Bremadent Dental Laboratory

"Together, we can make your patients smile!"
Kash Qureshi, Managing Director

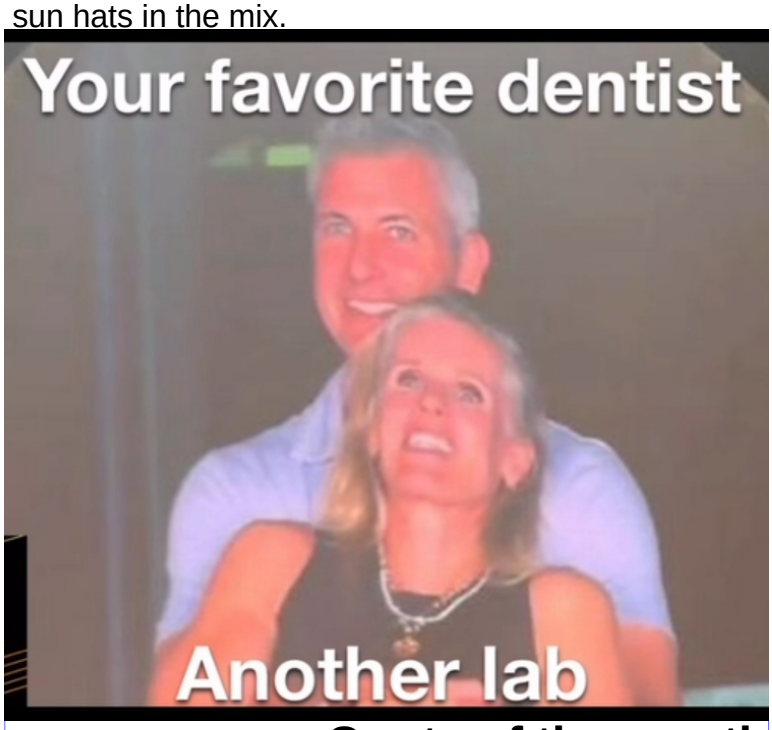
Official sponsors of the
PRIVATE DENTISTRY AWARDS 2025

📣 IMPORTANT!

A quick heads-up from Bremadent Dental Laboratory , throughout August, we'll be operating at limited capacity due to staff holidays. While our team takes a well-earned break, the lab remains open and fully operational. We're simply running with fewer hands on deck.

We're committed to completing your crown and bridge, denture, implant, and orthodontic cases as promptly as possible. However, on busier days, turnaround times may be slightly affected. If a case exceeds our capacity for the day, we'll reach out to you by phone or email to keep you informed and help manage expectations on your end.

Thanks for your continued support and understanding, we value the trust you place in us. Rest assured, we're doing everything we can to keep cases moving and smiles on track… even with a few sun hats in the mix.



Quote of the month

Form follows function.
Louis Sullivan

Interesting Fact

The ancient Mayans were placing dental implants as early as 600 AD, using carved seashells. Some fused to the jawbone, an early example of osseointegration, long before modern implant dentistry existed.

Laboratory Leading 20 👑

By FMC, July 24th 2025

Laboratory Leading 20 is returning for a third year , a list that celebrates skill, influence and dedication in the UK dental laboratory sector✨ 💙

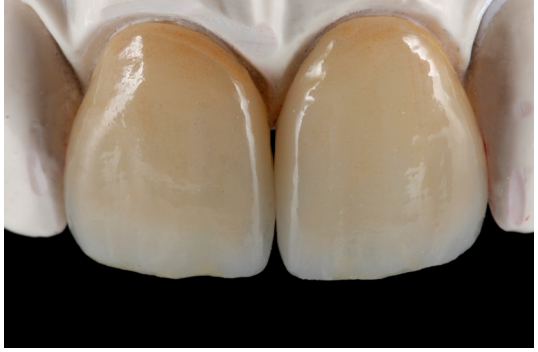
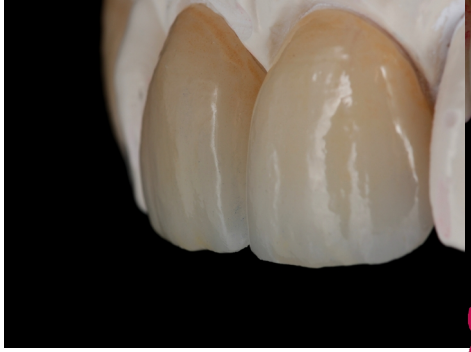
This initiative recognises the extraordinary individuals who are driving the future of dental labs and setting new standards, shining a spotlight on the work being done in dental technology and its impact on the profession at large.

