

**Watch
Bite-Down Impression Technique
video prior to reading.**



THE KÖR® BITE-DOWN™ IMPRESSION TECHNIQUE



The patent-pending KÖR Bite-Down Impression Technique incorporates classic impression steps with some new, innovative time-saving techniques that result in the creation of strong hydraulic pressure on the wash impression. This ensures capture of remarkable detail at the gingival margins and gingival crevices.

This guide is intended as a written complement to the *Bite Down Impression Technique* video. Please watch the video, available in the *Getting Started with KÖR* section of www.KoRCommunity.com, prior to reading this guide.

TWO ESSENTIAL STEPS TO ENSURE A SUCCESSFUL IMPRESSION

1) Do not seat the putty impression by hand. The patient must bite all the way through the putty to seat the impression.

2) Use only the gray KÖR Impression Trays.



The gray KÖR Impression Trays have a very specific internal texture and a hole pattern critical for this technique.

THE KÖR BITE-DOWN IMPRESSION IS A 2-STEP IMPRESSION



Step 1 – The putty base impression.

Step 2 – A separate wash impression.

These two impressions are done separately.

The steps below are done using KöR regular set impression putty; however, KöR Impression putty is available in a blue fast set for those who prefer to work more quickly. If you wish to extend the working time of the fast set putty or the regular set putty, keep refrigerated until ready for use. They will still be easy to mix but will set slower.

STEP 1: PREPARING FOR THE PUTTY IMPRESSION



1. Remove any supragingival calculus buildup.

Block out any black triangles (the open spaces between teeth due to gingival recession).

Block out any lingual retainer wires.



Do not use wax for any purpose when taking the impression.

To learn the correct technique for blocking out, refer to the [Blocking Out Black Triangles](#) and [Blocking Out Lingual Retainer Wires](#) videos on www.KoRCommunity.com.

2. Select the proper sized impression trays.

- a. Select one size tray larger than you would normally use for an alginate impression.

- b. Insert the impression tray in the patient's mouth and ask the patient to bite on the impression tray. Confirm that the tray does cover all posterior teeth, and does not impinge or "poke into" any soft tissue or tori.

- c. The impression tray must be able to move visibly side to side in the molar areas when the impression tray is tried in and bitten to place by the patient.

- d. If the tray does not move side to side like this, you need:

- i. A larger upper tray

- ii. A smaller lower tray

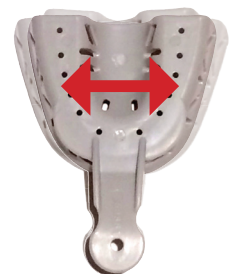
- iii. To customize the tray with a torch

1. When you customize the upper tray, you would make the molar areas of the facial flanges wider.

2. When you customize the lower tray, you would move the lingual flanges more toward the tongue (make the space narrower).

Other customizations may be necessary due to the presence of mandibular and/or maxillary tori, significantly malpositioned teeth, etc.

To learn the proper technique for customizing impression trays with a torch, refer to the ["Customizing Impression Trays with a Torch"](#) video posted on www.KoRCommunity.com.



CAUTION: Tray adhesive should *not* be used on the gray KöR Impression Trays.

3. Cut either a 4½" square of cling wrap or a 4½" square of sandwich bag material (sandwich bags are thinner [1.5 mil] than regular zip-lock bags). Do this for both upper and lower impressions. Most prefer sandwich bag material because it does not stick to itself, however you may want to try both cling wrap and sandwich bag material to see which you prefer.

STEP 2: TAKING THE PUTTY IMPRESSION

1. The Ultimate Goal of the Putty Impression:

The goal is to get the putty as deeply as possible into all vestibules. Think of it like a denture impression, which requires the impression material to go deeply into the vestibules. The necessary hydraulic pressure on the impression wash material cannot be achieved unless the putty impression extends deeply into all vestibules.

2. Gloves:

√ Do not wear latex gloves when mixing any PVS impression putty. Latex gloves will contaminate the putty and may prevent it from setting properly.

√ Do not mix putty with bare hands. Even slight traces of hand lotions, disinfectant hand lotions and even disinfectant hand soap may contaminate the putty and prevent it from setting properly.

