# Tooth mould chart







## SR Vivodent®
## SR Orthotyp®
## SR Ortholingual®

## S PE / S DCL

Exceptional prefabricated teeth
in DCL quality

**Making People Smile**

# Processing Instructions

## Shades

**SR Vivodent S PE:**

- 20 PE shades (01, 1A, 2A, 1C, 2B, 1D, 1E, 2C, 3A, 5B, 2E, 3E, 4A, 6B, 4B, 6C, 6D, 4C, 3C, 4D)

**SR Vivodent S DCL:**

- 16 A–D shades (A1, A2, A3, A3.5, A4, B1, B2, B3, B4, C1, C2, C3, C4, D2, D3, D4)
- 4 Bleach shades (BL1, BL2, BL3, BL4)

### Shade selection

The tooth shade is determined with the help of a shade guide according to the A–D or PE shade system of Ivoclar Vivadent.




The sample teeth of the SR Vivodent S PE and SR Vivodent S DCL shade guide feature the same layering structure and material as the marketed original teeth. Shade deviations will be consequently reduced to a minimum. The shade selection with the patient should be carried out under defined light conditions (5,500 K colour temperature) or during daylight (preferably light from the north).

## Anterior teeth

### Anterior tooth selection

If possible, the anterior teeth should be selected directly with the patient according to anatomical and mimic characteristics.
The anterior teeth are categorized into triangular, oval and square shapes. However, it should be noted that each mould has its own distinctive character.

- ✓ **Triangular tooth moulds**
  This group is characterized by teeth having a crown which tapers towards the cervical ridge. The vertical curvature is moderate.
- ✓ **Oval tooth moulds**
  The teeth of this category have a pronounced curvature. The labial curvature is particularly marked.
- ✓ **Square tooth moulds**
  With this angular shape, the central incisor is dominant. The vertical labial curvature is moderate.

### Chairside

The facial meter allows fast and targeted selection of the appropriate anterior tooth size.

**Step 1:** Measure the interalar width of the nose with the facial meter and select the appropriate tooth size S/M/L.
**Step 2:** Select between triangular, oval and square tooth shapes within this size range.

The papillameter is the ideal device for the definition of the length of the upper lip and the lip closure line. Especially for the length of the anterior teeth, the lip closure line provides one of the most important pieces of information.

# Processing Instructions

### Labside

The following reference points are determined with the help of a model analysis:

a) **Position of the canines**
Identify the first large pair of palatine rugae; the midpoint of the labial surface of the upper canines is aligned at a distance of approx. 9 mm.

b) **Contact point of the central incisors**
The labial surface of the central incisors is aligned at a distance of approx. 7 mm from the centre of the papilla incisiva.

The length of the arch measured across these three points can be used as a reference to select a set of anterior teeth with an appropriate width from the tooth mould chart.

## Posterior teeth

This tooth mould chart facilitates the selection of posterior tooth sizes to match the selected anterior teeth. Ivoclar Vivadent offers a variety of posterior teeth, which give the clinician the opportunity to select a tooth shape that will best meet the functional and esthetic needs of the patient.

### Occlusal concepts

1. **Classic occlusion**
SR Orthotyp S DCL and SR Orthotyp S PE are the classic choice for use in complete, partial, hybrid and implant-supported dentures. The Orthotyp teeth are set up in accordance with a normal bite situation in a one-to-two-tooth relation. In this way, the primary contacts in the centric position are located in the central fossa in the mandible as well as on the marginal ridges.
2. **Lingualized occlusion**
Set up in a lingualized occlusion, the SR Ortholingual S DCL teeth provide enhanced stability in implant-supported removable dentures. The teeth are set up in a tooth-to-tooth relation, resulting in a centric engagement of the lower fossa and the upper palatal working cusps. The buccal cusps, however, are set up without contact points. The Ortholingual teeth are also suitable for being set up in a one-to-two-tooth relation in accordance with a normal bite situation.

