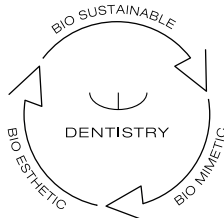


Breakthrough in Pediatric Dentistry

DIRECT SYSTEM
PEDIATRIC CROWN
PEDIATRIC VENEER



edelweiss
DENTISTRY

shaping the future of dentistry

Bio-Esthetics and Function in One Crown

The edelweiss SYSTEMs with its natural concept of the layering technique is the quintessence of bio-esthetics, bio-mimetics and bio-compatible restorations in direct, semi-direct and indirect digital workflows.

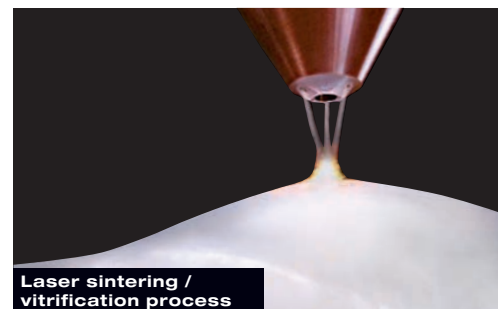
It offers the clinical user as well as the technician a precise understanding of the inner structure of the natural tooth, its optical as well as functional properties and enables the development of unsurpassed bio-esthetics and bio-function with simple, controllable technical and clinical procedures.

Its unique patented production process consists of a modern laser sintering and vitrification process that produces a material with outstanding physical and esthetic properties.

The end result of this manufacturing process is a single glass-ceramic phase embedded in a carbon matrix to obtain a material that:

1. resembles esthetics of pure glass-ceramics
2. strength of particle filled ceramics
3. simulates the modulus of elasticity of dentin

The bio-mechanical properties have been reconstructed optimally, merged together with natural bio-esthetics.



The Technical Concept

edelweiss dentistry introduces you to a groundbreaking advancement in pediatric dentistry that is setting a new standard in dental care for children.

Unrivalled Innovation edelweiss PEDIATRIC CROWNS represent the world's first of its kind, setting a new standard for restorative dental care for children.

Superior Esthetics mimicking anatomy of real teeth for a natural and beautiful smile.

Minimally Invasive Treatment engineered to be minimally invasive, preserving as much natural tooth structure as possible during the restoration process.

This approach helps to minimize discomfort and maintain the integrity of the child's teeth.

Excellent Durability long-lasting performance and resistance to wear and fracture.

Optimal Fit and Function custom-made to ensure a precise fit on the child's tooth for enhanced esthetics and functionality.

Child-Friendly Materials bio-compatible and zero Bisphenol A, crafted using high-quality materials.

Streamlined Application Process user-friendly application to reduce chairside time and enhance the overall treatment experience.

Backed by Dental Experts edelweiss PEDIATRIC CROWNS are developed in collaboration with leading dental professionals, ensuring a product that is based on expertise and trusted by pediatric dentists worldwide.

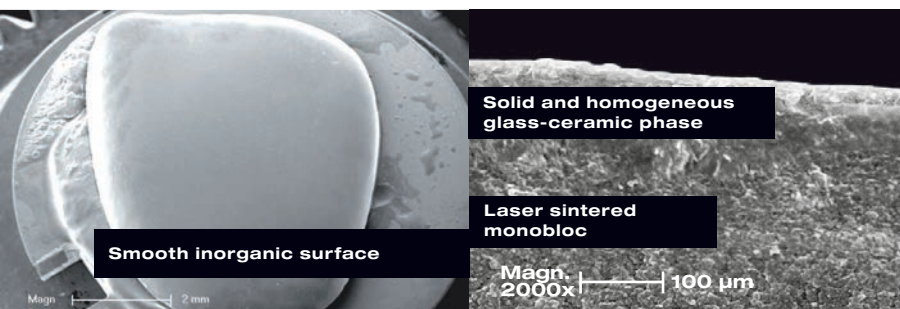
Empowering Pediatric Dentistry by incorporating edelweiss PEDIATRIC CROWNS into your practice, you can offer cutting-edge solutions to your patients, showcasing your commitment to providing the best in pediatric dental care.

DIRECT SYSTEM PEDIATRIC CROWN



INNOVATION

The edelweiss PEDIATRIC CROWNS are manufactured using a patented laser process in which the glass crystals are sintered and vitrified. The finished bio-ceramic edelweiss PEDIATRIC CROWN is thus characterised by a homogeneous glass-ceramic phase embedded in a carbon matrix. As it is an inorganic, crystalline bio-ceramic glass phase, the material offers the advantage of bio-mimetic mechanics, a bio-esthetic appearance and bio-compatibility, as it is completely free of BIS GMA, BIS EMA and UDMA.



Technical Data	PEDIATRIC CROWN
Flexural Strength	200 MPa
Compressive Strength	550 MPa
Flexural Modulus	20 GPa
Surface Hardness	100 HV

(Source: University of Geneva / internal data edelweiss dentistry)

Introduction



Jessica J. Sidharta
D.M.D., C.D.T.

***"Easy and safe treatment
for a healthy smile in children."***

EDELWEISS PEDIATRIC CROWNS

"As a dentist, treating the child patient requires more of my attention, skill and care. Up until now, stainless steel crowns were for me, as a mother of a daughter, the single and easiest way of getting a functional restoration with minimal costs."

However, most children and their parents were very disappointed with the "metal look" and poor esthetics. Parents wanted both esthetics and function in a single crown.

For me, the edelweiss PEDIATRIC CROWNS are the perfect way to create a perfect natural esthetic crown with minimal invasive procedures where I am in total control of the final outcome. My patients are never stressed and the parents are always happy with the results.

The edelweiss PEDIATRIC CROWN has all the qualities of an ideal pediatric crown.

ADVANTAGES

- Morphology designed to protect the pulpal-horns of milk teeth
- Bio-compatible, bio-esthetic & bio-functional
- Antibacterial and plaque resistant
- Zero Bisphenol A
- Minimally-invasive preparations or no preparation needed
- Excellent bond to tooth structure
- Cuts like natural tooth
- Easy to adjust in the mouth
- Can be used in partially or fully erupted primary teeth
- Natural abrasion, no damage to opposing teeth
- Can be easily repaired
- Easy handling by the practitioner
- Less time needed for crown placement
- Cost effective
- Prefabricated to fit all sizes of milk teeth



Close to Nature

DIRECT SYSTEM PEDIATRIC CROWN

MORPHOLOGY

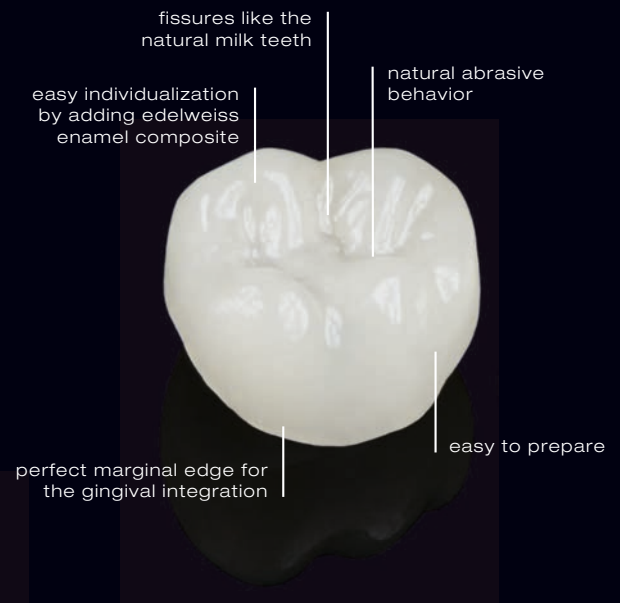
Primary teeth have several differences compared to the permanent teeth and these were taken into account when designing the edelweiss PEDIATRIC CROWN.