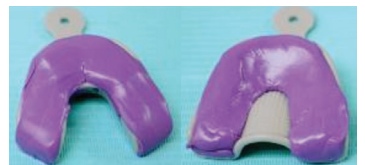
√ Always use nitrile or vinyl gloves when mixing impression putty.

3. Quickly mix equal amounts of purple and white putty together with the palms of your hands until the color is uniform with no white streaks.

Be careful not to mix up the putty jar lids and colored spoons. The putty in one jar is white, with a white label. Make sure the lid with the white label is replaced back on the jar with the white putty. Also make sure the white spoon is only used on the white putty. If the wrong lid is placed on the jar, the top layer of the putty in the jar will set, ruining the rest of the putty in the jar.



4. Place the putty into the impression tray up to the edge of the facial flanges and make sure not to over-fill the trays. Confirm that you have plenty of putty in the posterior areas but don't cover the palate with putty as shown.



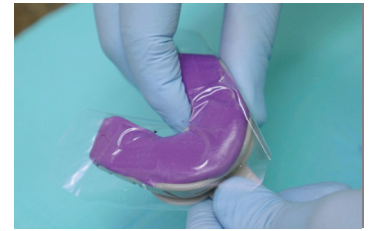
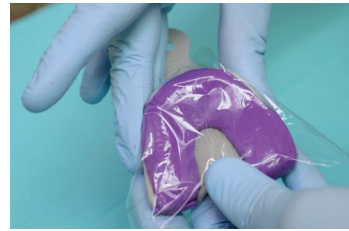
5. Place a 4½" x 4½" sheet of cling wrap or sandwich bag material over the putty in the tray. Using sharp scissors, trim off excess cling wrap/sandwich bag material, leaving about 1" excess around the facial flanges and almost no excess across the posterior.



On lower impressions, also cut the cling wrap/sandwich bag up the center of the lingual to make room for the tongue.



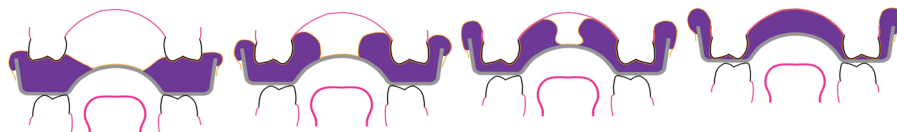
6. Fold the 1" excess cling wrap/sandwich bag sheet over the sides of the impression tray.



7. Insert the putty impression in the patient's mouth.
 - a. Do not seat the putty impression by hand. This technique requires the impression to be seated by instructing the patient to **bite all the way through** the putty until they hit the plastic of the impression tray.
 - b. Before the patient bites down, pull the lip out and over the front of the putty impression with one hand, and continue holding the handle of the impression tray the entire time the patient is biting down with the other hand



- c. As the patient is biting the impression to place, encourage the patient to continue biting **through** the putty until their teeth hit the plastic of the impression tray.



- d. If any putty has escaped outside the patient's lips, pull the lip out and push the putty back under the lip, deeply into the vestibule.



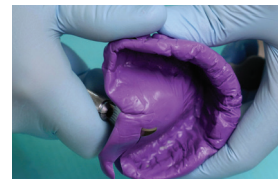
8. The patient's mouth should stay closed, but no longer needs to forcefully bite on the impression tray. While holding the handle of the impression tray, move the impression tray handle as follows:
 - a. Push the putty impression more deeply into the mouth until the facial flange of the impression tray contacts the facial of the incisor teeth.
 - b. Rotate the impression tray to the right and left as far as it will go.
 - c. Center the impression tray, again push the tray in, and pull the impression tray outward approximately 1/4 inch.
 - d. Continue pushing, pulling and rotating the impression side to side until the putty first starts to rebound. Then remove the impression from the mouth.
 - e. Allow the putty to finish setting on the counter.
9. After the second putty impression is removed from the mouth, the first putty impression should now be fully set.

STEP 3: PREPARING FOR THE WASH IMPRESSION.

