

DIRECTIONS FOR USE

Shofu Dental Corporation

1225 Stone Drive, San Marcos, CA 92078-4059 USA Phone: 1.760.736.3277 Fax: 1.760.736.3276 www.shofu.com

Indications

Recommended for cementation of PFM, gold, CEREC® and reinforced allceramic crowns; inlays; onlays; gold, metal, titanium and fiber posts; and for bonding stainless steel and nylon splinting materials. Optimum mechanical retention is indicated for bonding to zirconia type surfaces. For bonding to ceramic, a well-etched or roughened surface is indicated.

Contraindications

Not recommended for porcelain veneers.

Setting Characteristics

MonoCem is both self-cure and light cure. The MonoCem self-cure polymerization reaction occurs by anaerobic polymerization. This means that the reaction does not begin while the material is exposed to air. It begins when the restoration is seated and air is eliminated. This feature provides very long working time and explains why material left on the mixing pad may not polymerize.

Light curing of dental resins provides a more complete cure than self-curing and is recommended whenever possible. Light cured resins are harder, stronger and have better surface qualities than self-cured resins.

Clean Un

After seating the restoration, maintain positive pressure for $2^{1/2}$ minutes. During this time remove excess with a brush, or tack cure margins for 1-2 seconds and gently tease away excess with a suitable instrument. Also clear contacts and interproximal areas with floss.

How to use the Automix Syringe:

- Remove cap. If necessary bleed the syringe so that base and catalyst are at the orifice of the syringe barrels. Place a mixing tip on the automix syringe.
- To ensure an even mix of base and catalyst, the first time using the syringe dispense 2-3 mm of cement onto a pad and discard this material.
- 3. Dispense evenly mixed cement directly onto the tooth or into the restoration.
- 4. Discard mixing tip. Recap syringe. Do not cross-contaminate base and catalyst.

Slightly Moist Tooth Surfaces Defined

Slightly moist tooth surfaces exhibit neither dryness nor pooling of water. Lightly dry and remove excess water with compressed air or a cotton pellet. Tooth surfaces should be shiny or glossy. Overly wet surfaces will result in decreased bond strength.

Ceramic, Metal, Resin Desensitized, Prehybridized and Cured Resin Surfaces

Ceramic, metal, resin desensitized, prehybridized and cured resin surfaces should be dry.

Reinforced All-Ceramic Restorations

Follow ceramic restoration manufacturer's recommended tooth reduction specifications when preparing teeth for reinforced all-ceramic restorations. Reinforced all-ceramic restorations should be closely fitted. Instruct the laboratory to reduce die spacer to accommodate cement with a low film thickness of 12 microns. To optimize mechanical retention, a well-etched ceramic surface is recommended.

Instructions for Crown, Inlay and Onlay Cementation

- Your laboratory should etch or abrade the tooth contacting surfaces of restorations to be cemented. If not, etch or microabrade these surfaces. Rinse and dry.
- Rinse tooth preparation and lightly dry to remove excess water. LEAVE TOOTH SURFACES SLIGHTLY MOIST.
- 3. Etching and bonding agents are not required on dentin. Etching uncut enamel is indicated.
- 4. If cementing to existing ceramic, metal, resin desensitized, prehybridized and cured composite surfaces in the mouth, clean and etch or mechanically roughen the surface, rinse and dry. Be sure to dry these surfaces before applying MonoCem.
- 5. Place lubricant on adjacent teeth.
- 6. Automix MonoCem by placing a mixing tip on the double barrel syringe and dispensing material (the first time using the syringe discard the first 2-3 mm, which may not have an equal mix of base and catalyst), or dispense equal amount of base and catalyst and hand mix. Carefully recap syringes. Do not cross-contaminate base and catalyst.
- 7. Place cement inside the crown and seat crown, or place cement into the restoration and seat the inlay or onlay.
- 8. Maintaining positive pressure on the crown for 2¹/₂ minutes. During this time remove excess from margins with a brush, or tack cure margins for 1-2 seconds and gently tease away excess with a suitable instrument. Clear contacts and interproximal areas with floss. Cement may bond to adjacent teeth if excess is not removed.
- 9. Light cure all-ceramic restorations and margins of PFM crowns for 20-30 seconds. Cures with all lights. Maintain positive pressure for $2^1/2$ minutes. Complete anaerobic auto-cure 3 minutes setting time of MonoCem at mouth temperature (37^* C/98.6*F).

Instructions for Post Cementation

- Prepare the post hole.
- Rinse and lightly dry. Remove excess water with a short blast of air or paper points. LEAVE DENTIN SLIGHTLY MOIST.
- 3. Etching and bonding agents are not required on dentin.
- 4. Automix MonoCem by placing a mixing tip on the double barrel syringe and dispensing material (the first time using the syringe discard the first 2-3 mm, which may not have an equal mix of base and catalyst), or dispense equal amount of base and catalyst and hand mix. Carefully recap syringes. Do not cross-contaminate base and catalyst.
- 5. Place cement into canal without creating voids.
- Seat post.
- 7. Remove excess cement.
- Light cure 40 seconds. Cures with all lights. Cement will completely auto-cure in 3 minutes. Resume treatment after complete curing.

Instructions for Splinting Materials

- If bonding to enamel, first etch enamel, rinse, lightly dry and leave slightly moist. Bonding agents are not required but may be used if desired.
- 2. Place splinting material and bond to place in the usual manner.

Caution

Uncured material may cause eye or skin irritation on contact. Dental professionals should wear safety glasses and surgical gloves.

Storage and Handling

Store tightly sealed in original container at cool room temperature. Avoid direct light, extremes of temperature, contamination and sources of ignition. Shelf life of unopened product: 2 years from date of manufacture.

Re-cap immediately after use.

CEREC is a registered trademark of Sirona Dental Systems, Germany.