# MARIN ORTHODONTICS

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Hours of Operation Monday through Thursday 6:00 a.m. to 6:00 p.m. Friday 6:00 a.m. to 12:00 Closed weekends and all major holidays

### Marin Orthodontics 500 McClay Road Novato CA 94947

### To Our Valued Customers

### It has been, and will continue to be, our pleasure to serve the Dental Community.

For twenty two years, Marin Orthodontics has provided high quality orthodontic appliances at prices reasonably below the national average. As events of the past have led the economy to higher costs, we have strived to maintain our quality and price. In our efforts to maintain quality appliances that require ninety percent less chair time and provide for our clients satisfaction, we have chosen to maintain the high quality that is synonymous with the Marin Orthodontics name.

Marin Orthodontics Founder, Kim Vogee has created over a hundred special effects to provide for your patients aesthetic needs. The Colors and Special Effects Catalog comes separate from this Catalog.

It has been our experience that the terminology we use, is at times confusing, and in an effort to clarify designs, we have attempted to organize effective reference pictures or drawings of the more commonly requested appliances for practical convenience.

This catalog contains the newest pricing for Marin Orthodontics Appliances. It has and always will be our goal to provide quality, service and only raise our prices when and where necessary. The prices in this catalog are referenced in the table of contents and can be found on Page Twenty-Three.

### Thank You

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COUNTY OF MARIN DEPARTMENT OF HEALTH & HUMAN SERVICES

> 411 4th Street, Sutte C San Rafael, CA 94901 (415) 499-3771

March 28, 2002

Marin Orthodontics 500 McClay Road Novato, CA 94947

Attn: Kim

I apologize for not knowing your last name but I wanted to thank you so much for your generosity. The space maintainer worked beautifully and there were no problems at all in getting it seated.

We don't have call for this too often so we haven't pursued an orthodontic lab in the past. However, we are seeing more and more children so we will probably be requiring these services.

Assuming you would like to work with us, would it be possible to have a copy of your price list and time schedule? As I indicated, our patients are either on MediCal or low cost earners so we need to budget ourselves as well as our patients prior to the work. We certainly want to pay for your work but if you can offer some savings, it would be very appreciated and would allow us to do more.

Thank you for your consideration.

Sincerely,

hirley Watt Shirley J. Watt, R.D.A.

Dental Services Manager

# Letters & References

"The Palatal acrylic fit super!" Christopher J. Spencer, DDS, San Rafael, California

"Our Experience with Marin Orthodontics has been continuous high-quality work combined with prompt, efficient service." Leonard M. Warren, D.D.S., M.S. Fredric R. warren, D.D.S., M.S.D.

Dear Marin Orthodontics: "Thank you for doing such a nice job on our case. (Our case was a tongue crib) We feel that you do excellent work and we wanted to say job well done! Keep up the good work, and we will be using you in the in the future. Thanks again!" Dr. R. Todd Cary D.D.S. and Staff. San Rafael, California

Marin Orthodontics: "I Really appreciate your service" Paul Hall, D.D.S San Francisco, California

"Marin Orthodontics has been doing our lab work for many years and the quality and service is excellent. Both removable and fixed appliances show high attention to detail and the patients love the color and design selection." Garry Gast, D.D.S Tiburon and Novato, California

"To Whom It may concern:

It is with great pleasure that I write this letter of recommendation. I have known Kim since she started her lab in Marin county. Her energy, expertise and enthusiasm has reflected in the quality of her work. She is upfront in her working relationship with us, and demands as much perfection from us as we demand from her. She truly understands the meaning of quality work." Joe W. Allen, D.D.S San Anselmo, California

> "Thanks again for such a great job" Dr. Naomi R. Hersh Norwalk, Connecticut

"Marin Orthodontics Lab - simply the Best." Thomas R. Bales, D.D.S., Inc. Santa Rosa and Novato California.

"Marin Orthodontics consistently does great work for us. The appliances fit well and patients love the designs they can choose from. I wouldn't hesitate in recommending this lab to anyone - easy to work with and good service" Dr. Greg Costopolous, Novato, California

### SPACE MAINTAINENCE



### Acrylic Style Space Maintainer

This is a variation of an appliance we can design to maintain edentulous spaces unilaterally. Here we are using plain acrylic blocks to hold spaces and C clasps, but any clasp style may be used. We can manufacture fixed "temporary" bridges using bands. Active partials with alignment/ expansion capabilities are available. We have extensive design experience with very difficult mechanical and aesthetic situations.





### Nance

A Nance appliance is most commonly employed following the successful distalization of the molars, often with a Pendulum style appliance (see Section 2, page 16). The palatal acrylic button stabilizes the device, makes it comfortable to the upper palate, and patients may customize it with colors or special effects if they choose.

### Lingual arch space maintainer

A basic Lingual arch space maintainer will have a straight wire fabricated at whatever height on the lingual as the Doctor indicates on the prescription. Generally, on a 6 to 6 lingual arch, the distal portion is at or slightly above the gingival with a slight occlusal rise at the cuspids and across the lingual of the anteriors for maximum control to the anterior teeth. Arches



may be ideally shaped or contoured to the existing arch configuration, and they are available in any length.



### Adjustable Lingual arch space maintainer

This Adjustable Lingual arch space maintainer has loops for the repositioning of the anterior portion buccally. There are several additions that can be made to this appliance to effect minor rotations to the anterior teeth like Lingual Lapping Springs or finger springs soldered to move individual teeth into a more ideal alignment.

