

Bonding & Cementation

Bonding

- Gently seat the reconstruction on the prepared teeth and evaluate proximal contacts, fit and esthetics prior to delivery.
- After intraoral try-in, clean the internal surface of the reconstruction by applying 37% phosphoric acid for 15–20 seconds. Rinse with water and dry.
- Procera® has been documented to adhesively bond to a phosphate modified resin luting. It is strongly recommended that you use such a system.
- Apply the various components from the adhesive system to the surface of the preparation and to the internal surface of the reconstruction according to the manufacturer's recommendations.
- Remove excess, cure, and complete final cleaning according to the manufacturer's recommendations.

Note: Procera® Laminate must be bonded.



Cementation

- The internal Procera® surface roughness is similar to that of a porcelain surface after etching and thus provides exceptional cementation strength without further preparation.
- Consider the translucency of the restoration and adhesive material when cementing in the anterior region.
- Apply to the selected material in the Procera® Crown or Procera® Bridge.
- Seat the restoration using finger pressure.
- Gently remove any excess cement from the margins.



Product illustrations are not to scale.
For more information see NobelEsthetic™ Manual.



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Tooth Preparation

Procera® requires only your conventional preparation techniques, a moderate chamfer margin and rounded internal line angles. Preparation kits are available for Procera® restorations.



Procera® Preparation Kit # 32717



Procera® Laminate Preparation Kit # 34117

Procera® Laminate Alumina

- Use general veneer preparation techniques.
- The preparation is characterized by thinned margins.
- In general, you should perform a reduction in order to:
 - Eliminate sharp line angles and edges.
 - Establish tapered axial walls.
 - Provide adequate space for the coping and the NobelRondo™ dental ceramic.
- Conservative reduction (0.5 mm to 0.7 mm) is recommended.
- Extend the palatal preparation by 1 mm (minimum) to 3 mm (maximum).
- You can extend the preparation beyond the contact points to a maximum of 1 mm

Note! The laminate core is only 0.25 mm thick.
Procera® Laminates must be bonded.



Procera® Crown Zirconia, Alumina

Procera® Crown in the Anterior/Posterior

- Eliminate sharp edges, undercuts, slopes, and grooves.
- Prepare the tooth with a depth of 0.8 mm to 1.5 mm tooth reduction
- The preparation is characterized by thinned margins.
- Provide adequate space for the coping and the NobelRondo™ porcelain

Procera® Crown in the Posterior

- Keep the occlusal surface as even as possible.
- Avoid creating a deep fossa/cavity.
- Provide sufficient (1.5 mm to 2 mm) occlusal reduction.
- Use a chamfer bur to achieve a 5° to 15° taper during axial wall reduction.



Procera® Bridge Zirconia, Alumina

- Eliminate sharp edges, undercuts, slopes and grooves.
- The preparation is characterized by thinned margins.
- Establish tapered axial walls.
- Provide adequate space for the coping and NobelRondo™ porcelain.

Procera® Bridge in the anterior

- Prepare the tooth with a depth of 0.8 mm to 1.5 mm tooth reduction.
- The preparation is characterized by thinned margins.
- Prepare the teeth to allow a bridge with a connector height of at least 3 mm.

Procera® Bridge in the posterior

- Keep the occlusal surface as even as possible.
- Provide sufficient (1.5 mm to 2 mm) occlusal reduction.
- Use a chamfer bur to achieve a 5° to 15° taper during axial wall reduction.

