

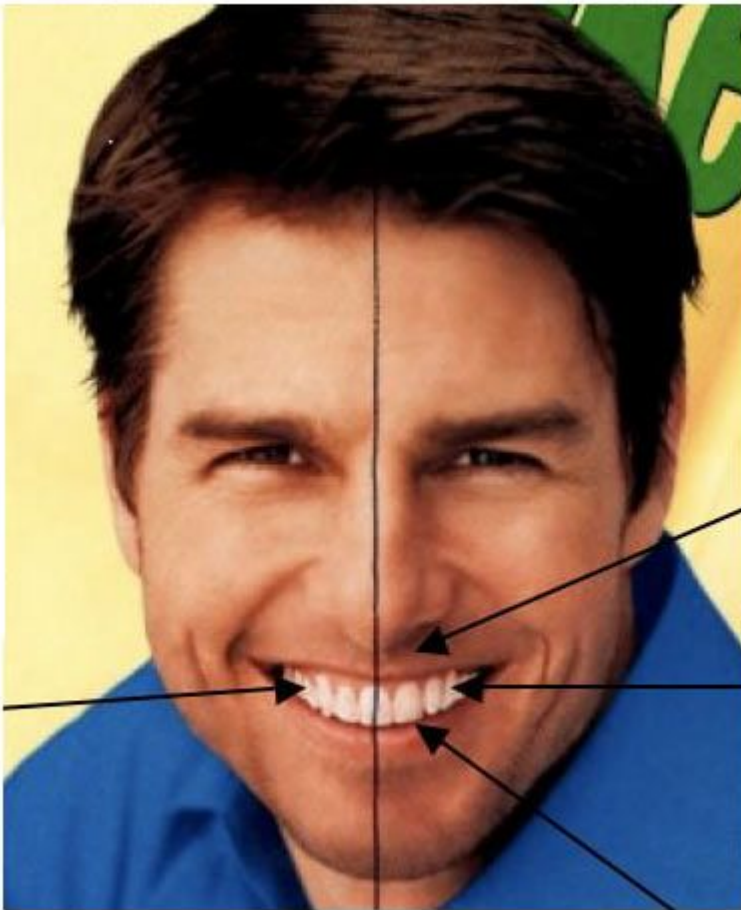
"We respect Dentistry, Dental Technology and Science which makes us stand out from our competition"
Kash Qureshi, Managing Director

IMPORTANT NOTICE

We will be discontinuing our independent service from September 2018. We will still have our high standard NHS, Private and Executive (3 Day service, pre booked), any dockets marked independent after September 2018 will be automatically placed on Private.

With this service being discontinued it allows us to focus more on quality and providing a better service, we now have more products in Orthodontics. Contact us for a new price list with the new orthodontics and digital services.

**YOU WILL NEVER UNSEE THIS. TOM CRUISE HAS
A TOOTH AT THE EXACT CENTER OF HIS FACE.**



We are now on
instagram as
@bremadent

Fun Dental Fact:

Roughly 4 billion people use a mobile phone. Approximately 3.5 billion people actually use a tooth brush.

UDA Demands?

Speak with Kash on how Bremadent can help you and your practice reach their UDA targets, being a full service laboratory, this allows us to accommodate and help your practice reach it's full potential !

HOT WEATHER ALERT

Due to very hot weather this summer we advise practices to take extra precaution with their alginates and would recommend using 'Hydrogum 5' alginate.

The hot weather can distort the impressions and give us false information as the water and room temperature can dictate how fast an impression can set.

Although we cast all impressions under quality control, using the shell technique under water / powder ratios and vacuum mixing to control expansion rates and decrease variables from a laboratory side, the mixing, disinfecting of impressions is something we have no control over.

