Understand the advantages and disadvantages of the Step by Step Procedures

Understand the importance of using a sectional matrix that please clinician and patient alike. This 'How to Guide' will illustrate

Technique, posterior composites can be beautiful long-lasting restorations might be reluctant to provide this type of restoration. However, given a good

Of particular difficulty is the production of good contact areas/points and the numerous complications may result. These include post-operative sensitivity, technique and operator ability become of the utmost importance. Otherwise

and material placement. In particular, when restoring interproximal lesions, composite on the biting surface, which may fracture with time.

microleakage. Bevels on the occlusal surface only seek to disguise margins and may have a detrimental effect in terms of thin sections of

In form with no sharp internal angles so as to prevent potential stress failure of a restoration and caries. the cavity preparation should be rounded

to the cavity. Placement of bevels on the vertical walls of the box of a Class II restoration has been shown to improve adaptation and reduce

concentration and to make it easier to adapt the composite material in form with no sharp internal angles so as to prevent potential stress

the cavity. Preparation of bevels on the vertical walls of the box of a Class II restoration has been shown to improve adaptation and reduce

Failed restoration and caries. The cavity preparation should be limited to access and removal of any tooth preparation. To isolate one or two teeth and a couple of minutes for a quadrant. The clinician should practice the use of a "one-shot" technique where the

manipulation and sculpting of capping composite

Manipulation of capping composite allows instrumentation to develop manipulation without the annoying pull and drag often seen. Correct

has produced a number of instruments which have working tips that are specifically designed for SDR™: the "pigtailed-tipped" P
drill, the "pantograph" polisher, the "beveling" bur, and the "polishing" cylinder. SDR™ composites are easily polished to a mirror finish using

has been formulated for optimal flow and consistency so that the material is chemically compatible with the majority of composite systems on the market today. Esthet.X™ HD

Esthet.X™ HD leaves a smooth, gloss finish that is far superior to the semi-translucent porcelain finish of the classical "active" matrix. The mirror

Provides the desired aesthetics and wear resistance for the occlusal surface.

has been formulated for optimal flow and consistency so that the material is chemically compatible with the majority of composite systems on the market today. Esthet.X™ HD

Finishing is generally performed with appropriate base or capping composite by precisely following the contouring procedures scribed by the specialist. For further information on SDR™ systems and information about SDR™ Productivity Guide, contact our

and the unset elastomeric interproximal strip is not necessarily adapted to the anatomy of the interproximal contact point. This may lead to

SDR™ provides ideal self-leveling properties

To isolate one or two teeth and a couple of minutes for a quadrant. The clinician should practice the use of a "one-shot" technique where the

smallest possible light cure unit may be used in order to avoid overheating of the composite material. As a general rule, composite is cured for 20

has been formulated for optimal flow and consistency so that the material is chemically compatible with the majority of composite systems on the market today. Esthet.X™ HD

diagram of clinical steps and techniques that please clinician and patient alike. This 'How to Guide' will illustrate

quality of composite systems in the market today. Esthet.X™ HD

studied in detail the effect of various aging methods on the bond between a composite and matrix material. The key factors were: the"active" matrix
display of improved bond between composite and matrix material. The key factors were: the"active" matrix

The use of conventional, "passive" type matrix bands such as "Passive" or "Contract" systems, e.g. Palodent X™ or Prime&Bond

The use of conventional, "passive" type matrix bands such as "Passive" or "Contract" systems, e.g. Palodent X™ or Prime&Bond

"Prime&Bond™ system (Fig 3-5); this comprises a special coating is far superior to the semi-translucent porcelain finish of the classical "active" matrix. The mirror

has a fine tip which allows precise application, saving up to 40% in placement time. The material is chemically compatible with the majority of composite systems on the market today. Esthet.X™ HD

Composite and ceramic tooth-like restorations are without doubt favoured to increase success rates in posterior direct composite

low-shrinkage, low-stress, flowable, bulk-fill composites.

II cavities.

System, e.g. Palodent X™ Matrix, for restoration of Class

Tooth preparation

Bevel preparation

Resin matrix

SDR™ placement

Application of capping composite

Restored tooth with SDR™

The purpose of the "SDR™" guide is to simplify the process, to increase success rates in posterior direct composite

3.

4.

1. Data on file; polymerisation stress using photoelastic stress methodology (Ernst CP, University of Mainz, Germany);

2. Data on file; polymerisation stress using photoelastic stress methodology (Ernst CP, University of Mainz, Germany);

Up to 40% time-saving versus conventional layering techniques†

Bulk-fill in 4mm increments due to 60% less shrinkage stress†

Flawless viscosity for excellent cavity adaptation and reduced post-operative sensitivity

Simple and effective placement of Class I & II restorations

Keep it simple, make it effective

Posterior direct composite restorations

Scope of completion of the clinical trial, the clinician will

Understand the advantages and disadvantages of the use of direct composite in posterior teeth

Understand the indications of using a sectional matrix system, e.g. Palodent X™ Matrix

for the manipulation of composite material. The special coating is far

in a wide range of dental aesthetics and market positioning. However, given poor understanding of material science and the application of sound clinical techniques, posterior composites can be beautiful long-lasting restorations that please clinicians and patients alike. This 'How to Guide' will illustrate

simple and effective placement of Class I & II restorations

The purpose of the "SDR™" guide is to simplify the process, to increase success rates in posterior direct composite

Low shrinkage, low-stress, flowable, bulk fill composites.

low-shrinkage, low-stress, flowable, bulk-fill composites. Considering these factors, flowable composite is not suitable for


2.  Data on file; polymerisation stress using photoelastic stress methodology (Ernst CP, University of Mainz, Germany);

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Step by Step Procedures

1. ISOLATION

2. TOOTH PREPARATION

3. BONDING PROTOCOL

4. PLACEMENT OF MATEIRX BANDS

5. SIMPLIFIED PLACEMENT OF SDR™

6. MANIPULATION AND SCULPTING OF CAPPING COMPOSITE

7. FINISHING AND POLISHING

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"Prime&Bond™ system (Fig 3-5); this comprises a

DENTSPLY Palodent X™ system, e.g. Palodent X™ Matrix, for restoration of Class

For better aesthetics

For better aesthetics