A glossary of dental terminology, anatomical landmarks and a description of all major lines of Trubyte® Tooth Products.

The Trubyte® Primer

PREFACE

The Prosthetics Primer is a book of elementary principles for the “beginner” in dentistry. It has been used successfully for many years by schools of dental laboratory technology, schools of dental assisting, and dental hygiene and by many others interested in dental health who seek a basic knowledge of dental anatomy and nomenclature.

The first two sections of the Prosthetics Primer deal with the major landmarks, bones and muscles surrounding the oral cavity. The third section identifies a complete complement of natural teeth and describes the various tooth surfaces.

Chapter Four demonstrates some of the landmarks of the upper and lower arch and how they appear on a model or cast of the edentulous arch. We gratefully acknowledge the cooperation of Gerald M. Cathey, D.D.S. of the University of North Carolina School of Dentistry for permission to use illustrations from his book, Dental Laboratory Technology: Dental Anatomy.

As natural teeth are lost, various types of restorations may be constructed to replace the missing teeth and surrounding structures. Section Five describes some of the types of prosthetic restorations used in dentistry today.

The heart of any primer is its ability to define terms so that a beginning student has a clear concept of the subject matter. Chapter Six is a glossary of dental terminology slanted toward those terms associated with prosthetic dentistry. In this section much of the “language of dentistry” is defined, keeping in mind that the reader is new to the field.

In Section Seven artificial teeth are discussed with particular emphasis on identification of teeth on and off their carding.

The eighth chapter is a summary of the various lines of Trubyte porcelain and plastic teeth manufactured by DENTSPLY International Inc. Each anterior line is identified by type of material with a brief description of shade and mould availability. Posterior teeth are further designated by cusp height and design: Anatomical, Semi-Anatomical and Mechanical.

A shade guide chart in Section Nine references the tooth line with which each shade guide is used. Chapter Ten covers the use of work authorizations by dentists to their laboratories, and finally, Chapter Eleven covers Trubyte Tooth warranties.

We sincerely hope those who use the Prosthetics Primer find it a stimulating aid to teaching and to learning.
CONTENTS

Section I  The major landmarks and bones of the cranium ........................................4
Section II  The major muscles of mastication ..........................................................5
Section III Natural Teeth ..........................................................................................6-7
          A. Identification of teeth and tooth surfaces ............................................6
          B. Anatomy of natural teeth ......................................................................7
Section IV Mandibular and maxillary landmarks .....................................................8
Section V  Types of Prosthodontic Restorations .......................................................9-14
          A. Complete Dentures ..............................................................................9
          B. Removable Partial Dentures .................................................................10-11
          C. Fixed Partial Dentures ........................................................................12-14
Section VI Glossary of dental terminology ..............................................................15-21
Section VII Artificial Teeth ....................................................................................22-25
          A. Denture Anteriors and Posteriors .........................................................22
          B. How artificial teeth are carded and identified ......................................23-24
          C. The Trubyte Bioform Mould Numbering System ..................................24
Section VIII Trubyte® Denture Teeth ......................................................................26-42
          A. Trubyte® Anteriors .................................................................................26-29
          B. Trubyte® Posteriors ................................................................................30-42
Section IX  Trubyte Shade Guide Summary ...............................................................42
Section X   Work Authorizations .............................................................................43
Section XI  Trubyte Tooth Warrantees ....................................................................44
I. MAJOR LANDMARKS AND BONES OF THE CRANIUM

**ALVEOLAR PROCESS** – The bony ridge (Alveolar Ridge) of the maxilla or mandible which contains the alveoli (sockets of the teeth).

**CONDYLE** – The rounded surface at the distal extremity of the ramus of the mandible which fits into the glenoid fossa to form the long portion of the temporomandibular joint.

**FRONTAL BONE** – The frontal bone forms the bony framework of the forehead, and a portion of the roof of the orbits (eye sockets) and nasal cavity.

**GLENOID FOSSA** – A hollow in the plate-like or scaley portion of the temporal bone at the base of the zygoma. The condyle of the mandible rests in the glenoid fossa.

**MANDIBLE** – The lower jaw.

**MANDIBULAR FORAMEN** – An opening on the internal surface of the ramus that provides entrance for blood vessels and the mental nerve.

**MAXILLA** – The upper jaw.

**MENTAL FORAMEN** – An opening in the mandible below the second premolar region which provides for the entrance or exit of blood vessels and nerves.

**OCcipital Bone** – The occipital bone forms the posterior or back portion of the skull and is the bone which supports the head upon the spinal column.

**PARIetal BONES** – The parietal bones form a large portion of the cranium extending from the frontal bone to the occipital bone.

**RAMUS** – The ascending posterior portion of the mandible.

**SPHENOID BONE** – The sphenoid bone forms the central portion of the anterior base of the cranium and aids in binding the other cranial bones together since it joins with every bone of the cranium and with several of the bones of the facial skeleton. The sphenoid bone transmits the optic nerve (nerve of sight).

**TEMPORAL BONE** – The paired temporal bones take part in the formation of the sides and part of the base of the cranium, and contains the organs of hearing and equilibrium.

**TEMPOROMANDIBULAR JOINT** – The bony portion of the temporomandibular joint is formed by the condyle and glenoid fossa.

**ZYGOMATIC PROCESS** – The zygomatic bones form the most prominent feature of the cheeks and a portion of the outer wall of the eye socket.

II. MAJOR MUSCLES OF MASTICATION

**Temporalis**
Aids in closing mandible and draws it backward when in protrusion.

**Masseter**
Closes mandible and moves it slightly forward.

**External Pterygoid**
Protrudes mandible and opens jaws.

**Internal Pterygoid**
Raises mandible; when active on one side only moves mandible laterally.

**Buccinator**
Draws angle of mouth laterally; holds food in position for mastication.

**Orbicularis Oris**
Closes and protrudes lips

**Mylohyoid**
Forms the floor of the mouth, lifts the tongue, helps in swallowing, and assists other muscles in opening the jaw.

**Geniohyoid**
Works with the mylohyoid in the above, and also helps to stabilize the hyoid bone.
III. CONCERNING NATURAL TEETH

There are 32 natural teeth. Roots are imbedded in bone called the alveolar process or ridge. The upper jaw, or maxilla, is stationary and attached to the other bones of the head. The lower jaw or mandible is movable. In each jaw there are six anteriors and ten posteriors. The anteriors have a single root, and are classified as centrals, laterals and canines. The posteriors have two or more roots and are classified as premolars and molars. A commonly used system of tooth notation for the adult dentition is based on a numbering sequence of 1 thru 32. Each number represents a specific tooth, and may be used by dentists and dental technicians as an abbreviated means for identification (i.e., #29 instead of mandibular right second premolar).

**ANATOMY OF NATURAL TEETH**

**CROWN** – (ANATOMICAL CROWN); That part of the natural tooth which is covered by enamel.

*CLINICAL CROWN*; That part of the tooth which is visible in the mouth.

**ROOT** – That part of the natural tooth which is covered by cementum and which is mostly imbedded in the bony process of the jaw.

**ENAMEL** – The white, compact and very hard substance that covers and protects the dentin of the crown of natural teeth.

**DENTIN** – The chief substance of the teeth. Surrounds the tooth pulp. Covered by enamel on the exposed part of the tooth and by cementum on the part implanted in the jaw.

**PULP CHAMBER** – The cavity which extends lengthwise through the center of the tooth and houses the pulp tissue.

**PULP** – A soft tissue that occupies the pulp chamber and the root canals of a tooth. Composed of nerves, blood vessels and connective tissue.

**CEMENTUM** – The layer of bony tissue, covering the root of a tooth.

**APICAL FORAMINA** (Plural Foramina) – The opening at the end of a root of a tooth though which the tooth receives its nerve and blood supply.

