

# PREP GAUGE



# **PREPGAUGE...** the CLEARANCE guide



**ULTIMATE TOOL** to add predictability- **PATENTED DESIGN**



**TO QUANTIFY CLERANCE-** occlusal, palatal & proximal



**FOOD GRADE STRIPS-** Biocompatible, non-allergenic



**4 THICKNESS-** 1 mm, 1.5 mm, 2 mm, 3.5 mm



Based on **FEELER GAUGE CONCEPT**



Ideal for **ALL PROSTHETIC MATERIALS**



**SHAPED LIKE A BOOMERANG-** for use with anterior and posterior teeth



**AUTOCLAVABLE AND REUSABLE-** with carrycase

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## INDICATIONS

### 1 mm gauge (Yellow):

Non-functional cusps for Lithium Disilicate (LiDiSi), Porcelain Fused to Zirconia (PFZ), monolithic metal and monolithic zirconia preparations.

### 1.5 mm gauge (Blue):

Functional cusps for LiDiSi, PFZ, monolithic metal and monolithic zirconia preparations. Non-functional cusps for PFM preparations.

### 2 mm gauge (Green):

Functional cusps for PFM preparations.

### 3.5 mm gauge (Pink):

PFM reductions involving maxillary and mandibular antagonist teeth.

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## **TECHNIQUE**

The gauges have been particularly shaped for their easy placement between all teeth. Their wider arm (10 mm in width) is to be used for molar teeth, while the narrower arm (7 mm in width) is designed for use with teeth having a narrower diameter. The rounded end of the narrow arm (1 mm in width) can be used for mandibular anterior teeth where the mesio-distal width of the tooth is the least.

Once the desired amount of reduction has been achieved, the patient is asked to bite onto the corresponding PrepGauge. The clinician should then try to pull the gauge through the buccal aspect (feeler gauge concept).

One of the following three possibilities exist:

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**Possibility 1:** The gauge can be pulled out through the buccal aspect with minimal resistance.  
Clinical conclusion: The preparation is adequate in relation to the PrepGauge used.

**Possibility 2:** The gauge cannot be pulled out through the buccal aspect.  
Clinical conclusion: The clearance is inadequate and requires further reduction.

**Possibility 3:** The gauge can be pulled out through the buccal aspect without any resistance.  
Clinical conclusion: The preparation is over-reduced or the patient is not in MIP.



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Although this technique helps gauge the adequacy of the preparation, it does not indicate specific areas where the preparation may need further reduction (if any).

To meet this need, special paints or sprays can be used in conjunction with the PrepGauge, e.g. Arti-spot 2 from Bausch.

Image on right shows areas that need further reduction (red mark on the occlusal surface) as they are highlighted by the color used on the gauge.

The ink from the spray or paint gets selectively transferred to areas that need further reduction, thereby adding tremendous value to the system.



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Evaluating excursive clearance is important, especially for anterior teeth, where uniform reduction along the entire path of anterior guidance is extremely crucial for long-term prognosis of the case. This can easily be achieved with the use of PrepGauge.

In addition, the gauges can also be used for evaluating the adequacy of proximal reduction.

Thus, predictability when performing fixed prosthetic preparations can be greatly enhanced with the use of PrepGauges.

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**SCAN TO WATCH VIDEO**



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