INSTRUCTIONS FOR USE

CAUTION - Rx Only

For Safety Data Sheet (SDS)
go to www.parkell.com

C&B-METABOND® *Quick!*

Adhesive Resin Cement (REF S380)

parkell®

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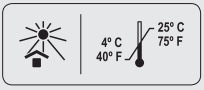

STORE ALL COMPONENTS TIGHTLY SEALED IN A COOL, DARK, LOW HUMIDITY ENVIRONMENT. REFRIGERATION IS ACCEPTABLE, BUT DO NOT FREEZE. BRING PRODUCT TO ROOM TEMPERATURE BEFORE USE.

PRODUCT DESCRIPTION

Parkell's C&B-Metabond® Quick (also known as C&B-Metabond) is a 4-META-based, non-eugenol, self-cured adhesive resin cement designed to provide ultra-high bond strength. It may be used to cement all fixed dental prostheses fabricated in a wide range of dental materials. With the appropriate surface pre-treatment, it will adhere to tooth enamel, dentin, cementum, dental metal alloys (base, precious and noble), silver amalgam, resin composites, acrylic resins, porcelains, advanced dental ceramics such as lithium disilicate and metal oxide restorative materials such as zirconia. C&B-Metabond will durably bond to dental implant components composed of metal alloys or ceramics, when used with the applicable surface pre-treatment.

C&B-Metabond contains 4-META, a high performance adhesive monomer that creates excellent bonds to many restorative surfaces via surface penetration and the formation of a hybrid layer. Additionally, the system uses a tri-n-butylborane (TBB) catalyst to ensure complete methacrylate polymerization under all restorative conditions. C&B-Metabond has been validated worldwide in hundreds of independent dental research studies in over thirty years of clinical use, many available online via the search phrase "4-META/MMA/TBB system".

C&B-Metabond contains no hydroxyethyl methacrylate (HEMA) or Bis-Phenol A (BPA) or byproducts.

INDICATIONS / INTENDED USES

Parkell's C&B-Metabond is indicated for the adhesive cementation of fixed dental prostheses such as inlays, onlays, crowns, conventional bridges, "Maryland" bridges, endodontic posts, precision attachments and implant components, as well as for emergency reattachment of fractured teeth, repair of porcelain fractures or pop-offs, adhesive pulp capping of small exposures, bonding of amalgam and many other challenging, low-retentive restorative or repair situations.

CONTRAINDICATIONS

C&B-Metabond contains methacrylate resins, and is not for use on or by persons who are sensitive to acrylates, methacrylates or similar materials. Contact between uncured resins and sensitive human tissues (mucosa, eyes, nose, etc.) may cause irritation, dermatitis or inflammatory reactions. If this occurs, discontinue use, flush area with copious amounts of water and obtain medical care if necessary.

Since allergic reactions to methacrylate can occur, and since removing restorations cemented with C&B-Metabond can be difficult, it is prudent to test highly allergic patients or patients with suspected methacrylate sensitivity before using C&B-Metabond on them.

PRECAUTIONS

- If product contacts eyes, flush with water and obtain medical care immediately.
- C&B-Metabond is not for internal consumption, other than as a cured dental restorative material. The product should be kept away from children.
- Some C&B-Metabond components are flammable, or may promote combustion if not handled properly. The Universal Catalyst is highly reactive with air. Spilled or unused

Catalyst should be blotted up with paper or cloth, and should be saturated with water before disposal as hazardous waste.

- Avoid open flame, and exercise caution in the presence of nitrous oxide/oxygen analgesia or other oxidizing agents. Use in well-ventilated areas.
- Do not use on surfaces that have been contaminated with eugenol (ZOE, etc.).
- Use a rubber dam to prevent contamination of surfaces being bonded, if possible.
- Adhesion will be reduced by prior application of desensitizers, varnishes or liners.
- Cement sets rapidly when warm, so always mix it in the chilled porcelain dish.
- Avoid contamination of product. Do not mix components with those of other materials. Do not return dispensed components to their original container. Dispose of leftover material properly.
- Working & setting times will vary based upon temperature, humidity, product age and storage conditions. Shelf life will be reduced if not stored properly.
- C&B-Metabond components should be disposed of in accordance with all applicable federal, state and local regulations.
- Consult the Safety Data Sheet (SDS) for advice on the safe handling of product.