£99.99 Private Crowns!

Bremadent Dental Lab, 2nd June 2025

Good news for dentists looking to keep patients smiling and wallets happy. From 2nd June 2025, Bremadent Dental Laboratory is offering private crowns at just £99.99 per unit. That covers Emax, Layered to Zirconia, FC Zirconia, Porcelain Bonded, and Full Metal Crowns, plus 3D printed models. Wondering how we keep standards sky-high at this price? Simple. We've secured exclusive deals on top-quality CAD blocks and materials. So there's no drop in quality or service, just savings passed straight to you and your patients.

To claim this offer, just write "SPECIAL OFFER" on your scan notes or lab docket...because great dentistry should never cost the earth or give you financial toothache!

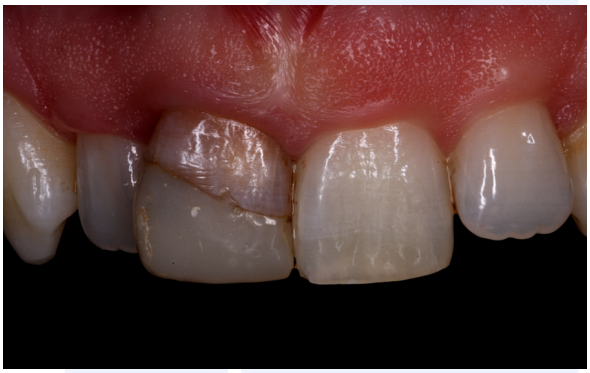

IPS e.max®

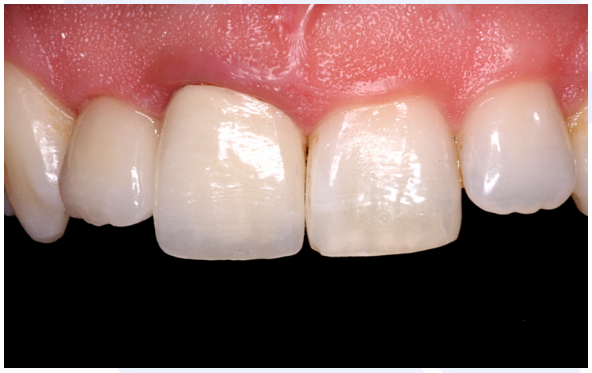
What is IPS e.max?
IPS e.max® is a lithium disillicate glass all-ceramic that delivers optimum aesthetics, translucency, durability and strength which is ideal for anterior dental restorations, within the smile zone. With up to 10 years of clinical evidence, over 80 million restorations and a 97.6% survival 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 is milled via our in-house CAD software and CAM milling machine and provides a flexural strength between 360 – 500 Mpa. It is recommend for veneers, 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 itself as a durable restoration due to it's high flexural strength and is suitable with minimal invasive preparations. There is no condensation shrinkage which provides an accurately fitting restoration and reduce adjustment time with flexible cementation. *Contact Kash on 0208 520 8528 for further information.*

Before



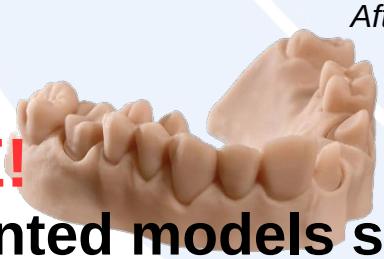


After

Will you send your emax case to us ?

MEDIT iTero 3shape TRIOS Ready

FREE!
3D Printed models set
with every private case sent via I/O scan



Mixing it Right and Keeping it Clean: A Guide to Alginate and Disinfection

By Bremadent Dental Laboratory, August 3rd 2025

Alginate impressions, they capture the perfect snapshot of a patient's mouth in seconds, but only if we mix it right and clean it properly. Mess it up and you're not just wasting time, you're risking cross-contamination and a very annoyed lab technician. So, let's get back to basics and make sure everyone's up to speed on mixing alginate like a pro and disinfecting it safely.

