**Preparation Guidelines**

**Axial Wall Preparation:**
- Reduction: 1-1.5 mm
- Taper: no more than 22 degrees
- Height: Posterior 4 mm/Anterior 3 mm

*Note:* When ideal prep height and taper are unobtainable, resistance and retentive form can be achieved with more parallel axial walls and/or with retention grooves.

**Occlusal Reduction**
- 1.5 mm minimum

*Note:* 1.5mm of occlusal restoration thickness provides maximum porcelain strength. For the lingual of anteriors, when lingual room is unobtainable, bite pads and metal islands are indicated. Use of occlusal clearance taps (I.E. Prep Check™, Commonsense Dental Products or Flexible Clearance Tabs™, KerrLab) is reported as being helpful for validating posterior clearance.

**Margin Design**
- Doctor’s choice:
  - Knife-edge
  - Shoulder
  - Chamfer
  - Bevel

*Note:* The versatility of the Captek™ material is ideally suited to accommodate the doctor’s preparation of choice. Having the opportunity to choose from all available preparation margin designs greatly helps clinicians achieve healthy, long lasting, well contoured and esthetic results in a wide variety of clinical situations.

**Margin Placement**
- Doctors choice:
  - Margins may be placed equi, sub and/or supra gingival.

*Note:* Contour, tooth protection, and esthetics are highly dependent on this decision. The extreme health potential of Captek margins placed sub or equi gingival will help to protect the restored tooth, inhibit bacterial plaque formation, encourage long term tissue stability, and eliminate the negative esthetic influence from dark prep colors. The Captek™ metal can also be cut back for a porcelain butt margin when needed or desired.

**Coping Design**
**At margin:**
- Doctors choice:
  - Metal to the edge, metal collar, and/or porcelain butt.

*Note:* Coping design at the margin can, and in many cases should, be altered depending on margin placement, esthetic considerations, strength requirements and periodontal status.

**Within body of coping:**
Basic Captek copings can be built up with supporting belts, shelves and metal strike pads to give additional support, if needed, to protect porcelain or stabilize occlusion. All Captek Certified Laboratories have manufactures guidelines and information on proper coping build-up techniques that ideally protect porcelain. (ref. Captek Manual as well as Support Module)
Try-in:
- Expect an extremely accurate fit that is:
  - Passive yet complete
  - Seats without pressure

Note: Minor modifications can be made to the Captek™ internal surface. Use Fit Checker to identify specific spots or areas that are binding. In the rare occasion that major adjustments are necessary, it is recommended to re-impress and return the case to the laboratory for evaluation.

Surface Conditioning:
- After try in and prior to cementation, treat internal surface with light (20 to 40 lbs.) air abrasion with 50 micron aluminum oxide when:
  - Preparations that lack resistance and retention form.
  - Molar crowns
  - Bonding
When normal retention and resistance form is present, NO treatment, other than normal crown cleaning solution is necessary.

Note: If air abrasion unit is not available in the dental office, please request lab to air abrade. Air abrasion will expose the internal metal composite surface. Expect to see a platinum/gold looking internal color and not the typical shiny textured gold appearance.

Final Cementation:
- Doctors choice:
  - Light lining of cement is all that is needed.
  - Seat crown with steady and light pressure. (Full loading of the coping cement is not necessary).

Temporary Cementation:
- Lightly line margin area with temporary cement compatible with intended permanent cement.

Note: Only place enough to travel up the axil walls, 1-2 mm. For parallel preparations, dilute temporary cement by 50%.

Porcelain Adjustment During Seating:
- The superior fit potential of Captek™ restorations should minimize chairside adjustment for contacts and occlusion.

Note: Always maintain 1.5 mm of restoration thickness on all functional areas when adjusting. When possible, look to adjust opposing dentition if plunging cusps or irregular contours exist and might cause premature contact or interferences. Re-polish and if necessary re-glaze following guidance from porcelain manufacture.

Your notes:

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