

CROWN SEATER



CROWN SEATER... your CEMENTATION partner



TO CEMENT CROWNS AND 3 UNIT BRIDGES- For posterior teeth



DESIGNED LIKE A CUSP TIP- To function like an opposing tooth



SINGLE POINT CONTACT- Ensures complete margin seating



AVAILABLE AS A PAIR- 1st & 3rd quadrant; 2nd & 4th quadrant



COLOR CODED- For ease of identification



Ideal for **ALL PROSTHETIC MATERIALS**



AUTOCLAVABLE AND REUSABLE- with carry case



PATENTED DESIGN

For more details and videos visit www.mikdental.in

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Hydrostatic pressure of the unset luting cement tends to push a crown away from the preparation and into high occlusion, unless there is a seating force to counter the extrusive movement. This seating force needs to be continuous and adequate in intensity to prevent the elastic recoil.

Such force is routinely achieved by asking the patient to bite onto a non-rigid material like cotton roll. While this is commonly performed, there is an inherent flaw in this technique.

Biting on bottom has a very high tendency of tipping the prosthesis off its final seated position, significantly compromising the end result. This can often be the reason for patients complaining of a high crown immediately after cementation, when they seemed to fit fine without the cement. This is where the Crown Seater steps in.

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TECHNIQUE

The raised rigid edge of the Crown Seater functions as an antagonist cusp tip and is to be positioned onto the occlusal surface of the tooth being cemented. Such a design is physiologic, as only a single point of contact under the patient's own masticatory force predictably seats the prosthesis onto the preparation margin with no risk of lifting or tipping.

As the oral cavity is partially propped open, clinician can evaluate the margins, remove excess cement flash and also light cure the resin cement when indicated.



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Crown Seater is available as a set of two where the white one works best for the 1st and 3rd quadrant while the dark blue one is designed for the 2nd and 4th quadrant (designed to accommodate the cheek).

It is ideally suited for use during cementation of premolar and molar crowns. They can also be used for bonding partial restorations like inlay, onlay, crownlay, endocrown. They are autoclavable and thus can be used repeatedly.

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