

DAL MONODONT® BRIDGE

TECH SHEET

The DAL Monodont Bridge is a resin pontic with a patented gold plated, stainless steel framework. The framework has small retentive “wings” on each side that are bonded into undercut rest preps on the adjacent abutment teeth. Ideal for both anterior and posterior applications, the DAL Monodont Bridge is a conservative, economical and easy solution for your patients and your practice. This unique bridge is available in your choice of two premium finishes - with an acrylic pontic for cost efficiency and durability or with a Premise Indirect pontic for ideal anterior esthetics.

Our experience has shown that dentists of all specialties have embraced these components and the procedures they make possible. The reversibility of the procedure allows greater flexibility in a dynamic treatment plan as in developing dentitions, long-term reconstructive therapy and periodontal maintenance. The patient base includes not only those with economic considerations, but also those engaged in any treatment plan requiring potentially long-term fixed prosthetics.

CLINICAL INDICATIONS

The DAL Monodont Bridge is indicated whenever there is a missing tooth, a failed Maryland Bridge, a congenitally missing tooth needing a flipper, a need for an implant temporary (and for tissue sculpting), an implant that may have failed, emergency avulsions, periodontally involved dentitions, elderly or medically compromised patients, or patients with economic considerations.

The DAL Monodont Bridge can be used to replace a single missing tooth anywhere in the dental arch (anterior, posterior, maxillary or mandibular) provided that there is a mesial and distal supporting abutment tooth.

CLINICAL CONTRAINDICATIONS

- Resin allergy
- Intra, extra-oral piercings (example: tongue ball)
- Insufficient tooth structure to adequately prepare a distinctly undercut Class III type prep in the anterior, or a Class II type box prep with an undercut in the posterior

BENEFITS

- A conservative, affordable single tooth replacement
- Great long-term provisional for implant sites
- Reliable alternative to flipper partials/nesbits
- Esthetic, yet cost effective option for the patient on a budget
- Short two appointment process with minimal tooth preparation required
- Short turnaround time - three days in-laboratory for the DAL Monodont Bridge with an acrylic pontic / seven days in-laboratory for the DAL Monodont Bridge with a Premise Indirect pontic



DAL Monodont Bridge with Premise Indirect™
Premise Indirect Pontic for Ideal Anterior Esthetics



DAL Monodont Bridge with Acrylic
Acrylic Pontic for Cost Efficiency and Durability



CLINICAL CASE STUDY

Dentistry by Dr. Louis J. Quintero II of Quincy, IL



Figure 1. Patient presents with two congenitally missing laterals.



Figure 2. The prep guide/pontic positioning stent has been placed into position to assist in "spotting" the preps.



Figure 3. The Brasseler 38 inverted cone diamond provided with each case from DAL provides the ideal undercut prep for the DAL Monodont Bridge.



Figure 4. The positioning stent has been removed and the preps have been finished from the proximal to create the adequate undercut prep for the retentive wings.



Figure 5. Try-in of the DAL Monodont Bridge prior to bonding to place.



Figure 6. Finished DAL Monodont Bridges bonded in place replacing teeth #7 and #10.

PROCEDURE - FIRST APPOINTMENT

1. No tooth preparation.
2. Take impression, including opposing arch, and a bite registration.
3. Select denture tooth shade.

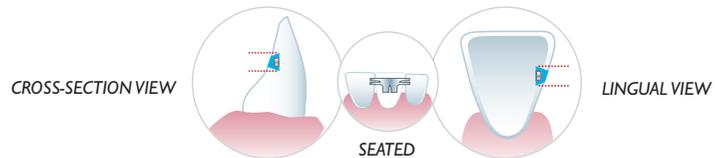
Dental Arts Laboratories, Inc. will pour the models and fabricate the DAL Monodont Bridge. The bridge and the prepped model with the prep guide/pontic positioning stent are returned to you for insertion. Additionally, DAL provides a Brasseler 38 Inverted Cone Diamond for ideal prep.

PROCEDURE - SECOND APPOINTMENT

1. Place the prep guide/pontic positioning stent over the abutment teeth and "spot" the preps from the lingual (occlusal) through the pilot holes with an the Brasseler 38 Inverted Cone Diamond supplied by DAL.
2. Remove the stent and finish the preps *from the proximal* to ensure as conservative a prep as possible but still with a distinct undercut. *The undercut is critical to this technique.*
3. Try in the DAL Monodont Bridge. Use the stent again for checking position. Remove the DAL Monodont Bridge and stent to prepare for bonding sequence.
4. Etch preps. Apply a thin coat of primer/bonding agent on the retentive wings.
5. Apply initial layers of flowable composite into preps.
6. Seat the DAL Monodont Bridge, then position it using the stent.
7. "Tack" the DAL Monodont Bridge into the preps by light curing through the stent.
8. Remove stent and back fill preps with stiffer bodied hybrid composite of your choice. Finish and polish as you would any composite.

PREPARATION - ANTERIOR ABUTMENTS

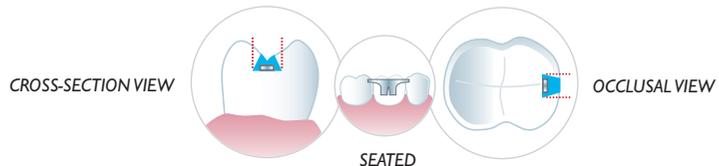
Deliberate, well-defined Class III preparation "spotted" from the lingual using the stent, but cut from the proximal to keep the prep conservative, yet with a distinct undercut.



PREPARATION - POSTERIOR ABUTMENTS

Again, "spotted" through the stent from the occlusal, but cut from the proximal. The stent is not (and indeed cannot) be used as a depth gauge. It is designed to help you locate the prep without excessive tooth reduction.

The preparations must be of adequate depth and dimension to allow for the thickness of the retentive wings (.025) and the composite retentive material. A 37 or a 38 inverted cone diamond is usually the ideal bur for cutting these preparations.



PRODUCT DESCRIPTION

The support for the pontic is a pre-fabricated stainless steel component. The retainers for this pontic assembly are composite, utilizing the retentive talons of the component for retention as well as reinforcement. Anterior prostheses of this design are generally retained in abutments using single surface composite restorations. Cuspid and first bicuspid applications are retained using a single surface restoration on the mesial, and a two surface restoration on the distal. Posterior applications utilize a two surface restoration on both the mesial and the distal.



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