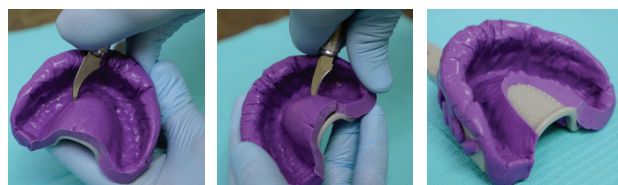
1. Remove the cling wrap/sandwich bag sheet from the fully set putty impression.
2. Cleanse any saliva that has gotten under the cling wrap/sandwich bag using isopropyl alcohol. Any moist or dry saliva contamination will prevent the wash material from bonding to the putty.

Do not rinse with water. Simply dry the alcohol with an air syringe. 99% isopropyl alcohol works best because it evaporates quickly.

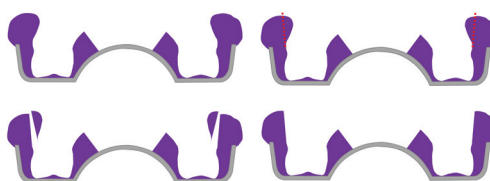
3. Trim excess putty with a sharp blade. Do not remove any length of the vestibular extensions – we want the putty to extend as deeply as possible into all vestibules.
 - a. Most often you will find some putty extending beyond the posterior of the tray, into the soft palate. Trim off this excess putty to reduce gagging by the patient, but do not remove putty distal to the last molars.



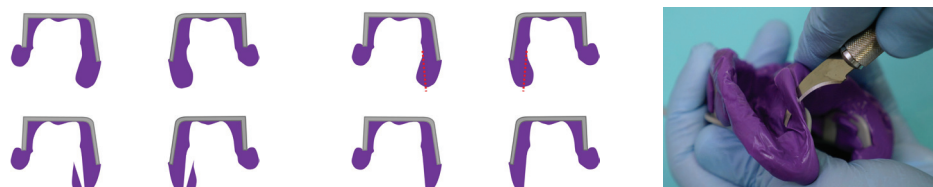
- b. Remove the putty covering the top portion of the palate of the tray. This will provide a reservoir for excess wash to accumulate in, instead of going into the patient's throat, resulting in far less gagging and more comfort for the patient.



- c. Trim off any internal bulges that would create undercuts such as seen here that may interfere with re-seating the wash impression.



- d. Trim off any undercuts that may make insertion of the wash impression difficult, such as on the lingual posterior of lower putty impressions.



4. **IMPORTANT** – Be sure to inspect the putty impressions carefully to confirm the putty has gotten deeply into all vestibules (anterior, posterior, facial and lingual).

If you find any, or even all of the putty perimeters have not extended deeply into the vestibules, simply add more putty. Cleanse the perimeter of the impression where putty is to be added with isopropyl alcohol.

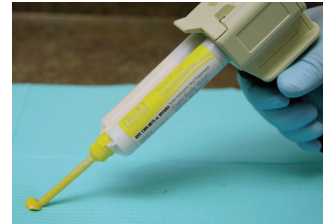
- a. Dry the alcohol with air. Do not rinse with water.
- b. Mix the appropriate amount of putty.
- c. Mold the putty over the perimeter of the putty impression in the same shape and depth you anticipate will fit deeply into the vestibule.
- d. Place the putty impression back in the patient's mouth and have the patient again bite the impression to place.
- e. Push, pull and rotate the impression as before.
- f. When the newly added putty starts to rebound, remove the impression from the mouth.
- g. If there are more areas to add putty to, repeat the above steps.
- h. Allow the newly added putty to finish setting on the counter.
- i. Thoroughly cleanse the entire inner surface of the putty, as well as the vestibular extensions, with isopropyl alcohol and dry with an air syringe.

STEP 4: TAKING THE WASH IMPRESSION

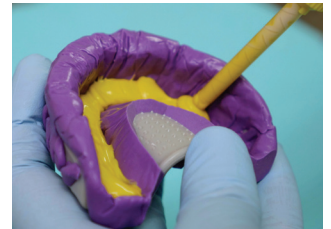


CAUTION: KÖR Wash is a *fast-set* material. It is therefore important to load the wash, spread the wash out, and get the wash impression into the patient's mouth very quickly.

