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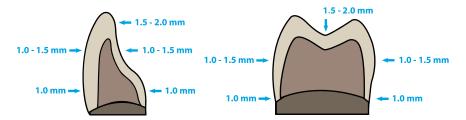
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Payment is due upon receipt of statement. Total statement amount due by the end of the month. All past due invoices will be subject to a finance charge and/or collection fees. The undersigned is responsible both corporately and personally. Your signature is acceptance of these terms.

# For Lab Use Only Contact/LMOM: \_\_\_\_\_ Date: \_\_\_\_\_ RE: \_\_\_\_\_\_ Result: \_\_\_\_\_\_ Initial: \_\_\_\_\_\_

# **Preparation Guidelines**

Ideally, the preparation includes a circumferential shoulder or chamfer with a horizontal angle of at least 5°. The vertical preparation angle should be at least 4°. The inside angle of the shoulder preparation must be given a rounded contour. All occlusal and incisal edges should also be rounded. The marginal edge of the preparation needs to be continuous and clearly visible. A bevel should be avoided. For posterior and anterior teeth, a supragingival margin poses no problems. Due to the tooth-colored framework, very esthetic results can be achieved.



### Do.

- · Change nothing from your usual crown and bridge/PFM technique. Prep, imp, bite, cement.
- As with any ceramic restoration, proper reduction of tooth/prep helps us build a restoration of unequaled esthetics.

## Don't:

- · Leave sharp tips on corners of the prep.
- Do a shoulder prep. This is not necessary for Crystal or Diamond crowns. If you do prep a shoulder, please do not prep a trough on the shoulder (the scanner does not read these well).
- Have patient force crown to place with cotton roll or anything else.
- Internally relieve all ceramic crown to seat. This will cause micro-fractures and in return will cause breakage in the future. If you feel relief needs to be done for additional seating, relief must be done to prep.

# **Terms & Policies**

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