The edelweiss PEDIATRIC CROWNS are designed and crafted to closely mimic the anatomy of the deciduous tooth. This permits a quick and safe treatment with maximum patient comfort. The treatment is minimally invasive with a perfect occlusion.

edelweiss PEDIATRIC CROWNS follow the gingival contours of the natural milk teeth which minimizes excessive tooth reduction during placement. The margins are supra-gingival or equi-gingival reducing the risk of gingival bleeding making the crown placement an easy and comfortable procedure.

The edelweiss PEDIATRIC CROWNS can be individually adjusted to match the patient's individual morphology. The mesial-distal contours can be adjusted by simply adding more edelweiss NANO-HYBRID COMPOSITE to attain a perfect contact to the neighboring teeth.

edelweiss PEDIATRIC CROWNS requires minimal or no tooth preparation minimizing the chances for pulpal exposure. The mesial and distal margins of the edelweiss crowns follow the natural gingival-line allowing for optimal esthetics.



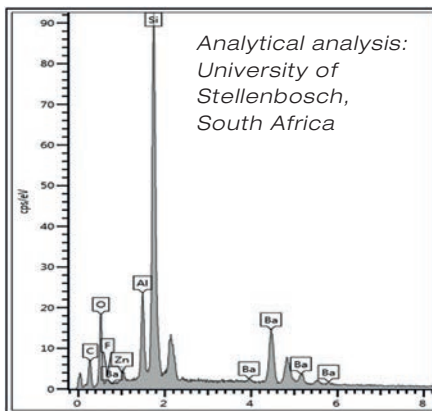
INDICATIONS

- Anterior and posterior restorations
- Discoloration of primary teeth
- Morphological deformations
- Congenitally malformed primary teeth
- Developmental defects
- Poor enamel quality
- Increased carious activity
- Restoration of teeth after pulpectomy or pulpotomy procedures
- Fractured primary teeth following trauma
- Severe bruxism
- Erosion

CONTRAINDICATIONS

- Allergy to any of the ingredients

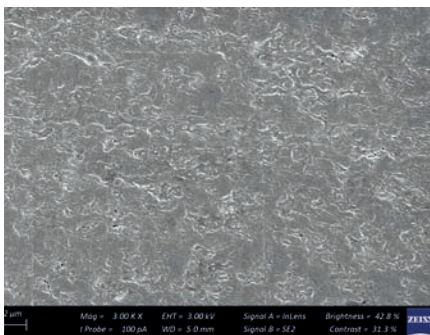
Composition



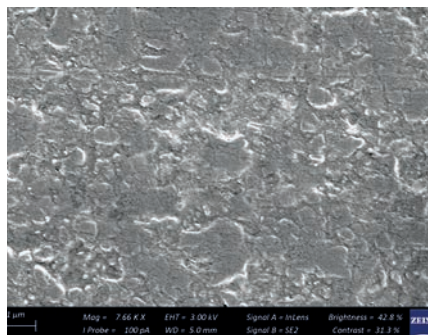
THE COMPOSITION OF EDELWEISS PEDIATRIC CROWNS

Barium silicate glass:	single glass-ceramic phase for optimum esthetics and better bonding tooth structure
Aluminium oxide:	strength and optical properties
Carbon:	resilience and repairability
Zinc oxide:	antibacterial (no biofilm formation)
Fluoride:	hydroxyapatite regeneration and antibacterial

SEM IMAGES SHOW A SMOOTH SURFACE DEVOID OF ANY CRACKS OR VOIDS



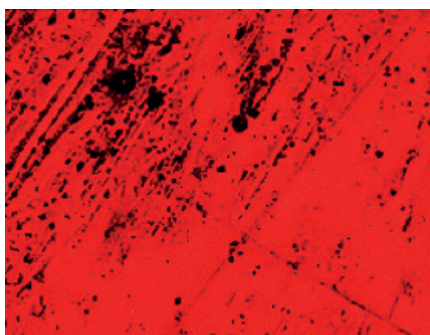
The edelweiss PEDIATRIC CROWN shows a homogeneous layer of glass almost fused to form a single unit. There is a complete absence of voids or defects on the surface structure. (Mag = 3.00KX)



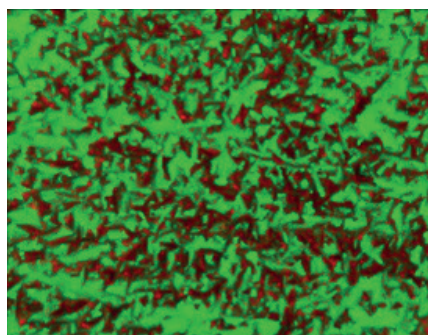
Higher magnification shows no surface defects with total absence of voids or cracks. This means a long-lasting shine and no chipping or crack propagation. (Mag = 7.44KX)

Smooth glass like structure resulting in long lasting shine with no staining.

NO BIOFILM OR BACTERIAL GROWTH ON EDELWEISS PEDIATRIC CROWNS



No bacteria and biofilm formation on edelweiss PEDIATRIC CROWN.



Bacterial growth observed on composite (control).

The presence of zinc oxide nanoparticles and fluoride combats bacteria and biofilms on the surface and at tooth-restoration margins to inhibit marginal staining and secondary caries.

WE CARE FOR OUR CHILDREN'S HEALTH

We understand the importance of using safe and bio-compatible materials for children.

edelweiss PEDIATRIC CROWNS are crafted using high-quality materials that are specifically chosen to be safe and gentle on young teeth and gums.

ALL edelweiss products are BPA free and bio-compatible.



ZERO BISPHENOL A

edelweiss PEDIATRIC CROWN is free of Bis-GMA & Bis-EMA.



EDELWEISS PEDIATRIC CROWNS ARE NON-TOXIC

Toxicity Studies done on:
Human Stem Cells
Intracutaneous reactivity test (ISO 10993-23:2021)

NON-IRRITATING TO THE SKIN OR MUCOSA

Skin sensitization test (ISO 10993-10:2021)



BIO-SUSTAINABLE

The world's first bio-sustainable pediatric crown.

