Calibra® Universal
Self-Adhesive Resin Cement

TECHNIQUE GUIDE

1. CLEAN AND DRY
Follow dental lab or restoration manufacturer’s directions for pre-treatment of the intaglio surface of the restoration, if required.

2. APPLY CALIBRA UNIVERSAL CEMENT
Dispense and discard a small amount of material from the dual-barreled syringe. Attach mixing tip. Apply a thin, uniform layer of Calibra Universal Cement to the entire intaglio surface of the restoration.

3. SEAT RESTORATION
Protect restoration from contamination and movement until the final set of the cement (6 minutes from start of mix or completion of light curing).

4A. CLEAN UP MARGINAL EXCESS: SELF CURE
The excess cement will reach the “gelled” state after approximately 1-2 minutes in the mouth. Excess cement will remain in the gelled state for approximately 1 minute. NOTE: Cement within the crown has not yet set. Do not move, torque, or disturb the crown during cleanup.

4B. CLEAN UP MARGINAL EXCESS: DUAL CURE
Light curing to facilitate cleanup must be accomplished within the first minute following intraoral insertion. Light cure excess cement at the margins by constantly moving the curing light tip around the margins for no more than 5 seconds per surface (buccal and lingual). Excess cement will reach a “gelled” state after this brief cure. The excess cement will remain in the “gelled” state for approximately 45 seconds following light exposure. NOTE: Monowave output LED lights with a single peak output around 470nm are recommended.

5. REMOVE EXCESS CEMENT
Protect restoration from movement during the gel phase cleanup through the final set.

6A. SELF CURE AND DUAL CURE FOR NON-LIGHT TRANSMISSIBLE RESTORATIONS
Light cure margins for 20-40 seconds (in dual cure mode). Allow Calibra Universal Cement to self cure without disturbing for 6 minutes from start of mix.

6B. LIGHT CURE LIGHT TRANSMISSIBLE RESTORATIONS
Light cure all areas for 10 seconds from each direction – buccal, lingual and occlusal.

7. FINISH
Removal of the resin cement flash and finishing of the margins is best accomplished with the Enhance® Finishing System (see complete Directions for Use).
### TECHNIQUE TIPS

- Tooth preparation should leave the tooth surface moist, evenly glistening with moisture. Dry preparations (air-dried or alcohol-dried), and wet preparations (with pooled surface water), can reduce adhesion. The adjacent teeth and/or the external surfaces of the restoration may be lubricated with a water soluble medium to ease cleanup of excess cement.
- Stabilize restorations (e.g. with a finger) during gel phase cleanup and throughout the final set.
- For excess cement cleanup, monowave output LED lights with a single peak output around 470nm are recommended. High power, dual or broad spectrum lights may cause premature hardening of excess cement. Check curing light effect on mixed cement in the laboratory prior to clinical use.
- Remove floss horizontally through interproximals during cleanup so as not to dislodge the restoration before the cement has completely set.
- Cement at the margins may appear set before cement within the restoration is set. Do not move, torque or disturb restoration until final set of the cement (6 min. from the start of mix or in the case of light-transmissible restorations upon completion of light curing).
- Stabilize restorations with occlusal pressure while the patient waits the full 6 minutes from start of mix in self cure and dual cure mode or upon completion of light curing each surface (buccal, lingual, occlusal).

### CLINICAL TIPS

**For Feldspathic Porcelain, Leucite-reinforced Ceramic, Lithium Disilicate Ceramic, Zirconia-reinforced Lithium Silicate:** Etch the bonding surfaces with hydrofluoric acid and use Calibra® Silane Coupling Agent on intaglio. If the intaglio surface of the restoration designed to be silanated has been disturbed during try-in, apply Calibra Silane Coupling Agent following directions for use.

**For Zirconia-based Ceramic:** Sandblast, use zirconia primer, if directed. Follow the dental laboratory or restoration manufacturer’s directions for pre-treatment.