

## Note on Preparation Design for Dental Veneers

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### DESCRIPTION

In dentistry, a veneer could be a layer of fabric placed on top of a tooth. Veneers can improve the aesthetics of smiles and protect the tooth surface from damage. There are two main sorts of materials wont to make veneers: composites and dental porcelain. Composite veneers are often constructed directly within the mouth or indirectly made by a dental laboratory dentist and later glued to the teeth, usually using resin cement [1]. They are usually accustomed treat younger patients who need a more permanent design after they need mature. The lifetime of the compound veneer is about four years, in contrast, porcelain veneers can only be manufactured indirectly. The complete veneer crown is described as restoration that covers the surface of all mesial, centrifugal, facial, lingual, and occlusal crowns. Laminate veneers, on the opposite hand, are thin layers that cover only the surface of the teeth and are commonly used for aesthetic purposes [2]. These usually have better performance and aesthetics, and have lower plaque retention. Veneers are a restorative, by prescription only, employed by the cosmetic dentist. A dentist may use one veneer to revive one tooth or veneer with top quality which will be fractured or discolored, or in most cases multiple teeth on the upper arch to form an enormous bright variety of smile makeover. Most of people have small teeth leading to spaces which will not be easily closed by orthodontics. Some people have worn away the sides of their teeth leading to a prematurely aged appearance, while others may have malposition tooth/teeth that appear crooked [3]. Multiple veneers can close these spaces, lengthen teeth that are shortened by wear, fill the black triangles between teeth caused by gum recession, provide the same color, shape, and symmetry, and make the teeth appear straight. Dentists also recommend employing a thin porcelain veneer to strengthen worn teeth. It also applies to un-whitened yellow teeth. Thin veneers are a good option for older patients with worn teeth. In many cases, porcelain veneers require minimal or no tooth preparation [4]. When preparing between veneer preparation and fitting

appointments, you all be able to create temporary restorations, usually fabricated from material. These don't seem to be usually shown, but may be used when the patient complains of tenderness and aesthetics. Temporary ones help patients and dentists determine the proper color, length and shape of veneers [5].

### CONCLUSION

Here most dentists doesn't justify the teeth of slight surface damage and ordinary wear of the teeth and therefore the vein of the porcelain and ceramic vein. This can be because it's necessary to use the veneer to destroy 3-30% of the teeth surface when it takes place by an experience shallow dentist. After 10 years, it had been found that fifty of the veneer moves to retreat or not satisfactory. Some cosmetic dentists can unnecessarily urge doll treatment to a youth or boy, and if not, it's only a healthy tooth-shaped adult, it's only white or more routinely washed it's. In some cases, since shaving is shaved as preparation for veneer, there's a controversy whether or not the method is correctly performed. Additionally, Veneer's Maintenance cost could also be binding to several people.

### REFERENCES

1. Ferrari M, Patroni S, Balleri P. Measurement of enamel thickness in relation to reduction for etched laminate veneers. *Int J Periodontics Restorative Dent.* 1991;12(5):407-413.
2. Hahn P, Gustav M, Hellwig E. An in vitro assessment of the strength of porcelain veneers dependent on tooth preparation. *J Oral Rehabil.* 2000;27(12):1024-1029.
3. Iant C, Thomas G. Porcelain facings: a simple clinical and laboratory method. *B Dent J.* 1987;163(7):231-234.
4. Andreasen FM. Treatment of crown fractured incisors with laminate veneer restorations. An experimental study. *Dent Traumatol.* 1992;8(1):30-35.
5. Stokes A, Hood J. Impact fracture characteristics of intact and crowned human central incisors. *J Oral Rehabil.* 1993;20(1):89-95.

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