

THE MAXIMUM STRENGTH ADHESIVE CEMENT



Immediate and long-term maximum bond strengths;
balanced system of strength and ease of use

Technique Guide

Calibra® Ceram Adhesive Resin Cement



1 Pre-treatment
Follow dental lab or restoration manufacturer's instructions for pre-treatment of the intaglio surface of the restoration, if required.



2 Apply adhesive to tooth
Apply Prime&Bond active® adhesive to all cavity surfaces. Avoid pooling. No need for Self Cure Activator when Prime&Bond active adhesive is used with Calibra Ceram cement. Slightly agitate adhesive for 20 seconds.

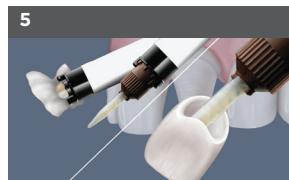
Note: Phosphoric etching of available enamel recommended. Conditioning of dentin is optional.



3 Air dry
Thoroughly dry with moderate air flow for at least 5 seconds.



4 Light cure - 10 seconds
Special instruction for use with light transmissible crowns only: Light curing of applied Prime&Bond active adhesive may be accomplished right after seating restoration with cement. See step 9.



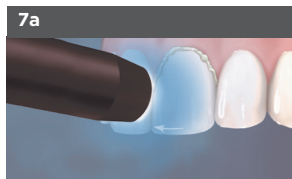
5 Apply Calibra Ceram cement
Dispense and discard a small amount of material from the dual-barreled syringe. Attach mixing tip. Apply a thin, uniform layer of cement to the entire intaglio surface of the restoration.



6 Seat restoration
Protect restoration from contamination and movement until the final set of the cement (5 minutes from start of mix or completion of light curing).

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7a Clean up excess - optional dual cure

Briefly light cure cement at the margins by constantly moving the curing tip around the margins for no more than 5 seconds per surface (buccal/oral). Excess cement will reach a “gelled” state after this brief cure. Excess cement will remain in the “gelled” state for approximately 45 seconds following light exposure.

-OR-



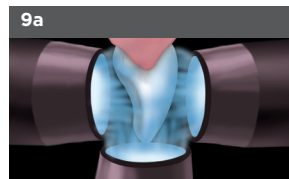
7b Clean up excess - self cure

Excess cement will reach the “gelled” state after approximately 1-2 minutes in the mouth, allowing easy removal. *NOTE: Cement within the crown has not yet set. Do not move, torque, or disturb the crown during cleanup.*



8 Remove excess cement

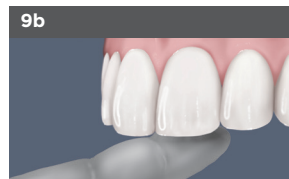
Protect restoration from movement during the gel phase cleanup through the final set.



9a Light cure for light transmissible restorations

Once cleanup is complete, light cure all areas of the restoration for 20 seconds from each direction - buccal, lingual, and occlusal.

-OR-



9b Self cure and dual cure for non-light transmissible restorations

For zirconia-based, metallic, thick or heavily opaqued ceramic or composite, once cleanup is completed and restoration is stabilized, allow Calibra Ceram cement to self cure without disturbing for 5 minutes from start of mix. Following all excess removal, exposed margins may be light cured 20-40 seconds to assist restoration stabilization.



10 Finish & polish

Removal of resin flash is best accomplished with the Enhance® Finishing System and polish using Enhance® PoGo® Polishing System (see complete instructions for use).

Tips on Material Pre-Treatment

Material	Pre-Treatment*
Composite	Sandblast (except for composite post surface)
Glass Ceramic/ High Strength Glass Ceramic	Etch with hydrofluoric acid, silanize with Calibra® Silane Coupling Agent
Zirconia/Metal	Sandblast (except for zirconia post surface)

**Some manufacturers may require additional primers. Please consult instructions for use.*

Additional Technique Tips

- For Feldspathic Porcelain, Leucite-reinforced Ceramic, Lithium Disilicate Ceramic, Zirconia-reinforced Lithium Silicate: Etch the bonding surfaces with hydrofluoric acid and use Calibra Silane Coupling Agent on intaglio. For zirconia, metal restorations apply Prime&Bond active® adhesive to the intaglio surface of the restoration.
- For light transmissible restorations, when used with Prime&Bond active adhesive, light curing of adhesive can be done after seating the crown.
- For excess cement cleanup, monowave output LED lights with a single peak output around 470nm are recommended. High power, dual or broad spectrum lights may cause premature hardening of excess cement. Check curing light effect on mixed cement prior to clinical use.