### Minimum layer thickness

It must be ensured that the stability of the teeth and the correct shade effect are maintained. It is therefore recommended to observe the minimum layer thickness.

- Anterior teeth: min. 2.5 mm
- Posterior teeth: Central fossa min. 2.0 mm, cusp tips min. 2.5 mm, cervical area min. 2.5 mm

### Occlusal concepts

#### Classic occlusion

One-to-two-tooth setup

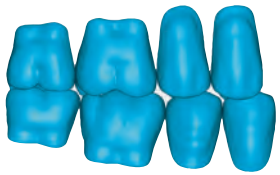


Classic occlusion



#### Lingualized occlusion

Tooth-to-tooth setup



Lingualized occlusion



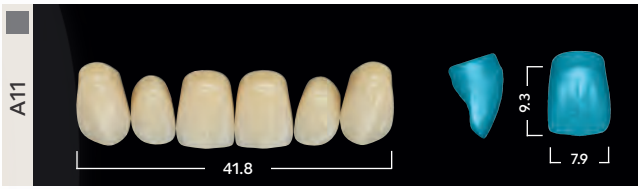
# SR Vivodent S PE / S DCL

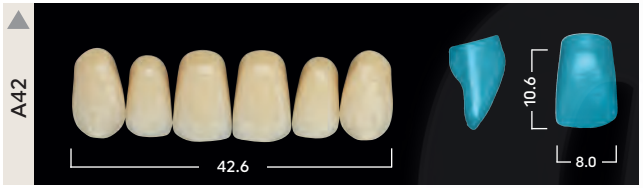
## Small





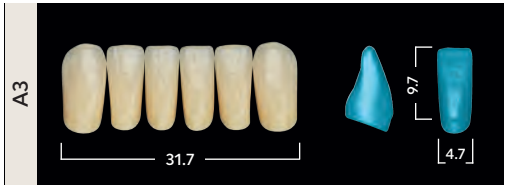


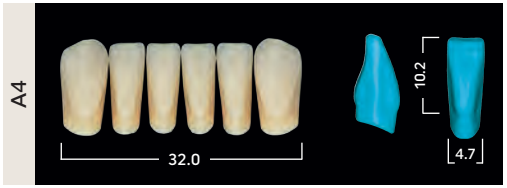


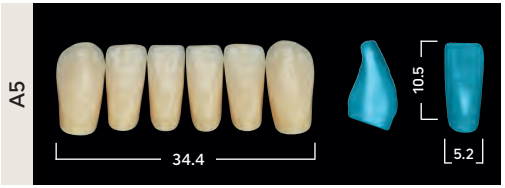







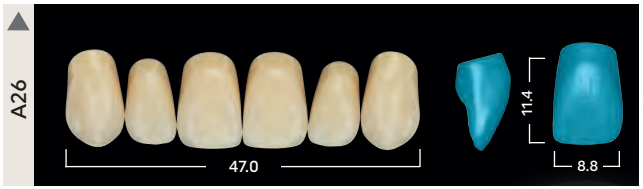


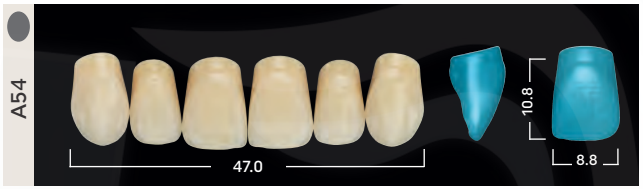



# SR Vivodent S PE / S DCL

## Medium



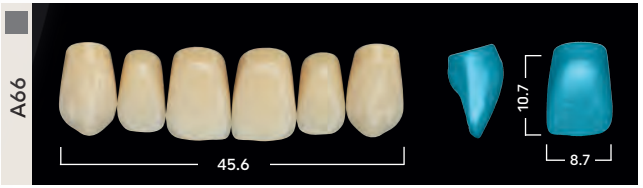


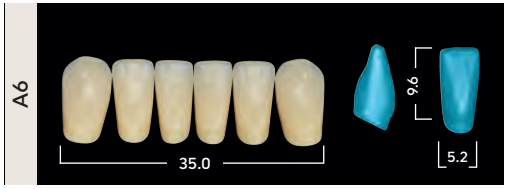


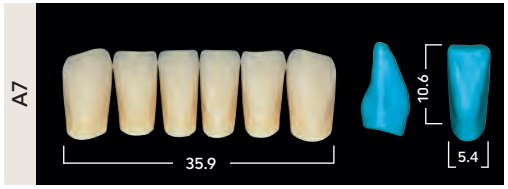


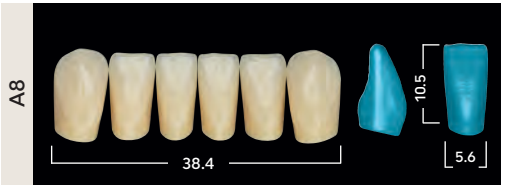






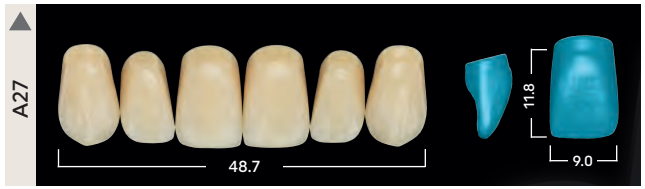



