16(5):481-9. doi: 10.3290/j.jad.a32828.
17. Sadighpour L, Geramipناه F, Allahyari S, Fallahi Sichani B, Kharazi Fard MJ. In vitro evaluation of the fracture resistance and microleakage of porcelain laminate veneers bonded to teeth with composite fillings after cyclic loading. J Adv Prosthodont. 2014 Aug;6(4):278-84. doi: 10.4047/jap.2014.6.4.278. Epub 2014 Aug 14.
18. da Cunha LF, Pedroche LO, Gonzaga CC, Furuse AY. Esthetic, occlusal, and periodontal rehabilitation of anterior teeth with minimum thickness porcelain laminate veneers. J Prosthet Dent. 2014 Dec;112(6):1315-8. doi: 10.1016/j.prosdent.2014.05.028. Epub 2014 Aug 22.
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20. da Cunha LF, Reis R, Santana L, Romanini JC, Carvalho RM, Furuse AY. Ceramic veneers with minimum preparation. Eur J Dent. 2013 Oct;7(4):492-6. doi: 10.4103/1305-7456.120645.
21. Runnacles P, Correr GM, Baratto Filho F, Gonzaga CC, Furuse AY. Degree of conversion of a resin cement light-cured through ceramic veneers of different thicknesses and types. Braz Dent J. 2014 Jan-Feb;25(1):38-42.

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:
- must be made in full-arch trays.
 - does not require any soft-tissue management techniques.
 - can be adequately made in an anterior double-arch impression tray.
 - should be made in a sectional tray and mounted with an opposing partial-arch cast.
9. Impressions for six anterior veneers:
- are best made in full-arch trays.
 - does not require any soft-tissue management techniques.
 - are best made in an anterior double-arch tray.
 - should be made in a sectional tray and mounted with an opposing partial-arch cast.
10. Select the correct statement.
- Veneers serve an average of 3 years.
 - Cords placed subgingivally are not necessary when seating veneers.
 - No-prep veneers are usually over contoured facially.
 - Ceramic veneers properly placed on enamel are restorations nearly as acceptable as human enamel.

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