# SPACE MAINTAINENCE-HABIT

### Hay Rake

The Prongs on the Hay Rake are a severe deterrent to thumb sucking and can be shortened as patient unlearns the behavior.





### Tongue Fence.

The added strength of the fence helps resist the powerful muscular force of the tongue. We need accurate instructions/diagram and an opposing model from the doctor to guide us in the proper height and depth of this device.



**Tongue Fence Variations** 

These demonstrate design differences and they include optional rests.



Tongue Thrust or Thumb Sucking Deterrent,





### Tongue Thrust Deterrent in an Acrylic Appliance

This illustrates the addition of tongue thrust deterrent in an acrylic appliance. Often we use .036 or .040 high quality Ball clasps here for their ease of adjustability for the doctor chair side.

# SPACE MAINTAINENCE Fixed & Removable

### Fixed Partial Restoration

Fixed Partial Restoration for cosmetic tooth replacement. Effective for children, young models especially express a need for this appliance (shown), and it is effective for adult patients following trauma as a sensible interim measure until a more permanent solution is attained. An accurate shade is required, as is an opposing model.





### <u>Flipper</u>

Commonly referred to as a "Flipper", this device employs palatal acrylic and clasps to anchor a pontic. We use a pontic reinforcing wire on most upper anteriors, as patients would rather not remove the appliance during social meals.

### Lower Temporary Partial

The lower temporary partial may have many teeth both posterior and anterior. We usually mount the case on a hinged articulator and equilibrate the occlusion to slightly heavy centric occlusion. If we are replacing a cuspid, we will adjust for lateral excursions. We need upper and lower models, a bite to centric, and a shade. Please allow enough time to acquire the teeth should we not have what you need in stock.





### Looped Coil Space Regainer

A Looped Coil Space Regainer is designed to move a bicuspid or primary molar mesially.



Transpalatal Arch

The Transpalatal Arch is used to maintain the position of the maxillary molars.

### Basic Unilateral Space Maintenance

Basic unilateral space maintainers are constructed to maintain space when there is an edentulous area. It is used to prevent drift of adjacent teeth. Variations may include an acrylic pad to prevent super eruption of an opposing tooth, an occlusal rest extending to the surface if an adjacent tooth (shown), or a distal shoe to guide in the eruption of a tooth. Band fit is the most important issue we run into. We regularly carve models, fit and seat bands, and construct



successful appliances for our clients. We acknowledge that it is not ideal, but it works. If your band selection is incomplete, we can provide you with several choices of bands; you will try them and chose the best fit. If your staff is skilled at pouring impressions without dislodging bands we encourage that they do so. If that may not be the case, we suggest you take the impression without the band in place and we will then seat it in the lab.



### Pendulum

The basic Pendulum Appliance utilizes .032 TMA Pendulum Spring wire in an .036 lingual sheath to distalize molars. The Pendulum Springs are able to exert a light, continuous force while the palatal acrylic button and stabilizing occlusal wires anchors the appliance and controls the reciprocal forces.





### Hilgers Pendulum appliance

This appliance offers the ability to develop the arch by adding an expansion screw to the acrylic button. Note the design contour of the TMA pendulum wires. Various bending styles work better for some. We bend them as drawn on the prescription, or we

follow the anatomy of the individual mouth.



### **Snodgrass**

This appliance provides maxillary expansion and molar distalization. A Hyrax or Rapid Palatal Expansion screw is fabricated connecting the posterior teeth. The activated pendulum springs are then separated by cutting the connecting wire as expansion is achieved then freeing it up for molar distalization or rotation.



This option demonstrates the straight style bend of the TMA wires and the expansion screw added to the acrylic button.



**Grum-Rax Pendulum** A Grum-Rax Pendulum style expander designed without acrylic.



### Porter Arch

Fixed upper or lower Porter Arches are appliances designed to provide mild pressure over an extended period of time. Constructed of .036 or .038 Blue Elgiloy wire, the lingual arm length can be made to extend to the bicuspids or to the cuspids.



### The "W" Arch

The "W" Arch is a fixed expansion appliance for the upper arch only and is designed to provide constant lateral pressure on the posterior teeth. The "W" describes the main "body wire" shape and is constructed of either .036 or .038 Blue Elgiloy wire. The lingual arms provide lateral expansion in the mid-anterior segment and can be extended to the cuspids or laterals.



### Quad Helix

The Basic Quad Helix is a fixed expansion device providing controlled continuous force to widen the arch, rotate, torque or upright molars, or provide space for anteriorly crowed dentition. We have several sizes available in .038 Blue Elgiloy wire. The lingual arms can be extended to pick up the cuspids or laterals and we have the option of adding recurved springs for greater treatment flexibility.

Quad Helix with Tongue thrust Habit Breaker added. We do a lot of these and our style employs the use of high quality .036 or .040 ball clasps for comfort and ease of chair side adjustability.



# UPPER E

### Fixed Bite Plane

Fixed bite plane. Two bands and a lingual wire well adapted for patient comfort. The fixed bite plane is useful for the patient whose lower anterior brackets will interfere with the patients over closed bite. Opening the vertical dimension may be a side benefit of utilizing this device.







**Rapid Palatal Expander** 

A standard Rapid Palatal Expander has bicuspid and molar bands. We do a lot of these where the molars only are banded and we put lingual arms up to the cuspids.

Examples include lingual distal extensions and buccal hooks



### Bonded Rapid Palatal Expander

A bonded Rapid Palatal Expander with full occlusal coverage and here shown with an optional loop to aid in debanding. Buccal hooks are also shown.