KIT (REF S380) CONTAINS:

Components may be purchased as a kit or individually.

- **Enamel Etchant** (white cap) REF S395 (5 ml)
- **Dentin Activator Liquid** (green cap) REF S393 (5 ml)
- **Dentin Activator Gel** (brown cap) REF S394 (5 ml)
- **Clear L-Powder** (violet cap) REF S399 (3 g)
- **Radiopaque White L-Powder** (sea-green cap) REF S396 (3 g)
- **Quick Base Liquid** (blue cap) REF S398 (10 ml)
- **Universal Gold Label TBB Catalyst** REF S371 (0.7 ml)
- **Ceramic Mixing Dish with Thermometer** REF S387
- **Disposable Brush Tips** (REF S377)
- **Precision Bendable Applicators** (REF S379)

SURFACE PRIMERS AND PRE-TREATMENTS AVAILABLE AND SOLD SEPARATELY:

- **Ea-Z-y Primer™** (REF S388) - An adhesive primer that allows resin cements such as C&B-Metabond to adhere directly to etched or sandblasted ceramic and metal oxide surfaces.
- **Blu-Sep™** (REF S385) - A brush-on separating liquid that prevents resin cements from bonding to the exterior of crowns, the underside of pontics, adjacent teeth, gingiva, etc. Quick to dry, easy to wash off, and blue in color for high visibility.

RESTORATIVE SURFACE PREPARATION PRIOR TO BONDING

1. Surfaces being bonded together must be clean and free of plaque, debris, greases, oils and other contaminants. Appropriate dental solvents like acetone or ethyl alcohol work well to accomplish this, immediately followed by a water rinse and air drying.
2. The inner surface of a prosthesis may be roughened prior to bonding to maximize bond strength. Dental “sandblasters” using 50 micron aluminum oxide at 65-80 psi do an excellent job of roughening many ceramics and metals, much better than rotary abrasives. For certain other materials, strong etching acids may be necessary. Consult the material’s manufacturer for details.
3. The outer surface of implant abutments is NOT usually roughened prior to bonding (unless there is a retention problem), as this may interfere with possible removal of the prosthesis in the future.
4. Chemical Priming of Restorative Surfaces
   a. Metal – C&B-Metabond bonds tenaciously to non-precious metal alloys without special pretreatment other than sandblasting. The durability of the bond to precious and noble alloys can be significantly improved by first sandblasting, and then priming with specialized metal primers.
   b. Porcelain & Lithium Disilicate – C&B-Metabond will bond to porcelain or lithium

disilicate surfaces that have been etched with hydrofluoric acid and primed with Ea-Z-y Primer™ (available separately).

c. Zirconia – C&B-Metabond will adhere well to sandblasted zirconia that has been primed with Ea-Z-y Primer™ (available separately).

PRELUBRICATION OF TEETH AND RESTORATIONS

C&B-Metabond cement sets extremely hard, and sticks tenaciously to anything it touches. It must be cleaned up before it has completely set or removal will be very difficult later. To facilitate cement clean-up, water soluble lubricants such as "K-Y®" jelly or glycerine, or Parkell's Blu-Sep, should be applied over any areas of concern before seating of the prosthesis. This will preclude the cement from inadvertently sticking to neighboring teeth, gums or restorations. Oil-based lubricants like petroleum jelly or mineral oil may be used as well, although these lubricants will not rinse off with water, and will require more work.

CHOOSING AND USING THE RIGHT TOOTH ETCHANT

All enamel, dentin and cementum being bonded to needs to be microscopically roughened by etching prior to cementation. The "Activators" provided in the kit are actually etching acids, but not standard dental etchants. DO NOT SUBSTITUTE other chemicals such as conventional 30-40% phosphoric acid for any of these "Activators" or reduced performance of C&B-Metabond will result.