**FRENUM** – A fold of connective tissue covered with mucous membrane which attaches the tongue, lips, and cheeks to adjacent structures.
IV. MANDIBULAR AND MAXILLARY LANDMARKS

MAXILLARY ARCH

FIG. 7

FRENUM – A fold of connective tissue covered with mucous membrane which attaches the tongue, lips, and cheeks to adjacent structures.

VESTIBULE – That part of the oral cavity which lies between the cheeks or lips and the residual ridge or teeth.

ALVEOLAR RIDGE – The bony ridge (alveolar process) of the maxilla or mandible which contains the alveoli (sockets of the teeth).

BUCCAL SHELF – A flat area of the mandible bounded by the crest of the ridge and the external oblique line which furnishes support for the mandibular denture.

MAXILLARY TUBEROSITIES – The area at the posterior end of the maxillary alveolar ridge often in the form of a bulge.

PALATINE FOVEAE – One or two small indentations in the region of the junction of the hard and soft palates which are formed by a coalescence of mucous glands.

PALATE – The roof of the mouth.

HARD P. – the anterior portion of the palate composed of an underlying base of bone covered by soft tissue.

SOFT P. – the posterior portion of the palate composed primarily of connective and muscle tissue.

MANDIBULAR ARCH

FIG. 9

HAMULAR NOTCH – A notch or hollow found just posterior to the tuberosities.

VIBRATING LINE AREA – The imaginary line across the posterior part of the palate marking the division between the movable and immovable tissues.

RETROMOLAR PAD – The soft tissue pad, often pear-shaped, at the posterior extremity of the mandibular ridge.

INCISIVE PAPILLA – A small pad of tissue at the median line behind the crest of the maxillary ridge that protects the vessels and nerves which make their exit from the anterior palatine foramen.

RUGAE – The irregular ridges of soft tissue covering the anterior portion of the hard palate.

FIG. 10

FIG. 8

V. TYPES OF PROSTHODONTIC RESTORATIONS

There are three basic classifications of prosthodontic restorations:

1. Complete denture – dental restoration which is a substitute for all of the lost natural teeth and associated structures of the upper or lower jaws.

2. Removable partial denture – a dental prosthesis which replaces one or more, but less than all of the natural teeth. It can be readily removed by the patient or dentist; it is permanently attached to natural teeth or roots which furnish the main support of the appliance.

3. Fixed partial denture (fixed bridge) – a restoration of one or more missing teeth which cannot be readily removed by the patient or dentist; it is permanently attached to natural teeth or roots which furnish the main support of the appliance.

Complete Dentures

When an arch of teeth is diseased by advanced decay, infections in the root tip area, or gum disease to the extent that the loss of these teeth is absolutely unavoidable – a complete denture may be made.

One form of complete restoration is an immediate denture, so named because it is inserted immediately at the time the natural teeth are extracted. This form of treatment is preferred in many instances.

Another method of complete denture treatment is to remove the natural teeth, wait for an appropriate period of mouth healing and then construct the appliances.

Whichever way the dentures are constructed, if proper care is taken to select the form, size, and color of teeth the appearance of the dentures will be natural and pleasing. Typical complete dentures are illustrated below:

Maxillary (Upper) Complete Denture

FIG. 11

(As Seen from the Palatal or Inner Aspect)

Mandibular (Lower) Complete Denture

FIG. 13
**Removable Partial Dentures**

There are three major types of removable partial dentures:

1. Those supported primarily by natural teeth.
2. Those supported primarily by the soft tissues.
3. Those supported partially by the teeth and partially by the soft tissues.

**Removable Partial Dentures Supported Primarily by Natural Teeth**

![FIG. 14](image1.png)  ![FIG. 15](image2.png)

This is an example of a unilateral removable partial denture that is mainly tooth supported. This type is not used often because of the possibility of accidental dislodgement. This pattern of missing teeth is more often replaced with a fixed partial denture in many dental practices.

![FIG. 16](image3.png)  ![FIG. 17](image4.png)

These pictures show a more common type of tooth supported, removable partial denture. This bilateral type is retained by claspers formed to fit around the crowns of the natural teeth.

**Removable Partial Dentures Supported Primarily By Soft Tissue**

![FIG. 18](image5.png)

This type of a removable partial denture is usually made of acrylic resin. It is used mainly as a transitional appliance for tooth replacement until more definitive treatment can be performed.

**Removable Partial Dentures Supported Partially By The Teeth and Partially By Soft Tissue**

![FIG. 19](image6.png)  ![FIG. 20](image7.png)

This removable partial denture is a very commonly used type. The metallic framework derives support from the teeth, and the denture base areas (saddles) derive support from the residual ridges.
FIXED PARTIAL DENTURES (FIXED BRIDGES)

These are retained by crowns fitted to preparations on the teeth. They are attached with a hard cementing agent which seals the retaining crowns to the tooth preparations. Since they are not removable but are fixed in position, they are called fixed partial dentures or fixed bridges.

Many of these appliances are solid metal castings with a veneer of porcelain or plastic. Others may be made with pontics or artificial teeth attached to the retaining crowns with a solder joint. They all have in common a fixed attachment with continuing support by the natural teeth.

These pictures illustrate two types of fixed partial dentures which may be used to replace missing teeth in the posterior areas of the mouth.

Figure 22 shows a model of the mouth with teeth prepared to receive the fixed appliances, but with the appliances not in position. Figure 23 shows the restorations in place as they would be in the mouth.

The appliance on the left side of the model in both pictures is made primarily of metal with a veneer of acrylic resin to enhance its appearance. The appliance on the right side of the model has a substructure of cast metal onto which porcelain has been fused to form a large portion of the surfaces of the restoration.

These pictures show ways in which the anterior area of the mouth may be restored.

Figure 24 is a model of the mouth on which four teeth have been prepared. To the readers left are two teeth prepared to receive individual crowns. On the right, two additional teeth have been prepared to support a fixed partial denture which replaces two missing teeth.

Figure 25 shows these appliances in place as seen from the palatal (inner) aspect of the model and demonstrates the metallic portion of these restorations. The design and construction is such that the metal is not visible when seen from the outside.
ARTIFICIAL CROWNS

These may be made as a single restoration for a badly broken down tooth, or may be used to retain fixed partial dentures as previously shown. Sometimes they are placed to improve the appearance of the anterior portions of the mouth. They are all sealed to the tooth with a hard cementing substance, and will give many years of service when properly fitted by the dentist and properly maintained by the patient.

**Basic types of artificial crowns are:**

**All Metal** – Metals used may be various alloys of chromium, cobalt, nickel, or gold as shown in Figure 26.

**All Ceramic Crowns.** There are several types of all-ceramic crowns. Figure 27 shows a stone model (die) of a prepared tooth ready to accept an all-ceramic crown.

**Metal With a Veneer of Porcelain or Plastic Attached.**

Over the prepared tooth a coping or covering of metallic alloy is formed. To this, varying layers of porcelain or plastic are fused. Fig. 28 illustrates the various layers of porcelain used to reproduce natural appearance and to reinforce the crown’s strength. Fig. 29 shows the inner core of metal on which porcelain has been fired.

**Inlays**

An inlay is usually thought of as an intra-coronal (inside the natural tooth crown) restoration and may be made of porcelain, ceramic material, composites, or of cast metal. Fig. 30 shows how the tooth may be prepared to accept an inlay. Fig. 31 illustrates a cast metal inlay seated on a stone model (die) of a prepared tooth.

**VI. GLOSSARY OF DENTAL TERMINOLOGY**

**DENTISTRY** – The art and science of diagnosing, treating, and preventing diseases and malformations of the teeth and the associated structures of the oral cavity. These may include the jaws and associated facial bones, the periodontal tissues or gums, the cheeks, lips, tongue, floor of the mouth, the palate, the anterior parts of the throat, and the temporomandibular joint.