Why Alginate?
Alginate is still the go-to material for preliminary impressions. It's cost-effective, fast-setting and forgiving (most of the time). But being quick doesn't mean we cut corners.

Mixing Matters: Steps to the Perfect Alginate
Here's how to avoid the lumpy porridge texture and get a smooth, consistent mix every time:

- Check the instructions: Not all alginates are created equal. Always read the manufacturer's guidelines for powder-to-water ratio.
- Use cold water: Warmer water speeds up setting time, which can be a nightmare if you get distracted. Stick to cool water to give yourself a bit more working time.
- Level the scoop: Overfilling means too much powder and not enough flow. Use a spatula to level the scoop.
- Measure water with the right measuring cup: Eyeballing it is a recipe for inconsistency.
- Mix vigorously: Use a figure-eight motion against the bowl to avoid air bubbles. Aim for a creamy, lump-free mix in under 45 seconds.
- Load the tray quickly and evenly: Press it into the tray from the posterior to anterior to minimise trapped air.

The Dirty Truth About Disinfection
Even the best impression is useless if it's contaminated. Sending unclean impressions to the lab isn't just inconsiderate – it's a health risk.

Here's the correct disinfection procedure every dental nurse should follow:

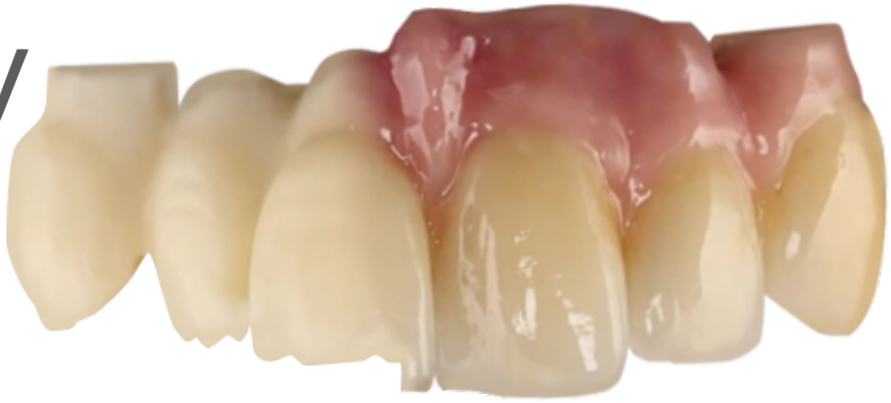
- Rinse immediately: As soon as the impression is removed from the mouth, rinse under running cold water to remove saliva and debris.
- Shake off excess water: Don't leave it dripping , this dilutes the disinfectant.
- Disinfect according to guidelines:
- Spray with an approved disinfectant or immerse in a compatible solution (always check the alginate's compatibility to avoid distortion)
- Follow the contact time recommended by the disinfectant's instructions (usually 10 minutes)
- Rinse again: After disinfection, rinse off any residue thoroughly.
- Bag and label: Place in a sealable bag with a clear label stating "disinfected" and send it off to the lab. Bonus points if you include the impression date.

Why We Recommend Hydrogum 5
At the lab, we've worked with every alginate under the sun, and Hydrogum 5 continues to impress. It's reliable, consistent and makes everyone's life easier – from the dental nurse taking the impression to the technician casting it. Here's why we love it:

- Extended dimensional stability: Holds its shape for up to 5 days when stored correctly – perfect for delays in delivery.
- Fast setting time: Sets in the mouth in just 45 seconds for minimal patient discomfort.
- Dust-free formula: Safer and cleaner to handle.
- Excellent detail reproduction: Captures fine details, even in moist conditions.
- Smooth, creamy consistency: Easy to mix and load without lumps.
- Violet colour: Makes visual checks of coverage and bubbles much easier

Dentsply Sirona

cercon



We offer the full range of 'All Ceramic' (metal free) restorations from 'IPS e.max' to 'Zirconia Based Restorations'. Zirconia based restorations have two options, layered to zirconia or monolithic full contoured zirconia.

Layered to zirconia implies that the framework is CAD/CAM milled as a coping and has ceramic layered over the top of the coping to achieve form, function and aesthetics whereas monolithic FCZ is milled from a solid zirconia and is sintered to produce the form, function and aesthetics as one solid block of material, with no ceramic layered.

