



PEDIATRIC TWIN BLOCK

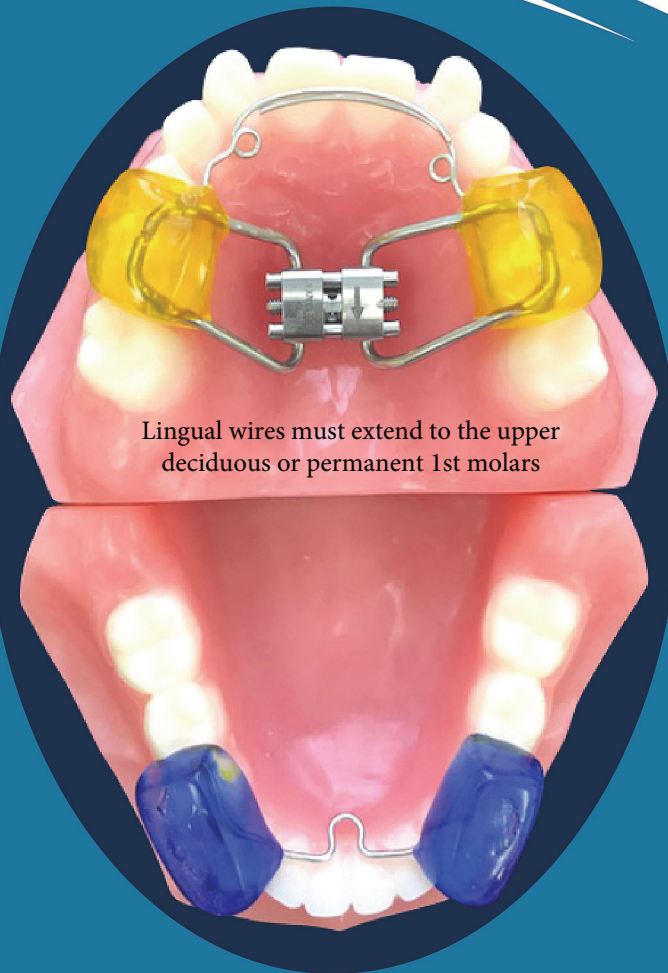
Rideau's new "patient friendly" Pediatric Twin Block has limited wirework since it is light cured in place with a *dual bond system negating the need for any claspings thus eliminating compliance issues other than adequate dental hygiene.

The device may include crossover lingual springs for a Class II Division II malocclusion. Optional small Snap Lock (no back-off) palatal expansion screw (illustrated) OR a large Elgiloy ALF expansion loop for transverse development of the maxilla. The new design provides improved tongue space.

The Twin Block ramps are joined in each arch separately to reduce the chance of ingestion from a dislodged dental device. If a quadrant became de-bonded an immediate visit to the dental office is required. A current panorex must be assessed for the root structure of the deciduous teeth so they may support the fixed Pediatric Twin Block for a 6-9 month duration.

The fact there is no lower incisor capping to prevent flaring is not an issue for pediatric patients in the EARLY mixed dentition as they have much less musculature force than a 15 year old patient. The lower lingual Elgiloy wire is adapted to the gingiva margin for hygienic reasons.

Once the device loses retention in ANY quadrant as a result of transition Phase I early treatment must end. The crowns of the remaining deciduous teeth with little to no root structure at that point in time would be extracted along with the dental device since it is bonded in place. Inform before you perform.



Contact us now for pricing.

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