- The red-orange Enamel Etchant gel is 63% phosphoric acid, and has been optimized to maximize bond strength to enamel.
- The green Dentin Activators are both 10% citric acid with 3% ferric chloride. However, the green liquid flows into intra-coronal preps like post holes and Class I preps, while the green gel clings to the outside of extra-coronal preps for crowns without running away. Both have been optimized to maximize hybridization of exposed dentin.

TOOTH ETCHING PROCEDURE

1. Clean all tooth surfaces with oil-free, fluoride-free pumice. Wash and dry.
2. Etch enamel surfaces for 30 seconds with the red-orange Enamel Etchant. Dab the surface, but do not scrub it. Avoid overruns onto the dentin if possible. Thoroughly rinse off Enamel Etchant and air-dry.
3. Apply the green Dentin Activator (either gel or liquid) to the dentin for 10 seconds. The liquid is great for postholes and intra-coronal preps like Class I, II, III & V cavities. The gel works for most extra-coronal surfaces, like crown preps or Class IV cavities. If the green Dentin Activator runs over onto the etched enamel, it will not hurt the bond. Thoroughly rinse off the activator and air-dry the tooth without over-drying.
4. Mixed Tooth Tissue Etching: If you feel it is not possible to etch the enamel and dentin separately because of access, choose the etchant that works for the MAJORITY of the surface being bonded to.
   a. If the bonding surface is mostly enamel, use the red-orange Enamel Etchant on both the enamel and the dentin for 30 seconds.
   b. If the bonding surface is mostly dentin, use the green Dentin Activator (either gel or liquid) on both the enamel and the dentin, but double the time to 20 seconds, to allow better etching of enamel.

CHOOSING THE RIGHT C&B-METABOND POWDER

C&B-Metabond cement is provided with two different powders.

1. The Clear L-Powder is used supra-gingivally in esthetic situations where the cement may be visible. It will easily blend into the oral environment, and will not generally be seen by an observer. The cement mix is radiolucent, and should not be used sub-gingivally, as it cannot be imaged by X-rays. The Clear L-Powder cement mix sets to final hardness earlier than the Radiopaque L-Powder, within 10 min.
2. The Radiopaque L-Powder is used in subgingival situations, where the cement may need to be seen on x-ray. The cement mix has a radiopacity of 270% of aluminum, and should always be used when pulp-capping, cementing endodontic posts, repairing perforations, resorption areas or root fractures, or whenever cement is below the gingival margin. The Radiopaque L-Powder may be useful to mask out dark

tooth colors because of its bright white shade. Although the Radiopaque L-Powder cement mix may set "gummy" for the first hour after mixing, both cement mixtures will be equally hard at 24 hours, and both will be equally strong at retaining prostheses on the teeth after the initial 10 minute set.

3. You may mix the Clear and Radiopaque L-Powders to adjust radiopacity or achieve an esthetic result.

LIQUID DISPENSING PROCEDURE

1. Dispensing liquids should ALWAYS be done as follows:
2. Hold the bottle or syringe perpendicular to the mixing well, not sideways or at an angle!
3. Dispense the drops slowly with a gentle squeeze of the bottle sides, or a slow twist of the dispensing screw, allowing the drops to fully form and fall by gravity into the well. If resistance is felt, check for a blockage at the orifice and clear as described above.
4. Re-cap the container immediately to prevent evaporation.

THE PROPER SEQUENCE FOR MIXING C&B-METABOND IS:

1. Dispense 4 drops of Quick Base into one well of the mixing dish.
2. Dispense 1 drop of Universal Catalyst into the same well.
3. Dispense 2 level scoops of L-Powder into the same well, using the "Scoop Leveling Bar" built into the mouth of the powder tubs. Stir the mix for about 5 seconds to incorporate all the powder.

NOTE: You can actually dispense 1 - 2 ½ scoops of powder into the well, depending on the viscosity you desire. Varying the powder ratio as described will not significantly change the set physical properties.