WE CARE FOR OUR PLANET

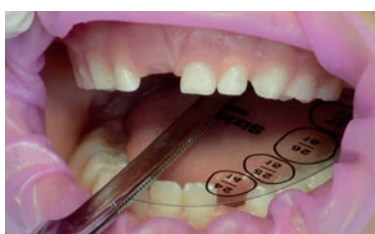
edelweiss PEDIATRIC CROWN is a safe product and in line with world trends of being the first pediatric crown to be BPA free and bio-sustainable.



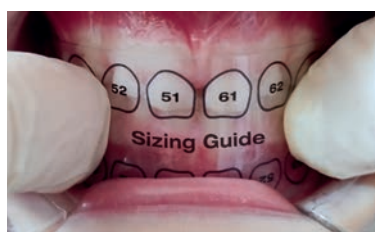
Easy to use



Shade matching is initially done prior to the treatment. This is especially important in the anterior teeth where esthetics is a factor.

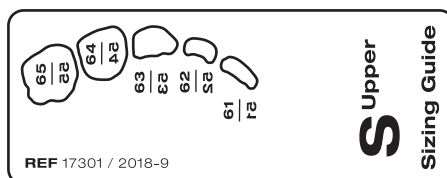
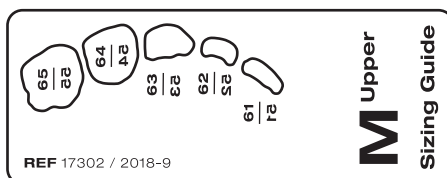
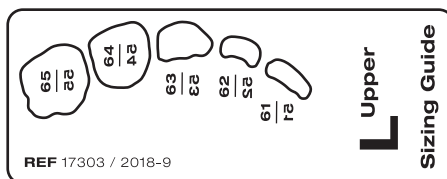
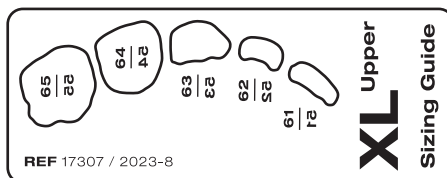


Using the edelweiss Sizing Guide, the correct crown size is selected by measuring the mesio-distal width at the level of the contact point of the prepared tooth, or by measuring the width of the contra-lateral tooth.

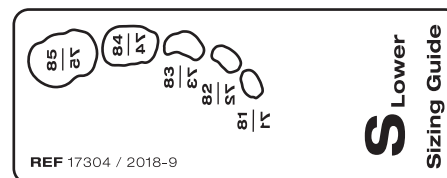
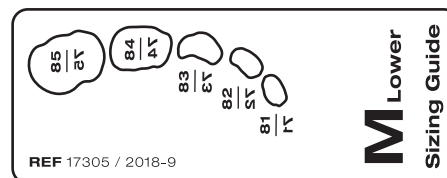
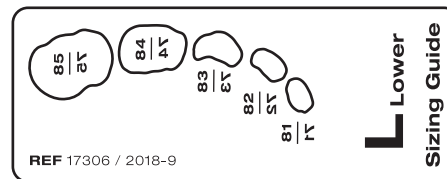
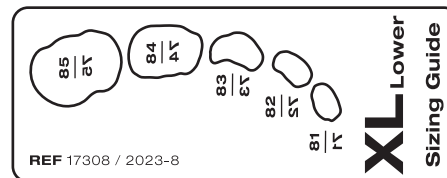


PEDIATRIC CROWN SIZING GUIDE

UPPER JAW

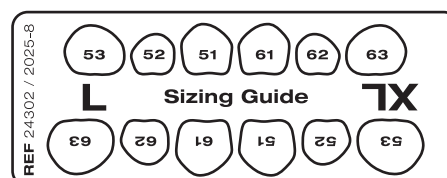
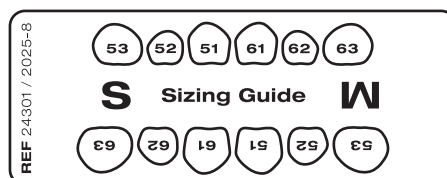


LOWER JAW



Based on studies of all shape and size variations in the natural deciduous tooth anatomy, the edelweiss PEDIATRIC CROWNS are prefabricated to conform to all clinical situations. The crown are fabricated in small, medium, large and extra-large sizes. Mesial-distal width ranges from 5.7 mm to 7.7 mm (upper incisors) and 9.8 mm to 13.1 mm (lower molars).

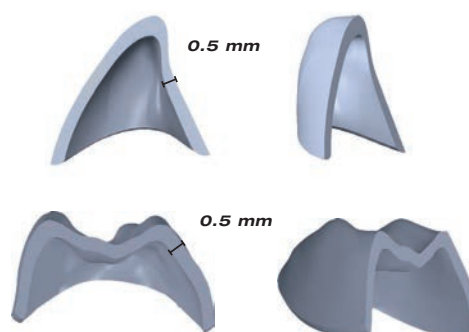
PEDIATRIC VENEER SIZING GUIDE



PEDIATRIC CROWN THICKNESS: Ø 0.5 MM

edelweiss PEDIATRIC CROWNS are 0.5 mm in thickness. The crown is designed so that minimal tooth preparation is needed allowing for reduced working times ensuring total comfort to the child patient as well as the clinician. The tooth preparation design is dictated by the extent of caries removal with a 0.5 mm margin thickness.

The crowns can be adjusted to the preparation design and can be easily converted to partial crowns if the clinical situation dictates.





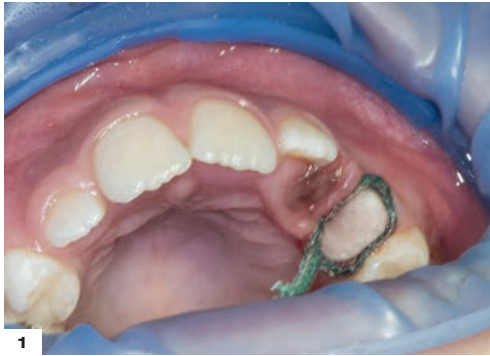
PREPARATION OF MILK TEETH FOR EDELWEISS PEDIATRIC CROWNS

- The use of rubber dam is recommended whenever possible.
- Caries removal with minimally invasive preparation of milk teeth: following the natural enamel- dentin- line for preventing an iatrogenic exposure of the pulpal chamber.
- Etching of the enamel (15 seconds) and dentin (7 seconds) with 37 % Phosphoric acid followed by thoroughly rinsing of the tooth.
- It is preferable to use a shoulder margin all around as the edelweiss PEDIATRIC CROWNS have an even thickness of 0.5 mm.