Specialties of dentistry include:

**ENDODONTICS** – Deals primarily with the treatment of diseased tooth pulp, and adjacent areas in the jaw.

**ORTHODONTICS** – Deals with prevention and correction of irregularities of the teeth and jaws.

**PEDODONTICS** – The specialty of dentistry concerning the teeth and mouth conditions of children.

**PERIODONTICS** – The diagnosis and treatment of tissues which surround and support the teeth.

**PROSTHODONTICS** – That branch of dentistry pertaining to the replacement of missing teeth and structures by artificial devices.

**ORAL SURGERY** – Deals primarily with the removal of teeth, treatment of jaw fractures, removal of tumors, and correction of malformed facial bones.

Other specialties include oral pathology, and public health dentistry.

**Prosthodontic Terminology**

**ABUTMENT** – A tooth used to support a removable partial denture or anchor a fixed partial denture.

**ACRYLIC RESIN** – The plastic material widely used in dentistry to make the denture base.

**ALLOY** – A combination of two or more metals. Golds for casting, wires, and solders are alloys.

**ALVEOLAR BONE** (al veel’ ar bone) – The specialized bone structure which supports the teeth.

**AMALGAM** – An alloy of mercury and silver (with other alloying metals) used as a restorative material and for making dies.

**ANNEAL (á nêl’)** – To soften a metal by controlled heating and cooling. Normally done before bending or swelling.

**ANTERIOR TEETH** – Central incisors, lateral incisors, and canines of either upper or lower arch.

**ANTERO-POSTERIOR** – Extending from the front backward.

**ARTICULATE** – (teeth); To arrange the denture teeth in their proper positions in the trial baseplate. To “set-up” the teeth, (casts); To bring two casts together in occlusion. To mount the upper and lower casts on the articulator.

**ARTICULATION** – The harmonious contact of the opposing teeth in closed position and in lateral and protrusive movements. (2) Junction of two bones which may or may not be a movable joint.

**ARTICULATOR** – A mechanical device upon which the casts of the mouth may be mounted to simulate the relationship of the jaws.

**ARTIFICIAL STONE** – Gypsum product similar to Plaster of Paris but with much greater density and strength. May be colored to distinguish it from plaster.

**BACKING** – A metal support which serves to attach a facing to a prosthesis.

**BALANCE** (in occlusion) – The simultaneous harmonious contacts of tooth surfaces in different parts of the mouth which act to prevent tipping of the denture.

**BALANCING SIDE** – The side opposite the working side of the dentition or denture.
BASE METAL – A metal such as copper or iron not classified as a noble metal.

BASEPLATE – A temporary form representing the base of a denture which is used for making jaw relation records and for the arrangement of teeth.

STABILIZED B. – A baseplate lined with a plastic material to improve its fit and stability.

BENNETT MOVEMENT – The lateral shift of the condyle first described by a British dentist.

BOXING – The placing of a retaining wall of wax around an impression to confine the plaster or stone as the cast is poured.

BRIDGE – (fixed partial denture) – A restoration of one or more missing teeth which cannot be readily removed by the patient or dentist; it is permanently attached to natural teeth or roots which furnish the primary support to the appliance.

BRILLIANCE OR VALUE – The amount of whiteness or darkness in a color. The more white a color contains the more brilliant it appears. The more black or grey, the less brilliant it appears.

BUCCAL (bück’ al) – Pertaining to the cheek; the surface of the tooth toward the cheek.

BUCCAL FRENUM (bück’ al free’ num) – The string-like tissue which attaches the cheeks to the alveolar ridge in the premolar region of each arch.

BURNISH – The drawing or flattening out of a malleable metal through pressure.

CAST (nous) – An object formed by pouring a material (usually stone, plaster, or investment) into an impression; also called “model.”

CAST STUDY (or Diagnostic) – A positive likeness of dental structures for the purpose of study and treatment planning.

CENTRIC RELATION – (1) The most posterior relation of the mandible to the maxilla at the established vertical dimension. (2) The relation of the mandible to the maxilla when the condyles are in their most posterior position in the glenoid fossa from which unstrained lateral movements can be made at the occluding vertical dimension normal for the individual.

CENTRIC OCCLUSION – The relations of opposing tooth surfaces which provide the maximum planned contact and/or intercuspation.

CLASP – The metal part of a partial denture which partly encircles an abutment tooth and helps to support, stabilize, and retain the denture.

CONDYLE (cön’dyyl) – The rounded end of a bone at the articular end of the mandible.

CONNECTOR – A term used in partial denture prosthesis meaning a bar which connects two or more parts of the appliance: (a) major connector – the rigid bar which connects the saddles or major parts. (b) minor connector – the bar which connects clasps to frame.

COPING – A thin cover or matrix usually made of cast metal or acrylic resin to fit over a prepared tooth. A crown is then constructed over the coping.

CROSS BITE – A condition in which the ridge of the mandible lies so far outside the maxillary ridge that normal arrangement of teeth is not feasible.

CROSINLINE – A typing together of acrylic resin molecules chemically to produce a more stable resin.

CROWN – Artificial – A replacement of the coronal portion of a tooth.

CURING – The process by which denture-base materials are hardened to the form of a denture in a denture mold.

CURVE OF SPEE – Anatomic curvature of the occlusal alignment of teeth beginning at the tip of the lower canine and following the buccal cusps of the natural premolars and molars, continuing to the anterior border of the ramus.

DECIĐOUS TEETH (dee sid’ ŭ us) – The first teeth of childhood which are later replaced by the permanent dentition.

DENTITION (den tish’ en) – Natural teeth in the dental arch.

DENTULOUS (dent’ ŭ lous) – Having natural teeth present in the mouth and capable of function.

DENTURE – An artificial substitute for missing natural teeth and adjacent tissues.

DENTURE, COMPLETE – A dental prosthesis which is a substitute for the lost natural dentition and associated structures of the maxilla or mandible.

DENTURE, IMMEDIATE – A dental prosthesis constructed before removal of the teeth and inserted at the time of extraction.

DENTURE SERVICE – Those procedures which are involved in the diagnosis, construction, and maintenance of artificial substitutes for missing natural teeth.

DIAGNOSIS – A scientific evaluation of existing conditions.

DIASTEMA (die stee’ ma) – A space between two adjacent teeth in the same dental arch.

DIE – A positive reproduction of a tooth or preparation, usually in metal or stone.

DISTAL – The side of a tooth farthest away from the median line in the dental arch.

EDENTICS (ee dent´ ics) – A program of continuing care for the edentulous patient.

EDENTULOUS (ee dent’ ŭ lous) – With-out teeth. It may be a specific area, one arch or the entire mouth.

ENAMEL – The white, compact, and very hard substance that covers and protects the dentin of the crown of the tooth.

ESTHETICS (es the’ tics) – (1) The branch of philosophy dealing with beauty, especially with the components thereof, viz., color, form, and arrangement. (2) The qualities involved in the appearance of a given restoration.

EXTRA-ORAL – Outside the mouth.

FACIAL – Pertaining to the face. The surface of the tooth or appliance nearest the lips or cheeks. Used synonymously for the words buccal and labial.

FACE-BOW – A caliper-like device used to record the relationship between the maxilla and condyles of the mandible and to transfer this relationship to an articulator.

FIXED BRIDGE – A fixed partial denture. One that is cemented firmly in position.

FLASK – A frame constructed in sections into which a denture is invested for processing.

FORAMEN (for’ á men) – A hole or perforation in the bone.

FOSSA – A shallow depression in the bone.

FOVEA (fó’ via) – A pit, dimple, or depression.

FRENUM (free’ num) – The small band or fold of connective tissue covered with mucous membrane which attaches the tongue, lips, and cheeks to adjacent structures.

GERODONTICS (jair’ ö dontics) – That branch of dentistry which deals with the dental problems and conditions of the aged.

GINGIVA (gin’ ja va) – That part of the gum tissue which immediately surrounds a tooth.

GLAZE – The final firing of porcelain which imparts a high gloss.

HIGH LIP LINE – The greatest height to which the lip is raised in normal function or during the act of smiling broadly.

