



"Together, we can make your patients smile!"  
Kash Qureshi, Managing Director

Official sponsors of the

**PRIVATE**  
DENTISTRY AWARDS  
**2024**

## Back to the future?

We moved our newsletter to an online platform during COVID times and stopped our printed and downloadable .pdf newsletters at the same time.

Our online newsletter stats: Our delivery rate is 97%, open rate 35% and click rate 20% average per month (which is a good average, so thank you!)

We missed this version of our newsletter and have now decided to bring it back! We found, that this newsletter gets circulated in dental practices by placing them in staff rooms as reading material which the whole team gets to see, this also gets circulated online as shareable and downloadable .pdf.

So, welcome back to the future, where you can read in peace, without all of the noise from social media and modern day dental life!

alisa\_rav@gmail.com  
to me

James Fridman <fjamie013@gmail.com>

Hey James,

As you wish, Your Royal Highness.

Can you please put crown on my head?  
I want to look like princes ;)



## Dental Fact:

23% of people had access to NHS dental care within 24 hours in comparison to 81% in Rwanda and 67% in Ukraine! Source: *Economist Health Inclusivity Index*

## Will you enter the Private Dentistry awards 2024?

Search Private Dentistry 2024 online or [click here](#)

## Private Dentistry Awards 2023

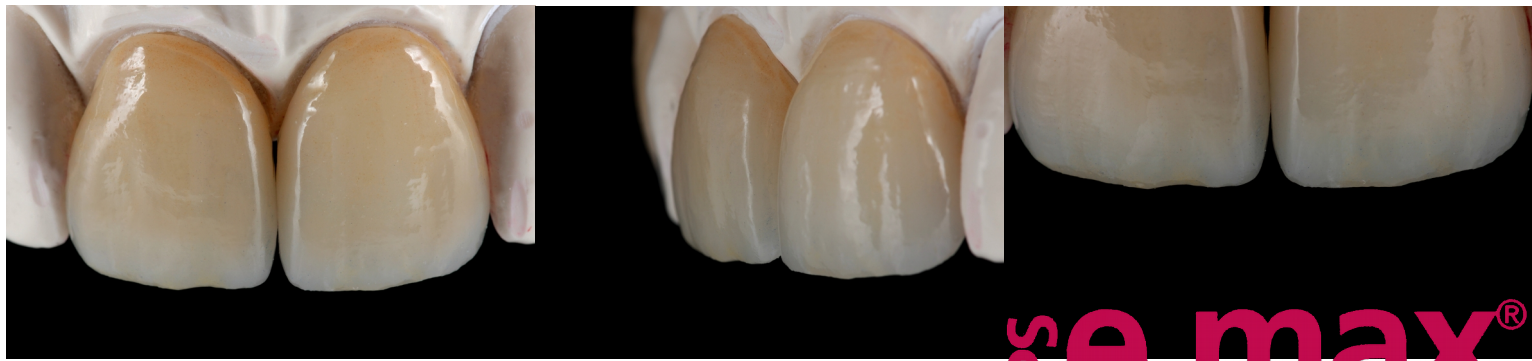
Below are some of the images from the Private dentistry awards, 6<sup>th</sup> december 2023 @ at the glamorous Grosvenor House Hotel, London.

(To view all images search private dentistry awards 2023 online/ social media or [click here if viewing a pdf](#))



In the photos: Team of the year awards: Img 1) Glenhaven dental, Img2) Queensgate Orthodontics with Dr. Nidhi Parmar, img 3) Woodborough House Dental with Dr. Rupert Monkhouse





**IPS e.max®**

**What is IPS e.max?**

IPS e.max® is a lithium disilicate glass all-ceramic that delivers optimum aesthetics, translucency, durability and strength which is ideal for anterior dental restorations, within the smile zone. With up to 10 years of clinical evidence, over 80 million restorations and a 97.6% survival rate, it is a proven system that provides highly durable and highly aesthetic restorations which makes it an affordable alternative to porcelain bonded crowns and zirconia based restorations.

**Technical Features:**

IPS e.max is milled via our in-house CAD software and CAM milling machine and provides a flexural strength between 360 – 500 Mpa. It is recommend for veneers, single unit anterior crowns or posterior crowns, 3 unit anterior bridges, partial and full anatomical crowns, minimal veneers (from 0.3mm) , inlays & onlays and screw retained implant crowns.