TREATMENT OF EDELWEISS PEDIATRIC CROWNS

- The crown can be adjusted along the gingival margin to conform to the gingival contour of the tooth and to obtain a good fit.
- The inside of the crown is lightly roughened with a diamond bur on a slow handpiece. It is then rinsed off and dried using the air syringe.
- Using an applicator tip, edelweiss VENEER BOND is applied very lightly to the inside of the crown and light cured for 20 seconds.
- Cementation can be achieved using edelweiss COMPOSITES, Resin Cements or Resin Modified Glass Ionomer Cements.
- Excess cement is removed, and light cured in all directions.
- Final polishing is achieved using polishing cups especially around the margins.

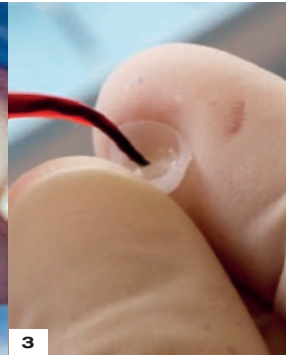
Step by Step



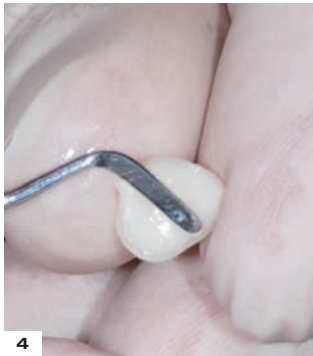
1
Retraction cord if needed is placed following previous caries removal



2
Enamel etching 15 sec., dentin 7 sec. Rinse thoroughly



3
Bonding the inside of the PEDIATRIC CROWN with VENEER BOND, light cure for 20 sec.



4
edelweiss NANO-HYBRID COMPOSITE placed on the inside of edelweiss PEDIATRIC CROWN



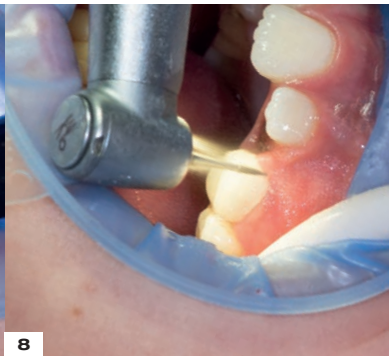
5
Placement of edelweiss PEDIATRIC CROWN



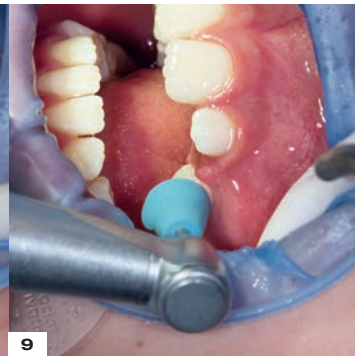
6
Position of edelweiss PEDIATRIC CROWN, excess composite removed



7
30 sec. light-curing in all directions



8
Finishing of the margins with a fine diamond bur



9
Final polishing using polishing cups

BEFORE

AFTER



Easy Adjustment

DIRECT SYSTEM PEDIATRIC CROWN

It is possible to widen approximal contacts of the edelweiss PEDIATRIC CROWN to obtain good contacts with adjacent teeth.

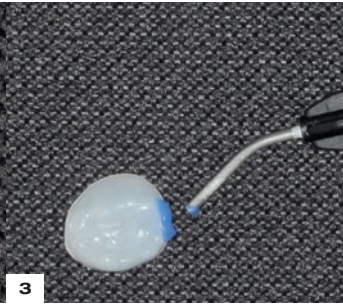
This is done to ensure proper space maintenance. This is easily done by simply adding more composite to close the gap.



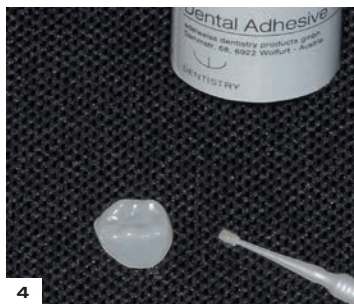
1
edelweiss PEDIATRIC CROWN for any clinical situation



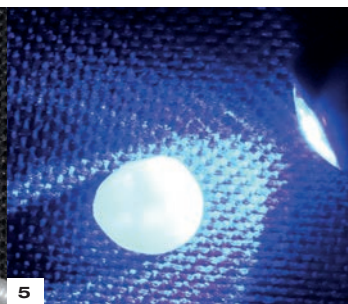
2
For increasing the approximal area, roughen the surface of the PEDIATRIC CROWN with a diamond bur



3
Cleaning the smear-layer with 37 % phosphoric acid, rinse off and dry



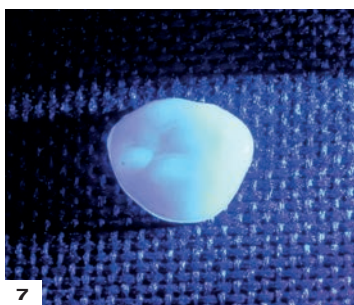
4
Bonding with edelweiss VENEER BOND. This bond is compatible for all edelweiss products



5
Light-curing of the edelweiss VENEER BOND for 20 sec.



6
Building up the approximal area with edelweiss NANO-HYBRID COMPOSITE



7
Light-curing of the composite build-up for 30 sec.



8
Polishing done with polishing cups, begin with green, followed by the grey cup for high gloss finish



PEDIATRIC CROWNS: FROM STAINLESS-STEEL TO BIO-CERAMICS

In situations where there is severe loss of tooth structure, full coverage crowns offer an advantage over large restorations. In the past stainless-steel crowns were popular but have a major drawback in that it is unesthetic. Stainless-steel crowns contain nickel and there is also a risk for allergic or hypersensitive response. Prefabricated zirconia crowns on the other hand requires extensive tooth reduction and are more expensive.

Even adults refuse to have stainless steel crowns in their mouth, why should we still be treating our children with these crowns.

Zirconia crowns are made of a rigid ceramic material and cannot be crimped hence unforgiving to undercuts that will allow for a free path of insertion for the zirconia crowns. This leads to increase tooth preparation and fitting times. The increase in chairside time makes it more difficult for the child patient.

Tooth preparations that are subgingival can cause gingival bleeding that can compromise retention of the zirconia crown. Another major problem regarding the placement of zirconia crowns is that if the crown is placed in hyper-occlusion then the opposing tooth needs to be cut or adjusted into occlusion.

