



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

## Message from Kash:

We are celebrating 4 years of releasing monthly newsletters from our first issue in 2016. We have covered a wide range of topics throughout. We are now entering a digital world in dentistry and we will be covering more topics related to this as the lab is now fully equipped for 'Digital Dentistry'.



Layered to Zirconia  
(Cercon)



Full Contour  
Zirconia Crowns

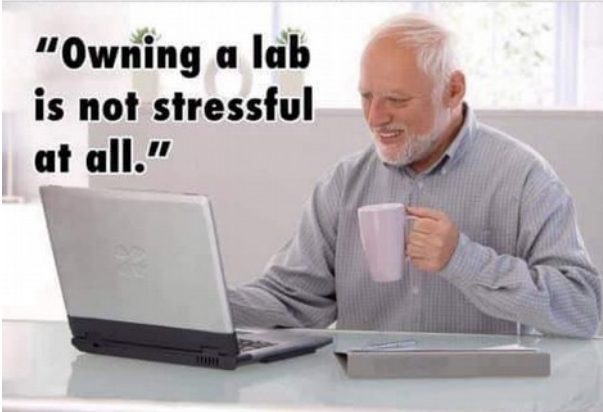


IPS e.max



Implants

**"Owning a lab  
is not stressful  
at all."**



**- Bob, 27 years old**

## Dental Fact:

Between 18 May and 18 June 2020, National Smile Month will be sharing positive messages and engaging others to develop and maintain a healthy mouth.

Dental Laboratory Newsletter / Jan 2020

## NEW DIGITAL EQUIPMENT

All cases (NHS & PRIVATE) are scanned & digitally designed in 3D, which gives accurate and clearly defined parameters captured precisely. The restoration is then 'CAD/CAM Milled' or '3D printed' and is hand finished / layered in ceramic dependent on case.

We can accept I/O scans using the leading intra-oral scanners (3m, Sirona, Planscan, Trios, Itero, Carestream) & traditional impressions.

We're familiar with key implant systems including Straumann, Nobel Biocare, Dentsply Sirona, Zimmer BIOMET, Bio-Horizons, Ankylos, ETK, Bränemark, Megagen, DIO and CAM LOG with experience in many others implant systems.

We provide Digital CAD/CAM services for the following:

- **Porcelain Bonded Crowns** – Substructure (coping) milled in CAD/CAM and hand layered in ceramic.
- **Full Contour Zirconia** - inlay/onlays, full contoured crowns, full contour bridges, copings, frameworks, retainers, custom implant abutments, hybrid bridges.
- **Layered to Zirconia Crowns (Cercon)** - primary telescopic crowns, crown substructures, multi-unit bridge substructure with a maximum anatomical length of 47mm (4-6 unit bridge) and inlay bridges.
- **IPS .emax** - 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.
- **Zirconia Retainers / Splints**
- **Temporary Acrylic Crowns**
- **3D Printed Models & CAD/CAM Chrome Partial Frameworks**



# Removable Partial Dentures! *Article by Kash Qureshi, Managing Director of Bremadent Dental Laboratory*

When we are constructing removable partial dentures in chrome, acrylic or Valplast, we aim for one path of insertion (P.O.I) and removal. A Path of insertion is the direction in which a dental prosthesis is placed on or removed from the supporting tissues or abutment teeth.

There are many types of paths of insertion for RPDS, we have three main categories, single, multiple and rotational. The most common POI in my experience is multiple which is determined by the tooth undercuts, infrabulge & suprabulge, guide planes, tissues and anatomy.

Single path of insertion is surveyed with the occlusal plane horizontal. It equalizes retention and provides bracing and cross arch stabilisation and allows removal without any interference and may be created if there is sufficient guide surfaces are contacted.

Multiple paths of insertion are the most common and will exist where guide surfaces are not utilised, for example where the abutment teeth are divergent. This will usually be indicated by a posterior path first and then pushed down in the anterior region or reverse, anterior path first and then pushed down in the posterior region.

In general, anterior cases utilise a posterior path of insertion which allows the saddle areas to contact the abutment tooth over the the whole mesiolabial surface and provides better aesthetics. If a horizontal path of insertion is used, there will often be undercuts in the mesial aspects of the abutment teeth and creates gaps or open areas on the saddles or contact areas.

Our main aim at Bremadent is to create a simple path of insertion and removal, we fit all of our RPDS on duplicate models (not many labs do this) to provide the Dentist with a diagnostic tool too assess the aesthetics, tooth positioning, occlusion, extension, retention, stability, support & path of insertion. RPDS from Bremadent saves clinical time, with the average time spent between 5 – 8 minutes instead of 25 – 30 minutes.

Kash Qureshi is a Clinical Dental Technician (Denturist) in the U.K who oversees and quality controls over 3000+ fixed and removable prosthesis including implant cases from a clinical and technical aspect monthly at Bremadent Dental Laboratory & Swisssdent Denture Clinic in London.