What is Cercon®?

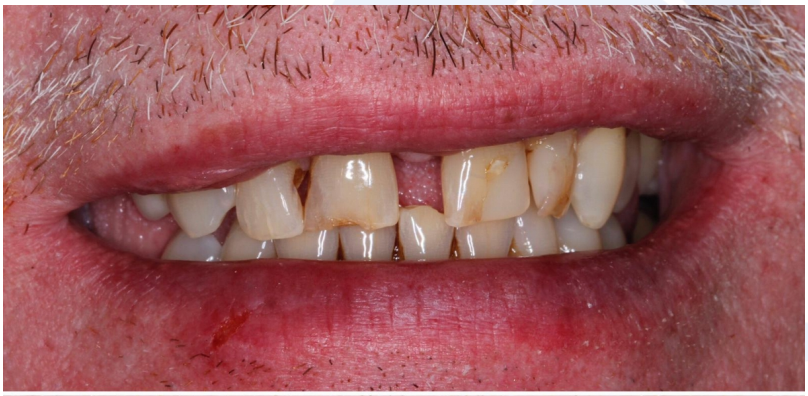
'Cercon®' is a zirconia based coping framework with ceramic layered over the CAD/CAM milled coping to achieve form, function and aesthetics. It is a proven system that provides 'High Strength' and ‘Aesthetics’ for fabricating metal free crown & bridge frameworks and customised implant abutments in anterior and posterior regions. Cercon® has over '5.7 million' restorations produced worldwide for over 10+ years. With numerous scientific studies, it has shown 'Cercon®' is just as safe as the gold standard of metal ceramic bridges with a 100% survival rate over 40 months.

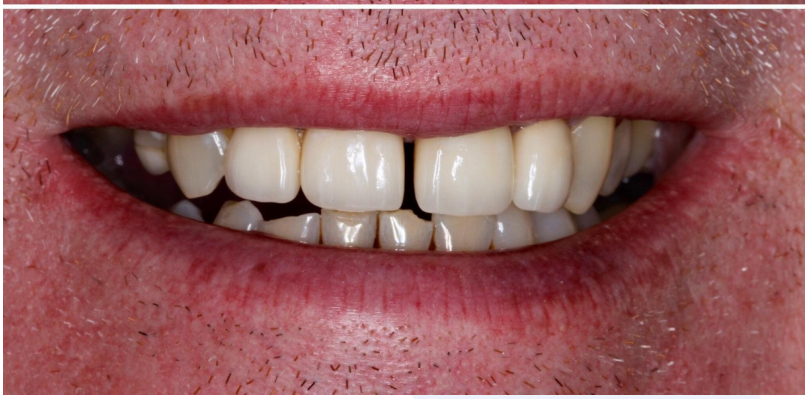
Technical Features:

'Cercon®' is milled from pre-sintered zirconia blocks via our in-house 'Cercon®' CAD/CAM milling machine as a coping and provides a flexural strength of over 1,300 mpa. Ceramic is then layered over the coping, similar to a porcelain bonded crown, but metal free. It is recommend for primary telescopic crowns, crown substructures, multi-unit bridge substructure with a maximum anatomical length of 47mm (4-6 unit bridge) and inlay bridges.

Contact Carlos on 0208 520 8528 for further information.

Before





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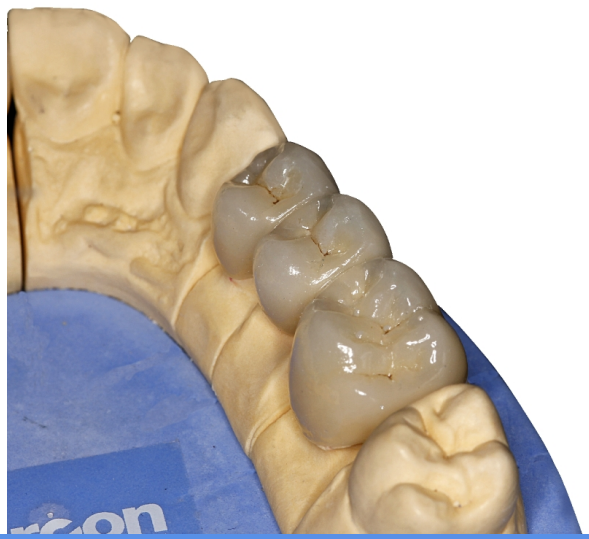

Scan Body Sizing: Why "Small or Large?" Is Not Just a Coffee Order

By Bremadent Dental Laboratory, June 2025

If you're working with implants regularly, you'll know that accuracy starts with the scan. But here's something that's caught a few clinicians and labs off guard, implant scan bodies come in different sizes, usually Small and Large, and yes, it really does matter which one you use.

