



# Raise Case Acceptance and Increase Practice Revenue with LuxaCrown

Written by Dr. David Rice

Patients can quickly become overwhelmed when much needed extensive treatment plans are presented. For some it is financial issues, for others it's the time, and some simply want a great smile now - with the needed work often viewed as a secondary goal. LuxaCrown is a long-lasting interim solution that enables dentists to quickly provide patients with dental care that is affordable, while offering the time needed to manage significant treatment plans.

Using LuxaCrown during large costly cases provides patients with the incentive to say yes to complete care. Patients are quickly restored for a long-term, strong, aesthetically pleasing prosthetic and, in turn, feel good about investing in the dentistry that they really need. With a LuxaCrown restoration, the patient immediately gets a great smile while the dentist can now manage the balance of all dental issues.

With LuxaCrown restorations, dentists charge approximately 20% of a full crown fee per unit - a significant amount of income generated day one of a patient's visit. The much-needed dental care can now be performed over time. It has been my experience that dentists definitively replace LuxaCrown restorations with permanent ones over the course of the one-to-five year time frame because patients are extremely pleased with the results; therefore procedures are done incrementally with more manageable payment options so patients are automatically more amenable to treatment.

## **LuxaCrown – the Ideal Solution for a Large Corrective Case**

Eight months prior, the patient had veneers placed on tooth #s 6-11 at another practice. Marginally, the teeth had zero micro leakage; the margins were pristine. Occlusally, centric stops and posterior disclusion on anterior guidance were ideal, and lateral excursion was also excellent (Figure 1). Although functionally sound, there were some very apparent aesthetic issues.

The axial inclination of central #s 8 and 9 had distal inclination, and both left and right sides from the canines to the posterior segment required a smooth transition. When treating anteriors, the transition to the buccal corridor really needs to be closely examined (Figure 2).



Figure 1: Pre-treatment image



Figure 2: Transition to the buccal corridor needs to be examined

First, width to length ratio of the central incisors should be approximately 68-85%, a wide range based on numerous factors and perspectives including: male versus female, geographic location, culture or age (Figure 3). Then, central:lateral:cuspid proportions must be examined - most importantly, the lateral incisor (Figure 4). Statistically, we know to place a value of one on the width of that tooth, and the central incisor as well as the leading edge of the canine should be generally 1.6 times that in width. The facial mesial aspect of the canine should be approximately .62.



Figure 3: Central W:L: 68-85%



Figure 4: Central: Lateral:Cuspid proportions

When contouring the teeth using LuxaCrown, axial inclination is also very important. If the centrals are straight up and down and the laterals are provided a bit of a mesial inclination, the same should be done on the canines, increasing slightly as we move posteriorly (Figure 5).

Building an ideal gingival embrasure is also critical for optimal anterior aesthetics. When LuxaCrown restorations are created with a proximal contact that falls <5mm from the crestal bone, the interproximal papilla will stay stable 100% of the time. At just 1mm further away, the papilla is lost almost half of the time. Once 2mm away, success rate drops to approximately 27% (Figure 6).



The incisal embrasure should fall approximately 20% between central #s 8 and 9; 30% between central and lateral; and 40% between lateral and cuspid for a classic youthful smile (Figure. 7) .



Figure 5: Axial inclination – the “naval” race and Cosmo vs Nature



Figure 6: Embrasures: contact <5mm from bone, 100% papilla fill in; 6mm, 56% fill in 7mm, 27% fill in

Using these guidelines, we were able to improve the patient's inclination as well as the buccal quarter of the transition from cuspid to first molar to harmonize the smile from anterior to posterior.

Once proper measurements were established, physical impressions were created and sent to the lab for a wax-up (Figure 8).

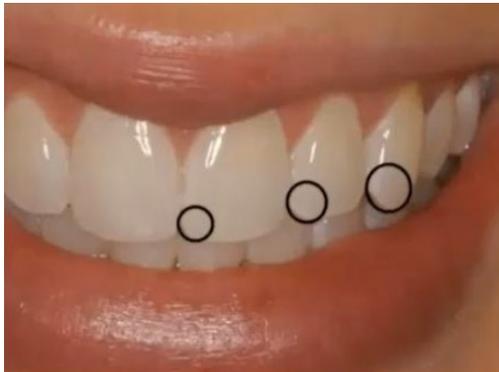


Figure 7: Embrasures: Incisal: C:C 20%; C:L 30%; L:C 40%



Figure 8: Lab wax up



A highly accurate and detailed silicone matrix was made, with crisp borders for every tooth. This superior level of detail is crucial for achieving outstanding results (Figure 9). The margin, gingival and incisal embrasures are perfect, with no further adjustments needed (Figure 10).



Figure 9: Embrasures: Incisal: C:C 20%; C:L 30%;



Figure 10: Silicone matrix

Some teeth were veneered as we went a little more posteriorly because of existing restorative material on the teeth, some are  $\frac{3}{4}$  crowns, but all are beautiful LuxaCrown restorations. We corrected the axial inclination, filled out the buccal corridor and harmoniously transitioned the anteriors to posteriors (Figures 11 and 12).



Figure 11: Image before treatment



Figure 12: Image after treatment

She will wear the temporaries for six months. At that time, the temporaries will be removed from tooth #s 6-11. Tooth #s 4 and 5, 12 and 13, and LuxaCrown temporaries will remain on for one year.

### Conclusion

LuxaCrown was the ideal solution for this patient. Although very unhappy that she already paid an exorbitant amount of money for veneers at another practice, she was extremely pleased and relieved with her new smile and is eager to move forward with treatment. We now have 10 all-ceramic units set to do in our practice (increased from 6 to accomplish her goals) that will unfortunately cost the patient another 20K, but her aesthetics are already established and



LuxaCrown allows me to segment her treatment - we can now treat her exactly the way we want to from a final-result standpoint. The patient has the smile she wants, gains time to refuel her finances, has the ability to segment her treatment over time and she's already referred seven patients because she is confident that our practice is equipped to deliver immediate outstanding results.