**Clinical Features:**

IPS e.max is a bio-compatible material and is used for highly aesthetic solutions due to its true to nature shade behaviour. IPS e.max promotes itself as a durable restoration due to it's high flexural strength and is suitable with minimal invasive preparations. There is no condensation shrinkage which provides an accurately fitting restoration and reduce adjustment time with flexible cementation. *Contact Kash on 0208 520 8528 for further information.*

Before



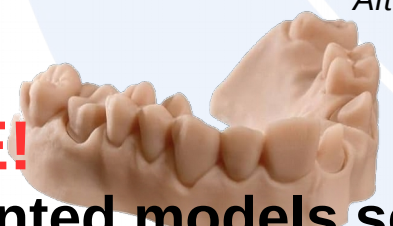
After



Will you send your emax case to us ?



**FREE!**  
**3D Printed models set**  
*with every private case sent via I/O scan*

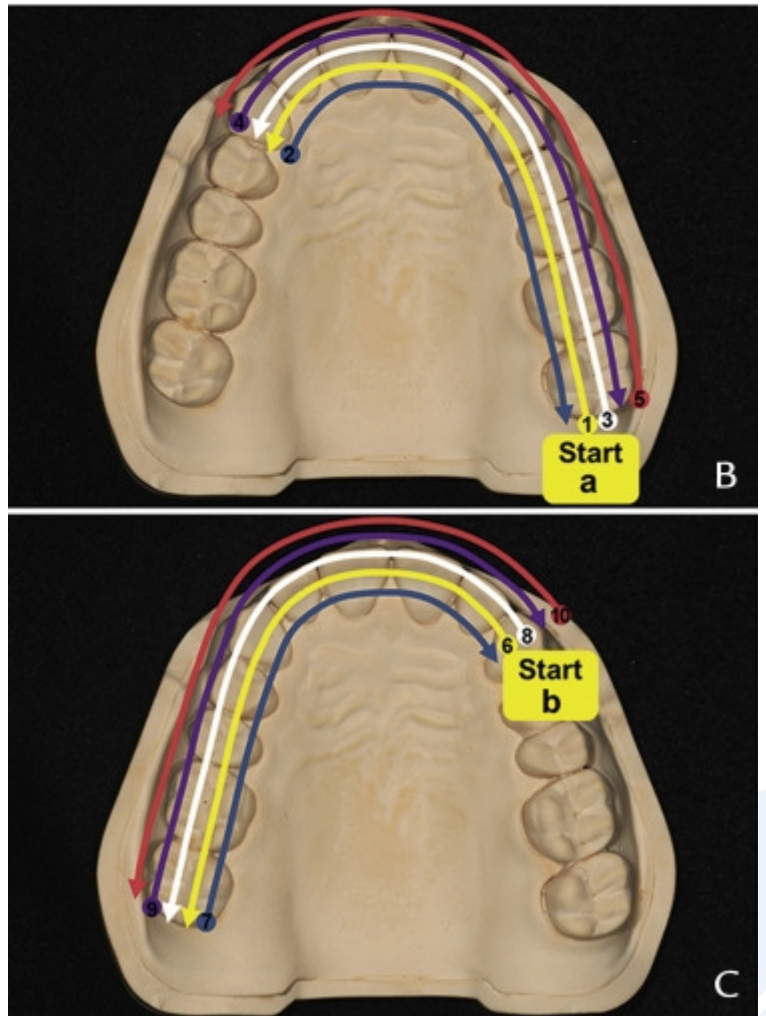


## I/O scanning tips:

**iRecord:** Captures 3000 images per second, good for study models, night guards and invisAlign.

**Restorative:** Captures 6000 images per second, good for crown & bridge, implants and partials.

- 1) Follow a scanning path technique as show in the images on the right and below
- 2) Scan full arches for anterior cases and free end posterior cases for crown and bridge preps
- 3) Scan quadrants for 1 – 2 posterior units when the last molar is in place for a positive stop
- 4) Wipe all teeth + contacts with a 2 x 2 gauze, instead of compressed air, for a clean and dry area to capture
- 5) Pack cord on all preps, so the scanner can capture the margins easily
- 6) Double check your clearance on preps with the scanner software tools
- 7) Double check all scan bodies are in correct rotation and snapped completely seated
- 8) Equilibrate the centric occlusion with equal bilateral contact prior to anaesthetic
- 9) Scan preps for no longer than 7 to 9 seconds as moisture beings to obstruct margins.
- 10) For a bite scan, place the wand in the mouth buccally and then ask the patient to clench not bite.



The above scan path technique 1 to 10 improves the accuracy of the intra oral scan.