YESTERDAY



TODAY



EDELWEISS PEDIATRIC CROWNS

- Mimic natural form and function
- Bio-esthetical morphology
- Quick, easy and safe treatment
- Optimal esthetic results
- Mesial and distal margins follow the natural gingival-line
- Antibacterial, high plaque-resistance
- Bio-compatible natural abrasion behavior
- No damage to primary antagonists
- Time saving, minimal or no preparation required
- Non/minimal-invasive, protects tooth structure
- Repairable in the mouth
- Can be individualized

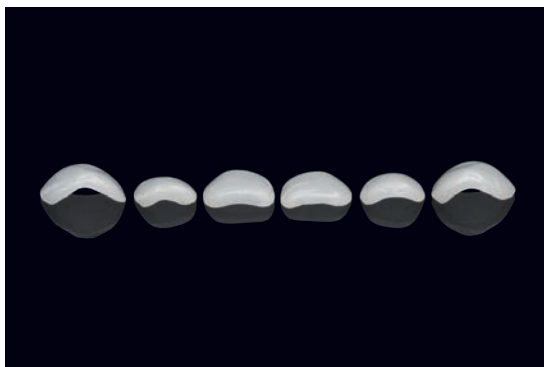
EDELWEISS PEDIATRIC CROWNS vs. ZIRCONIA CROWNS

	ZIRCONIA	 DENTISTRY
Material	Zirconium dioxide	Strengthened laser sintered glass-ceramic material
Esthetics	- More opaque - Whitish porcelain-like appearance	- High level of esthetics - Closely mimic the natural appearance of teeth
Durability	- Too strong for child tooth - Disproportionate wear resistance	Durable, strength more compatible to the natural tooth, lasting the lifetime of the deciduous tooth
Fit & Retention	Careful shaping and adjustments for an optimal fit is necessary	- Excellent bonding and good retention - Natural flexibility and excellent fit
Tooth preparation	Difficult, more tooth reduction to accommodate the crown's thickness	More conservative in terms of tooth preparation, preserving more natural tooth structure
Repairability	Cannot be repaired chair-side	Repaired chair-side with additional composite material
Cost/Time	- More expensive - Longer preparation time	- Cost-effective - Minimally invasive, less preparation needed
Patient's/parent's experience	- Procedure too long in the chair - More expensive	Total patient and parent satisfaction
Dentist's experience	- Extensive tooth preparation - Time consuming - Profit margin less	- Total dentist satisfaction - Easy tooth preparation and fit - Better profit margins - Good practice builder

Experience the future in Pediatric Dental Care with edelweiss PEDIATRIC VENEERS



**BLEND OF INNOVATION, ESTHETICS, AND FUNCTION
THAT WILL REVOLUTIONIZE HOW WE CARE FOR OUR
CHILDREN'S SMILES.**



Advantages

DIRECT SYSTEM PEDIATRIC VENEER

Unparalleled Innovation edelweiss PEDIATRIC VENEERS are the world's first veneers specifically designed for pediatric patients setting a new standard in pediatric dental care.

Enhanced Esthetics These veneers are crafted using advanced technology and materials that closely mimic the appearance of natural teeth.

Minimally Invasive edelweiss PEDIATRIC VENEERS are designed with a focus on preserving natural tooth structure which means less discomfort and reduced tooth preparation.

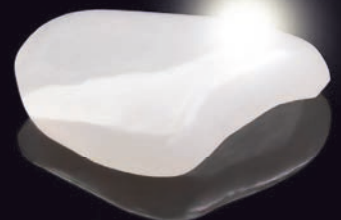
Durable and Long-Lasting Our veneers are engineered to be durable and long-lasting, providing excellent resistance to wear and fracture.

Easy and Efficient Application edelweiss PEDIATRIC VENEERS are designed to be user-friendly, enabling dentists to apply them with ease and efficiency making it more convenient for both the dental professional and the young patient.

Child-Friendly Materials We understand the importance of using safe and bio-compatible materials for children. edelweiss PEDIATRIC VENEERS are crafted using high-quality materials that are specifically chosen to be safe and gentle on young teeth and gums. It is BPA free and plaque resistant.

Boost Confidence and Self-Esteem edelweiss PEDIATRIC VENEERS can have a significant positive impact on their confidence and self-esteem by transforming a child's smile. Help children feel more confident in social interactions and improve their overall well-being.

Professional Trust and Expertise edelweiss PEDIATRIC VENEERS are developed in collaboration with leading dental professionals, ensuring a product that is backed by expertise and trusted by pediatric dentists worldwide.



Case Study

CASE BY DR. CLAUDIO NOVELLI, DENTIST

Studio Dentistico Rao, Geneva/Italy



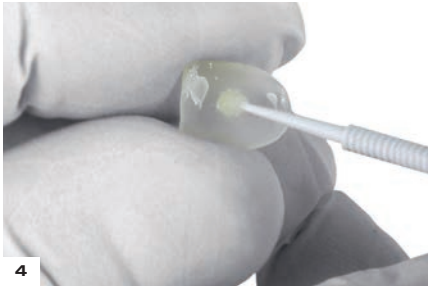
1
Preoperative view of the lower incisors affected by A1 type 1.



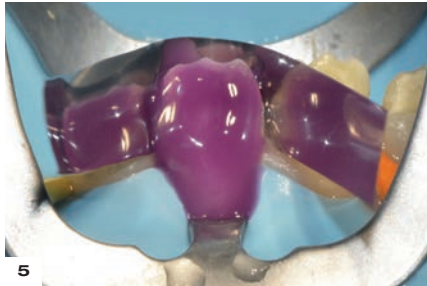
2
edelweiss prefabricated veneers.



3
Internal adjustments to reduce the thickness of the veneer.



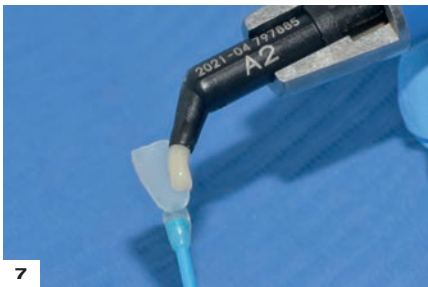
4
edelweiss VENEER BOND application.



5
Tooth etching 35 % H₃PO₄.



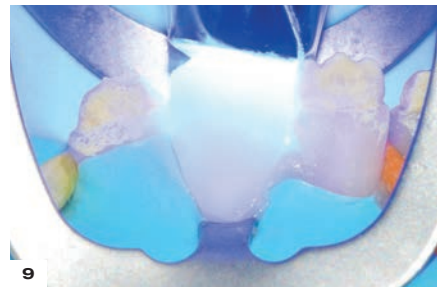
6
Application of single-component adhesive.



7
Veneer loaded with the selected edelweiss Nano-Hybrid COMPOSITE.



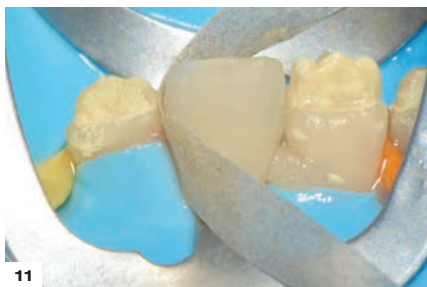
8
Veneer seated on the deserving tooth.



9
Veneer light cured on the tooth.



10
Finishing the margins with composite finishing discs.



11
Interproximal finishing with composite paper finishing strip.



12
6 months postoperative view of edelweiss PEDIATRIC VENEERS.