SELF-CURE PRODUCT TIMING

(from start of mix)

- **Working Time** (extra-oral; in chilled porcelain mixing dish at 40° F / 4° C) 2:00 to 3:00 minutes
- **Setting Time** (intra-oral; at mouth temperature 98° F / 37° C) 5:00 to 10:00 minutes

ACHIEVING ADEQUATE WORKING TIME

The moment you add the powder to the base and catalyst, C&B-Metabond begins setting. To allow adequate working time, the material must be cooled during mixing using the specially-designed ceramic mixing dish that has been stored in the freezer. There is a liquid crystal thermometer affixed to the front, which will be at the left end of the scale when you remove the dish from the freezer. To prolong working time, the dish may be placed on a freezer pack during use. Alternatively, the dish may be stored in the freezer upside down while the base is filled with water. When removed from the freezer, the base of the dish will be filled with ice.

HOW TO MIX AND USE C&B-METABOND

STEP #1: PRELIMINARY STEPS WHENEVER YOU ARE USING C&B-METABOND

Every use of C&B-Metabond for cementation or bonding begins with the same steps (described above):

A. Treat the restorative surfaces being bonded, as described above in: "RESTORATIVE SURFACE PREPARATION (PRIOR TO BONDING)"

B. Treat the tooth surfaces being bonded as described above in: "TOOTH ETCHING PROCEDURE"

C. To facilitate clean-up, lubricate the operative site as described above in: "PRELUBRICATION OF TEETH AND RESTORATIONS"

D. Choose the desired powder as described above in: "CHOOSING THE RIGHT C&B-METABOND POWDER"

E. Proceed to STEP #2.

STEP #2: CHOOSING THE RIGHT MIXING METHOD, BASED UPON THE CLINICAL TASK

A. The "Bulk-Mix" Technique – Proceed to STEP #3 (Bulk)

- Used for cementation of prostheses such as inlays, onlays, crowns, conventional bridges, "Maryland" bridges, endodontic posts, precision attachments, implant abutments, etc.

- Powder/Liquid Ratio may be adjusted if a thinner or thicker viscosity is needed.
- Multiple batches for long-span bridges should be mixed simultaneously with a trained dental assistant.
- Requires use of a chilled mixing dish to prolong working time.

B. The "Brush-Dip" or "Neelon" or "Salt & Pepper" Technique - Proceed to STEP #3 (Brush)
- Used for veneering and restorative repairs, AND cementing small restorations like inlays.
- Powder/Liquid ratio not important, as the mix is made by the clinician using the brush.
- Working time may be greatly extended.
- Does not require use of a chilled mixing dish.

STEP #3 (Bulk) – CEMENTATION USING THE BULK-MIX TECHNIQUE

A. Mix TWO liquid batches in TWO wells of the chilled mixing dish, using a ratio of 4 drops of Quick Base liquid to 1 drop Universal Catalyst for each batch. If you need a "double batch", mix 8 drops of Quick Base to 2 drops of Universal Catalyst. The mixed liquid remains active for up to 10 minutes, if the well is covered to reduce evaporation.
- The first liquid mixture is NOT mixed with powder, and becomes the "activated primer". It is applied to the tooth and restorative surfaces being bonded and is left wet (NOT air-dried).
- The second liquid mixture normally receives 2 scoops of the desired shade of powder, and becomes the "cement mixture". Gently stir powder and liquid for 5 seconds to create a creamy cement. The powder/liquid ratio may be adjusted between 1 – 2 ½ scoops to create the desired viscosity for the procedure being performed.

B. Apply one generous coating of the C&B-Metabond "activated primer" liquid onto all tooth and restorative surfaces being bonded to. DO NOT AIR-DRY.

C. Load the "cement mixture" into the intaglio (interior) of the prosthesis and spread it thin over the entire inner surface of the restoration, as well as the outer surface of the preps.

D. Immediately place the cement-filled restoration over the primed teeth or abutments and apply constant but not excessive seating pressure until the unit is fully seated. Allow excess cement to extrude from all margins. Verify the seating by having the patient close into occlusion and confirming full seating, but maintain final pressure by hand to make sure the prosthesis stays properly seated.

