## One stage impression technique:

For upper preparations, the hard palate does not need to be captured

Syringe light body silicone or medium body polyether around the preparation, into the gingival crevice and across all the occlusal surfaces on the same arch. Take the impression with a medium/heavy body silicone or medium body polyether and await final set

## Two stage impression technique:

Prior to starting the preparation, use a heavy body silicone with a plastic separator to take an impression of the arch (this will act as a special tray)

Proceed with the preparation and gingival retraction as above

Syringe light body silicone around the preparation, into the gingival crevice and into the heavy body impression taken earlier. Seat the tray and await final set

Remove the impression and inspect for air bubbles, drags, tears and defects.

Ensure the occlusal surface and margins of the preparation are captured adequately.

If unsatisfactory, repeat with a one stage impression technique

Take an opposing arch alginate/silicone/polyether impression

Take a bite registration. Use a silicone bite registration paste and ensure that the patient is occluding in ICP (conformative approach)

Remove excess cement using a probe and floss. Check occlusion, guidances and excursions – adjust as necessary

Fill lab card and send disinfected impressions

## Information to include:

- Shade For lithium disilicate, include core shade and photos (so that the laboratory can decide between a low, medium and high translucency ingot).
- · Pontic design.
- · Connector level.
- · Embrasure space.
- · For lithium disilicate, request HF acid treatment of the fit surfaces.
- For zirconia and PFM bridges, request sandblasting of the fit surfaces.
- Request casts to be articulated according to the jaw registration provided +/- facebow for multiple crowns.
- Request casts to be articulated according to the jaw registration provided +/- facebow for 2+ unit bridges.