HUE – A color as seen in the visible spectrum, i.e., red, yellow, blue, etc.
IMMEDIATE DENTURE – A dental prosthesis constructed before removal of the teeth and inserted at the time of extraction.

IMPRESSION – A negative reproduction of a given area.

INDEX – A core or mold used to indicate relative positions so that a part may be removed and replaced in exactly the same position as before.

INLAY – A restoration (gold, porcelain) made to fit a prepared tooth cavity and then cemented into place.

INTERPROXIMAL – Between adjoining tooth surfaces.

INTRA-ORAL – Within the mouth.

INVEST – To surround, embed, or en-velop in a material to hold the pieces in place during a subsequent operation.

INVESTMENT – A refractory material used to form a mold for casting.

LABIAL (lay´ bee al) – Pertaining to the lip or toward the lip.

LABIAL FRENUM (lay´ bee al free´ num) – The connective tissue “string” which attaches the upper and lower lip to the alveolar ridge at or near the midline.

LATERAL MOVEMENT – Movement of the mandible to the side.

LINGUAL (ling´ gwal) – Pertaining to the tongue or towards the tongue.

LINGUAL BAR – A metal bar (cast or wrought) used to connect the right and left sides of a lower partial denture.

LOW LIP LINE – The lowest position of the lower lip during smiling or voluntary reaction. The lowest position of the upper lip at rest.

MALOCCLUSION – Any deviation from a normal occlusion.

MANDIBLE – The lower jaw.

MASKING – An opaque covering used as an undercoat so that metal will not show through plastic or porcelain veneers.

MASTER CAST (MODEL) – The positive reproduction in stone made from an accurate final impression.

MASTICATION – The process of chewing food for swallowing and digestion.

MATRIX (may´ trix) – The foundation in which something is formed. The space remaining in the flask after a wax denture is eliminated and into which material for the denture is packed.

MAXILLA (max ill´ a) – The upper jaw.

MEDIAN LINE – An imaginary line running vertically through the center of the face. It is marked on the occlusion rim as a guide to placement of the central incisors.

MESIAL (mee´ ziel) – Toward the median line. That surface of a tooth towards the median line.

MILLING-IN – The procedure of refining or perfecting the occlusion of teeth by the use of abrasives while the occluding surfaces are rubbed together either on the articulator or in the mouth.

MODEL – Reproduction in plaster or metal of any object, as a tooth, or the dental arch, by pouring the material into an impression taken from the object.

MOLD (MOULD) – (1) A term used to specify the shape and size of a tooth according to a certain system of classification. (2) A form in which an object is cast or formed.

MOULD CHART – A chart depicting the moulds available in a given line of artificial teeth and listing their dimensions and combinations with appropriate lowers or posteriors.

MOULD GUIDE – All moulds available in a given line of artificial teeth. Aids in selection of the most appropriate mould for an individual and permits interchanging of teeth for better esthetics. Non-usable tooth mould guide – teeth contain iron pins for use as selection aid only. Usable tooth mould guide – all moulds in a given line in usable teeth.

MOUNTING – The attachment of casts to the articulator with plaster or stone.

NOBLE METAL – A metal not easily oxidized. Example: gold, platinum. Opposite of base metal.

OBTRATOR (ôb´ tur rater) – A prosthesis used to close a congenital or acquired opening in the palate.

OCCLUDE (ô klude´) – To bring together. To bring the mandibular teeth into contact with the maxillary teeth.

OCCLUSAL (ô klus´ zal) – (1) Pertaining to the contacting surfaces of opposing occlusal units (teeth or occlusion rims). (2) Pertaining to the masticating surfaces of the posterior teeth.

OCCLUSION (ô klus´ zhen) – The relationship between the opposing surfaces of upper and lower teeth when they are in contact either in the mouth or on an articulator.

OVERBITE – Vertical overlap of the upper anteriors over lowers.

OVERJET – Horizontal protrusion of the upper anteriors beyond the lowers.

PALATE – The roof of the mouth.

CLEFF P. – An opening in the palate. It may be in the hard or soft palate or both and may be present from birth or caused by surgery, disease, or accident.

PAPILLA (pap ill´ a) – A small nipple shaped elevation.

INCISIVE P. – A rounded projection at the anterior end of the palate.

INTERDENTAL P. – The triangular pad of gum which fills the space between the necks of the teeth.

PARTIAL DENTURE – A dental prosthesis which restores one or more, but less than all, of the natural teeth and/or associated parts and which is supported by the teeth and/or the mucosa; it may be removable or fixed.

PERIWIRE (per i´ wir) – The outward part of the surface or border. A term frequently used to describe the border of a denture or an impression.

PHONETICS – The science of sounds used in speech.

PONTIC – That part of a fixed bridge which is suspended between abutments and which replaces a missing tooth or teeth.

POSTERIOR TEETH – Premolars and molars of either jaw.

POST DAM – The seal at the posterior border of a denture. Preferred term is posterior palatal seal.

PROSTHESIS (pros thee´ sis) – Dental – an artificial replacement of one or more teeth and/or associated structures.

PROSTHODONTICS (pros thô don´ tics) – Prosthetic Dentistry; The branch of dental art and science pertaining to restoration of oral function by the replacement of missing teeth and structures by artificial devices.

PROTRUSIVE BITE (OCCLUSION) – Contact relation of the upper and lower teeth when the mandible is brought forward with the anteriors edge to edge.

PROXIMAL SURFACE – The surface of a tooth which lies next to another tooth. Nearly always the mesial or distal surface unless the tooth is rotated.

PULP – The connective tissue found in the pulp chamber and canals. It is made up of arteries, veins, nerves, lymph tissue, and connective tissue.

PUMICE (pûm´ is) – An abrasive agent used in many polishing procedures.

QUICK CURE RESIN (AUTOPOLYMER RESIN) – An acrylic resin wherein an activating substance has been added to the monomer which will initiate polymerization or cure without the use of external heat.
RAMUS (ray’ məs) – The ascending part of the mandible.

REBASE – A process of refitting a denture by replacement of the denture base material on a new cast without changing the occlusal relations of the teeth.

RELIEF – The reduction or elimination of pressure from a specific area under a denture base.

RELINE – To resurface the tissue side of a denture with new base material to make it fit more accurately.

REMOVABLE PARTIAL DENTURE – A partial denture which may be removed and replaced by the patient.

RESORPTION – The gradual reduction in volume and size of the alveolar portion of the mandible or maxilla.

RETAINER – (1) Any type of clasp, attachment, or device used for the fixation or stabilization of a prosthesis. (2) A device used by orthodontists to maintain teeth in the desired position after orthodontic treatment.

RETROMOLAR PAD – A mass of tissue usually pear-shaped, which is located at the distal termination of the mandibular residual ridge.

RETRUSION – A backward position of the mandible.

RIDGE – The remainder of the alveolar process and its soft tissue covering after the teeth are removed.

CENTER OF R. – The buccal-lingual midline of the residual ridge.

CREST OF R. – The highest continuous surface of the ridge, but not necessarily the center of the ridge. (2) The top of a residual or alveolar ridge.

RIDGE LAP – The area of an artificial tooth which normally overlaps the alveolar ridge. It corresponds on the inner surface of the tooth approximately to the location of the collar on the facial surface.

ROENTGENOGRAM (rent’ gen en gram) – Photograph made with X-rays.

RUGAE (roo”gə) – The irregular ridges found in the anterior region of the upper hard palate. They aid in speech and manipulation of food by the tongue.

SADDLE (BASE) – The part of a partial denture, upper or lower, which fits on the alveolar ridge and in which the teeth are held.

SAGITTAL PLANE (saj’ it al) – The plane that divides the body vertically into two equal halves.

SATURATION OR CHROMA – The relative strength of a hue.

SCRIBE – To write, trace, or mark by making a line or lines with a pointed instrument.

SET UP (noun) A broad term usually denoting a full upper and lower arrangement of teeth in wax. (verb) The act of arranging and positioning artificial teeth in a complete or partial denture.