### Bondable Rapid Palatal Expander Another View

Another view of the bondable rapid palatal expander. We usually make the occlusal surface flat and smooth, and thick enough to cover and withstand the masticatory pressures. If need be, we can mount the case with your wax bite and place slight occlusal registrations for patient comfort



### Exspider

The Exspider Expasion device is somewhat similar to the Rapid Palatal Expander but has expansion ability in the anterior segment similar to a "Fan" type of expander.





### Compact Rapid Palatal Expander

A Compact Rapid Palatal Expander by Ormco adds an option for the case that offers little palatal room for a traditional expander. Its compact size offers flexibility and comfort in upper and lower expansion cases.



### Haas Style Expander

A Haas Style expander employs a Rapid Palatal Expander with acrylic pads added, as shown here.

### **Bondable Haas**

A Bondable Haas is useful for the very young patient whose cooperation may be in question. We place a thin layer of wax over the posterior occlusal surface to make room for the cement. Face mask hooks can be added as well as debonding loops.





A rapid palatal expander with a habit breaker added.



### Fixed Lateral Expansion

Fixed lateral expansion device has a design option of lingual lapping springs to the anteriors or springs to individual teeth, or even the option of adding a bite plane in this configuration.



Super Lingual Expansor by Torko

A super lingual expansor by Torko featuring lingual arms to the cuspids and rests on the bicuspids. With our extensive Crozat experience, we make note of the body wire position so that it will not impinge in the lingual/distal molar tissue area during expansion.

## INTERCEPTIVE ORTHODONTICS-REMOVABLE



### **Sagittal**

A standard Sagittal has two screws placed parallel to each other so that individual distal and buccal movement is achieved.. The posterior occlusal converge may have slight cusp registration to provide anchoring resistance to the reciprocal forces of the expansion.





### Modified Three-Way Sagittal

A modified three-way Sagittal has an anterior expansion screw which adds a lateral expansion dimension to the device.

### Transverse

The Transverse appliance employs double expansion screws for evenly distributed lateral expansion forces. The anterior lingual lapping springs allow for movement of the anteriors and the posterior bite plane frees up any occlusal obstacles to the desired expansion.





<u>Three Way Expansion</u> Often we use a three way expansion screw assembly such as this one for anterior and lateral expansion. When the prescription calls for a 3 way expander.

# INTERCEPTIVE ORTHODONTICS-REMOVABLE

### <u>Schwarz</u>

Schwarz appliances have a midline expansion screw, a labial, clasping of any style, and sometimes lingual lapping springs for anteriorization of the centrals and laterals.





The Schwarz appliance is versatile and easily adjustable. And may employ a smooth surfaced posterior occlusal plane.

### Modified Schwarz

It may be desirable to isolate and move specific segments out of a cross bite and a modified Schwarz style of appliance will work nicely.





This appliance will free up an anterior crossbite or class III type of situation. Upper and lower models and a wax bite are needed as the case is mounted and heavy occlusal registrations are kept intact to act as anchorage against the reciprocal forces exerted by the double expansion screws.

### Fan-Type

A Fan-Type of expander is designed to "fan" open the anterior segment while minimizing expansion posteriorly. For the excessively narrow anterior, this device is very effective.



### CROZATS



### <u>Crozat</u>

The basic Crozat appliance has been used successfully for over eighty years by professionals interested in a non-extraction treatment plan. In the treatment of malocclusions, both the arches are developed with this removeable, invisible, device.





### **Interceptive Crozats**

The interceptive Crozat is designed for the mixed dentition case. It features double crescented crib asemblies for extraordinary retention, recurves to the molars, and lingual lapping springs across the lower anteriors and the upper anteriors, if desired. It is very useful for arch development and has been seen to work very quickly.





### Crozat with High Labial

The high labial wire is attached to the buccal extensions as illustrated by Wiebrecht and is used as an attachment base for pins, putters, and hooks. It is placed after arch development.





Upper and lower basic Crozats with wire retention mesh in place over the lower crib assembly for the later addition of tooth colored acrylic May Splint pads. We can add a basic pad in the lab to your height specifications, or the procedure can be accomplished in the dental chair.



An upper Crozat with anteriorizing spring and molar recurved wires. The soldered wire characteristic of the Crozat and Crozat-type appliance produces a versatility which is unique.



### **CROZATS**

Photos courtesy of Dr. Brian Grey of Lakeport, California.



This custom design has worked well for the congenitally missing laterals. The cooperative patient desired no palatal body wire in this design and has been using this removable Crozat style temporary partial until she's ready for implants.



A lower crozat and spring retainer combined with May balancing pads.

A lower crozat with May balancing pads and elastic hooks





A basic lower Kernott Appliance. If the appliance is activated at the sagittal loop, the bicuspids will extrude into occlusion and the incisors will be advanced. it is excellent for resting the molars and maintaining indices while function is uprighting and extruding the bicuspids.

The kernott can also serve as a very comfortable retainer.

### CROZAT IDEA GALLERY



This illustration shows the basic appliance application beginning with arch development to Pont's. It then proceeds to the addition of upper and lower bicuspid recurved springs and distal extensions on the upper and lower molars. With the addition of an upper high labial wire, putters to the cuspids and anterior auxilliaries, and the use of intermaxillary elastics.















