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About the Cover

An ADT Diode laser was used to expose more tooth structure to give this patient a fuller smile. Ten Empress $^{\text{m}}$ veneers were placed to lengthen, whiten, and to close her diastemas.

Cosmetic dentistry by David S. Hornbrook, D.D.S. Westlund Dental Studio, Eden Prairie, MN, fabricated the ceramic restorations. Photography by Mark Lang, Lang & Associates, San Diego, CA.





before



after



About the Cover, continued on pages 8 and 9.

This beautiful young woman was presented with misaligned maxillary anterior teeth. She declined a recommendation of orthodontic treatment. As an alternative, her goals were achieved with the placement of feldspathic veneers on teeth ## 4-13, aligning the teeth and building in the appropriate anterior guidance.

Cosmetic dentistry by Dr. Sue Wendling, Lake Oswego, OR; ceramics by Marvin Staggs, PDR Laboratory, Salem, OR; photography by Legacy Fine Portraits, Vancouver, WA.





Male Patient

This patient presented with a deep overbite, severe anterior wear and fracturing, multiple carious lesions, and inadequate oral hygiene. Centric relation was established using a permissive splint and bi-manual manipulation. Vertical dimension was increased 4 mm at the anterior teeth to facilitate adequate functional and esthetic requirements. A retrievable maxillary-splinted bridge was placed over telescoping copings on teeth ## 3, 4, 8, 9, 13, 14, and 15. The lower teeth were restored with Empress™ full-coverage restorations on teeth ## 20-29. PFG restorations were placed on ## 18, 19, 30, and 31.

Female Patient (before and after photographs not included)

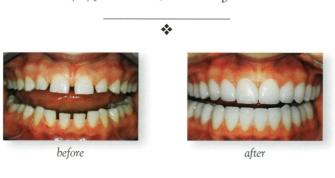
Eight posterior Empress full-coverage restorations replaced failing porcelain/metal restorations in this patient. Whitening with Discus Nite-White.

Cosmetic dentistry by Bradley Hester, D.M.D. Ceramist, Marvin Staggs, PDR Laboratory, Salem, OR. Photography by Fred Alexander, Sunriver Photography, Sunriver, OR. Ap.





This patient was referred by an orthodontist who was unable to offer her any treatment. Due to the multiple diastemas and short clinical crowns, we needed to open her existing vertical dimension to allow room to restore her entire dentition (teeth ## 2–31). Her new vertical dimension was determined neuromuscularly by measuring her electromyography (EMGs) using Myotronics equipment, tensing her, and placing her lower jaw into a position that was compatible with her EMGs, her appearance, and her comfort. We restored her using crowns and veneers from MicroDental Laboratory, Dublin, CA (ceramist, Carol Schweizer). The occlusal equilibration and verification was accomplished with Myotronic equipment. Photography by American Photo and Imaging, Raleigh, NC. Cosmetic dentistry by James Harold, D.D.S.





The patient had a bite problem that caused headaches and jaw pain. She was missing a front tooth and had an unattractive bridge. We restored ##4-#13 and #23-#26 in Empress™ pressed ceramic. Gingival laser recontouring was done on ##4, 5, 7, and 8. The patient's bite has been restored and she has a beautiful smile. The icing on the cake is that her headaches and jaw pain are now gone.

Cosmetic dentistry and photography by Rhys Spoor, D.D.S. Ceramist, John Lavicka, Dental Ceramics, Garfield Heights, OH. Ap.







after