<https://www.sciencedirect.com/science/article/pii/S0022391321002857#fig1>

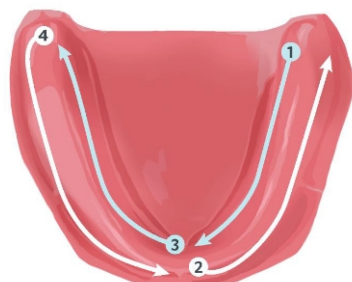
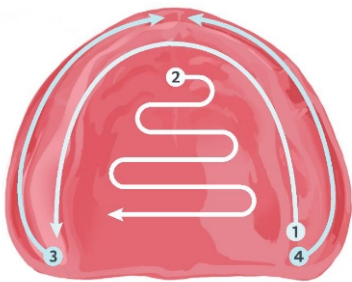
## Did you know?

All of our private crown and bridge cases include a 3D printed model set (upper and lower) at **no charge** if an I/O scan is sent!



## Thank you!

— A special thanks to Ocean ceramics for the tips and tricks on intral oral scanning



Example of I/O scanning technique of edentulous arches by 3shape Dr. Lou Russo.  
Search online or [click here for document](#)



[www.bremadent.co.uk](http://www.bremadent.co.uk)



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0208 520 8528



## Dimensional accuracy of 'Alginate' using methods of 'Disinfection'...,

You know when the lab send backs a job and it doesn't fit and you phone the lab to hear them say "the impression may have been distorted". What we mean is the dimensional stability of the impression may have changed as with everything we do in Dentistry is within parameters.

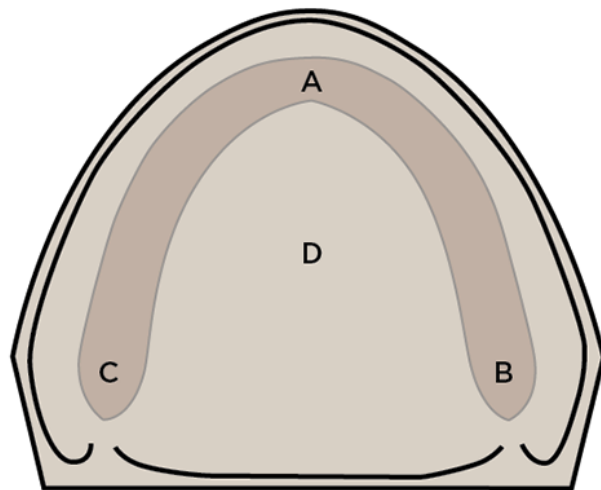
A study conducted in January 2018 has finally concluded if disinfecting with a spray or immersion changes dimensional accuracy of an alginate impression.

This study was conducted with an edentulous master model and was placed with reference points (A, B, C & D) for cast measurements by scoring grooves onto the occlusal surfaces in the shape of an 'X', which was recorded via digital callipers and readings taken for each linear measurement. The measurements were done between intersects of the "x" on the posts of each model. Eighteen measurements were done for each model. The mean of the three linear measurements was taken from the gypsum plaster casts and compared to those recorded from the master model.

Five special trays was made and impressions was taken in alginate under manufactures instructions in a controlled environment and disinfected with different strengths in NaOCl solutions via spray and the immersion technique.

Conclusion - "Within the limitations and based on the findings of this study it can be concluded that disinfection of irreversible hydrocolloid impression material is more appropriate using NaOCl spray rather than immersion, and the spray method did not affect the dimensional stability of alginate as much as the immersion method did."

<http://www.aegisdentalnetwork.com/cced/2018/01/dimensional-accuracy-of-alginate-impressions-using-different-methods-of-disinfection-with-different-concentrations>



## Why do we use hi-impact acrylic?

For our private cases we use Diamond D® hi-impact acrylic from Keystone Industries. "Advanced natural-looking dentures require artistry as well as technical expertise". Diamond D® was specially formulated for exceptional working and handling characteristics for anatomic sculpting.

Diamond D is scientifically proven to be the strongest denture acrylic in the market. A scientifically sound double blind study proved Diamond D had the best impact strength against the competition. With unmatched impact strength, Diamond D ensures some of the best dentures any laboratory can make. The impact strength – the measure of toughness – is significantly better compared to competitor acrylics.

At Bremadent, we measure the correct acrylic powder / monomer ratios for mixing the acrylic, follow the exact temperature to heat cure the acrylic over night in a controlled hot water tank and allow enough time the next day for a natural cooling down period upon removal of acrylic from the hot water tank to maximise the strength properties.

<https://keystoneind.wordpress.com/2013/04/23/why-diamond-d-is-the-best-denture-acrylic-on-the-market/>  
Accessed 1<sup>st</sup> October 2019.