You could have the perfect scan, the most accurate 3D printed model, and a beautifully designed restoration. But if the wrong scan body size was used or not specified, you might be in for a surprise chairside. What looks spot-on on the model may be completely off in the patient's mouth and no one wants that kind of surprise.

Why Size Matters

Scan bodies aren't one-size-fits-all. They're precisely engineered to match not only the implant system but also the platform size. Many systems, such as those from Biomet 3i, Straumann, or Dentsply, have variations where a 3.3 mm platform may use a Small scan body, while a 4.5 mm platform requires a Large one.

When this critical detail is missed, the CAD software pulls the wrong library component. The result? A mismatch between what's on screen and what fits in the mouth. The restoration might not seat, occlusion can be high, or worse, the patient ends up back in the chair for adjustments and remakes.

The Lab Model Looks Great... But

From our side at the lab, a case with the wrong scan body size can look perfect on the printed model. The implant positions align, the margins are clean, the design flows nicely, but the underlying data is off. Unfortunately, CAD doesn't argue with the scan body. It trusts what it sees. If it's wrong, it's wrong all the way through. And that's where communication comes in.

What We Need From You

To avoid costly remakes and save your valuable chair time, please make sure to provide the following with every implant scan:

- The implant system and platform size
- The exact scan body size (Small, Large, etc.)
- The brand and reference code if possible
- Confirmation that the scan body was seated fully and correctly

This small step makes a huge difference. It allows us to match the scan body to the correct CAD library, produce a 3D printed model with true accuracy, and deliver a restoration that fits precisely the first time around.

A Quick Word of Caution

Some scan bodies look almost identical, especially in digital scans. What separates a Small from a Large may be just a few millimetres, but in implant dentistry, a few millimetres can mean everything.

Final Thoughts

At Bremadent, we're committed to supporting clinicians with consistently accurate implant restorations. Whether it's a single-unit case or full-arch, getting the scan body size right is a critical first step. If in doubt, give us a call or email a quick photo of the scan body in situ. We're always happy to double-check.

We're all aiming for the same outcome, beautifully fitting, long-lasting restorations that keep patients smiling (and not back in the chair for round two).

Let's keep the fit as precise as your margins.

Key Dental Lab KPIs & Industry Benchmarks

By Paolo Kalaw, Evident, accessed May 2025

Key Dental Lab KPIs & Industry Benchmarks

KPI	Industry Benchmark / Target
Remake Rate (Overall)	**4-12% average;** Target <3%; Budget 5% common
Remake Rate (Digital Cases)	**Often <1%** if scans are QC'd before processing
Turnaround Time (TAT) - C&B	**Typically 5-10 working days** (digital often faster – 1 to 5 days)
Turnaround Time (TAT) - Implants	**Typically 8-15 working days** (varies by complexity)
Technician Throughput (Units/Day)	**C&B: ~3.75;** **Removable: ~3.25;** **CAD Design: 30-80+** (task/complexity dependent)
Lab Fees (% of Practice Revenue)	**8-12%** (Practice perspective benchmark)
Admin Overhead (% of Practice Revenue)	**6-15%**
Digital Scan QC Error Rate (General Lab)	**Scan QC detects 20%+** error rate from clinicians
QC Issues (Specific Dental - % of cases)	**Margins** (18.75% poor), **Contours** (43.75% compromised), **Contacts** (59.38% compromised), **Shade** (39% compromised)

Note: Lab Fees and Admin Overhead are shown as % of Practice Revenue, as lab-specific overhead benchmarks are less commonly cited in the provided material. QC Error Rates vary widely depending on definition; medical lab data provides a general context, while dental-specific studies show higher rates for particular quality aspects.