# TWIN BLOCKS

### The Twin Block technique was developed by Dr. William Clark of Scotland during the early 1980's.

The Twin Block Technique develops a new principal in functional orthopedics. Twin Blocks use the forces of occlusion as the functional mechanism to correct malocclusion.

Co-operation is excellent with TwinBlocks because the appliance is not removed for 2 or 3 days after it is fitted. There are no aesthetic cheek pads or lip pads and no uncomfortable lingual extensions as well as no anterior wires.

Twin Blocks can be modified to treat a wide range of malocclusions to achieve sagittal and vertical correction of Class II division 1, Class II division 2, and Class III malocclusions. Twin



The Clark Twin Block Appliance

Blocks are also indicated in treatment of temporomandibular joint dysfunction.

The basic appliances are separate upper and lower plates. The upper plate may include an expansion screw for lateral development and occlusal pads that cover the molars. The lower plate includes occlusal pads to cover the lower bicuspids. These plates interface at 70° angles and posture the mandible in forward position.

Deviations from standard design are Twin Block sagittal design, Twin Blocks to expand (i.e. Schwarz), Twin Block Crozat for adult treatment.

The laboratory requires upper and lower models and a wax construction bite advanced 5 to 7mm leaving 3 to 5mm interocclusal clearance in the first premolar region.



both upper and lower appliances.





Upper and Lower Twin Block appliances featuring an expansion screw in the upper.



Upper and lower Crozat Twin Block appliances. The lower appliance is constructed with the crib assemblies on the bicuspid and wire mesh is attached at the end of fabrication to retain the acrylic pad. We need to duplicate the models in order to have an unblemished set for mounting and completing the acrylic part of fabrication.





Here we have upper and lower Helical design Twin Blocks. The wire mesh



retention is added over the bands after fabrication of the upper Quad and lower Bi Helix.

Rick-A-Nator

Rick-A-Nator II

# RETAINERS



### Hawley Style Spring Retainer

The Hawley style spring retainer consists of palatal acrylic to the molars, two clasps of any style, and labial acrylic. We can reset a rotated tooth or teeth and, in this example add the lingual reinforcing wire.



### Spring Aligners

This style of Spring Aligner is smaller with a minimum of acrylic to the bicuspid.

These Spring Aligners do not have Hawley style labials. Rather the labial wire is adapted carefully on the buccal surface of the cuspids at just below the height of contour for retention. Acrylic is minimal. We can reset

the anteriors to ideal, and then fabricate the appliance. If desired, we can reset the teeth, make a duplicate of the model on which to fabricate the appliance, and send the appliance and the guide model back to your office. In this way you will see how we realigned the teeth and determine what, if any, interproximal surfaces may need reducing to achieve the desire alignment goal.



### RETAINERS



Spring Aligners with clasps.

### Hawley Retainers with Precision Labials

These Hawley Retainers have precision labials that have been bent specifically to the individual buccal contours of the anterior teeth. We have Adams Clasps here, but two clasps of any style can be added.





### Retainers with no Inter-Occlusal Interferences

These retainers are designed to add no inter-occlusal interferences; hence no traditional clasps are used. Instead soldered retention arms are added to the distal edge of the Hawley labial to the bicuspids. The retentive arms should be bent to fully engage the buccal surface of the bicuspids at just below the height of contour of the teeth.

### Super Modified Spring Aligner

These Super Modified Spring Aligners add a flexible option. Though somewhat more fragile than other designs, they accomplish radical tooth realignment. The inner spring wire may have helical coils or may be bent simply as shown in this example.





### Spring Retainers

We bend Spring Retainers out of .028 Blue Elgiloy wire with a lingual wire soldered cuspid to cuspid of .032 to .036 depending on your needs. We add soldered buccal crescents on the cuspids for superior retention.

#### Bondable 3 to 3 and 4 to 4

Bondable 3 to 3 and 4 to 4 retainers are semi-permanent retention bonded to the lingual of the lower teeth. These are not generally recommended for the upper arch as they are more easily dislodged.

#### Banded 3 to 3 Lingual Arch Retainer

A banded 3 to 3 lingual arch retainer employs cuspid banding as anchorage. Not an ideal long-term device as decay may become an issue under the bands over time.

#### Wraparound Hawley Retainers

Wraparound Hawley Retainers are designed to minimize occlusal interference. The labial wire should be bent ideally across the anterior teeth and then proceed distally. It should be carefully bent to follow the buccal surface of

> the posterior teeth, equally touching each tooth at or just below the height of contour. And ideally it should fully adapt to the buccal and distal surface of the most posterior tooth.

For added stability soldered "C" clasps may be added to the molars or fine interproximal support wires may be added between the laterals and cuspids or in the posterior area depending on clearance and occlusion.

#### San Antonio Retainer

The San Antonio Retainer is a wraparound retainer with interproximal support wires, extended arms to the cuspids provide support and add stability and "C" clasps are added for retention. Extra care is taken to finish the acrylic so that is in contact with the complete lingual surface of each tooth.



The Ricketts with Loops style of labial bow is useful to guide an erupting Cuspid into position.









Marin Orthodontics Dental Lab 2006





### RETAINERS



<u>Spring Retainers with lingual arms and rests to the molars</u>. We usually put soldered buccal crescents on this for superior retention.

### Crozat 4-4 Retainer

A Crozat 4-4 Retainer has cribs on the first bicuspids, recurved double lapping lingual finger springs, and a labial bow. It combines many of the advantages of other types of retainers and has been well received by



patients. Its advantages include firm retention, labiolingual control of anterior teeth to maintain or restore arch form, flexibility, excellent oral hygiene, and pleasing esthetics. It is possible to treat both arches simultaneously as occlusal interferences from crib wires are rare and do not pose a problem.





