

**simplynatural™**  
PARTIALS



## CLINICAL PROTOCOLS FOR SLM PARTIALS

**Digitally designed for strength, precision, and predictable appointments.**



**Scan and Submit**



**Digital Design  
and Fabrication**



**Seat and Smile**



**LEARN MORE OR  
SEND YOUR NEXT CASE**

800-726-3590

[glidewell.com/solutions/  
removable-prosthesis/partial](https://glidewell.com/solutions/removable-prosthesis/partial)



*for the sake of smiles*

## FIRST APPOINTMENT – DATA COLLECTION

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### Step 1: Clinical Examination and Diagnosis

- Assess remaining teeth, tissue health, occlusion, and edentulous spans.
- Identify clasping opportunities, undercuts and required rest seats.
- Evaluate VDO and the patient's esthetic needs.

### Step 2: Guide Plane and Rest Seat Preparation

- Prepare guide planes on abutment teeth.
  - Surfaces should be flat, smooth, and parallel to the planned path of insertion.
  - Ensure they remain supragingival and in enamel.
- Prepare occlusal rest seats on the identified abutment teeth prior to final scanning or impression.
- Guidelines:
  - Smooth, polished surfaces to ensure accurate digital capture.
  - Maintain proper occlusal clearance and avoid sharp edges.
- Confirm stability and path of insertion clinically before scanning.

### Step 3: Intraoral Scanning

- Scan both arches and bite using your high-accuracy intraoral scanner of choice.
- Ensure you capture
  - Soft tissue in edentulous spaces
  - Clear margins of all proposed abutment teeth
  - Guide planes and any rest preps

### Step 4: Lab Communication

- Select shades of teeth and tissue.
- Complete the prescription and send the digital impressions and photographs to Glidewell.

## FRAMEWORK TRY-IN (IF NECESSARY)

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1. Examine framework prior to try-in.
  - a. Verify there are no errors or distortions on the framework, and that the design follows the lab prescription.
2. Try in the framework — seat the framework slowly and with minimal force.
  - a. Do not force the seating. The patient should feel no pulling, wedging, pain, or intense pressure.
  - b. Ask the patient how the framework feels and if there are spots causing pressure.
3. Verify stability.
  - a. Make sure the framework is stable and does not rock when finger pressure is applied to the rests.
    - Utilize a disclosing media, like pressure-indicating paste, rouge, or disclosing wax to identify premature contacts or areas of interference that are impeding the seating.
      - Any high areas can be adjusted using burs and should be polished after.
4. Ensure rests seat fully without any gaps, and without exerting pressure on the teeth.
  - a. Utilize disclosing media, like pressure-indicating paste, rouge, or disclosing wax to smooth out high spots on rests, minor connectors, or clasps.
5. Ensure clasps are fully adapted and not too tight or too loose.
  - a. Clasps can be adjusted using a 3-prong instrument, or you can request an adjustment tool from Glidewell.
6. Verify occlusion.
  - a. Use articulating paper to find and eliminate any premature contacts between the framework and opposing teeth. Remember to verify in occlusion and excursive movements.
7. Soft tissue evaluation.
  - a. Ensure proper adaptation and ensure no over extensions or soft tissue impingement.
8. Capture bite registration.
9. Select tooth shade.

## DELIVERY APPOINTMENT

- Verify ease of seating, and adjust any areas that result in seating difficulty.
- Adjust any area causing discomfort while fully seated.
- Adjust occlusion.
- Deliver denture.
- Provide verbal and written instructions for insertion, removal, cleaning, storage, and care.

## REST SEAT PREPARATION GUIDELINES

### Occlusal Rest

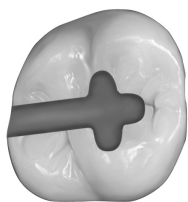


1/3 width of faciolingual,  
1/2 width of cusp tips

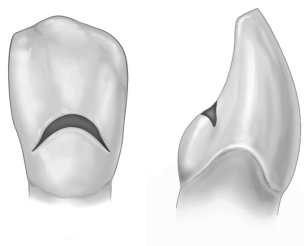


Rest depth at least 1 mm

### Channel Rest



### Inverted V Rest



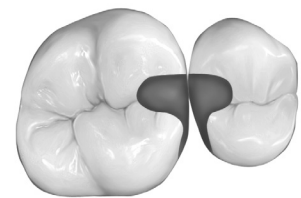
### Guide Plane



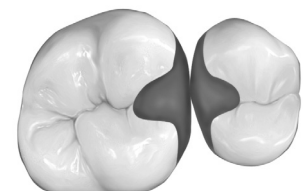
### Retentive Prep



### Interproximal Preparation



Occlusal rests only



Rests with  
buccal/lingual access

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