

PHASE 1 COMPLETE

1. Phase 1 is complete. Identify type of night appliance that will be used at completion of Phase 2. Eg. Deprogrammer, deprogramme with palatal ramp, maxillary full coverage, or OSA Sleep Appliance.
2. Do cleanup work on all teeth that require it. Temporize teeth to function with existing orthotic.
3. Complete all necessary perio including gingival contouring if necessary.
4. Make decision on how you are going to do Phase 2. Eg. A. Prep U/L in one setting. B. Prep the entire upper first and make overlay temps for Lower. Seat uppers and then schedule prep and seat of lowers. C. Prep and seat a section at a time. Eg. Do upper front 8 and then lower front 8.
5. While patient is in MI biting in orthotic take 4 gingival Shimbashi Measurements. Eg. 5 to 28, 8 to 25, 9 to 24, and 12 to 20. Be precise and use boley gauge. Take tomo to verify joint position.
6. While patient is sitting upright do jig bite transfer registration.
- 7a. Take u/l impressions with Status Blue & Heat Wave trays insuring hamular notches captured.
- 8b. Take complete Smiles Photo Protocol:
 1. Portrait
 2. Digital Stick Bite
 3. Full Smile
 4. No smile (relaxed)
- 7c. Choose My Smile™ design and central length.
- 8a. Fill out Cosmetic Diagnosis Rx according to feasible Phase 2 Tx Plan.
- 8b. Request Cosmetic Correct Provisional System:
 - * Denta4 Bite Stent
 - * Max / Mand provisional stents with incisal index, clear reduction stent, max seating stent (digital milled temps only)
- 8c. Fill out all Shimbashi measurements 2nd premolars Quad 1 and 2, and centrals.
9. Schedule patient for prep appointment. Time allocated is depending on decision made in step 4. Call in medications for patient now. Instruct patient that they will need someone to drive them home following next visit. Go over instructions for next step , give them handout and have them sign it. Also have them sign an additional copy for you to keep for your records. **## VERY IMPORTANT STEP**

MAXILLARY AND OR MANDIBULAR PREP SEQUENCE

1. Doctor confirms treatment with patient and goes over details of today's procedure.
2. Have patient sign informed consent if not already done.
3. Try in Denta4 Bite Registration stent. Verify Shimbashi measurements with stent are same as with orthotic.
4. Place topical and anesthetize upper arch.
5. Prep entire maxillary arch leaving centrals and last posterior tooth in each quadrant.
6. Verify with clear reduction stent adequate prep.
7. Add O-Bite™ wash to Denta4 Bite Registration Stent, seat onto maxillary teeth, and guide jaw into stent holding firm until complete set.
- 8a. Verify all Shimbashi measurements are consistent with before prepping.
- 8b. Prep remaining teeth and verify with reduction stent.

9. Take stump shade at this point if relevant to porcelain restoration choice
10. Get final crown and bridge impression of completed preps of maxillary arch
11. Try in maxillary temporary stent. Have patient close into mandibular incisal index.
12. Vaseline maxillary teeth. Fill maxillary temporary stent with Luxatemp and place over maxillary teeth. Now have patient close into mandibular incisal index. Verify with caliper. Wait 5 minutes for set. Remove temporary stent. Note: Sometimes full round house bridge comes off in stent and sometimes it remains on teeth. If the latter happens tease it off the teeth gently. Once temporary is removed proceed to next step.
13. Clean Vaseline off teeth thoroughly and trim and polish temps to margins. Be sure and create good inter proximal embrasure spaces.
14. Try completed temp in mouth checking for fit, and good embrasure space. Insure all gingival embrasures are reopened with a knife four rubber wheel and polished for optimum tissue health at insertion.
15. Mix Durelon and place small drop in each incisal part of temp. Note: Be careful not to place too much Durelon in temps.
16. Cement upper temporary in place.
17. Fine tune temporary and do final polish. This is a good time to let patient and doctor take a break.
18. Try in lower overlay temporary stent and have patient close into it. Note: Place maxillary incisal index over maxillary temps first and then let patient close into the mandibular portion of the stent.
19. Next wash mandibular dentition with hibiclean, etch all of the occlusal surfaces and slightly on the incisal third of buccal and facial surfaces, place adhesive, air dry and cure. Next fill posterior teeth half full with Luxatemp and anterior full with Luxatemp.
20. Place temporary stent on maxillary temps first and have patient close into mandibular overlay portion on stent next. Wait 5 minutes for stent. Now remove temporary stent and lower overlay temp will remain on lower dentition.
21. Do final cleanup and embrasure creation of lower temps.
22. Equilibrate occlusion with T-Scan.
23. Verify Shimbashi measurements are same as Denta4 Bite Reg. Stent.
24. Go over home care instructions, give them handout, and schedule patient to come back next day for one hour visit.

NEXT DAY VISIT FOLLOWING INITIAL PREP VISIT

1. Greet patient and get into conversation of how they are doing. Listen to any issues that they may have. Ask how the bite feels. If the bite is grossly off handle that first. Eg. A major prematurity or one side hitting good but the other side not fully in contact. Adjust and or handle with a flowable composite. At this time you can fine tune the bite with Tscan if you have one.
2. Next have your patient say S and V sounds. Have your patient lick their lips and relax. Observe incisal edge of temps at relaxed position. Observe patient while doing misc talking and smiling. Make adjustments as needed and patient's feelings on final incisal length of maxillary teeth if needed.
3. Get agreement in writing that patient authorizes new central length, My Smile™ design and final shade.
4. Take complete Smiles Photo Protocol with temps:
 - 1.) Portrait
 - 2.) Digital Stick Bite
 - 3.) Full Smile
 - 4.) No smile (relaxed)
 - 5.) Smile with shade guide
5. Take Max/Mand impressions of provisionals with Status Blue™.
6. Schedule patient for final cement of upper arch, 2 hours.