DIRECT SYSTEM PEDIATRIC VENEER



BEFORE



AFTER

Discolored front tooth following pulpectomy was easily restored using edelweiss PEDIATRIC VENEER to restore perfect esthetics. A minimally invasive approach with only the buccal, mesial and distal walls of the tooth was prepared for the Veneer.



BEFORE



AFTER

Large carious lesions associated in the upper front teeth that was successfully restored with edelweiss PEDIATRIC VENEER. Minimal tooth preparation done to restore proper esthetics and function.



BEFORE



AFTER

Patient with Dentinogenesis imperfecta was restored with edelweiss PEDIATRIC VENEERS to establish esthetics.

THE IDEAL SOLUTION FOR MOLAR INCISOR HYPOMINERALIZATION (MIH)

The aim of the treatment is to prevent sensitivity and any further enamel breakdown and caries progression. When restoring hypomineralised teeth, dentists frequently face difficulty in defining the cavity margins. Cavity design plays a critical role, as defective enamel remnants compromise the end result. edelweiss dentistry provides the ideal solution for both the

primary and permanent dentition. edelweiss PEDIATRIC CROWN/VENEER offer a minimal preparation technique to preserve as much tooth structure. For the permanent teeth the edelweiss VENEERS and edelweiss OCCLUSIONVDs offer a conservative clinical approach to preserve tooth structure with optimal esthetics.



For the permanent dentition, edelweiss VENEER and OCCLUSIONVDs, to restore function and esthetics while preserving tooth structure.

Case Study

BEFORE



AFTER



BEFORE

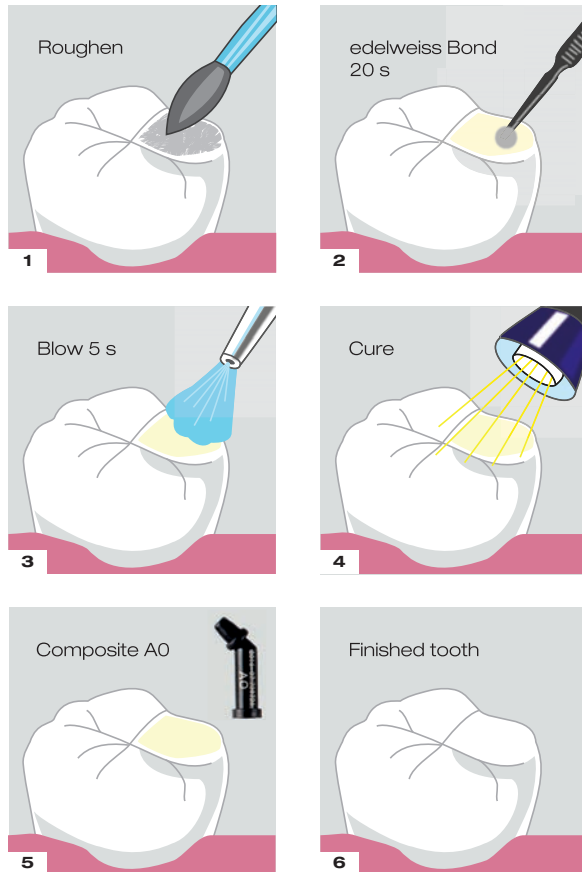


AFTER



Repairability

edelweiss PEDIATRIC CROWN can very easily be repaired in the mouth as shown below.



DURABLE AND LONG LASTING

edelweiss PEDIATRIC CROWN mimics the natural tooth with flexural modulus similar to natural dentine (20 GPa) allowing it to flex like the natural tooth.

Surface hardness of 100 HV prevents any abrasion to opposing tooth.

Compressive strength of 550 MPa is hard enough to prevent any chipping or fracturing in the mouth.

Technical Data	PEDIATRIC CROWN/VENEER
Flexural Strength	200 MPa
Compressive Strength	550 MPa
Flexural Modulus	20 GPa
Surface Hardness	100 HV

(Source: University of Geneva / internal data edelweiss dentistry)

DIRECT SYSTEM PEDIATRIC CROWN

EASE OF FIT

edelweiss PEDIATRIC CROWN mimics the natural tooth and following the gingival contour, allowing the clinician to easily size and fit the crown to the tooth with minimal bleeding.



EASY OCCLUSAL ADJUSTMENT

edelweiss PEDIATRIC CROWN mimics the natural tooth anatomy making occlusal adjustment easy in the mouth. In case of a high occlusal spot, the crown can very easily be adjusted to occlusion and there is no need to cut opposing tooth.



Reference



Management of Traumatic Injury to Teeth: A Clinical Case Presentation of a Fractured Lateral Incisor

INTRODUCTION

Managing injuries to children's teeth in both the primary and mixed dentitions can be challenging. The Dental Trauma Guide and Trauma Pathfinder¹ provides guidelines to assist the practitioner in arriving at a proper treatment option. The restoration of the tooth can be challenging as a result of poor retention. Paediatric crowns is associated with a reduced risk of major failure or pain in the long term and they are more retentive compared to conventional restorations². edelweiss PEDIATRIC CROWNS provide a monobloc type of adhesion as the adhesive cement and the crown are made of the same material.

CASE REPORT

An eight-year-old female patient presented to the clinic with a fractured upper left permanent lateral incisor. Clinical findings showed a fracture confined to enamel and dentine with loss of tooth structure and no pulpal exposure. The treatment option involved using edelweiss PEDIATRIC CROWNS full coverage crown following the manufacturer's instructions for restoring the tooth to natural function and aesthetics. Minimal tooth preparation was done, tooth etched and bonded using edelweiss COMPOSITE.



Figure 1: Preoperative clinical situation of fractured tooth number 22.



Figure 2: edelweiss PEDIATRIC CROWNS.



Figure 3: Shade selection - using the edelweiss SHADE GUIDE.



Figure 4: Excess composite removed from the margins.



Figure 5: Light curing of edelweiss PEDIATRIC CROWN.



Figure 6: Final polishing done with polishing cups.

BEFORE



AFTER



DISCUSSION

Over the years, many types of crowns have been developed and advanced to aid the clinician in rehabilitating deciduous teeth. However, some require extensive tooth reduction or are not aesthetic. The edelweiss PEDIATRIC CROWN provides a minimally invasive approach that is highly aesthetic. Furthermore, the edelweiss PEDIATRIC CROWN is antibacterial, plaque resistant and totally Bisphenol A free.