Here are a couple of spring examples. Both styles can be used to close spaces, diastemas, etc.



# GUARDS & TRAYS



### Invisible Retainer or light Night Guard

A Clear overlay splint/retainer. Some might call this the original "Invisalign", but it is your basic vacuform acrylic overlay for the upper or lower arch

### Gelb Splint

The Gelb Splint is designed to reposition the mandible to achieve optimal balance in situations where there may be temporomandibular Joint Pain. We need upper and lower models and a wax bite then we'll mount the case on a hinged articulator. We leave minimal occlusal facets on the finished splint for ease of adjustment when the appliance is seated





### May Splint

A lingual bar and posterior acrylic form the basis for May splint pads to be added. We add "base" pads over the molar area so that the appliance is ready for height adjustment in the chair

### May Splint Partial

A May Splint Partial can be constructed to open the vertical and balance the system in preparation for the final restorative phase of treatment. The height of the splint is adjusted in the chair and may be done incrementally in particularly "closed" cases.





Maxillary or Mandibular Full Occlusal Splints

Maxillary or mandibular full occlusal splints can be made several ways. By using your wax bite we will mount the case and create the prescribed amount of occlusal cusp registration. If we receive a single model with splint instruction, we will fabricate a flat plane splint. We try not to make the thickness an issue, but we must keep a minimum of 1.5 mm of acrylic over the longest cusps for strength and durability, while making as balanced a surface as possible.



# GUARDS & TRAYS



The anterior incline plane repositions the mandible forward

Mandibular incline plane encourages the protracted mandible into position.









The "Mengo" Anti Snore and Sleep Apnea Device

The Anti Snore device pictured requires Upper & Lower models and Wax bite taken in protrusive excursion with the desired vertical.



### The "MENGO"

We have made these for patients to help

stop snoring and sleep apnea. This device is successful for the snoring patient and the sleep apnea sufferer who has no difficulties breathing through his/her nose with the mouth closed.

For this appliance we need upper and lower models in yellow stone, not a hard stone like Die Keen. If centric occlusion is unusual, we will need a centric bite. Ideally three bites are made in varying degrees of protrusion to find the most comfortable position for the patient. This case is best made on teeth with reasonable buccal angles, (i.e. Buccal undercuts). But we have designed extraordinary retention while keeping the original design and intent intact. Marin Orthodontics Dental Lab 2006

### POLICIES

### POLICIES

#### Hours of operation Monday through Thursday 6:00 a.m. to 6:00 p.m. Friday 6:00 a.m. to 12:00 p.m. Closed all major holidays

<u>Shipping Materials Available by Request.</u> We recycle shipping materials as much as possible, we are not particular about what kind of packaging your case arrives in.

#### Marin Orthodontics Repair Policies

We will repair appliances free of charge on an individual basis. We want to be fair and make you happy. However, some appliances are prone to breakage due to inappropriate removal technique by the patient. An example is the removal of an appliance by pulling it out by the center of the labial wire. When you bend wire, the point where it has been bent is the stressed part of the wire. The bends over the occlusal, distal to the cuspids on a standard Hawley, are prime examples. The pulling of the wire at the center with the forefinger creates fatigue with repetition and the wire will break. Removal of an appliance with equal pressure on both sides, preferably not on the labial at all, but posteriorly is better. Any technique that more evenly distributes repetitive pressure of appliance removal is more desirable and will help it to last a long time.

There are obvious signs of, well, a careless moment. Accidents happen, and we try to be fair. Sometimes things are so warped, crushed, twisted, that it is a re-make no matter what. The patient who has a broken appliance, (doesn't let anyone know right away), and then says they were wearing it all the time is always an interesting case. We get a current model but the unworn appliance is anything but current. No adjusting will make that fit, and we are forced to re-make the appliance which is costly and not the best news to a fiscally challenged parent. We like making great appliances. Not only functionally correct and to your specifications, but beautiful and interesting for the patient to own.

#### RECEIPT OF ORIGINAL MODELS AND ORIGINAL WAX BITE REQUIRED

When an appliance does not fit, it is costly and inconvenient for all of us. If that should happen, we need you to return the original models that the appliance was constructed on and any wax bite that may have accompanied the case to the lab. We guarantee our work, our appliances fit the model or we don't send them out. If we see a potential problem with a model, we'll request a new model be taken. If we see a distorted model, we usually call you and ask about the case. If the office chooses to go ahead anyway, we make a note of the suspicious area on the model and proceed.

We want to make you happy and discussing your concerns about any case is the best way to comfortably resolve an issue.

#### DISCLAIMER

SHOULD THE APPLIANCE BREAK DUE TO ABUSE OR WARP DUE TO EXCESSIVE HEAT OR SUN LIGHT (SUCH AS LEFT IN THE WINDSHIELD OF A CAR). MARIN ORTHODONTICS WILL MAKE A NEW APPLIANCE FOR THE STANDARD PRICE.

#### RECEIPT OF ORIGINAL MODELS AND ORIGINAL WAX BITE REQUIRED

MARIN ORTHODONTICS GUARANTEE

IF YOU ARE NOT SATISFIED WITH THE QUALITY, WORKMANSHIP OR THE APPLIANCE IS DEFECTIVE DUE TO MANUFACTURING, WE WILL REPAIR OR REPLACE THE APPLIANCE TO YOUR SPECIFICATIONS AT NO CHARGE. However, RECEIPT OF ORIGINAL MODELS AND ORIGINAL WAX BITE, if there is one, REQUIRED.