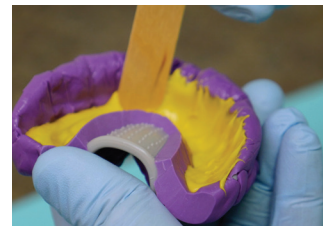
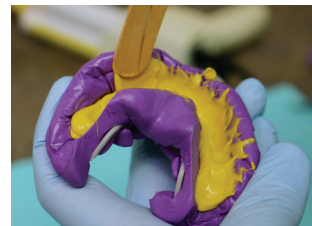
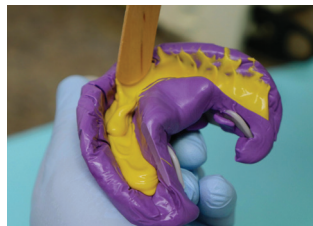
- 1) Load the cartridge gun with the wash material cartridge.
- 2) Affix a mixing cannula with a yellow hub to the wash cartridge and express a small dab of wash material and discard.



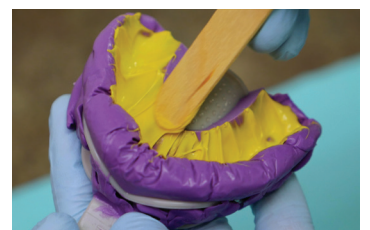
- 3) Slightly over-fill the tooth areas of the putty impression with the yellow wash material. To avoid waste of the wash material, do not load more wash than shown in the photos.



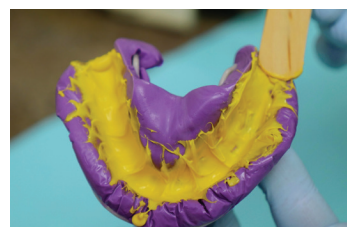
- 4) Use the wooden KÖR Impression Spatula to wipe the wash material all the way up:
 - a. the facial



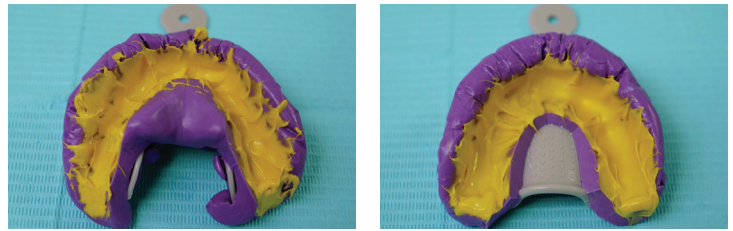
- b. and the lingual and palatal



- c. Also spread the wash material to the posterior behind the last tooth in the quadrant.



When finished spreading the wash material up the sides of the impression, as well as distally beyond the last molar, it should look like this:



- 5) Insert the wash impression with a forceful and rapid seating of the impression for 2-3 seconds, and then hold the impression in place until set.
 - a. **Upper Impression** – To achieve the greatest force seating the upper wash impression, stand behind the patient.



- b. **Lower Impression** – To achieve the greatest force seating the lower wash impression, stand in front of the patient.



Quickly insert the impression slightly over the teeth, and immediately place your thumbs on top of the impression in the second bicuspid/first molar areas while also wrapping your other fingers under the jaw, and squeeze as forcefully as you can to seat the impression.



- 6) After the yellow wash feels fully set to the touch, allow the wash material to set an additional 20 seconds, and then remove from the mouth.



IF ANY VOIDS OR PULLS ARE FOUND IN THE WASH IMPRESSION



CAUTION: Do not add more wash material to a wash impression in an attempt to repair it. This always causes distortion.

- 1) Wash material bonds to putty, however wash material will not bond to wash material. Any added or reline wash material will start to de-bond after several hours.
- 2) Wash material added into a previous wash impression will force the first layer of wash material to compress. It will then rebound when removed from the mouth, resulting in significant distortion, even when the impression visually appears perfect.

WHEN MAKING KÖR COMPATIBLE WHITENING TRAYS IN YOUR OWN PRACTICE



Allow the impressions to “de-gas” for one hour before pouring up.

Please refer to the “Fabricating Kör Whitening Trays” chapter in the *Kör Reference Manual*.

WHEN USING THE KÖR LABORATORY



Do not pour up the impressions. Simply ship the impressions, along with a Kör Lab Slip, to the Kör Laboratory. All information and lab slips may be found at www.KoRCommunity.com, or by contacting Kör Whitening.



SIMPLY WHITER TEETH

www.KoRWhitening.com

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