INDICATIONS FOR USE

Caulk First Bite® Impression Trays are indicated for the impression of one or two teeth prepared for crowns, inlays or onlays while simultaneously recording the opposing dentition and bite registration of the two arches. The double arch trays are ideal for: *1 or 2 units only; not indicated for fixed bridges. *Cases with cuspid rise occlusion and steep anterior guidance.

CONTRAINDICATIONS

1. This technique is not suggested in cases with heavy posterior group function or minimal anterior guided disclusion. Use in these cases will lead to excessive adjustments of the crown.

2. A medium body material is not recommended for use alone without a rigid tray material.

WARNINGS

1. After removal of the impression, if the tray shows through in the area of the hard palate or other hard tissue, the impression is distorted and should not be used. Select a larger tray or use a different technique i.e. quadrant of full arch rigid tray.

PRECAUTIONS

1. It is recommended to include the cusps in the impression by massaging the material forward on the buccal side and asking the patient to move material anteriorly with the tongue.

2. Be sure that the patient maintains full closure. This also creates more rigidity in the anterior part of the tray with a greater bulk of tray material.

3. Use a rigid setting tray material, such as Aquasil™ Rigid or Reprosil® Heavy Body Cartridge.

STEP-BY-STEP INSTRUCTIONS

1. Analyze the patient’s occlusion to verify the acceptability of the existing occlusion in maximal intercuspation. This impression technique is optimal in patients displaying a cuspid rise occlusion in lateral excursions with steep anterior guidance. Use of this technique with patients having heavy group function is discouraged. Adjust occlusion, if indicated, before taking the impression.

2. Perform tooth preparation and soft tissue retraction in the normal manner.

3. Select a tray for the teeth to be impressioned. Trial fit and close the patient into maximum intercuspation to assure that the tray does not interfere with full closure. If any part of the tray interferes with full closure either select a larger double arch tray or a technique using standard trays may be indicated. The walls of the tray must not touch the hard palate or tooth structure or a distortion will result. Be particularly attentive that the arch bar at the posterior end of the tray clears the distal aspect of the most posterior tooth.

Practice full closure with the patient and note the occlusal contacts on the contralateral side of the mouth. Both practitioner and patient should be familiar with the fully intercuspated jaw position. Remove the tray, rinse and dry thoroughly before applying adhesive.
4. **MONOPHASE TECHNIQUE:**
Select a rigid setting material for the tray. A single viscosity material, for use in a monophase impression, Aquasil™, Aquasil™ Rigid, Hydrosil®, Hydrosil® XT™ or Polyjel® NF™, can be used for both tray and syringe with this technique.

**DUAL PHASE TECHNIQUE:**
Two viscosities (such as Aquasil™ LV or Aquasil™ XLV, Reprosil® Light Body or Reprosil® Regular Body for syringing, and Aquasil™ Rigid, Reprosil® Heavy Body Cartridge or Quixx® Cartridge Putty for the tray) may also be used.

Apply tray adhesive to the internal aspects of the rigid parts of the tray and allow to set for a minimum of 5 minutes.

**NOTE:** If the tray has been trial inserted, transfer adhesive to a pad and apply with a disposable brush. Avoid cross-contamination of the tray adhesive bottle when using a reusable brush.

5. Following the manufacturer’s recommended instructions, dispense, mix, and load the impression material(s). If you are using two viscosities, time mixing of the materials so that the tray is ready when syringing is completes. Load a low viscosity material into the syringe and a high viscosity rigid setting tray material into both sides of the tray.

6. Insert the loaded tray, centering on the arch, and instruct the patient to close, guiding the mandible to the full intercuspation noted in the practice closure. After inserting the tray, massage the cheek to move material forward to the cuspid region to include the cuspid and reinforce this area in the impression. Also have the patient move the material to the anterior of the tray with the tongue.

   **HINT:** To promote full closure and maximum intercuspation, tell the patient that you are going to tap gently but firmly under the chin with your hand and then proceed with this maneuver.¹

7. Leave the tray in the mouth undisturbed for the minimum removal time of the selected material(s). Remove the exerting pressure on the flanges on the side of the tray. Don’t use the extraoral handle for removal of the set impression.

8. Rinse the impression with cold water. Carefully inspect the impression for complete margin reproduction and contacts with hard tissue. If the tray contacts the hard palate or tooth structure, the impression is distorted and should be retaken. A larger tray or different technique may be indicated. Contact of the posterior bar with soft tissue at the posterior of the tray is acceptable.

   The impression should be disinfected by spray or immersion in a cold sterilization solution. Complete guidelines are set forth in “Infection Control Recommendations”, a supplement to the Journal of the American Dental Association, August, 1992.