Pick up and delivery schedule

#### Novato

Monday through Friday 6:00a.m. to 6:00p.m.

Please make arrangements so that models are available for pick-up

Marin County

Monday through Friday 6:00-8:00a.m.

Please make arrangements so that models are available for pick-up

Sonoma and Napa Thursday Afternoon

Areas not listed should mail their cases via the United States Postal Service regular mail.

# **COMMON ISSUES & HELPFUL ASSISTANCE**

What are the most common issues we encounter?

### Appropriate Model Stone for Orthodontic or Orthopedic Appliances.

Some types of stone interact poorly with orthodontic acrylic. The best stone for consistent quality of acrylic appliances is a "Hydrock" yellow or white stone, Orthodontic plasters that are not too soft, and most stone not designed for crown and bridge or denture work. Sometimes that may be all that is available and we will automatically duplicate the model for you for the charge listed. Our main goal is to fabricate the best appliance possible for you.

### **Distorted Models**

In a busy office, it is very challenging to check each impression and often distortions are next to impossible to detect in a wet, unpoured, impression. By the time the distortion is noticeable, the model has been poured, the patients are gone, the assistants are scrambling to finish and get home, and the Doctor may be unavailable to check each model before it leaves for the lab.

### What does a distorted model look like and why is it important to catch it before it leaves the dental office

Carefully look at both "sides" of the model. In almost every case the teeth will be reasonably symmetrical, that is they will be generally shaped the same way on both sides of the arch. It is a big clue. The upper buccal cusps are "even" and not elongated or distended. The alveolar ridges look equal and the upper or lower anteriors are not feathered and unnaturally thin, sharpened, or pointed. If the patient's upper centrals have good shape and width and the lower centrals are unusually thin, that is a clue.

### Negative Bubbles and gaps in the stone on the model.

Like in real estate, location, location, location. We charge if it takes us time to "prep" your model to begin. That does mean we get overly touchy about a few negative bubbles that take a second to fill. When we have a reconstruction of landmarks important to the success of the job we want to do for you, then we have a minimum charge. And having training in crown and bridge, we are familiar with tooth shape and have good success at making a tooth where one may not have fully existed in the impression's pour. If we have to grind out excessive stone on the model, it is the same.

### Pouring Technique

When we pour up models in the lab, we have a couple of things that we do to save time later. One is the use of a slurry accelerant, which cuts set time in half. It takes practice but it is well worth the time it saves.

Also, when we pour up lower models we invert the stone filled tray onto a prepared "pad" of stone. But before we do that, we depress the center area of the "pad" with our spatula, making a "U" shape. Then we invert our tray and place it lined up with the depression in the "U" corresponding with the tongue area of the lower impression. The stone should be of proper consistency for good control, and the use of an accelerant will helps the "pad" to hold its shape as you complete the process. Trays should not "sink".





This method on the lowers helps eliminate tray lock and a stone filled tongue space that we will have to charge you to remove in order to work.

On the upper, the "pad" should be conical shaped and the stones consistency should hold the weight of the tray. It should not sink and lock in. If you are feeling really considerate, tip the tray slightly distally. Most technicians prop the anterior protions of models up so that they can accurately bend straight, clean anterior

# COMMON ISSUES & HELPFUL ASSISTANCE

labial wires that touch each and every tooth, as prescribed, accurately.

Our goal at Marin Orthodontics is to fabricate an appliance that takes little or no time for you to seat and get on with your work. We consider it a failure if you have to waste precious chair time fiddling with an appliance.

### Tipped Bands.

Assistants do a great job. And sometimes bands will drift when the impression is poured. Happens to everybody. Even those bands that have been pinned in position with a guide wire can occasionally tip. It is important that after the impression is poured and you have the model in hand, you take a scalpel and expose the lingual of the bands to see their exact position. When an impression is taken with the bands in place, they make an impression in the stone that they are indeed in place. If they have slipped you won't know it unless you prick away the stone enough to actually see the top edge of the band.

If you are having a particularly rough day, there are alternatives to "pinning" those tricky bands in the impression with wax or with sharp pointy wires. Seat the bands, checking for proper size and fit. *Remove the bands* and take the impression without them. Include the bands with the poured model and we will carefully contour around the teeth (we use a small and very tapered HP-699 bur to slip between the gum line and the anatomy of the tooth) and seat the bands on the model for you. Then we construct the appliance. We know the bands fit and we are confident of an excellent result.

It is costly for you to get something back that does not seat properly because a tipped or floated band was not detected. Even if we get the model, spot it and tell you, we cannot grind it out and re-seat it successfully. You will have lost valuable time in getting it done over again. Our charge is minimal and it will save time and money.

### Successful Scheduling

An issue for all of us. The standard time frames for appliances are listed in the pricing schedule. We are adept at rushing things for you with a minimum of notice but there is a charge. For that kind of extraordinary service there are few complaints at the rush fee. We charge per patient, not per arch, a rush charge in the event of an emergency or tight scheduling.

Regular turnaround time must include the day the case is picked up and the day it is delivered. Many offices place the due date as the day before it is actually due to have time to check the case and feel confident the case is in the office before the patient.