E. The cement becomes rubbery soon after setting begins. Be careful not to pull the excess away from the margin once it has entered the rubbery stage, as this may allow marginal leakage later.

F. Maintain seating pressure and immobilize the prosthesis. BEGIN THE CLEANUP NOW, WHILE WAITING FOR THE SET (Go to Steps #4, #5 & #6).

STEP #3 (Brush) - VENEERING AND REPAIRS USING THE BRUSH-DIP TECHNIQUE

A. Mix ONE liquid batch in ONE well of the chilled mixing dish, using a ratio of 4 drops of Quick Base liquid to 1 drop Universal Catalyst, making the "activated primer". Do not mix this liquid with powder. It remains active in the dish for about 10 minutes, if covered.

B. Place a scoop of the desired shade of powder in an adjacent well of the mixing dish.

C. Wet a brush with the "activated primer" liquid and use it to moisten the surface being bonded.

D. Then use the same wet brush to pick up a ball of powder from the dish and apply the ball of C&B-Metabond to the wet surface to be covered. Repeat the steps until the surface is completely covered.

E. BEGIN THE CLEANUP NOW, WHILE WAITING FOR THE SET (Go to Steps #4, #5 & #6).

F. After 6-10 minutes (depending on mouth temperature), the C&B-Metabond coating may be checked with an explorer for hardness. If the instrument makes an audible scratching sound, even if it is still slightly "gummy", veneering may begin.

G. No additional bonding agent is necessary, as resin will bond directly to C&B-Metabond. Apply the composite resin of your choice (over-bulking it), and then light-cure, contour, adjust the occlusion and finish to a shine.

STEP #4 - CLEAN UP OF TEETH AND RESTORATIONS AFTER CEMENTATION

To effectively clean up excess cement, several methods have been developed:

A. "The Soft Peel" – Wait approximately 2 minutes after seating the restoration before attempting to remove excess cement. At this "gel" stage, C&B-Metabond will peel off with an instrument without smearing. Once the cement becomes rubbery, be very careful to avoid pulling it out from the margins.

B. "The Smooth Removal" – Before mixing cement, saturate several cotton pellets and pieces of "SuperFloss" with Quick Base Liquid or Glycerine liquid from the drug store. Immediately after seating the prosthesis, during the runny stage, diagonally wipe the "slimy" pellets across the restoration margins "from crown to root", removing excess cement and discarding the pellets as needed. Pull the "slimy" Superfloss through the contact points and interproximal embrasures to open them up. This will remove the excess cement from the area and leave a smooth, tight margin to resist against leakage.

C. "The Long Wait" – USE ONLY if the entire restorative area has been pre-lubricated with Parkell's Blu-Sep. Wait until the C&B-Metabond cement has fully cured. When the cement is hard, but not attached to the blue film separator, it can be broken away with a firm, careful push with a dental instrument. DO NOT USE this method without Blu-Sep, or you may be unable to remove all of the hardened residual cement without diamonds, abrasive discs, hand instruments, and lots of time and effort!

After cementation, special attention should be paid to adjusting the patient's bite. Look for stray bits of clear C&B-Metabond that may be throwing off the bite by hiding on the occlusal surfaces of the teeth in front of or behind the tooth being restored. Flick these pieces off the teeth easily with a sharp scaler.

STEP #5 - CLEAN UP OF INSTRUMENTS AFTER USING C&B-METABOND

Cement adhering to metal instruments or the ceramic mixing dish NEEDS TO BE CLEANED before it has set. Do not wait! If any remains after setting, C&B-Metabond may be softened by soaking in organic solvents.

STEP #6 - DISINFECTION OF COMPONENTS

All components should be cleaned of debris with a water-damp paper towel and disinfected with a paper towel saturated with an EPA-registered low-level (HIV/HBV claim) to intermediate-level (tuberculocidal claim) hospital disinfectant. Afterwards, the chemical residue should be wiped off with a water-damp paper towel and air-dried. Utilize the surface disinfecting protocol of the disinfectant manufacturer. Consult www.CDC.gov for the most recent version of the "Guidelines for Infection Control in Dental Health-Care Settings".