SHADE GUIDE – Samples of color which are available in manufactured teeth.

SHADE SELECTION – The determination of the color (hue, brilliance, saturation) of an artificial tooth or set of teeth for a given patient.

SHELF LIFE – The period of time which a material can be stored without losing its useful properties.

SLUICE WAYS (sloosewāys) – The escape ways through which food leaves the occlusal portion of the teeth in the process of chewing.

SPATULATE – To manipulate or mix with a spatula.

SPLINT – An appliance for the fixation of movable, displaced, or fractured parts.

SPRUE – Wax or metal used to form the aperture or passageway for molten metal to flow into a mold to make a casting; also the metal which later fills the sprue hole.

STABILIZED BASEPLATE – A baseplate lined with a plastic material to improve its fit and stability.

SULCUS (sul’ kus) – A groove or depression on the surface of a tooth.

SURVEYING – The procedure of locating and outlining the contour and position of abutment teeth and associated structures on the master cast before designing a removable partial denture. The purpose is to determine the most favorable path of insertion for the partial and to mark survey lines on the teeth to aid in the development of a suitable design for the metal frame work.

SUTURE LINE – A junction point where the bases of the canines unite.

SWAGE (swāj) – (verb) – To shape metal by hammering or adapting it onto a die.

TEETH, ANATOMIC – Artificial teeth which closely duplicate the form and appearance of natural teeth.

TEETH, NON-ANATOMIC – Teeth whose occlusal surfaces are based on mechanical rather than anatomic forms.

TEETH, PLASTIC – Artificial teeth constructed of synthetic resins.

TEETH, PORCELAIN – Artificial teeth constructed of feldspar, kaolin and silica.

TEETH, TUBE – Artificial teeth constructed with a vertical, cylindrical aperture extending from the center of the base up into the body of the tooth into which a pin may be placed or cast for the attachment of the tooth to a restoration.

TEETH, ZERO DEGREE – Posterior teeth having a flat occlusal surface.

TEMPLATE – A flat or curved plate usually of metal which is used as a guide in arranging artificial teeth.

TENSILE STRENGTH – Resistance to breakage from a stretching or pulling force.

THERMAL EXPANSION – Expansion caused by heat.

THERMOPLASTIC - A polymeric material which can be softened by heat and which hardens upon cooling.

TRAUMA – A hurt; a wound; an injury; damage; impairment; external violence producing bodily injury or degeneration.

TRY-IN – A preliminary insertion of a wax-up trial denture, partial denture casting or finished restoration to determine the fit, esthetics, maxillomandibular relations, etc.

TRY-IN SELECTOR – (Shade Selector) A set of 6 upper anterior artificial teeth in each shade available in a given line of teeth to permit visualizing the effect of “staggered” shades by selecting laterals and canines of a shade different from the centrals.

TUBEROSITY (two ber os’ ity) – A bulge sometimes found at the posterior end of the maxillary ridge.

VACUUM FIRED – The baking of porcelain in a vacuum to eliminate trapped air.

VAULT – The palate or roof of the mouth.

VENEER (vén’ ər’) – A thin layer.

VERTICAL DIMENSION – A vertical measurement of the face between any two arbitrarily selected points which are conveniently located, one above and one below the mouth, usually in the midline.

WORKING SIDE – The lateral segment of a denture or dentition toward which the mandible is moved.
VII. ARTIFICIAL TEETH

Denture teeth are made from either porcelain or plastic. The denture base material in which the teeth are set is normally a form of acrylic plastic. Porcelain denture anterior teeth are distinguished by their pins projecting from their lingual surface. Pins provide a mechanical means of retention for porcelain teeth to the acrylic denture base.

Plastic denture anterior teeth have no pins since retention is achieved by a chemical bond with the plastic denture base. Porcelain denture posterior teeth have no pins for retention to the acrylic denture base. In place of pins a “diotoric hole” is molded into the ridge lap. The fluid denture base material flows into the diotoric hole and when hardened “locks” the teeth in place. “Vent holes” provide an escape for air as the denture base material flows into the diotoric hole.

DENTURE ANTERIORS

DENTURE POSTERIORS

COLLAR – Identifies area of tooth to be covered by denture base material.
RIDGE LAP – Area which normally overlaps alveolar ridge.
PIN – Gold alloy pin used to secure porcelain anterior teeth in the denture base.
CRESCENT TRADEMARK – A registered trademark of Dentsply International located on the lingual of all Trubyte anteriors and the finishing line of Trubyte first molar posteriors. Other manufacturers have other marks but only Trubyte uses the crescent.
DOT – Identifies 1st and 2nd upper premolars and molars. 1 dot = 1st premolars and 1st molars, 2 dots = 2nd premolars and 2nd molars. Dots are always on mesial to facilitate identifying rights and lefts.
DASH – Identifies 1st and 2nd lower premolars and molars. 1 dash = 1st premolars and 1st molars, 2 dashes = 2nd premolars and 2nd molars. Dashes are always on mesial to facilitate identifying rights and lefts.
DIOTORIC HOLE – The retentive device for porcelain posteriors – denture base material fills the hole and when hardened creates a “lock” for retention of posterior teeth.
VENT HOLE – Provides escape for air when denture base material fills diotoric hole.
FINISHING LINE – A ledge used as a guide in trimming the wax on the denture base material.

HOW TRUBYTE® ARTIFICIAL TEETH ARE CARDED AND IDENTIFIED

Most Trubyte teeth are carded in full sets of upper or lower anteriors (1 x 6’s) and upper or lower posteriors (1 x 8’s). As seen in the illustrations below, uppers are easily distinguished from lowers when on the card because they appear in the same position they will have in the mouth.

ANTERIORS – In all instances, a full set (1 x 6) of upper or lower anteriors includes two centrals, two laterals and two canines. The designation “left” or “right” refers to the teeth as they appear in the mouth, not as they are placed on the card.

NOTE: Trubyte Bioblend anteriors are carded in 1 x 2’s (two centrals, two laterals, two canines) and mounted together to create a full 1 x 6 set.
POSTERIORS – A full set (1 x 8) of upper or lower posteriors includes two first and second premolars and two first and second molars. (Upper and lower third molars are seldom used in a denture because of lack of space. If there is space, another first or second molar is normally substituted.)

CARDING MATERIAL – Trubyte teeth are carded on a special “carding wax” which is supported by a plastic or metal base.

MOULD AND SHADE – Mould and shade numbers are stamped with the mould number always on the LEFT side of the card; the shade number always on the RIGHT. Bioblend 1 x 2’s are each individually identified.

In the event of a loose or uncarded Trubyte tooth – anterior or posterior – mould identification is possible by looking on the ridge lap area where the mould number appears.

THE TRUBYTE BIOFORM MOULD NUMBERING SYSTEM

Posterior Mould Numbers

Posterior mould numbers directly relate to the size of the upper posterior teeth. Although the companion lower posterior teeth of any given mould are identified by the same number as the upper set, the lower posterior teeth are necessarily wider than the upper posterior teeth with which they articulate.

Upper posterior teeth are measured in millimeters. This measurement is part of every Trubyte Posterior Mould Number. The last two numbers of any Trubyte Posterior represents the millimeter measurement of the four teeth on the right side and the left side of each 1x8. For example, moulds 30M, 230M, 330 and F30 are each 30 millimeters wide measuring from the mesial of the first premolar to the distal of the second molar on the right and left sides of each 1x8.

Prefix letters or numbers relate to specific posterior brand mould numbers, i.e. Functional F30, Pilkington-Turner 230M, Anatoline 330, Monoline 431 and BioStabil 530.

Certain Trubyte mould numbers may also include the letters (S, M or L) following the millimeter width designation. Trubyte 33°, 30° Pilkington-Turner, 20°, and Rational Posteriors are offered in a variety of lengths as well as widths, i.e. S-short, M-medium, or L-long (30S, 30M, 30L).