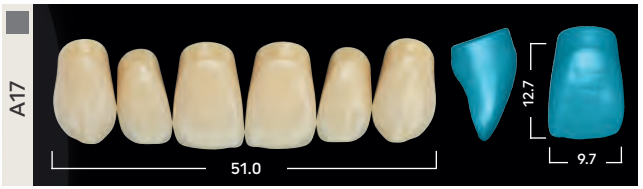
# SR Vivodent S PE / S DCL

## Large



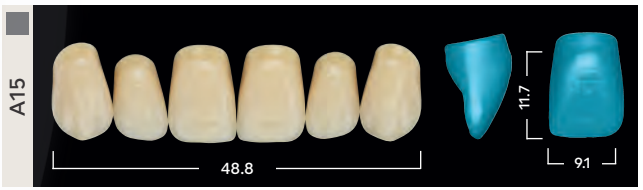


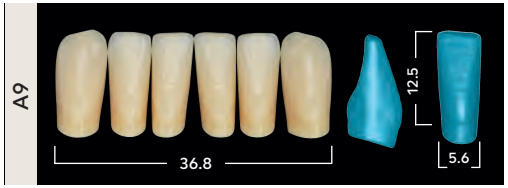


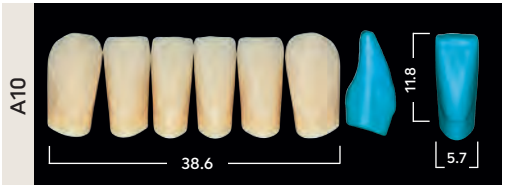








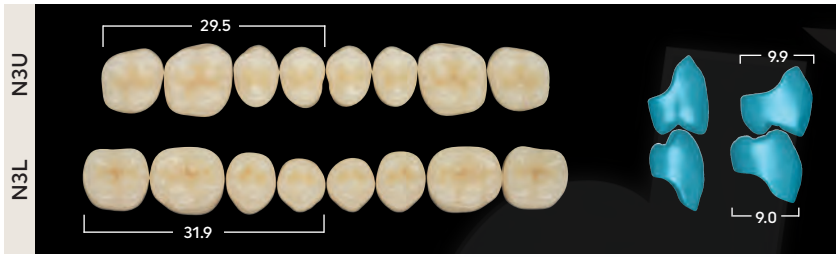



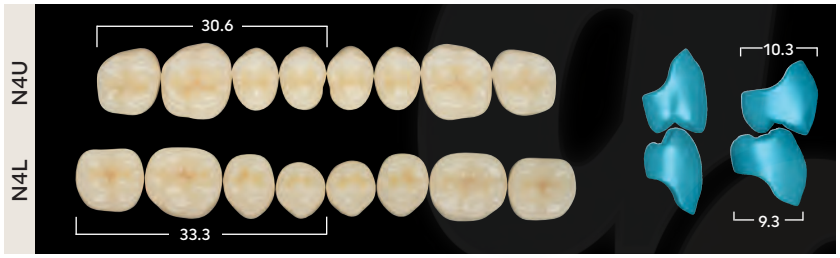



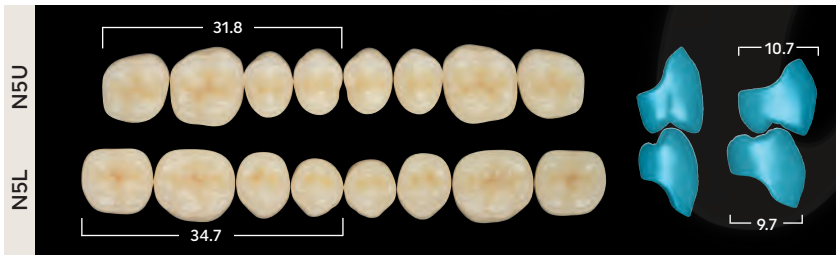
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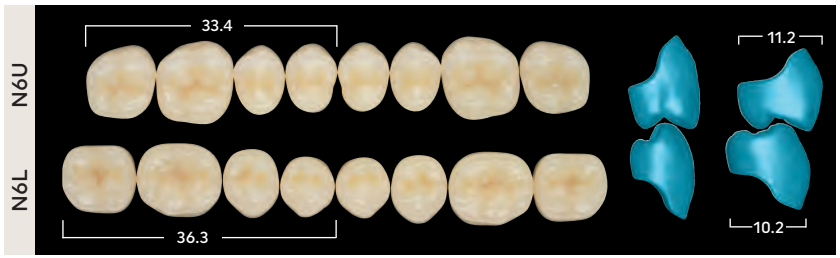
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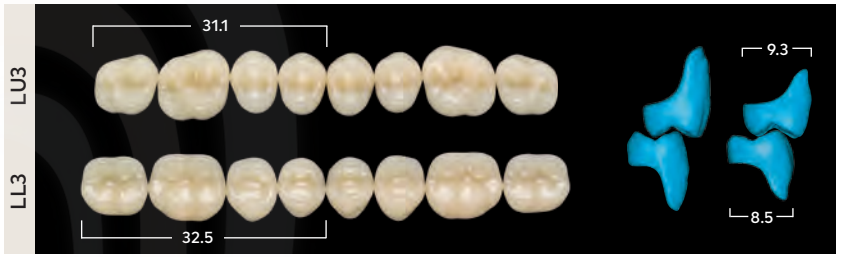
## Posteriors

