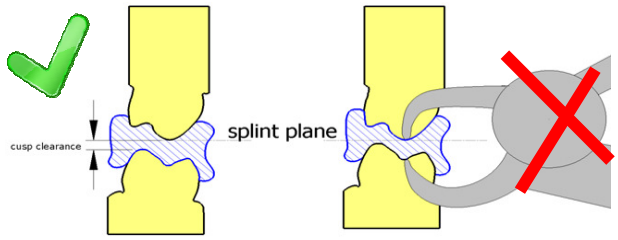
DentaBite®

Guidelines for taking the 'Right Bite'

This methodology and instructions are courtesy of Dr David Dunn

The Macquarie Street Centre for Implant & Aesthetic Dentistry



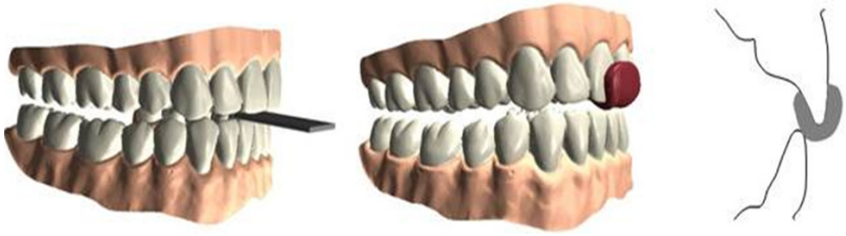
An accurate MMR (maxillo-mandibular record or bite record) at the correct vertical opening along with accurate impressions of both arches will ensure predictable and stress free splint fabrication and insertion, with minimum adjustments required and hence saving of valuable clinical time.

Impressions for both arches, ideally should be made with light + heavy body polyvinylsioxane materials or any other high quality crown and bridge impression materials. Alginate materials can be used for the opposing arch , however, ensure proper pour up procedures are followed and that no "drags" or other inaccuracies are present in the impressions.

The MMR can be created using a variety of materials including pattern resin or more ideally rigid polyvinylsiloxane bite registration materials. The minimum thickness for a DentaBite splint is just 1mm. If the supplied MMR does not have sufficient clearance between the opposing cusps to achieve the 1mm minimum, the DentaBite CAD will virtually articulate the opening to the minimum required. If the bite is opened virtually to achieve minimum thickness then adjustments may be required during the fitting process.

The MMR should be taken at the desired vertical opening, at Centric Relation(not CO) to minimize errors from closure pathway and eliminates the need for a face-bow transfer to record the hinge axis. The vertical dimension is controlled by the use of leaf gauges and an anterior stop or jig which can be constructed from either pattern resin or more ideally light cured plasticized composite resin materials, such as inlay/onlay provisional materials.

Optimum design results are achieved with the use of an accurate MMR at the desired vertical opening with a minimal posterior clearance in the molar regions of 1mm.



An anterior "stop" should be created on the incisal / lingual aspect of the central incisors. The anterior stop is used to set the desired vertical dimension and to prevent the patient from over-closing and perforating the MMR record. It also eliminates deflective contacts anteriorly and laterally, caused by tooth contacts / interferences that may be present. The anterior stop is created using a leaf gauge, to control vertical opening, and this opening is recorded with a vertical stop made of plasticized composite (inlay provisional materials) with the patient guided into centric relation using the leaf gauge and the anterior stop material cured in this position (see above images).

The MMR is then undertaken with a rigid polyvinylsiloxane material, by guiding the patient into Centric Relation onto the anterior jig or stop, and recording this relationship, hence capturing both the desired vertical opening as well as the jaw relationships, free of any interferences.