If the turn around time on a retainer is 3 working (business) days and you take the impression on a Monday at 12:00 and you call for a pickup, we will usually get the case Tuesday morning on our daily rounds. We go very early to avoid as much of the traffic as possible. So Tuesday is a Pickup day, not the day you took the impression. We get the case on a Tuesday, we have three working days in the lab (Wednesday, Thursday, Friday), and the fourth working day it goes out in our early a.m. delivery round and it is delivered. That would make the fourth day a Saturday, and though I'd love to say we don't work weekends, that would be humorously inaccurate, so we'd have the case back to you in your box either over the weekend and ready for Monday delivery or we'd be there very bright and early Monday morning and the case would be there waiting for you at your door when you start work.

Shipped Cases Require two days to arrive and a minimum of two days to ship. Most appliances take between three to seven business days to manufacture. The more involved the appliance the longer the manufacture time. The Minimum business days to manufacture a basic Hawley is five days **including** pickup and delivery. To be specific: one day pick up, three full business days in Lab, and one day for delivery.

Appliance Pricing					
Space Maintenance			Interneting Orthodoration Fined	אחת	Duiter
Habit Modification	BDM	<u>Price</u>	Interceptive Orthodontics-Fixed	BDM	<u>Price</u>
<u>Fixea &amp; Removable Partials</u>	2		Bondable Rapid Palatal Expander	4	
Pand loop space maintainer	2		Compact Rapid Palatal Expander	3	
Band loop space maintainer- Dr's band	3		Expansion "W" Appliance	3	
Band Loop Space Maintainer	3		Exspider	4	
Band Loop Space Regainer	3		Fixed Sagittal Appliance	4	
Flipper	5		Fixed Transverse Appliance	4	
Lingual Arch Space Maintainer	3		Fixed Transverse Appliance	4	
Lingual Arch Space Maintainer W/ Anterior Bite Plane	3		Haas bondable style expander Haas Palatal Expander	3	
Nance Palatal Button	2		Haas Style Bondable Rapid Palatal Ex-		
Nance Palatal Button w/anterior Bite Plane	2		pander	5	
Tongue Crib	3		Hilgers Pendulum	5	
Tongue Crib added to any appliance			Hilger's Pendulum Appliance with expan-	5	
Tongue Fence style Habit Breaker	3				
Tongue Habit Appliance	3		Pendulum Appliance		
Spinner style appliance	3		Quad Helix	3	
Spinner added to another appliance			Quad Helix with bite plane	3	
Trans Palatal Arch	3		Rapid Palatal Expander or Hyrax Appliance	3	
<u>Crozats</u>	<u>BDM</u>	<u>Price</u>	Interceptive Orthodoptics Pomoughle	PDM	Drice
Basic Cricket appliance	5		<u>Interceptive Orthoaontics-Removable</u>		<u>rnce</u>
Basic Crozat	5		Standard Sagittal	4	
Basic Kernott	5		Modified three-way Sagittal	4	
Crozat 4 to 4 Retainer w/lingual arms	5		Transverse	4	
Crozat 4 to 4 Spring Retainer	5		Three Way Expander	4	
Crozat Bite Plane Addition	5				
Crozat Twin Block	7		sal Coverage	4	
Interceptive Crozat Twin Block	7		Basic Schwarz or Segmental Schwarz Ex-	2	
Crozat Up-righting Partial	5		pander	3	
Interceptive Crozat	5		Schwarz with posterior Occlusal Coverage	4	
Kernot Universal Appliance	5		Anterior Crossbite Expander with Posterior		
Lower Crozat with May or Gelb style splint pads attached by means of soldered	7		Anterior Crossbite Expander with Posterior Occlusal Coverage		
wire retention added.			Fan Type Expander	3	
Gold wire Crozat– available through spe- cial order at current gold pricing	7		Nord Expander-for a unilateral crossbite correction	3	

Appliance Pricing					
Retainers & Spring Aligners	BDM	<u>Price</u>	Twin Blocks	BDM	Price
Mandibular Bondable 3 to 3 Retainer	3		Pasia Twin Black no averagion	<u></u>	<u></u>
Maxillary bondable anterior lingual retainer-			Screw	7	
pads soldered incrementally to a lingual wire at	4		Twin Plack with upper expansion		
the cingulum level. Not ideal for every case			screw	7	
Basic Hawley Retainer: labial wire, 2 clasps			Twin Block with upper and lower ex-		
(any style), & acrylic.			nansion screws	7	
OR: Labial wire, and acrylic on upper.	3		Qued Halin Train Dlash design	7	
Labial wire, acrylic, and lingual reinforcing			Quad Helix Twill Block design	/	
Whe rested motal to motal on lower.			Basic Crozat Twin Block design	8	
Lower Palatal Lingual reinforcement wire			Interceptive Crozat Twin Block de-	8	
lar Reinforces a Hawley retainer when there is			sign	0	
a high lingual frenum. This addition will			Rick-A-Nator	4	
strengthen a thin lower appliance against frac-			Rick-A-Nator II	4	
ture.					L
Soldered "C" clasp added– each			<u>Splints &amp; Guards</u>	<u>BDM</u>	<u>Price</u>
Buccal Crescent soldered to Adams Clasp for superior retention in difficult cases– each			Anterior guidance ramp added		
Finger Spring			Acrylic Anterior Repositioning Splint	3	
Helical Finger Spring			Antiouloted Hond Apprilio Splint	2	
Colors and Special Effects in a retainer			Articulated Hard Acrylic Splitt	3	
Hawley Retainer w/ anterior bite plane	3		Articulated Soft Night Guard	3	
Hawley/Spring Aligner combination.					
Labial Acrylic on Hawley. or Spring Aligner	3		Bleaching Tray	3	
w/ ball clasps & extended acrylic			Centric Relation Splint– upper or		
Hawley Style appliance w/post, occ, coverage	3		lower		
	-		Full Occlusal Splint– flat plane, hard	3	
Hawley Style Night Guard- Post. occ. cover	3		acrylic		
Hawley style spring aligner with bite plane	3		Full Occlusal Splint as above with		
Modified Spring Retainer	4		clasps		
Posterior Occlusal Bite Plate– no clasps, all			Basic Gelb Splint	3	
acrylic	3		Gelb Splint with clasps	3	
Posterior Occlusal Plane Splint W/Hawley	3	3 Hard Acrylic Occlusal Splint with			
				3	
Spring Aligner	4				
Spring Aligner Retainer w/ bite plane	4		May Splint w/ Ball Clasps	3	
Spring Retainer w/ soldered buccal crescents	4		Night Guard	3	
Spring Retainer w/ lingual arms	4				
Super Spring Retainer with either mushroom			Brenda Splint– full lower Occlusal	2	
modified lingual wire or helix coil modified	4		coverage with higher bar remote-	3	
lingual wire-please specify					
Wraparound Hawley Retainer	4		Overlay Template	5	
Wraparound Hawley w/ Bite Plane	4		Soft Mouthguard/Nightguard	3	
Wraparound Retainer Spring Aligner Combi-	4		Voou Form Mouthquard	2	
nation			v acu-Form woutnguard	5	

