



Crowns under Partial

Option #1—Cup® Technique Patient retains partial

1. Prepare the tooth as usual for a crown (verify there is enough clearance* between the preparation and partial clasps/rests-figure 1) and take the working impression *without* the partial in place.
2. Inject a small amount of Blu-Mousse onto the preparation, then insert the RPD in the mouth and ensure it is positioned properly. Figure 2
3. Continue injecting the Blu-Mousse Super Fast impression material over the preparation. Continue expressing the material until the clasps and occlusal rests are completely covered. Note: Due to the materials fluffy consistency it will not flow, a confining tray is unnecessary.
4. After allowing to set, remove the RPD with the impression material attached. Figure 3
5. Using a blade, carefully trim away the material until the outer surfaces of the clasps and rests are exposed. Cut away any additional material that prevents the index from being removed. Figure 4 & 5
6. Remove the index from the partial denture by pushing it in an apical direction. Figure 6 & 7. **NOTE:** This is *NOT* used as a bite registration; take a separate bite registration with the partial removed.
7. Take an alginate impression with the partial in place. Carefully remove the partial from the impression and pour. Send the poured model, working impression, opposing model, the CUP, and bite registration to the lab.
8. Send the patient home wearing the RPD.

*Belle De St. Claire clearance tabs may be purchased through a dental supplier and are available in 1.0mm, 1.5mm, and 2.0mm.

Option #2—Send the Partial to the lab in the impression.

1. Prepare the tooth as usual for a crown
2. Verify there is enough clearance between the clasp, rests and prep (use clearance tabs*)
3. Do retraction as normal
4. Syringe impression material around the preparation
5. Insert the RPD in the mouth and insure that it is properly positioned
6. Finish syringing the impression material
7. Take the impression with the partial in place, and send to the laboratory. Determine what type of tray will work best, a single arch or a triple tray. A triple tray can hold the partial in the proper position when the patient bites into acquired centric occlusion.



Figure 1



Figure 2



Figure 3

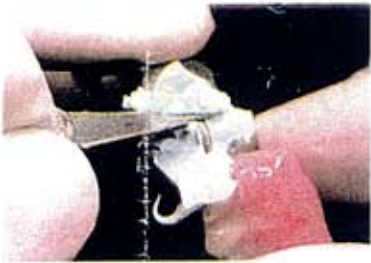


Figure 4



Figure 5



Figure 6

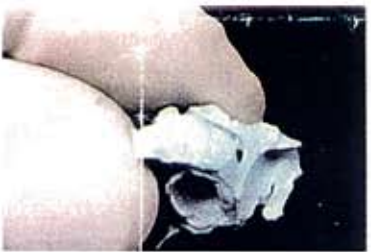


Figure 7