



Thomas E. Pillar, DDS

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Diagnosis: M & D restorations with recurrent decay; discoloration due to previous endodontic treatment.

Treatment: All-porcelain crowns teeth # 6-11

Material: Vita® Mark II porcelain

Shade: A1 with Vita Akzent stain and glaze



Thomas E. Pillar, DDS

- The challenge is being able to deliver an esthetic all-porcelain restoration in a single appointment. The strength and natural appearance of CEREC® restorations, coupled with the ability to provide them *now*, makes CEREC the *only* choice. -



Douglas W. Voiers DDS, FWCM

The Center for Advanced Technology
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Diagnosis: Amalgam marginal failure,
external enamel stress fractures
30 & 31

Treatment: Excavation, preparation &
restoration with tooth-conserving
CEREC® inlay/onlay restorations

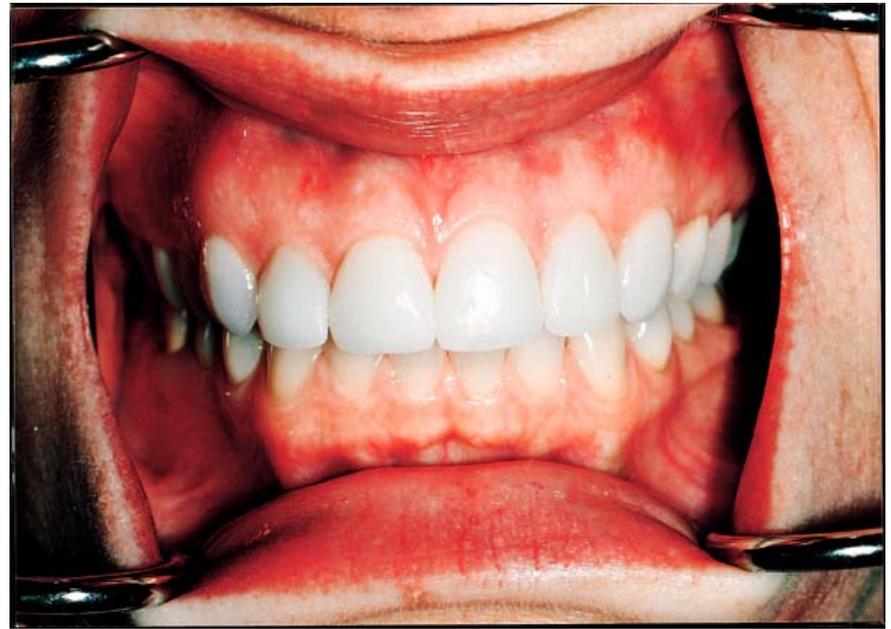
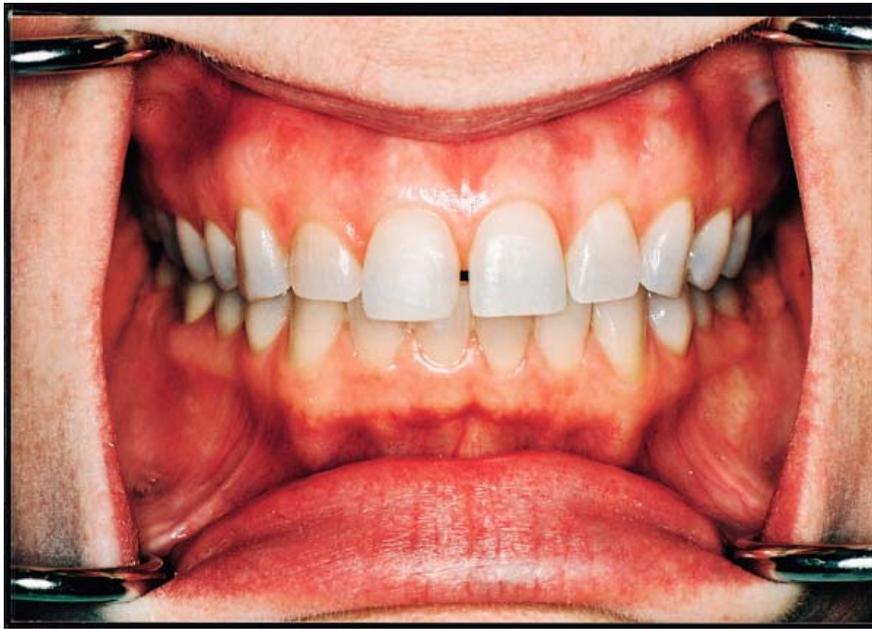
Material: Vitabloc®

Shade: A2

Douglas W. Voiers DDS, FWCM

- The old amalgams were breaking down and the extent of the damage to the natural tooth structure was becoming extensive as a result of recurrent caries undermining cusps.

CEREC restorations were chosen instead of laboratory fabricated full coverage in order to maintain adaptability and biomechanical integrity during function. The “tooth-like” physical properties and highly etchable nature of the CEREC materials allowed for maximum bond strength and minimal tooth destruction during preparation. A beautiful final result was achieved in a time-conserving manner. -



James D. Connors, DDS

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Diagnosis: Multiple diastemas of maxillary anterior teeth; fractured and chipped composite bonded restorations

Treatment: Restore 6 anterior teeth with CEREC® veneers

Material: Pro-CAD®

Shade: 100



James D. Connors, DDS

- My patient presented with multiple diastemas of her maxillary anterior teeth. In the past, she had several composite bonded restorations that had continually fractured and chipped. Having over ten years experience with CEREC restorative materials, I felt extremely comfortable restoring her six anterior teeth with CEREC veneers. Prior to her restorative appointment, the patient had decided to whiten her teeth.

