Methods of Preparation Veneers

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Porcelain veneers are resin-bonded to the underlying tooth and provide a conservative method of improving appearance or modifying contour, without resorting to a full coverage crown. The porcelain laminate veneer is now a frequently prescribed restoration for anterior teeth.

CLINICAL TECHNIQUE

A key element in success with porcelain veneers is carefully controlled but appropriate tooth tissue reduction.

The aims of tooth preparation are to:

• Provide some space into which the technician can build porcelain without over-contouring

• Provide a finished preparation that is smooth and has no sharp internal line-angles which would give areas of high stress concentration in the restoration • Maintain the preparation within enamel whenever possible

• Define a finish line to which the technician can work.

Depth of preparation

Incisal edge reduction

Four incisal preparations are possible for veneers: a) window , b) feather , c) bevel or d) incisal overlap

Axial tooth reduction

Proximal finish lines

Cervical finish lines

NON-STANDARD VENEERS

Veneers are generally prescribed for the buccal aspects of maxillary anterior teeth, but there are a number of 'non-standard' applications. These include veneers for:

- The palatal/lingual aspect of teeth which have been worn or fractured
- Diastema elimination using slips restricted to the proximal aspects of teeth
- Lower incisors
- Posterior occlusal onlays

All of these applications require some careful thought to ensure a satisfactory result.