Veneer Preparation for a Single Tooth

Re-confirm consent, costs, MH and shade

Re-check occlusion, guidances and reference points

Take a sectional silicone impression (using a diagnostic wax up if available)

Administer LA and retake shade

Use diagnostic wax up to create silicone indices for depth guides

Prepare the labial surface in 3 planes with chamfer margins

Consider 1-1.5mm Incisal edge reduction

Interproximal reduction

Assess the preparation from 3 different views: incisal, lateral and vertical, using your silicone index

Smooth and polish the preparation

Scan or take silicone impressions (one or two-stage)

Place temporary veneer

Fill lab card (+/-fit surface to be sand-blasted or acid treatment) and send disinfected impressions

Necessary special investigations:

- · Clinical photographs
- · Study models
- · Facebow articulation for multiple units and teeth in guidance
- Discuss the case with the technician and consider a diagnostic wax-up created on study casts

Reductions:

- Cervical enamel: 0.3mm. This is related to the smile line and how much tooth is exposed when talking and smiling (involve your technician in highly aesthetic cases).
- · Mid-buccal third: 0.5-0.7mm
- · Incisal third: 0.5-0.7mm
- · For a stronger long-lasting veneer keep preparation within enamel.
- The amount of preparation depends on the shade and position (consider alignment before starting) of the underlying tooth. Use a depth cutting bur to guide your preparation.

This depends on anterior guidance and occlusion. Ideally wrap around to inciso-palatal 1/3 and place a chamfer margin.

Based on the case, you can open or preserve the contact points.

Assess anterior guidance and occlusion.

Use an oil free prophy/pumice.

For two stage technique, the silicone impression must be taken before the preparation.

Please note, there are several techniques for veneer preparation, this flowchart covers the basic principles. For multiple veneer cases, careful consideration is needed. Patients need to be placed into provisional restorations for a while to assess occlusion and guidances and final preparations are completed through the provisionals. Further postgraduate training is advised.