CONCLUSION

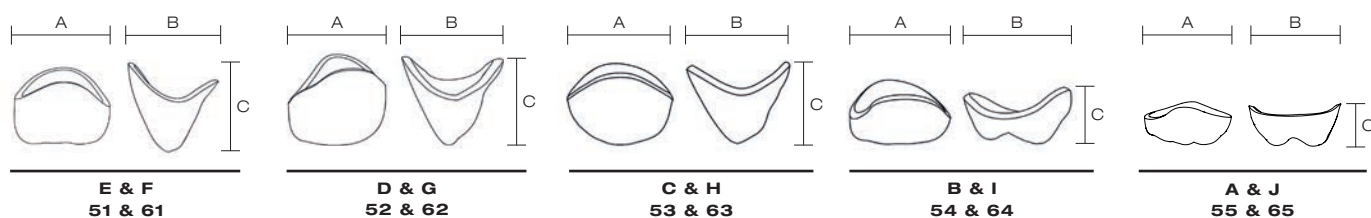
The principal objective of the treatment of the fractured tooth was the rehabilitation of both aesthetics and function. This was successfully achieved with the edelweiss PEDIATRIC CROWN using minimal tooth preparation, thus minimizing stress, and ensuring patient comfort and aesthetics. The glass-ceramic structure of the edelweiss PEDIATRIC CROWN provided a natural life-like appearance.

REFERENCES: 1 Andreasen et al., 2012. Dental Trauma Guide: Dental Traumatology, 28(5): 345-350

2 Innes et al., 2015. Preformed crowns for decayed primary molar teeth. Cochrane Database of Systematic Reviews, 2015(12)

Technical Aspects

DIRECT SYSTEM PEDIATRIC CROWN

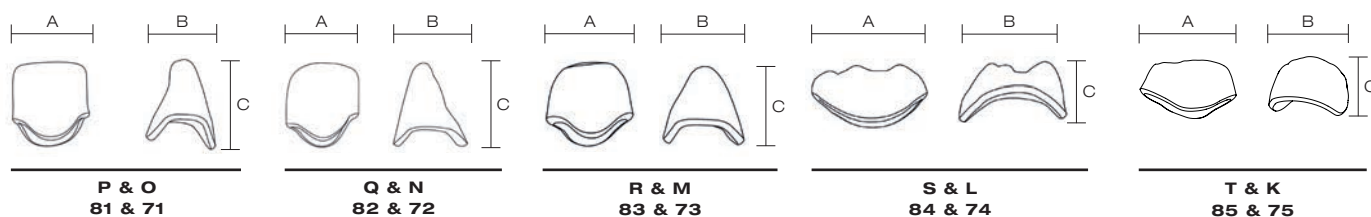


Size S - Upper	mesial - distal A	vestibular - oral B	incisal - cervical C
E & F / 51 & 61	5.7	5.0	4.9
D & G / 52 & 62	5.1	4.5	4.1
C & H / 53 & 63	7.0	6.5	5.0
B & I / 54 & 64	7.1	8.2	3.8
A & J / 55 & 65	9.3	9.1	3.9

Size M - Upper	mesial - distal A	vestibular - oral B	incisal - cervical C
E & F / 51 & 61	6.4	5.6	5.4
D & G / 52 & 62	5.7	5.0	4.6
C & H / 53 & 63	7.7	7.4	5.5
B & I / 54 & 64	7.9	9.0	4.3
A & J / 55 & 65	10.3	10.1	4.4

Size L - Upper	mesial - distal A	vestibular - oral B	incisal - cervical C
E & F / 51 & 61	7.0	6.1	6.1
D & G / 52 & 62	6.3	5.5	5.0
C & H / 53 & 63	8.6	8.2	6.1
B & I / 54 & 64	8.7	9.9	4.8
A & J / 55 & 65	11.4	11.1	4.9

Size XL - Upper	mesial - distal A	vestibular - oral B	incisal - cervical C
E & F / 51 & 61	7.7	6.7	6.7
D & G / 52 & 62	6.9	6.1	5.5
C & H / 53 & 63	9.5	9.0	6.7
B & I / 54 & 64	9.6	10.9	5.3
A & J / 55 & 65	12.5	12.2	5.4

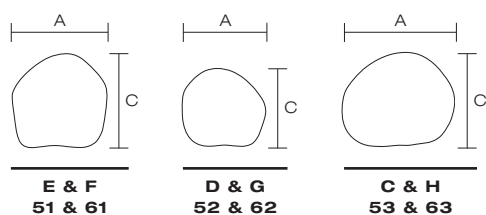


Size S - Lower	mesial - distal A	vestibular - oral B	incisal - cervical C
P & O / 81 & 71	4.7	4.2	3.8
Q & N / 82 & 72	4.8	4.5	4.2
R & M / 83 & 73	6.3	6.0	4.6
S & L / 84 & 74	8.3	6.6	4.3
T & K / 85 & 75	9.8	8.4	4.2

Size M - Lower	mesial - distal A	vestibular - oral B	incisal - cervical C
P & O / 81 & 71	5.2	4.7	4.2
Q & N / 82 & 72	5.3	5.0	4.6
R & M / 83 & 73	7.0	6.5	5.0
S & L / 84 & 74	9.2	7.3	4.3
T & K / 85 & 75	10.8	9.4	4.5

Size L - Lower	mesial - distal A	vestibular - oral B	incisal - cervical C
P & O / 81 & 71	5.7	5.2	4.6
Q & N / 82 & 72	5.8	5.5	5.1
R & M / 83 & 73	7.7	7.2	5.6
S & L / 84 & 74	10.3	8.1	5.3
T & K / 85 & 75	11.9	10.3	5.1

Size XL - Lower	mesial - distal A	vestibular - oral B	incisal - cervical C
P & O / 81 & 71	6.3	5.7	5.1
Q & N / 82 & 72	6.4	6.1	5.6
R & M / 83 & 73	8.5	7.9	6.2
S & L / 84 & 74	11.3	8.9	5.8
T & K / 85 & 75	13.1	11.3	5.6



Size S - Upper	A	C
E & F / 51 & 61	5.8	5.7
D & G / 52 & 62	4.9	4.6
C & H / 53 & 63	6.8	5.6

Size M - Upper	A	C
E & F / 51 & 61	6.4	6.4
D & G / 52 & 62	5.5	5.1
C & H / 53 & 63	7.5	6.2

Size L - Upper	A	C
E & F / 51 & 61	7.0	7.0
D & G / 52 & 62	6.0	5.6
C & H / 53 & 63	8.3	6.8

Size XL - Upper	A	C
E & F / 51 & 61	7.8	7.7
D & G / 52 & 62	6.6	6.1
C & H / 53 & 63	9.1	7.5