Anterior Mould Numbers

The Trubyte Bioform mould numbering system provides a simple and easy method for selecting the most harmonious shape and size of anterior teeth for any given patient. The shape and size of the patient’s face determines the Trubyte Bioform or the Trubyte Bioblend tooth mould which is to be used.

Each anterior mould number consists of a first number, a second number and a letter. The FIRST NUMBER on the card describes the classification or form of the tooth, as follows:

- 1 – Square
- 2 – Square Tapering
- 3 – Square
- 4 – Tapering
- 5 – Tapering
- 6 – Ovoid

The SECOND NUMBER on the card describes the proportion of the tooth – whether it is long, medium, or short in relation to its width and whether the labial surface is straight or curved from gingival to incisal.

PROPORTION GINGIVO-INCISAL OF THE TOOTH

<table>
<thead>
<tr>
<th>Contour</th>
<th>迎来</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. LONG</td>
<td>STRAIGHT</td>
</tr>
<tr>
<td>2. MEDIUM</td>
<td>STRAIGHT</td>
</tr>
<tr>
<td>3. SHORT</td>
<td>STRAIGHT</td>
</tr>
<tr>
<td>4. LONG</td>
<td>CURVED</td>
</tr>
<tr>
<td>5. MEDIUM</td>
<td>CURVED</td>
</tr>
<tr>
<td>6. SHORT</td>
<td>CURVED</td>
</tr>
</tbody>
</table>

The LETTER on the card describes the width of the six anteriors on the curve from canine to canine:

- A equals below 44 mm.
- B equals 44 mm to 46 mm.
- C equals 46 mm to 48 mm.
- D equals 48 mm to 50 mm.
- E equals 50 mm to 52 mm.
- F equals 52 mm to 54 mm.
- G equals 54 mm to 56 mm.
- H equals above 56 mm.

Posterior moulds that are not designated S, M or L increase in length proportionately as the individual mould widths increase from the narrowest to the widest.

Broken Sets – If one or more teeth are missing from the card, it becomes a “broken set.” Broken sets of anterior teeth (provided they are on the card and in their original factory-delivered condition) are accepted for exchange. This same policy applies to broken sets of plastic posteriors. Broken sets of porcelain posteriors and Biotone Rational Block Posteriors, however, are not exchangeable.
VIII. TRUBYTE DENTURE TEETH

TRUBYTE® PORCELAIN ANTERIORS

Trubyte® Bioblend® Multi Blended Vacuum Fired Porcelain Anteriors

Trubyte Bioblend anteriors are produced by the exclusive and patented Trubyte Bioform Vacuum Firing Process, creating a dense strong porcelain closely resembling the physical and optical qualities of living teeth. Bioblend colors are internally blended and are projected outward through layers of translucent enamel duplicating closely the effect of natural teeth. As in natural teeth, the color intensity increases from incisal to gingival, and progressively from central to lateral to canine. As a result of translucency that extends across the incisal and up the proximals, they have the ability of natural teeth to pick up, reflect and refract the light from all surroundings. Trubyte Bioblend anteriors’ natural fluorescence permit the teeth to retain their life-like colors under all lighting conditions. Available in 42 upper moulds and 16 lower moulds, Trubyte Bioblend anteriors incorporate all of the subtle markings found in the Trubyte Bioform mould system, classified in 7 basic outline face forms.


The Trubyte® Bioblend® Blend Selector is used by the dentist to select colors for Trubyte® Bioblend® Porcelain Anteriors.

Trubyte® Bioform® Vacuum Fired Porcelain Anteriors

Trubyte Bioform anteriors are reproductions of attractive natural teeth. They are the first system of teeth designed to harmonize with the outline face form, profile, and cheek planes. Trubyte Bioform anteriors contain four to seven different porcelains within each tooth which vary in pigmentation and translucency. Their natural translucency has the ability to absorb, reflect and refract light rays, and mirror the color of the adjacent teeth. Bioform anteriors provide vital life-like teeth for both complete and partial dentures. Controlled natural fluorescence give Trubyte Bioform anteriors vitality under any lighting conditions. There are 51 upper and 24 lower porcelain moulds and 40 upper and 20 lower plastic moulds in 7 basic outline forms. There are 14 shades available. The range is B59, B62, B65, B66, B67, B69, B77, B81, B51, B52, B55, B91, B94, and B95.

The Trubyte® Bioform® Porcelain Shade Guide is used by the dentist to select shades for Trubyte® Bioform® Porcelain Anteriors.

Trubyte® New Hue® Vacuum Fired Porcelain Anteriors

Trubyte New Hue Vacuum Fired Anteriors are a combination of the familiar, popular New Hue upper and lower moulds with the dense vital porcelain of the Bioform Vacuum Process.

There are 20 upper and 10 lower moulds. They are all available in 8 Trubyte Bioform Shades: B59, B62, B65, B66, B67, B69, B77, and B81.

TRUBYTE® PLASTIC ANTERIORS

Trubyte® Trublend® SLM® Plastic Anteriors

Remarkable wear resistance is one reason to prescribe Trublend SLM teeth, since they come closer to the wear characteristics of natural teeth than any plastic teeth previously available. Each Trublend SLM tooth is a multi-blend of naturally-shaded body material, enveloped in translucent enamel. The color in the cervical area has been intensified. Anterior incisal and proximal translucency has been subtly enhanced. Trublend SLM anteriors are available in the most popular Bioform anterior moulds. They are perfect duplicates of attractive, healthy, natural teeth, right down to the subtle irregularities of the anatomy. There are 24 new, natural-look-ing shades: T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, T13, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24.

The new Trublend SLM Shade Guide is contoured to fit your hand and to make shade evaluation convenient and easy.

Trubyte® Portrait® IPN® Plastic Anteriors

Trubyte Portrait IPN Plastic Anteriors offer the ultimate in natural aesthetics. Three shaded layers of material, four-part moulds and a combined Vita® and Bioform® shade system create superb naturalness. Made of IPN hardened plastic, these teeth mimic the gradual wear of tooth enamel. All Portrait Anteriors are available in 27 shades, the first 16 cross referenced to the Vita “four hue group” arrangement. The 27 shades are P1, P2, P3, P3.5, P4, P11, P12, P13, P14, P21, P22, P23, P24, P32, P33, P34, P59, P62, P65, P66, P67, P69, P77, and P81. Portrait IPN is also available in three white shades, PW2, PW4 and PW7. Portrait IPN Anteriors are available in 42 upper and 20 lower moulds.

(1)Vita is not a trademark of DENTSPLY.
Trubyte® Biotone® Plastic Anteriors

Trubyte Biotone Anteriors are available in 29 upper and 17 lower moulds taken from the popular New Hue mould system. Ten Biotone shades are sufficient for the majority of partial and complete denture requirements. Shades are 59P, 61P, 62P, 65P, 66P, 67P, 68P, 69P, 77P and 81P.

Trubyte® Classic® Plastic Anteriors


Trubyte® New Hue® Plastic Anteriors

New Hue Plastic Teeth are available in 20 upper and 13 lower anterior moulds and the following New Hue shades: 59, 61, 62, 65, 66, 67, 69, 77, 81 and 87.

Trubyte® Bioblend® Multi-Blended Plastic Anteriors

Trubyte Bioblend Anteriors are available in 12 natural, multi-blended shades. A highly characterized tooth, each is blended within a set. Canines are darker than centrals, and laterals are slightly grayer to mimic the shading of natural teeth. Bioblend anterior are available in cards of 6 teeth. Each tooth form (central, lateral, and canine) is carded as a pair for further user customization. Bioblend Anteriors are available in hardened plastic IPN (for added wear resistance) and conventional plastic material. These blends are available in the same range of 42 upper and 16 lower moulds as Bioblend Porcelain. Shade range: 100, 102, 104, 106, 108, 109, 110, 112, 113, 114, 116, 118.

Trubyte® Bioblend® IPN® Plastic Anteriors

Bioform IPN and Bioform Plastic Anteriors are both available in 40 upper and 20 lower moulds. Each mould is an exact duplicate of a natural tooth. Bioform IPN Anteriors are available in select shades. See IPN chart for specific shades.

