

Tray Selection

CHOICE OF TRAY

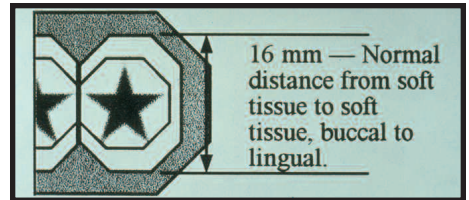
For simple impression (1-2 prepared teeth) in the same quadrant, the clinician may use a closed bite tray, a rigid stock, or custom tray.

For more extensive cases involving a bridge, more than two units in the same arch, or when there is a terminal preparation without an adjacent tooth in occlusion, always use a full arch stock or custom tray.

Tray Configuration

CHOICE OF TRAY

- Any selected tray should have thick enough walls and enough curvature to provide lateral support for the tray impression material, to prevent distortion when pouring the model
- If your tray does not have a wall use a tray material with a low strain value such as Aquasil Ultra Rigid Body (quad only)
- Trays also require enough overall rigidity to prevent distortion and rebound
- Tray should be of adequate configuration to clear teeth and anatomic structures to prevent distortion
- Always apply tray adhesive to supplement the tray's retentive properties



Patient Education



PRACTICE INSERTION

- Seat the tray without adhesive or impression material and instruct patient how to close into centric occlusion.
- Be particularly vigilant when recording a bite record unilaterally as the patient may go into lateral excursion on that side.
- Instruct patients that once the tray is seated they should refrain from any movements that could shift the position of the tray, thereby distorting the impression material at a critical phase during its set.