She requested very light veneers for the final restorations. I used Pro-CAD 100 blocks with custom satin and glaze. -



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Diagnosis: Amalgam marginal failure &
radiographic recurrent caries
18 & 19

Treatment: Excavation, preparation &
restoration with conservative
CEREC® inlay restorations

Material: Pro-CAD®

Shade: 200



Douglas W. Voiers DDS, FWCM

- The patient disliked her unsightly black amalgam restorations. She understood the nature of recurrent caries and the necessity to replace her amalgams to restore the teeth. Direct resin restorations were decided against due to the dimensional extent and resultant polymerization shrinkage that characterizes larger resin restorations. CEREC restorations were done to facilitate tooth-conserving methods while providing a long-lasting, natural-looking metal-free restoration. -



Dr. Tom Northway, DDS

Northway Family Dentistry
3050 Ivanrest SW
Grandville, Michigan 49418

Phone: 616.531.7480

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Diagnosis: # 12 fractured amalgam,
13 recurrent decay

Treatment: MOD CEREC®s

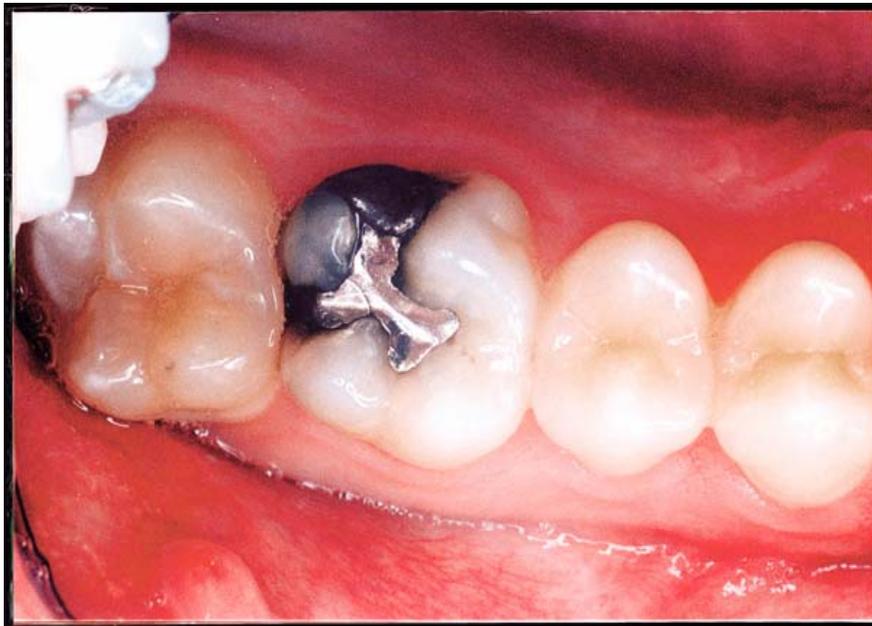
Material: Vita® porcelain bonded with
Optibond® FL and
Heliomolar®

Shade: A2



Dr. Tom Northway, DDS

- Perfect CEREC case. Allows strengthening of teeth while preserving their natural appearance. With adjacent teeth, I prefer to prep and design one. Prep the second one while first milling. Try in the first, then image and design second. Can then bond first while milling second, or wait and bond both simultaneously. -



Dr. Tom Northway, DDS

Northway Family Dentistry
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Diagnosis: Defective amalgam with recurrent decay

Treatment: DOL onlay

Material: Vita® Mark II porcelain bonded with Optibond® FL and Heliomolar®

Shade: A2



Dr. Tom Northway, DDS

- Excellent case for correlation. Accurate model of preexisting occlusal morphology significantly simplifies onlay design. CEREC®'s ability to exactly duplicate the pretreatment model vastly reduces post-cementation occlusal adjustments. This restoration only required polishing. -



Dr. Rich Masek

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Diagnosis: Defective amalgam restorations with recurrent decay and buccal cusp fractures on both # 14 & # 15

Treatment: # 15 DOBL Onlay & # 14 MODB Onlay

Material: Vita® Mark II

Shade: VitaPan Master 3D shade 1M2C



Dr. Rich Masek

- This patient presented with defective restorations that required replacement and cuspal coverage. The typical restorative solution would have been full coverage for both restorations. The teeth would require overpreparation to hold a temporary and minimal reduction for a ceramic onlay would leave little to hold the temporary as well. Placement of a conservative onlay in a single visit solves all of the associated problems and completes the treatment in a single visit of about 2.25 hours. -



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Diagnosis: Lost filling and fractured incisal edge # 8, altered tissue level or overlapping of incisors

Treatment: Veneers # 7-10 and laser gingivectomy # 7

Material: Vita® Mark II

Shade: VitaPan Master 3D shade 1M1C



Dr. Rich Masek

- This patient presented with a lost MI resin on # 8, which had been discolored as well. This provided the impetus to restore the tooth and consider a cosmetic makeover. Tissue recontouring was required to align the gingival zenith of # 7. Characterization was accomplished through cutting back and layering incisal porcelains to create the translucent effect. Incisal length was increased and axial inclination was corrected. -