NEW DESIGN AWARD WINNING CEMENT from DOXA

- with the proven Ceramir® Technology



CROWN & BRIDGE QUIKCAP



Ceramir Crown & Bridge 5 years in a row winner of best technology and most innovative cement.

"Its ability to self-seal, create apatite, and to fight off cavities...this bioactive material is the future of where we're at in dentistry".

Dr. Todd C. Snyder



BIO-CERAMIC 100% **RESIN FREE**

NEW DESIGN 2019

www.ceramirdental.com

USE THE BEST CEMENT – EVERY TIME



Easy to use:

Few steps, easy seating, generous working time, and easy removal of excess cement.



Pleasant patient experience:

Less chair time, non-irritating to the pulp, no post-op sensitivity, and biocompatible.



Saves time and money:

No need for any extra material or pre-treatment.



Minimizes the risk of secondary decay:

Integrates with tooth structure to create permanent seal. Hydroxyapatite formation on the cement surface occludes marginal gaps.

Also as hand-mixed!

Hand mixed Ceramir Crown & Bridge. The powder is supplied separately in a jar and the liquid is supplied in a drop bottle. Contains a scoop for powder dosing and a non-absorbing mixing pad.





Doxa



Product descriptionCeramir® Crown & Bridge is a bioceramic dental cement intended for conventional permanent cementation of prosthetics, including high strength ceramic constructions, e.g. lithium disilicate and zirconia. In Ceramir Crown & Bridge, conventional glass ionomer

technology has been interlaced with the Ceramir technology to give Ceramir Crown

& Bridge its unique properties. Ceramir Crown & Bridge is known for its good flowability and easy excess removal through the controlled gel phase. The Ceramir technology give a cement which, during hardening, forms a tight seal with both tooth and the prosthetic construction and, after hardening, creates a hydroxyapatite layer on the material surface; mimicking the natural tooth structure while minimizing microleakage and occluding marginal gaps. Ceramir Crown & Bridge further hardens under neutral to

alkaline conditions to create a long term stable marginal seal and has shown to reduce

Ceramir Crown & Bridge is supplied either in our QuikCap capsule, or as our QuikMix hand mixed system, giving the dentist the possibility to have a material suitable for all possible occasions. The QuikCap system provides an easy mix and direct application, while the QuikMix system gives the dentist the possibility to make large restorations in just

To use the QuikCap system a capsule mixer and an applicator is needed. Ceramir

A product from Doxa

BIO-CERAMIC CEMENT 100% RESIN FREE

CECAMIC CROWN & BRIDGE QUIKCAP

Related products



Ceramir Applicator 2 Item No. 40027



Ceramir Applicator Item No. 40020



Ceramir Crown & Bridge QuikMix Item No. 40032



Ceramir Crown & Bridge QuikMix Powder Refill Item No. 40033

Ceramir Crown & Bridge QuikMix Liquid Refill Item No. 40034

When to use Ceramir C&B:

system and will give the dentists the optimal experience.

Ceramir C&B can be used with any preparation suitable for conventional cementation and using any high strength prosthetic material indicated for conventional cements e.g. zirconia, lithium disilicates, metals etc.

Applicator and Ceramir Applicator 2 are specially designed to comply with the QuikCap



post-op sensitivity.

Item No. Description

40030 Ceramir® Crown & Bridge QuikCap 20 pcs

Product information

Manufacturer name: Doxa Dental AB (Sweden)

Manufacturer item code: 40030

Product category: Dental Cement

Packaging: Paper box. 20 foiled capsules and Instructions for Use

Packaging size: Height 60mm, width 187mm, depth 80mm

Packaging weight: Approx. 147g/ 5.15oz per box

Capsule:Each capsule - 0,17mL mixed cementStorage:Store between 4°C/39°F and 20°C/68°FInstructions for use:In box (20 languages) and illustrations

Quickguide: Included in box

Medical device: Yes

Marketing material: Yes - available upon request (niclas.albinsson@doxa.se)

Website: www.ceramirdental.com

Trademark: Ceramir® is a trademark of Doxa Dental AB.

Key advantages*:

- Easy to use: Few steps, easy seating, generous working time, and easy removal of excess cement.
- Pleasant patient experience: Less chair time, non-irritating to the pulp, no post-op sensitivity, and biocompatible.
- Saves time and money: No need for any extra material or pre-treatment.
- Minimizes the risk of secondary decay: Integrates with tooth structure to create permanent seal. Hydroxyapatite formation on the cement surface occludes marginal gaps.

Doxa Dental AB
Axel Johanssons gata 4–6
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SWEDEN

Easy to use: (9-12). Pleasant patient experience (5-8). Saves time and money: (9-12), Minimizes the risk of secondary decay: (1-4). 1.Lööf, J. et al. (2008) A comparative study of the bioactivity of three materials for dental applications. Dental Materials, 24, 653-659. 2.Engstrand, J. et al. (2012) Hydroxyapatite Formation on a Novel Dental Cement in Human Saliva, ISRN Dentistry, ID 624056. 3. Jefferies, SR. et al. (2015) Preliminary Evidence That Bioactive Cements Occlude Artificial Marginal Gaps, Journal of Esthetic and Restorative Dentistry, 27(3), 155-166. 4. Engavist, H. et al. (2004) Chemical and biological integration of a mouldable bioactive ceramic material capable of forming apatitie in vivo in teeth. Biomaterials, 25, 2781-2787. 5.Marvin, JC. et al. (2018) In Vitro Evaluation of Cell Compatibility of Dental Cements Used with Titanium Implant Components, Journal of Prosthodontics. 6. Jefferies, SR. et al. (2013) A Review of Luting Agents, Properties and Bioactivity, Dental Learning, 2(7). 7.Prameijer, CH. (2012) A Review of Luting Agents. International Journal of Dentistry, ID 752861. 8. Prameijer, CH. et al. (2008) In vitro and In vivo Biocompatibility tests with XeraCem. Journal of Dental Research, 87(B), 3097. 9. Jefferies, SR. et al. (2009) One year clinical performance and post-operative sensitivity of a bioactive dental Luting cement – A prospective clinical study, Swedish Dental Cement-lis retentive properties and 3-year clinical findings. Compendium of Continuing Education in Dentistry, 34(spec no 1), 2-9, 12. Hakim, F. et al. (2015) In Search of the Ideal Dental Cement... Have We Arrived? Oral Health