PRESCRIPTION CHECKLIST

- Full Arch Honigum® Impression of prepped maxillary arch
- Full Arch Honigum® Impression of prepped mandibular arch. If not prepping lower ... Status Blue® Impression of unprepped mandibular arch.
- Denat4 Bite Registration Stent relined with O-Bite® of prepped upper teeth.
- Max / Mand Status Blue® Impressions of provisionals.
- Max / Mand Status Blue® Impressions of pre-op teeth (capture humular notches).
- Final shade selection authorized by patient.
- Final My Smile™ selection authorized by patient.
- Email complete Smiles Photo Protocol.
- Choose Class of Ortho Cranial Occlusion
 - Class 1 (30° - 60° eminence)
 - Class 2 (60° - 90° eminence)
 - Class 3 (15° - 30° eminence)
- Prosthetic Material Choice
- New Orthotec or was up for lowers?
- Any cosmetic changes from provisionals?

UPPER ARCH CEMENTATION VISIT

1. Place topical and anesthetize maxillary arch.
2. Remove all maxillary temps and bond and/or cement all permanent restorations
3. Check existing occlusion of permanent uppers to lower overlay temps. Make adjustments as needed. Eg. Equilibrate prematurities and/or add flowable composite to complete bite. If available do Tscan equilibration.
4. Schedule patient back following day to check bite, satisfaction, and answer questions. Schedule next step to prep mandibular arch
5. Schedule patient for prep appointment. Call in additional medications for patient now. Remind patient that they will need someone to drive them home following next visit. Go over instructions for next step , give them handout and have them sign it. Also have them signan additional copy for you to keep for your records. **## VERY IMPORTANT STEP**

LOWER ARCH PREPARATION VISIT

1. Take maximum intercuspation bite of patient closing together of the permanent upper restorations to lower overlay composites. Do this step with patient sitting upright. Place topical and give mandibular blocks to both sides. While patient is biting in MI make dot onnose and chin. Set caliper to this measurement and set aside.
2. Identify most posterior stops bilaterally and most anterior stops anteriorly. Prep everything except those identified stops ideal onone side only.
3. Check proper prep design with clear reduction stent.
4. Use the bite registration done in step 1 for the non prepped side. Introduce bite registration material on prep side and have patien close into bite previously established on non prepped side.
5. Prep opposite side with the exception of previous identified anterior and posterior stops. Prep ideal and check if correct with clearre duction stent.
6. Place previous created bite of prepped teeth in and introduce bite registration material to newly prepped teeth. Have patient close into bite.
7. Prep remaining teeth in mandibular arch.

8. Re check preps with clear reduction stent.
9. Try in mandibular temporary stent. Place maxillary incisal index over upper arch and have patient close into stent.
10. Verify correctness with previous established caliper to nose and chin dots.
11. Give patient pain pill. Call driver of patient to come to office. Cover teeth with moist gauze. Let patient take a break if needed.
12. Take final impression of lower arch and new impression of upper arch.
13. Place Vaseline over lower prepped teeth.
14. Introduce Luxatemp into temporary stent, place maxillary incisal index over upper teeth and let patient close into temporary stent. Verify with nose and chin caliper setting. Wait 5 minutes.
15. Remove temporary stent. Temporary may be in stent or remain on teeth. Tease it out of either situation. Trim to prep margins ,create embrasure space, clean Vaseline off lower teeth and try in temp. Make any necessary adjustments.
16. Place small amount of Durelon on incisal edge of temps and cement in place. With patient upright check with marking tape. Make needed adjustments. Polish temps.
17. Go over home care instructions, have patient sign (one for you and one for them), and schedule to come in following day.
18. On following day adjust temps, answer any questions and schedule for follow up visit in 1 week. Also schedule cementation visit.

LAB SCRIPT :

1. Send to lab new upper impression, lower impression of prepped teeth, bite registration. Instruct lab to construct lower arch to upper arch. Make sure and specify type of restorations desired. Eg. EMAX and posterior molars in Zirconia (If that is your preference).

CEMENTATION VISIT:

1. Place topical and do mandibular blocks on both sides.
2. Remove temps. Try in posteriors first.
3. Bond or cement as required.
4. Unless noticeable prematurity, avoid doing extensive adjustments on this day.
5. Give patient pain pill, call designated driver, and schedule patient to come in following day.
6. Do final adjustments with Tscan if available. If not do without to the best of your ability.
7. Schedule patient in for adjustment evaluation. Fine tune bite as needed. Give handout. Have them sign.
8. Now take final impressions of complete U/L prosthetics. Order from lab night time appliance. Eg. Maxillary deprogrammer,maxillary deprogrammer with palatal ramp, full coverage maxillary appliance, OSA appliance. These appliances will be decided per patient's individual needs.
9. Schedule and insert new night appliance.
10. Schedule night appliance eval.
11. Take fmx of completed treatment, final head and neck X-rays, final BioPak, final completion photos.
12. Congratulate your patient and yourself for having completed an amazing dental procedure that only 3 % or less of the dentists in the world know how to do.
13. Send a gracious gratuity to Dr. Jim Beck. (JUST JACKIN WITH YOU ALL!!!) God bless all involved. I'm very proud of you. Very sincerely, Jim

UPPER ARCH CEMENTATION VISIT

- Check occlusion of new maxillary restorations to mandibular provisionals
- Verify Shimbashi measurements are consistent with measurements from provisionals
- Equilibrate prematurities