## Tips for removing the RPD'S from the cast:

- Assess the path of insertion, is the case anterior or posterior or both
- Never remove the RPD from a single flange area, you will snap the denture!
- Check flange areas for undercuts and slowly prise the RPD out
- Place a tool one side at a time to remove the RPD (LHS Then RHS)
- Place the cast in water to soften the plaster to remove if difficult
- Check the occlusion, if the adjacent teeth are over erupted, this will cause the denture to be thin
- Turn the cast with the back of the model facing you, place the denture over the top of the cast and you can assess the undercuts and path of insertion when placing in the mouth and make adjustments before insertion if needed



Single, horizontal path of insertion on a anterior case, gaps present in the mesiallabio areas due to undercuts .





Posterior path of insertion on a anterior case, mesiolabial area covered by saddle area, creating better aesthetics.



# Sports Guard / Gum Shield Colour Chart

**KEEP ME AND LAMINATE**

	<b>Black</b>		<b>Sky Blue</b>		<b>FI Orange</b>		<b>FI Red</b>		<b>Teal</b>
	<b>Dark Blue</b>		<b>Green</b>		<b>FI Yellow</b>		<b>Apple</b>		<b>Aussie yellow</b>
	<b>Maroon</b>		<b>Pink</b>		<b>FL Green</b>		<b>Lavender</b>		<b>Mint</b>
	<b>Silver</b>		<b>Red</b>		<b>Clear</b>		<b>Cerise</b>		<b>Shrimp</b>
	<b>Gold</b>		<b>Turquoise</b>		<b>FI Pink</b>		<b>Sandstone</b>		<b>Mt Green</b>
	<b>Royal Blue</b>		<b>White</b>		<b>Racing Green</b>		<b>Cherry Red</b>		<b>Cornflower</b>
	<b>Lilac</b>		<b>Yellow</b>		<b>Brown</b>		<b>Amethyst</b>		<b>Leaf Green</b>

**KEEP ME AND LAMINATE**

“Bremadent Dental Laboratory proudly introduces 'Swissedent' the all inclusive, private, cosmetic natural looking denture system”.

*Kash Qureshi MD*

### What is 'Swissedent Natural Looking' Dentures?

Swissedent 'Natural Looking' Cosmetic Dentures, is a denture system designed for Dentist's to create 'Private' quality dentures with a certified Swissedent Approved Dental Laboratory.

The Swissedent system, utilises the patients facial and smile features, age and gender to produce cosmetic natural looking dentures that restores physical appearance, optimum aesthetics, function and comfort whilst providing a self cleansing hygienic, retentive and stable denture to perfection.

### What is the 'Dentogenic' concept?

Swissedent, promotes the 'Dentogenic' concept to allow Dentist's to work in harmony with the patients objective personality, which implies anterior teeth are aesthetically positioned to compliment the patients facial characteristics, smile line, age and gender, by allowing natural light to brighten and darken certain anterior teeth, as with natural teeth. The 'Dentogenic' concept also generates the gingival components of the denture by determining the gingival line, contour, zenith, height and symmetry to create unique smile characteristics.

With the help of the 'Dentogenic' concept there are four distinctive anterior styles, masculine, feminine, universal and irregular that is arranged within the parameters of the patients unique 'Dentogenic' concept. The shape and mould of tooth is chosen via the same 'Dentogenic' concept to create a natural look, unique to the individual.

### How is denture hygiene achieved?

'Swissedent Dentures' not only provides aesthetics, it promotes hygiene. The root contour, inter-dental areas and gingival necks are created convexly to prevent food traps with added support from stippling to provide a self cleansing hygienic denture.

### How is the physical appearance and function restored?

Physical appearance is easily restored with 'Swissedent' as the smooth root contours of the denture are rolled towards the periphery, convexly constructed with prominent canine roots that work in harmony with the 'Dentogenic' parameters, facial muscles and the soft tissues to provide adequate tissue support. With all of the factors incorporated, this provides the basis for function with balanced occlusion to maximise stability and chewing efficiency. *Find out more 0208 520 8528 ask for Kash.*



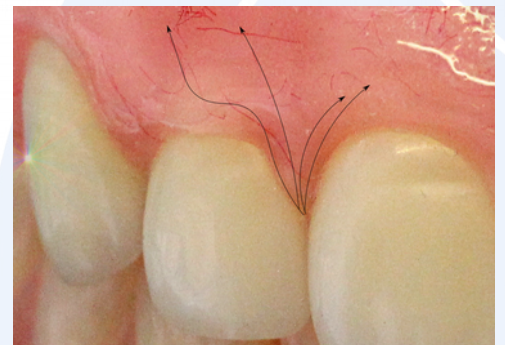
**Masculine**



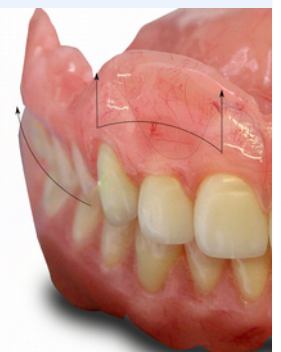
**Irregular**



**Feminine**



**Convex Interdental areas**



**Function & physical appearance**

As Featured in:



nature.com

Dentistry



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