HELPFUL HINTS ON CEMENTING PORCELAIN OR CERAMIC RESTORATIONS (BULK-MIX)

Before cementation, the inner aspect of the restoration should be roughened via acid-etching or sandblasting, and appropriately primed. For translucent crowns, the Clear L-Powder is recommended. For masking out dark stump shades, the Radiopaque L-Powder, with its opaque white color, is helpful.

All-Ceramic Crowns: When used with Ea-Z-y Primer, C&B-Metabond is an excellent choice to cement all-ceramic restorations made in porcelain, lithium disilicate and high-strength ceramics. It will tightly adhere to these materials with the proper surface treatment. Additionally, the cement does not expand upon setting, so there is no danger of post-cementation expansion damage.

Ceramic Laminates or PFM Porcelain Pop-offs: Because of its high strength, C&B-Metabond is useful to re-cement porcelain laminates or facings that have repeatedly debonded in anterior esthetic cases. However, since C&B-Metabond does

not allow precise adjustment of the shade like resin cements or flowable composites, nor does it allow a try-in to check the shade, and since it sets quite slowly, it's not the best choice for routine laminate cementation.

HELPFUL HINTS ON ENDODONTIC POST CEMENTATION USING C&B-METABOND (BULK-MIX)

C&B-Metabond will retain posts made in cast metal, prefabricated stainless steel, titanium or fiber. The post should be roughened and fit well in the canal, but not be overly snug.

1. Apply the green Dentin Activator liquid to the walls of the post preparation for 10 seconds using a paper point, needle syringe or endo-pipette. Rinse and dry the canal as usual.
2. Use a long endo brush, paper point or pipette to apply the 4:1 Quick Base to Catalyst "activated primer" to the canal walls and the post. Do not air dry.
3. Always use the Radiopaque L-Powder to make the cement mixture for post cementation, to permit visualization on X-ray later. Coat all the surfaces and fully seat the post.
4. Hold the post down with a finger for 10 seconds to resist push-out, and let it set undisturbed. Be careful not to remove excess cement from the margins of the post/coping assembly once it has entered this rubbery stage, as this may disturb the post seal. Remove excess with a bur after it has set.
5. If the post will be receiving a bonded resin core, the C&B-Metabond can also serve as the bonding agent for the core. When applying the green Dentin Activator liquid to the post prep, apply it also to the dentin that will support the core. After seating the post, brush excess cement over the etched dentin and sandblasted post head. After it has set completely, build the core over the hardened cement.

HELPFUL HINTS ON SEALING A MINOR PULP EXPOSURE USING C&B-METABOND (BULK-MIX)

A C&B-Metabond pulp cap is not an alternative to endodontic therapy. A tooth suffering irreversible pulpitis or one that has limited recuperative capabilities requires a root canal treatment. However, if the exposure is small and caries free, with a fresh hemorrhage, C&B-Metabond can serve as an excellent pulp capping material, particularly if the tooth is young with open root apices, where the pulp may have strong recuperative powers.

1. Use a rubber dam for all endodontic procedures. If an exposure occurs, rinse and dry the pinpoint exposure and apply the green Dentin Activator (either gel or liquid) for 10 seconds to both the exposure and the dentin immediately surrounding it. The ferric chloride in the solution should control the bleeding. If the hemorrhage cannot be stopped, the chances for a successful pulp cap are less.
2. Rinse the tooth thoroughly, and then lightly dry it to eliminate standing water.
3. Bulk-mix a chilled batch of C&B-Metabond (4 drops Quick Base, 1 drop Catalyst, 2 scoops of Radiopaque L-Powder), and apply the cement to the exposure and the dentin surrounding it.
4. Allow the cement to polymerize for 5-6 minutes to seal the exposure. Immediately restore the tooth by bonding to the pulp cap, sealing the pulp chamber with the desired restorative material.

HELPFUL HINTS ON REPAIRING FRACTURED PORCELAIN WITH C&B-METABOND (BRUSH-DIP)

If the porcelain fractures partially or completely de-bonds off of a PFM or ceramic crown, it can be repaired by using direct composite and C&B-Metabond as the adhesive agent to the metal and/or the remaining porcelain.