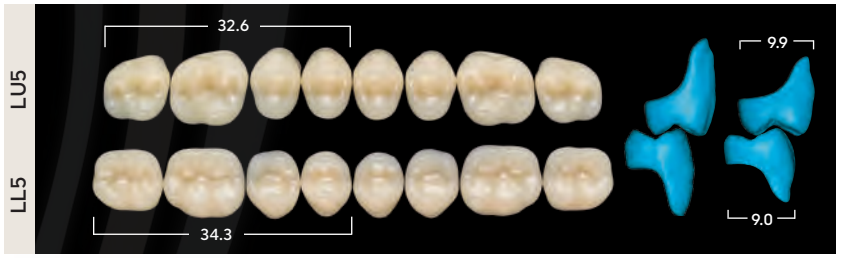


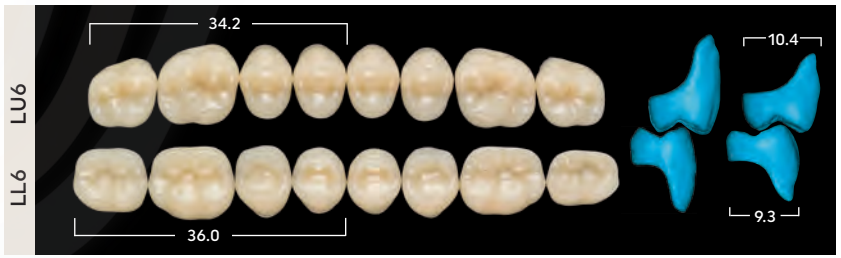



# Processing Instructions

## Important

To ensure that removable dentures remain functional in the oral cavity over longer periods of time, the following prerequisites should be met:

- **Dental materials may only be processed by dental professionals.**
- **Fabrication in the dental laboratory according to the principles of best practice.**
- To ensure a reliable material bond between PMMA/composite teeth and the denture base material, clean the teeth with steam, roughen them and apply monomer. When using an auto-curing polymer for finishing, it is recommended to create additional mechanical retentions.
- The teeth should not come into contact with a flame or direct heat (e.g. alcohol torch).
- Heat development as a result of too much pressure during grinding must be prevented.
- Contact with solvents must be prevented.

# Combination Table

| | | SR Vivodent S PE \| S DCL | | SR Orthotyp S PE \| S DCL (22°) | SR Ortholingual S DCL (15°) |
|---|---|---|---|---|---|
| | | Anteriors | | Posteriors | |
| | | Upper | Lower | Upper/Lower | Upper/Lower |
| **Small** | ▲ | A22<br>A42 | A3, A4, A5<br>A3, A4, A5 | N3U/N3L, N4U/N4L<br>N3U/N3L, N4U/N4L | LU3/LL3<br>LU3/LL3 |
| | ● | A44 | A3, A4, A5 | N3U/N3L, N4U/N4L | LU3/LL3 |
| | ■ | A11<br>A13 | A3, A4, A5<br>A3, A4, A5, A6 | N3U/N3L, N4U/N4L<br>N3U/N3L, N4U/N4L | LU3/LL3<br>LU3/LL3 |
| **Medium** | ▲ | A25<br>A26 | A6, A7, A8<br>A7, A8 | N4U/N4L, N5U/N5L<br>N4U/N4L, N5U/N5L | LU5/LL5<br>LU5/LL5 |
| | ● | A54 | A7, A8 | N4U/N4L, N5U/N5L | LU5/LL5 |
| | ■ | A12<br>A24B<br>A66 | A6, A7, A8<br>A6, A7, A8<br>A6, A7, A8 | N4U/N4L, N5U/N5L<br>N4U/N4L, N5U/N5L<br>N4U/N4L, N5U/N5L | LU5/LL5<br>LU5/LL5 |
| **Large** | ▲ | A27<br>A68 | A9, A10<br>A9, A10 | N5U/N5L, N6U/N6L<br>N5U/N5L, N6U/N6L | LU6/LL6<br>LU6/LL6 |
| | ● | A14 | A8, A9 | N5U/N5L, N6U/N6L<br>N5U/N5L, N6U/N6L | LU6/LL6<br>LU6/LL6 |
| | ■ | A15<br>A17 | A10<br>A9, A10 | N5U/N5L, N6U/N6L<br>N5U/N5L, N6U/N6L | LU6/LL6<br>LU6/LL6 |

This combination table is recommended as a guideline. In case of particular anatomical conditions, deviations are possible.
The offer may vary from country to country.

CE 0123

EN ISO 22112:2017 (D)

Descriptions and data constitute
no warranty of attributes.

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DepoDent

*Al servicio de su laboratorio y clínica dental*

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