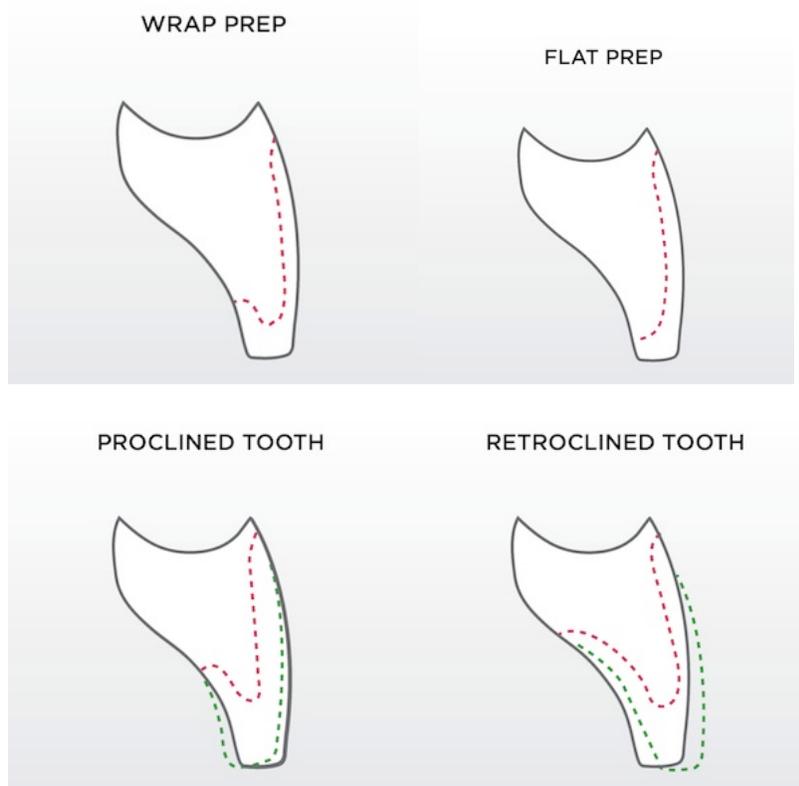


When preparing anterior teeth for ceramic veneers, do you prepare the incisal edge flat or do you overlap and extend down the lingual aspect of the tooth? To assist you in making that decision, consider the following factors:

1. Will the veneer be bonded to enamel or dentin on the facial aspect of the tooth?
2. Are there functional or parafunctional issues that need to be addressed?
3. Are there structural compromises in the tooth?
4. Is there a significant morphology change occurring, retroclining or proclining tooth position?
5. Generally if the ceramic veneer is going to be bonded to enamel and there are no considerations other than restoration of the tooth for esthetic reasons, it is easiest for the clinician to prepare the incisal edge flat. This then makes it easier for the technician to design a well-fitting restoration because there will be less detail in the preparation that needs to be accommodated during fabrication.



If you want to increase the retention of the veneer or are planning morphology changes for esthetic, functional or structural reasons, I recommend that you overlap the incisal edge and prepare into the lingual aspect of the tooth. This increases the resistance form of the preparation so that the ceramic engages the lingual aspect of the tooth. The additional reduction of the tooth allows the technician to make the morphology changes to the restoration without creating an incisal edge that is too thin or too thick. A diagnostic wax-up is extremely helpful in this type of case to determine how far the preparation must extend into the lingual surface.