

## Video 1: “Intra-oral Cementation: Just like Crown and Bridge” Armamentarium

- ☐ Exam kit
- ☐ Hemostat
- ☐ Alcohol
- ☐ Permanent marker
- ☐ Floss
- ☐ Self-adhesive resin cement, mixing spatula and mixing pad
- ☐ Micro-brush
- ☐ Cotton roll
- ☐ Resin composite
- ☐ Curing light
- ☐ Articulating paper, shim stock
- ☐ Finishing / Polishing kit
- ☐ Soft-pick



## Video 1: Steps for “Intra-oral Cementation: Just like Crown and Bridge”

- ☐ Verify that you have the case delivered from the lab (printed model with final crown)
- ☐ Verify that you have received the radiograph of abutment
- ☐ Using a hemostat, remove the temporary crown.
- ☐ Meticulously clean the temporary cement off the abutment using alcohol wipes. You will be able to visualize the cotton/teflon blocking the abutment screw channel.
- ☐ Please note the abutment has been permanently torqued at 25 Ncm. DO NOT REMOVE the abutment. The abutment screw is protected by cotton/teflon.
- ☐ Once the abutment is completely clean of temporary cement, try in the permanent crown (Tip: black marker line on buccal assures correct orientation of crown)
- ☐ Check the inter proximal contacts with floss (Tip: have the assistant stabilize the crown while you floss down and pull through)
- ☐ Once the contacts have been verified, remove the final crown and dry the inside surface using gauze.
- ☐ Mix the luting cement on the mixing pad as per manufacturer’s recommendations.
- ☐ Use a micro brush to apply a VERY thin film of luting cement on the intaglio surface of the final crown. (Tip: a thin film will prevent any overflow of cement)
- ☐ Gently air dry the abutment prior to cementation. Place the crown on the abutment. Have the patient bite firmly on a cotton roll for 5 minutes.
- ☐ Verify there is no marginal overflow of cement using an explorer.
- ☐ Once again, verify that abutment screw channel is covered by cotton/teflon.
- ☐ Place resin composite in the access channel and light cure for 20 seconds.
- ☐ Using articulating paper, check that there is light occlusion in MIP and no lateral excursive contacts.
- ☐ Shim stock should very slightly glide through in light occlusion.
- ☐ Finish and polish the resin composite.
- ☐ Provide the patient with a soft-pick and discuss oral hygiene instruction with chlorhexidine. Recommend that the patient continue with their regular oral hygiene maintenance with annual radiographs to monitor the implant.