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Appliance Pricing					
Bionators & Anti-Snore devices	BDM	<u>Price</u>	Miscellaneous Services	Price	
Acrylic bone Repositioner– all acrylic,	7		Lingual lapping springs (per arch)		
Rionator to open bite	7		Lip Bumper		
Bionator type II to close bite	7		Model Duplication		
Bionator I & II with expansion screw	7				
Orthopedic Corrector I with expansion screws	7		Pour up Doctor's Impression		
Orthopedic Corrector II with expansion	7		Model work to carve brackets (per arch)		
The Annie sleep aid device The Anti-Spore appliance	7		Extraordinary model work to remove excess stone or blebs or fill bubbles (per arch)		
Miscellaneous Services		<u>Price</u>	Pins, putters, or hooks (Class III or face- mask), each		
Add 2 Clasps any style			Platinum foil adapted on crozat crib- Buccal		
Add Spring to existing Appliance.			Pontic (per tooth)		
Add Tongue Spurs or Habit Breaker Soldered (per appliance)		Prongs or additional motivation added to Tongue Fence or other style habit breaking device			
Articulator Mounting Charge		Recurves to molars or cuspids– each			
Diagnostic Set-up–Casts are mounted and teeth re-set according to Pont's Index for arch development. (Model duplication extra.)		Reinforcement on SplintLingual Bar and/or wire mesh			
Balancing Pad Retention			Reset teeth, each		
Acrylic Balancing pads added			Pateinar/ Flipper style Partial 3 or more pop		
Bite plane added to existing appliance		tics requiring articulation and finite adjust-			
Class 2 mechanics (each)			ments.		
Color Sample			Returned Check Charge		
Consulting Fee			-Revamp Crozat		
Expansion Screw (each)			Rush Charge		
Extension to molar or cuspid			Pontic set un_ per tooth		
Finger Spring	por		r the set up- per tooli		
band	per		Solder Joint on appliance		
Headgear Tube(s) added to appliance. Either		Spec. FX in functional appliances			
soldered or placed in acrylic			Special Effects in Retainers per arch		
Hi or Lo labial incl. bucc. tubes			Split Habit deterrent added to RPE		
High or Low labial (per Arch)			Spinner added to another appliance, example:		
Hooks, or pins, or putters @ \$5.00 ea.	(		quad helix		
arch)	per		Training or technique improvement		
LATE CHARGE			Appliance case available on request		

MODL/JWV/10/08/rev15

### Acknowledgements & Resources

The main credit for this catalog goes to Kimberly Vogee. For twenty-two years as owner and lab technician, Kim has been blessed with the experience and knowledge of the many doctors that she has had the privilege to work with. That professional collaboration is culminated in this catalog.

Marin Orthodontics would like to thank Personal Tech Support for Information Technology Service and Support. We would also like to thank Thistledew productions for the format and layout of this Catalog.

Most of the Pictures and text in this catalog were created by Marin Orthodontics. Other sources for reference, were used for some portions of this catalog. The primary use of the other sources were for picture representations of the more commonly used appliances.

Allesee Orthodontics, Sturtevant, WI

Dr. Richard Adams

Dr. Stephen Broderson DDS

Cypress Orthodontics, Yorba Linda, Ca.

Dentaurum, PA

Doctor's Company, Ahwahnee, Ca.

Graber-Neumann Removable Orthodontics, Philadelphia /Saunders 1977

Great Lakes Orthodontics

The Journal- American Academy of Gnathologic Orthopedics, International Association of Orthodontics

Dr. Robert Kernott

Leone America

Orthognamics, Portland OR.

Orthopedic Gnathology: Jack Hockel /Quintessence 1983

Ortho Organizers San Marcos Ca.

Ormco

Dr. Albert Owen DDS

Space Maintainers

Wiebrecht Crozat Institute New Berlin, WI

Marin Orthodontics would also like to thank all the Dental Professionals who have shared their knowledge and skill to improve the quality of Dentistry.

### Thank You!