Permanent cementation

The established zinc phosphate cements are best suited for permanent cementation. However, modern glass ionomer cements as well as composite cements can also be used.

As a result of the excellent fit of the electroformed substructures, it is sufficient to apply a thin coat of cement to the inner surface of the restoration using a brush.

For further information call us on 01392 444456.

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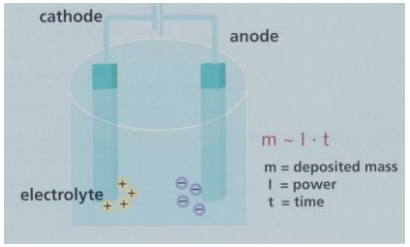
Welcome to PHOENIX.
Thank you for choosing to use our Dental Laboratory Services

Product Information

Electroformed Crown Copings and Telescopes

COBALT CHROME CROWN & BRIDGE PROSTHETICS ORTHODONTICS

Electroformed Telescope Crowns and ...



The AGC® electroforming technique has firmly established itself in the field of prosthetic dentistry. The technique has been in successful clinical use since 1986 and is the safest and most economical procedure for manufacturing dental prosthetics from 24 carat gold. The AGC® electroforming technique combines the biological advantages of gold with the aesthetic advantages of all-ceramic restorations. AGC® restorations are composed of pure gold which will not discolour the gingiva through dark metal margins, oxides, or corrosion products and are scientifically proven to reduce the risk of plaque.

Indication *- Single Crowns - Bridgework for the replacement of one posterior tooth, one upper anterior tooth or two lower anterior teeth - Combined fixed/removable prosthetics: telescopic crown prosthesis - Implant superstructures - Ceramic-veneered partial crowns, inlays and onlays - Denture bases.*

100% Biocompatibility *With AGC® electroforming, only pure gold and ceramics are used. Every process uses only new material, keeping the electroformed gold layer free of shrinkage cavities, porosity, and impurities. There is no need to etch healthy tooth structure. AGC® copings can be cemented with clinically proven phosphate or glass-ionomer cements. Because the gold layer is only 0.2 mm thick more conservative preparations can be used.*

High durability *Longer clinical results than any other electroforming process. Since 1986! Independent studies reveal a higher than average life of the restoration for AGC® crowns than traditional PFM's.*

Unsurpassed precision *The AGC® electroforming process is scientifically proven to provide high levels of accuracy and marginal fit. AGC® telescopic crowns allow for a gentle, tension-free handling of the removable bridge. There is no discoloration of telescopic parts which makes the AGC® technique ideal for superstructures, especially implants.*

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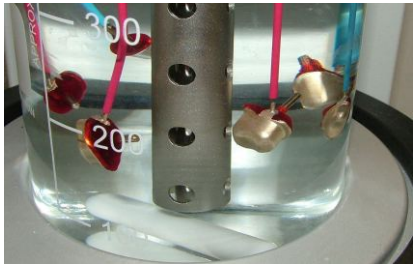
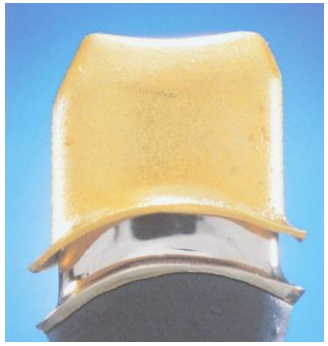
...Copings for Ceramic Crowns



Tooth preparation
When supplying patients with electroformed dental restorations the usual rules for dental prosthetics apply. Patient selection and preparation should take place lege artis. The selection and prognosis of suitable abutment teeth is as for conventional procedures.

Preparation of abutment teeth
In the case of both abutment tooth and inlay preparations, the die must be built up and filled as part of the preparation process. Subsequent blocking out performed on the model or by using cement should be avoided.



Taking impressions
Because of the accuracy and precision of the AGC® electroforming process, the impression must be taken with particular care. This applies equally to crowns, anchor crowns and three-quarter crowns. Important: The impression should give an accurate reproduction of the exact preparation margin and an area apical to the preparation margin, so that it can later be transferred to the situation on the model.

Crowns and anchor crowns
Any tooth which requires a crown can benefit from a long-term restoration in the form of an electroformed crown. This statement is made on the assumption that the practitioner exercises the required care during the preparation and impression-taking as well as during insertion of the restoration. In order to receive an electroformed crown, the prepared tooth must be prepared as smooth as possible, without grooves or other irregularities, and have a well-defined preparation margin.

The best type of preparation is a chamfer or shoulder with rounded inner edge - a tangential preparation is contra-indicated here.

Important: The occlusal, lingual or palatal reduction of the hard tooth substance must be 1.2 to 1.4 mm in order to achieve a ceramic layer with a depth of 1 to 1.2 mm.

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