Trubyte® Bioform® IPN® Plastic Anteriors

The Trubyte® Bioform® Plastic Color Ordered Shade Guide is used by the dentist to select colors for Trubyte® Bioblend® IPN® and Plastic Anteriors.

Trubyte® Bioform® Plastic Anteriors


Trubyte® Biotone® Plastic Anteriors

Trubyte® Classic® Plastic Anteriors

Trubyte® New Hue® Plastic Anteriors
Selección de dientes posteros en la construcción de prótesis

Para satisfacer las necesidades de los pacientes de diferentes edades, estructuras de soporte, salud y historial dental, se producen varias formas occlusales de posteros.

**ANATOMICAL POSTERIORS**

Postalógranos – (Dientes artificiales que tienen cúspides completamente formadas, similares a los que se encuentran en jóvenes adultos saludables.)

*Reported Uses:*
- Para los pacientes cuya movilidad condilar indica una cúspide alta.
- Para los pacientes con protesis dentales cuyas dentaduras naturales estaban aún completamente formadas.
- Para prótesis dentales simples que se oponen a dientes naturales completamente formados.
- Para prótesis parciales.
- Para uso en técnicas dentales que requieren una cúspide alta o completa.

**TRUBYTE® 40° POSTERIORS**

Dientes Trubyte® 40° son completamente posteros anatómicos diseñados en Europa y fabricados en York, PA. La tabla occlusal más ancha se integra mejor con la dentadura natural e incluye un esmalte más largo para prótesis parciales y combinadas. EuroLine posterógranos ofrecen un ángulo de cuspide grande y detalles secundarios para un diseño de diente joven. EuroLine posterógranos están disponibles en material de plástico IPN endurecido.

**SELECTION OF POSTERIOR TEETH IN DENTURE CONSTRUCTION**

Para satisfacer las necesidades de los pacientes de diferentes edades, estructuras de soporte, salud y historial dental, se producen varias formas occlusales de posterógranos.

**TRUBYTE® 33° POSTERIORS**

Posterógranos Trubyte 33° tienen cúspides completamente formadas, similares a las encontradas en jóvenes adultos sanos. La diseño de cúspide ayuda a cortar y troncar la comida de manera eficiente y es ideal para prótesis parciales y completas, así como para prótesis que se oponen a dientes naturales. Posterógranos Trubyte 33° están disponibles en Plástico Trublend® SLM®, Porcelana Calentada, IPN® Material endurecido, Biotone Blended Plastic, New Hue Plastic y Classic® Plastic.

**Trubyte® Trublend® SLM® 33° Posteriors (Plastic)**

Posterógranos Trublend SLM 33° están disponibles en 3 modelos: 30M, 32M, y 34M, en 24 colores de Trublend: T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, T13, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24.

**Trubyte® Vacuum Fired 33° Posteriors (Porcelain)**


**Trubyte® Portrait® IPN® EuroLine™ 40° Posteriors (Plastic)**


**Trubyte® Portrait® IPN® 33° Posteriors (Plastic)**

Trubyte® Bioform® IPN® 33° Posteriors (Plastic)


Trubyte® Biotone® Blended® 33° Posteriors (Plastic)


Trubyte® Classic® 33° Posteriors (Plastic)


Trubyte® New Hue® 33° Posteriors (Plastic)


Pilkington-Turner® 30° Posteriors

Pilkington-Turner 30° Posteriors are mechanically designed and carved to give maximum chewing efficiency with ease of set-up. An ample food table with extremely narrow occlusal contact provides precise cutting action and the mechanical design makes these posterior teeth very easy to set-up. In nature when a person smiles the upper premolars slope inward from the gingival to the occlusal. P.T.’s are designed to simulate this valuable aesthetic consideration. They are carved with a 5° built-in buccal slope.

Pilkington-Turner 30° Posteriors are available in Trubyte Vacuum Fired Porcelain, Trublend® SLM® and in Bioform IPN Plastic.

Trubyte® Trublend® SLM® 30° Pilkington-Turner® Posteriors (Plastic)


Trubyte® Bioform® IPN® Pilkington-Turner® 30° Posteriors (Plastic)

**SEMI-ANATOMICAL POSTERIORS**

Semi-Anatomical Posteriors – Artificial teeth which simulate partially worn natural posterior teeth and which have a semi-mechanical design on the occlusal surface to aid in mastication.

**TRUBYTE® BIOSTABIL® POSTERIORS**

Trubyte BioStabil Posterior Teeth are a beautifully carved tooth form with moderately inclined cuspal slopes. Their natural anatomic form makes them esthetically and functionally well suited for use in complete dentures, as well as for removable partial dentures. They are the only posteriors available in all twelve Bioblend IPN plastic blends and Trublend SLM Plastic.

**Trubyte® Trublend® SLM® 22° BioStabil® Posteriors (Plastic)**

BioStabil SLM 22° Posteriors are available in 4 moulds: 530, 532, 533, and 536, in 24 Trublend shades: T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, T13, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24.

**Trubyte® Bioform IPN® 20° Posteriors (Plastic)**


**Trubyte® Portrait® IPN® 20° Posteriors (Plastic)**


**Trubyte® BioStabil® Posteriors (Plastic)**

Trubyte BioStabil Posteriors are available in 4 moulds: 530, 532, 533, and 536, in 24 Trublend shades: T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, T13, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24.

**Trubyte® Portrait® IPN® 20° Posteriors (Plastic)**


**TRUBYTE® 20° POSTERIORS**

Trubyte 20° Posteriors – To make up for the reduced cusp height, inter-acting occlusal ridges were carved to help shear food and maintain a high degree of chewing efficiency. Ample sluiceways provide escape routes for food and prevent food packing, making the 20° posterior self-cleansing and food deflecting. The modified cusps of 20° posteriors were designed to give minimum interference in lateral excursions (side to side movement) yet the mechanical design allows proper chewing of food.

**Trubyte® Bioform® 20° Posteriors (Plastic)**


**Trubyte® Dentron® 20° Posteriors (Plastic)**


**Trubyte® New Hue® 20° Posteriors (Plastic)**


**Trubyte® Classic® 20° Posteriors (Plastic)**


**Trubyte® Functional Posteriors**

Trubyte Functional posteriors look like well-worn natural teeth, but provide the function of mechanical or flat plane posteriors. Long first premolars produce more natural esthetics and no pronounced “drop-off” from the naturally long canine to the first premolars. Trubyte Functional Posteriors are available in Vacuum Fired Porcelain, Blended Plastic, and New Hue Plastic.

**Trubyte® Vacuum Fired Functional® Posteriors (Porcelain)**

Trubyte Vacuum Fired Functional Posteriors are available in 4 moulds: F30, F32, F33, and F34, in 8 Bioform Porcelain shades. Shade range B62, B65, B66, B67, B77, B81, and B82.

**Trubyte® Biotone® Functional® Posteriors (Plastic)**


**Trubyte® New Hue® 10° Posteriors (Plastic)**


**Trubyte® Classic® 10° Posteriors (Plastic)**


**Trubyte® Classic® 10° Posteriors (Plastic)**

Anatoline 10° Posteriors are available in 3 moulds: 330, 332, and 334, in 24 Trublend shades: T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, T13, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24.

Anatoline 10° Posteriors are available in 3 moulds: 330, 332, and 334, in 24 Trublend shades: T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, T13, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24.

Trubyte® Portrait® IPN® 10° Posteriors (Plastic)

Anatoline 10° Posteriors are available in 3 moulds: 330, 332, and 334, in 24 Trublend shades: T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, T13, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24.

Trubyte® Portrait® IPN® 10° Posteriors (Plastic)

Anatoline 10° Posteriors are available in 3 moulds: 330, 332, and 334, in 24 Trublend shades: T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, T13, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24.