TIPS:

- Turn the cold tap for an extra 10 seconds before usage as the pipes can be warm and produce hot water instead of cold
- Measure water / powder ratios, do not over spatulate,
- Follow manufactures protocols
- Be careful how long the impressions get left in disinfectant bath as they could potentially distort the alginate
- Make sure disinfectant is compatible with alginate
- Check the date of alginate
- Use Hydrogum 5 alginate



Case Study: Removable Swissedent Implant Denture With Precision Attachments on Screw Retained CM Bar

Presenting Complaint:

Patient has severe mandibular bone loss and one LR7 tooth present. The patients previous denture was loose, ill fitting and difficult to wear during function . X3 implants was placed in the LLHS at Luton & Dunstable Hospital. The implant denture was made with locators and caused problems as the denture was lifting on the LRHS upon function and was not stable.

Diagnoses:

Bremadent was presented with this case that was unsuccessful with a previous dental laboratory. Once assessed, we found that the reason for the lifting of the denture was determined by the retention and reciprocation of the implant locators the LLHS thus causing the LRHS to lift on function due to severe mandibular bone loss and lack of retention which eventually dislodges the removable locator implant denture.

Treatment Plan:

The treatment plan given was to create a Swissedent removable implant denture that utilizes precision attachments to clip onto a milled implant screw retained CM bar with the bar cantilevered to aid reciprocation . The Swissedent protocols would be used for aesthetics, hygiene and function whilst the screw retained CM bar and precision attachments would be used in conjunction for retention and reciprocation to create a aesthetic and functional prosthesis.

We accepted the case and prescribed the following treatment plan :

- Replace the implant abutments (Southern implants 3.5mm) with new implant abutments (Astra 20 Degree uni 3.5 Aqua).
- Special tray secondary impressions with bite registration
- Try in of prosthesis in wax
- Designed & Milled an Atlantis implant screw retained 0.9mm CM bar on new implant abutments
- Provide a removable implant retained denture with precision attachments to clip and seat onto the implant screw retained CM bar.
- Swissedent style prosthesis for natural looking aesthetics, hygiene and optimum function.





What is IPS e.max?

IPS e.max® is a Lithium Disilicate glass all-ceramic that delivers optimum aesthetics, translucency, durability and strength. With up to 10 years of clinical evidence, over 80 million restorations and a 97.6% survival rate, it is a proven system that provides highly durable and highly aesthetic restorations which makes it an affordable alternative to porcelain bonded crowns and zirconia based restorations.

Technical Features:

IPS e.max can either be pressed or milled via our in-house Sirona inLab CAD/CAM milling machine and provides a flexural strength between 360 – 500 Mpa. It is recommended for single unit anterior crowns or posterior crowns, 3 unit anterior bridges, partial and full anatomical crowns, minimal veneers (from 0.3mm), inlays & onlays and screw retained implant crowns.

Clinical Features:

IPS e.max is a bio-compatible material and is used for highly aesthetic solutions due to its true to nature shade behaviour. IPS e.max promotes durable restoration due to the high flexural strength and is suitable with minimal invasive preparations. There is no condensation shrinkage thus providing a precise fit and reduce adjustment time. IPS e.max restorations offer flexible cementation. *Contact Kash on 0208 520 8528 for further information.*

Before



After



Preparation Guide

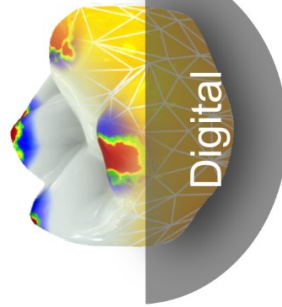
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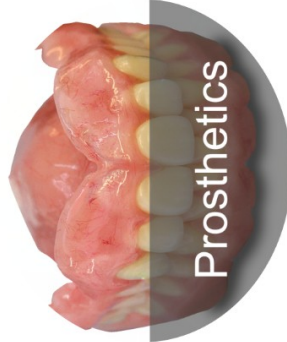
Crown & Bridge



Digital



Implantology



Prosthetics



Pressure Formed