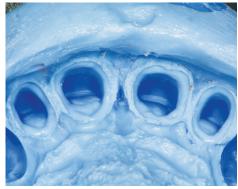


IMPRESSIONS

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 premolar 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 new **ANTERIOR QUAD-TRAY X2**.

Experience the many benefits of the new **ANTERIOR QUAD-TRAY X2**. If you don't notice improved anterior impression results, return them within 30 days for a full refund.



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.









This case involves preparations for four anterior all ceramic crowns.



Gingival retraction and hemostasis is achieved utilizing Ultradent's tissue management system. A two cord technique is shown using Ultrapack #00 as the first cord at the bottom of the sulcus, and Ultrapak #1 as the top cord around the preparation margin.



CLINICAL TECHNIQUE

After careful removal of the #1 cord, Affinity Light Body High Flow hydroactive impression material is placed. Particular attention must be placed on avoiding air entrapment. Keeping the impression tip submerged and allowing the light body to lead the way prevents air bubbles consistently.

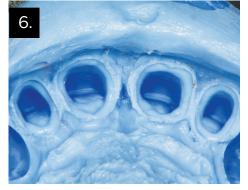


Poor impressions often result when too little light body is placed on the dentition. Often the tray material over-displaces the light body resulting in the impression being taken with mostly tray material, which has less accuracy than light body. Affinity Light Body flows beautifully without slumping.

Dentistry and photography courtesy of Dr. Robert Lowe



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.



Notice the fine detail in the final impression. Specifically, all margins are clearly visible and easy to read. The preparations are also covered in Light Body rather than tray material. Affinity, combined with the Anterior Quad-Tray X2 will provide consistently accurate impressions for numerous anterior restorative cases.

CLINICIAN'S CHOICE

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