DIRECT SYSTEM PEDIATRIC VENEER

Refills

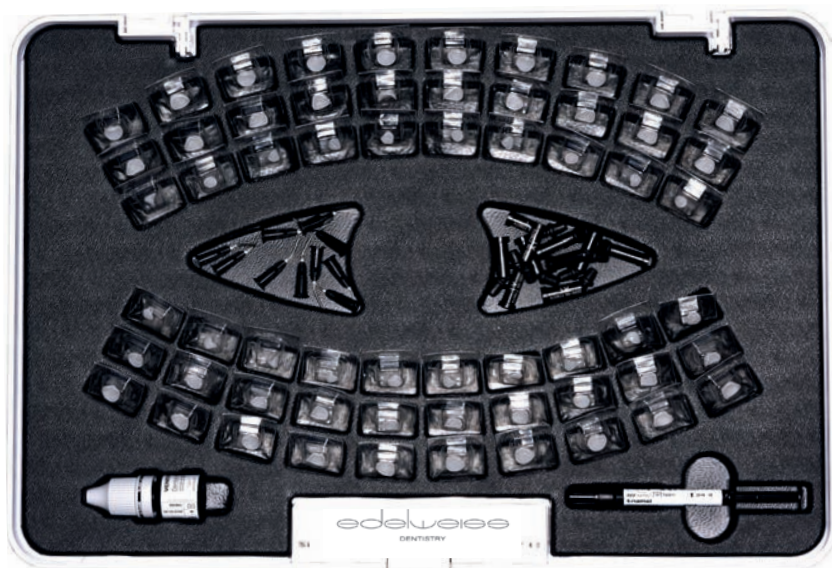
PEDIATRIC CROWN REFILLS

REF 17201	PEDIATRIC CROWN 51/E Size S	up
REF 17221	PEDIATRIC CROWN 51/E Size M	up
REF 17241	PEDIATRIC CROWN 51/E Size L	up
REF 17241.XL	PEDIATRIC CROWN 51/E Size XL	up
REF 17202	PEDIATRIC CROWN 52/D Size S	up
REF 17222	PEDIATRIC CROWN 52/D Size M	up
REF 17242	PEDIATRIC CROWN 52/D Size L	up
REF 17242.XL	PEDIATRIC CROWN 52/D Size XL	up
REF 17203	PEDIATRIC CROWN 53/C Size S	up
REF 17223	PEDIATRIC CROWN 53/C Size M	up
REF 17243	PEDIATRIC CROWN 53/C Size L	up
REF 17243.XL	PEDIATRIC CROWN 53/C Size XL	up
REF 17204	PEDIATRIC CROWN 54/B Size S	up
REF 17224	PEDIATRIC CROWN 54/B Size M	up
REF 17244	PEDIATRIC CROWN 54/B Size L	up
REF 17244.XL	PEDIATRIC CROWN 54/B Size XL	up
REF 17205	PEDIATRIC CROWN 55/A Size S	up
REF 17225	PEDIATRIC CROWN 55/A Size M	up
REF 17245	PEDIATRIC CROWN 55/A Size L	up
REF 17245.XL	PEDIATRIC CROWN 55/A Size XL	up
REF 17206	PEDIATRIC CROWN 61/F Size S	up
REF 17226	PEDIATRIC CROWN 61/F Size M	up
REF 17246	PEDIATRIC CROWN 61/F Size L	up
REF 17246.XL	PEDIATRIC CROWN 61/F Size XL	up
REF 17207	PEDIATRIC CROWN 62/G Size S	up
REF 17227	PEDIATRIC CROWN 62/G Size M	up
REF 17247	PEDIATRIC CROWN 62/G Size L	up
REF 17247.XL	PEDIATRIC CROWN 62/G Size XL	up
REF 17208	PEDIATRIC CROWN 63/H Size S	up
REF 17228	PEDIATRIC CROWN 63/H Size M	up
REF 17248	PEDIATRIC CROWN 63/H Size L	up
REF 17248.XL	PEDIATRIC CROWN 63/H Size XL	up
REF 17209	PEDIATRIC CROWN 64/I Size S	up
REF 17229	PEDIATRIC CROWN 64/I Size M	up
REF 17249	PEDIATRIC CROWN 64/I Size L	up
REF 17249.XL	PEDIATRIC CROWN 64/I Size XL	up
REF 17210	PEDIATRIC CROWN 65/J Size S	up
REF 17230	PEDIATRIC CROWN 65/J Size M	up
REF 17250	PEDIATRIC CROWN 65/J Size L	up
REF 17250.XL	PEDIATRIC CROWN 65/J Size XL	up
REF 17211	PEDIATRIC CROWN 71/O Size S	low
REF 17231	PEDIATRIC CROWN 71/O Size M	low
REF 17251	PEDIATRIC CROWN 71/O Size L	low
REF 17251.XL	PEDIATRIC CROWN 71/O Size XL	low
REF 17212	PEDIATRIC CROWN 72/N Size S	low
REF 17232	PEDIATRIC CROWN 72/N Size M	low
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REF 17214	PEDIATRIC CROWN 74/L Size S	low
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REF 17216	PEDIATRIC CROWN 81/P Size S	low
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REF 17220	PEDIATRIC CROWN 85/T Size S	low
REF 17240	PEDIATRIC CROWN 85/T Size M	low
REF 17260	PEDIATRIC CROWN 85/T Size L	low
REF 17260.XL	PEDIATRIC CROWN 85/T Size XL	low

PEDIATRIC VENEER REFILLS

REF 10150.K	PEDIATRIC VENEER 51/E Size S	up
REF 10151.K	PEDIATRIC VENEER 51/E Size M	up
REF 10152.K	PEDIATRIC VENEER 51/E Size L	up
REF 10152.K.XL	PEDIATRIC VENEER 51/E Size XL	up
REF 10153.K	PEDIATRIC VENEER 52/D Size S	up
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REF 10155.K	PEDIATRIC VENEER 52/D Size L	up
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REF 10164.K	PEDIATRIC VENEER 62/G Size L	up
REF 10164.K.XL	PEDIATRIC VENEER 62/G Size XL	up
REF 10165.K	PEDIATRIC VENEER 63/H Size S	up
REF 10166.K	PEDIATRIC VENEER 63/H Size M	up
REF 10167.K	PEDIATRIC VENEER 63/H Size L	up
REF 10167.K.XL	PEDIATRIC VENEER 63/H Size XL	up



REF 17270.X **edelweiss PEDIATRIC CROWN TOOLBOX**

80 x PEDIATRIC CROWNS, 20 x COMPOSITE Compules,
1 x FLOWABLE COMPOSITE Syringe, 1 x VENEER BOND,
5 x Application Tips, Instructions for use

REF 13710.K **edelweiss PEDIATRIC VENEER TOOLBOX**

24 x PEDIATRIC VENEERS, 10 x COMPOSITE Compules,
1 x FLOWABLE COMPOSITE Syringe, 1 x VENEER BOND,
5 x Application Tips, Instructions for use

ACCESSORIES

REF 10621 FLOW Application Tips (5 pcs.)
REF 17300 PEDIATRIC CROWN Sizing Guide up & low
Instructions for use

NANO-HYBRID COMPOSITE DENTIN SHADES

REF 10201 Dentin A0 15 x 0.3 g Tip

NANO-HYBRID COMPOSITE FLOW

REF 13770 Enamel Flowable 1.5 g Syringe

BONDING

REF 10521 VENEER Bond 5 ml Bottle





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