1. Sandblast any exposed metal and/or porcelain surfaces and treat the bordering porcelain surfaces with Ea-Z-y Primer as directed in the product's instructions. If the metal is noble, treat it with an appropriate metal primer, until the solvent evaporates (3-4 minutes).
2. Following the Brush-Dip Technique described above, apply the 4:1 Quick Base to Catalyst "activated primer" liquid mixture to wet the surface. Do not air dry. Coat the wet metal surface with the Radiopaque L-Powder/liquid mixture to mask out the metal. Wipe the brush on a gauze pad to remove excess adhesive and repeat the

Brush-Dip Technique until the entire metal surface has been opaqued with a thin, even layer of adhesive.

3. Repeat the Brush-Dip Technique to coat the porcelain AND the just-applied Radiopaque C&B-Metabond with Clear C&B-Metabond. Carry it all the way out to the porcelain edge, to create a dome of Clear C&B-Metabond with an "invisible" border for the repair.
4. Allow to cure, and do not apply composite until you can hear an explorer scrape over the hard surface.
5. No bonding agent is needed at this stage. You may choose to apply a light-cured flowable composite to the C&B-Metabond surface to "self-level" the surface. Next, apply a higher viscosity structural composite in the appropriate shade to over-build the tooth. Trim the anatomy and adjust the occlusion so there is no contact with the repaired restoration in any excursion.

HELPFUL HINTS IN CREATING A DIRECT PERIODONTAL SPLINT IN THE MOUTH (BRUSH-DIP)

Because C&B-Metabond is color-stable and somewhat flexible (unlike composite), it is excellent for fast durable splinting of mobile anterior teeth. It may be used alone or with wire or fiber reinforcement.

1. A rubber dam, a Blu-Mousse matrix or lubricated wedges will prevent the unset adhesive from flowing too far gingivally.
2. Set up the mixing dish for the Brush-Dip Technique using Clear L-Powder in one well and 4 drops Quick Base mixed with 1 drop Universal Catalyst (the "activated primer") in another well.
3. Etch the proximal and lingual enamel surfaces with Enamel Etchant for 30 seconds; rinse & dry.
4. Wet the surfaces to be bonded with the "activated primer" mixture.
5. Using a brush, apply C&B-Metabond to the proximal and lingual areas to lock the teeth together.

HELPFUL HINTS FOR MASKING OUT DARK TEETH BEFORE ESTHETIC RESTORATIONS (BRUSH-DIP)

Because C&B-Metabond Radiopaque L-Powder is bright white in color when set, it may be used to cover over dark or stained dentin or enamel prior to esthetic restorations, or even raise the "value" or brightness of a tooth. Excavate as much of the stained tissue as necessary, and prepare the surface for bonding as described above. Then apply a coating of Radiopaque C&B-Metabond over the stain and allow it to set. The hard material will adhere to resins without priming, and will be capable of being prepped for a crown as well.

TIPS FOR DENTAL PRACTITIONERS FOR CROSS-CONTAMINATION CONTROL:

Apply disposable barrier sleeves/wraps over multiple-use dental dispensers before use with each patient; use new, uncontaminated gloves when handling multiple-use dental dispensers; utilize dental assistants to dispense material for the dentist; avoid contact of the reusable parts (e.g., the body of the multiple-use dental dispenser) with the patient's mouth; do not reuse the multiple-use dental dispenser if it becomes contaminated; do not reprocess a contaminated multiple-use dental dispenser by using chemical wipes or disinfectants; do not immerse multiple-use dental dispensers in a high level chemical disinfectant, as this may damage the dispenser and the material contained in the device; do not sterilize multiple-use dental dispensers, as this may damage the material contained in the device.

WARRANTY AND TERMS OF USE:

For full Warranty and Terms of Use information, please see www.parkell.com.

Safety Data Sheets (SDS) are available at www.parkell.com. Parkell's Quality System is certified to ISO 13485.

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