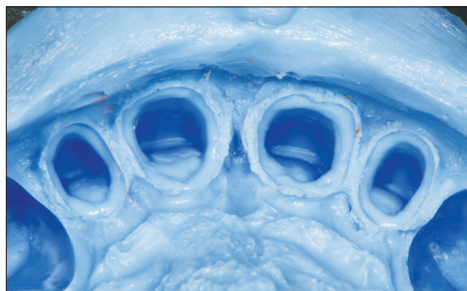


Anterior Quad-Tray® X2

With all dual-arch impressions, eliminating distortion is absolutely crucial as tray deflection of any sort will result in a seating challenge or failure. The market-leading aluminum Quad-Tray® Xtreme is well proven – with over 10 million impressions – to dramatically reduce the incidence of posterior impression distortion. Now, the same clinical benefits are available for anterior impressions with the **Anterior Quad-Tray® X2** impression tray.

When taking an impression of anterior teeth and utilizing a dual-arch impression tray, stability is important. Beyond stability, the impression tray should provide adequate space to impress as far back as the second pre-molar to ensure enough occlusal information is recorded. This allows the dental laboratory to properly articulate their stone models and deliver accurate restorations. Further, wall height of the impression tray must be adequate to encapsulate the full height of anterior dentition. Removal of the cured impression offers the opportunity for separation between the cured impression material and the tray walls. When this occurs, it is virtually impossible for the laboratory to pour an accurate model. Many anterior trays available today have insufficient handles, often too small, which makes delivery from the assistant to the dentist, to the patient, cumbersome and often messy.

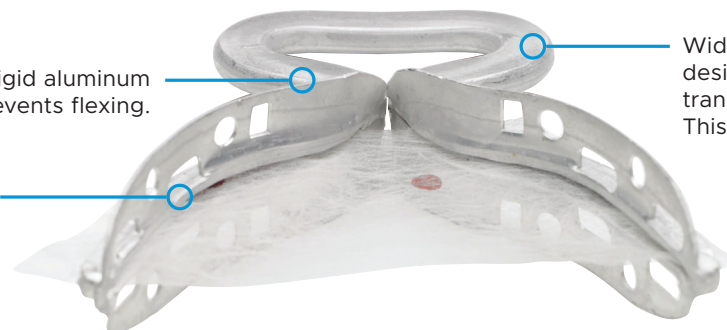


At **CLINICIAN'S CHOICE**, we took all of these common clinical challenges into consideration when designing the **Anterior Quad-Tray X2**.



Ultra-rigid aluminum construction prevents flexing.

High perforated sidewalls capture anterior teeth effectively while retaining the impression material.



Wide, key-shaped handle has been designed to facilitate the effortless transfer between assistant and dentist. This feature also makes removal easier.

ANTERIOR QUAD-TRAY X2 50-PACK

QUAD-TRAY TRIAL KIT

Contains: 20 x Quad-Tray Xtreme,
20 x Quad-Tray XL,
10 x Anterior Quad-Tray X2

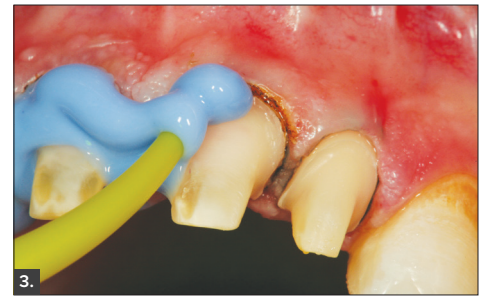
Dentistry and photography courtesy of Dr. Robert Lowe.



1. Re-Cord Knitted Retraction Cord is placed a-traumatically, utilizing a two-cord technique.



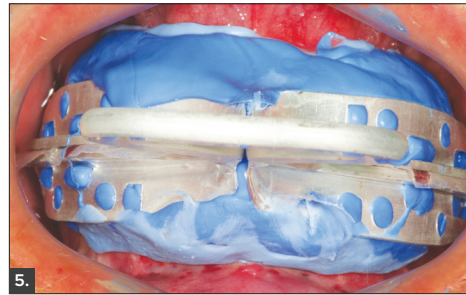
2. Gingival retraction and hemostasis has been achieved.



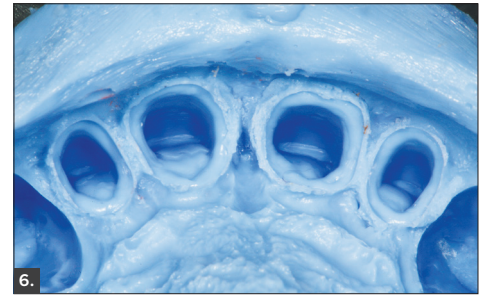
3. Light Body HF impression material is syringed into the sulcus. Particular attention must be placed on avoiding air entrapment. Keeping the impression tip submerged and allowing the Light Body to lead the way will consistently prevent air bubbles.



4. Poor impressions often result when too little Light Body is placed on the dentition. Often the tray material over-displaces the Light Body, resulting in the impression being taken with mostly tray material, which has less accuracy than light body. Affinity Light Body flows beautifully without slumping.



5. Affinity InFlex tray material is placed in the Anterior Quad-Tray X2 and inserted into the patient's mouth. InFlex becomes very rigid and supporting of the dual-arch tray. The Anterior Quad-Tray X2 has high perforated sidewalls which retain the impression material nicely.



6. Notice the fine detail in the final impression. All margins are clearly visible and easy to read. The preparations are covered in Light Body rather than tray material. Affinity, combined with the Anterior Quad-Tray X2, will provide consistently accurate impressions.