Trubyte® Portrait® IPN® 10° Posteriors (Plastic)

Anatoline 10° Posteriors are available in 3 moulds: 330, 332, and 334, in 24 Trublend shades: T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, T13, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24.

Trubyte® Portrait® IPN® 10° Posteriors (Plastic)

Anatoline 10° Posteriors are available in 3 moulds: 330, 332, and 334, in 24 Trublend shades: T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, T13, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24.

Trubyte® Portrait® IPN® 10° Posteriors (Plastic)

Anatoline 10° Posteriors are available in 3 moulds: 330, 332, and 334, in 24 Trublend shades: T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, T13, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24.

Trubyte® Portrait® IPN® 10° Posteriors (Plastic)

Anatoline 10° Posteriors are available in 3 moulds: 330, 332, and 334, in 24 Trublend shades: T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, T13, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24.
**Trubyte® Monoline® 0° Posteriors**

Trubyte Monoline 0° Posteriors are flat plane posteriors with anatomical buccal carvings that give the illusion of natural cusps. Long first premolars eliminate the “drop off” between canine and premolar. The maxillary premolars have a buccal slope which helps prevent cheek biting. Monoline posteriors have non-interfering cusps which provide complete freedom of movement in lateral excursions. Occlusal sluiceways and deep fossae enhance chewing efficiency. Available in IPN and SLM, both materials assure unsurpassed wear resistance and surface luster retention.

**Trubyte® Trublend® SLM® Monoline® Posteriors (Plastic)**

Monoline 0° Posteriors are available in 3 moulds: 429, 431, and 433, in 24 Trublend shades: T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, T13, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24.

**Trubyte® IPN® Monoline® 0° Posteriors (Plastic)**

Trubyte IPN Monoline 0° Posteriors are available in 3 moulds: 429, 431, and 433, in 24 Bioform Plastic Color Ordered shades. Shade range B51, B52, B53, B54, B55, B56, B59, B62, B63, B65, B66, B67, B77, B81, B83, B84, B85, B91, B92, B93, B94, B95, B96.

**Trubyte® Rational® Posteriors (Plastic)**

Trubyte Rational Posteriors are narrow buccolingual “inverted cusp” posteriors. A series of inter-acting “V’s” were carved in the occlusal surface to help shear and tear food efficiently. Ample escape routes are provided to prevent food packing. The cusless design permits complete freedom in lateral excursions, and the skilled carvings create the illusion of cusps for better esthetics.

Trubyte Rational Posteriors are available in Vacuum Fired Porcelain, Blended Plastic, “Block Form” Plastic and New Hue Plastic.

**Trubyte® Biotone® Rational® 0° Block Posteriors (Plastic)**

Trubyte Biotone Rational Block Posteriors are four teeth (first and second premolars and first and second molars) joined together. Each set consists of two blocks (right and left). Biotone Rational Block Posteriors have been most successful as a time saver for dentists and laborato-
SUMMARY OF TRUBYTE® POSTERIORS

<table>
<thead>
<tr>
<th>TRUBYTE® POSTERIORS</th>
<th>SLM® Plastic</th>
<th>Bioform® Plastic</th>
<th>Dentron® Plastic</th>
<th>New Hue® Plastic</th>
<th>Vacuum Fired Porcelain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomical</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>40° EuroLine™ (IPN only)</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>33° / Lingualized</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>30° P-T</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Semi-Anatomical</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>22° BioStabil® / Lingualized</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>20°</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>0° Anatoline®</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>10° Functional®</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Flat Plane</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Portrait® IPN® 4° / Lingualized</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>0° Monoline®</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>0° Rational®</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>0° Rational Block</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

IX. SHADE GUIDE SUMMARY

The chart shown below is a reference of Trubyte Shade Guides or Blend Selectors to individual lines of Trubyte anteriors and posteriors. Each of the major Trubyte Shade Guides is listed in the left column with those lines of teeth which may be selected from that shade guide listed to the right.

<table>
<thead>
<tr>
<th>SHADE GUIDE OR BLEND SELECTOR</th>
<th>ANTERIORS</th>
<th>POSTERIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trubyte® SLM® Shade Guide</td>
<td>● Pulson Teeth</td>
<td>● Plastic Teeth</td>
</tr>
<tr>
<td>Trubyte® Portrait® IPN® Shade Guide</td>
<td>● Pulson Teeth</td>
<td>● Plastic Teeth</td>
</tr>
<tr>
<td>Trubyte® Bioblend® IPN® Blend Selector</td>
<td>● Pulson Teeth</td>
<td>● Plastic Teeth</td>
</tr>
<tr>
<td>Trubyte® Bioblend® Shade Guide</td>
<td>● Pulson Teeth</td>
<td>● Plastic Teeth</td>
</tr>
<tr>
<td>Trubyte® New Hue® Plastic Shade Guide</td>
<td>● Pulson Teeth</td>
<td>● Plastic Teeth</td>
</tr>
<tr>
<td>Trubyte® Classic® Shade Guide</td>
<td>● Pulson Teeth</td>
<td>● Plastic Teeth</td>
</tr>
</tbody>
</table>

X. WORK AUTHORIZATION FORM

A “Work Authorization” is a written set of instructions provided by the dentist to the dental laboratory describing work or services to be performed.

The American Dental Association is on record with a policy which recommends that each State Dental Practice Act require a written authorization for dental laboratory services. This has been adopted by most state associations and written instructions are now required by 48 states.

Although the specific requirements of various state laws vary, certain elements of a work authorization are found in most:

1. Name and address of person, firm or corporation to which work order is directed.
2. Patient’s name or identification number.
3. Date on which work order was written.
4. Description of work to be done, including diagrams if necessary.
5. Specification of type and quality of materials to be used.
6. Signature of dentist and number of his license.

In addition to its legal requirement, a work authorization, properly and fully completed, protects both the dentist and dental laboratory against the “communications gap” which so often exists with oral instructions. In complete and partial denture construction, the work authorization should also include:

- Specification of anterior and posterior mould and shade by brand name – Example:
  - NOT – Plastic Teeth, Shade 67.
  - OR EVEN – Trubyte Plastic Teeth, Shade 67.
  - BUT – Trubyte Bioform IPN Anteriors, Shade B67, Mould 42F.
  - Trubyte Bioform 20° IPN Posteriors.

Complete instructions, such as those provided in a properly filled out work authorization, are welcome by ethical dental laboratories since they provide a “blueprint” which can add to the skill and craftsmanship of the technician.

To the dentist, a completed work authorization is a guarantee that the desired teeth and materials of choice are used rather than some other brand using the same numbering system but of inferior quality.
XI. TRUBYTE TOOTH WARRANTIES

TRUBLEND® SLM® THE CLINICAL LIFETIME WARRANTY.*

You’ve trusted Trubyte Teeth for years. And with good reason. As the world’s largest manufacturer of artificial denture teeth, we have always emphasized quality control and product leadership. Now, for Trublend SLM teeth, we’ve created an unparalleled warranty.

If Trublend SLM teeth wear excessively, fracture, permanently discolor, or craze anytime within the clinical lifetime of the denture, we’ll replace them. And we’ll provide a certificate to be given to the patient as testimony to the high quality of care they received.

TRUBYTE® IPN®... TEN-YEAR WARRANTY.*

Due to the exceptional durability of IPN anterior and posteriors, Dentsply was able to introduce in 1989, the world’s first warranty for denture teeth against wear, breakage, discoloration, or crazing. Now that warranty has been extended! If Trubyte IPN teeth do not perform as promised, Dentsply will provide replacement teeth free, provided:

- The prosthesis is a full denture (1x14 or 1x28).
- All teeth in the denture are IPN teeth.
- The denture was fabricated after October 1, 1987.
- The denture was registered with Dentsply by the participating dentist within 30 days of insertion.
- The denture was used only for its intended purpose without modification or abuse.

*Please note: The warranty applies only to the teeth and does not cover the lab fee for replacing the teeth, or the dentist’s professional fee.