



*The Artistry of*  
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## Perfect Provisionals First Time Every Time

### Key points

#### Consultation and work up

- ❑ Start with the end in mind. Design a smile. Look at before and after photos, pictures from magazines, high school photo. Demonstrate that smile on the client using computer imaging or mock ups, Unless you are especially skilled at quickly developing esthetic contours and occlusion with mock ups I recommend wax ups to save you time.
- ❑ Evaluate and treat occlusal problems if indicated
- ❑ Leveled Ear bow
- ❑ Bite stick
- ❑ Photos to confirm the position
- ❑ Bite registration
- ❑ Use Addition-Reduction style wax ups. Mark additions in blue, reductions in red. Keep the gingival millimeter exposed.
- ❑ Make duplicate models of the wax up.
- ❑ Make Hardcast / Copyplast Pressure molded matrix with Biostar or Ministar machine
- ❑ Make a pressure molded reduction guide with probe holes to confirm that you have adequate reduction.

#### Preparation day

1. Prepare the teeth to draw
2. Check for adequate clearance with the reduction guide
3. Retract or expose any Subgingival margins.
4. Take final impression
5. Leave retraction in place
6. Thin coat of Vaseline on the composites
7. over fill the prepared teeth in the matrix with provisional material
8. Dry the teeth
9. Seat the tray until the tissue blanches slightly
10. Remove the matrix after 90 seconds (Protemp)
11. Remove the matrix and tease the temporaries off the teeth. Quickly remove the largest undercuts (30 sec) and replace the temporaries back onto the teeth for 90 seconds more. If the temporaries come off with the matrix leave them in the matrix for two more minutes until they are rigid then remove the large undercuts and place back onto the teeth. If all instructions were followed perfectly up to this

- point the prototypes will go back onto the teeth and fit perfectly. The margins on the provisional should be as easy to read as the impressions
12. Trim off all over hanging margins . (This should be very easy at this stage if you have set everything up perfectly ahead of time)
  13. Open the embrasures wide for easy flossing. Black holes in the gingival embrasure are great at this point.
  14. Work out the final details of occlusion, esthetics and phonetics in the mouth
  15. Cement retentive crowns with non-eugenol containing temporary cement
  16. Spot etch and button bond Veneers and other non-retentive restorations
  17. Check occlusion.
  18. Make a Penta-quick impression of the final temporaries to keep on hand for replacements, repairs and laboratory communication
  19. Prescribe Periostat 20mg twice a day for 30 to 90 days to reduce bleeding between the preparation and seat appointment to reduce bleeding.
  20. Give oral hygiene instructions
  21. Schedule for perio check 1 week prior to seat date to confirm that there is no bleeding tissue anywhere.

## Trouble shooting

- ❑ **Canted or misaligned provisional:** Check landmarks, have a definitive stop, use a transparent matrix. Confirm the face bow and bite stick. Confirm the models were mounted correctly.
- ❑ **Temporary locks on:** Remove undercuts on or between the teeth Indirect temporaries that are cemented on require preparations that draw with each other., Vaseline composite build up restorations, Remove the temporary before it is completely set.
- ❑ **Unable to read margins:** Dry teeth, retracted, hold temporary in one position, matrix is short of the margin
- ❑ **Staining under the provisional:** Avoid open margins, Astringident, Chlorahexadine rinses, Some medications and neutraceuticals
- ❑ **Breakage and delaminations:** Check the occlusion. Reinforce bridges with a fiber insert like Ribbond. Bond a larger area with non retentive restorations. Check for habits.
- ❑ **Temporary requires excessive trimming and adjusting:** Initial wax up is over waxed. Matrix is incompletely seated or seated in the wrong position. Temporaries are incompletely seated
- ❑ **Gums bleed at the final seat appointment:** Check homecare, overhangs or obstructed embrasures, prescribe periostat.
- ❑ **Bite problems:** Check to be certain that the matrix is seated correctly over the teeth. Confirm initial bite records, Check for correct mounting of the models. Adjust the occlusion. Use a deprogrammer if necessary. Never over close the bite. Use caution when opening the bite.