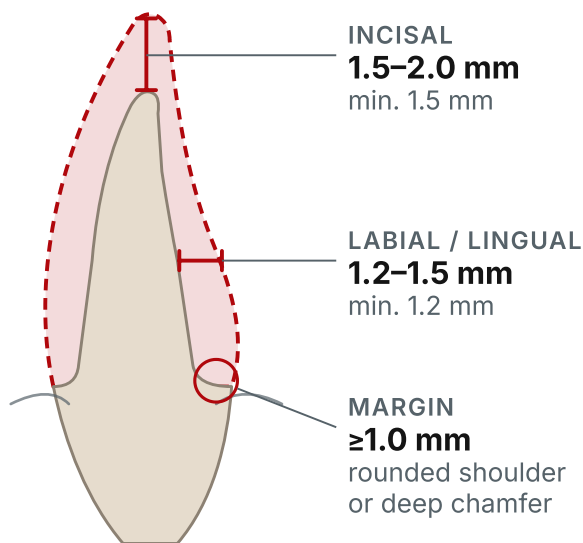
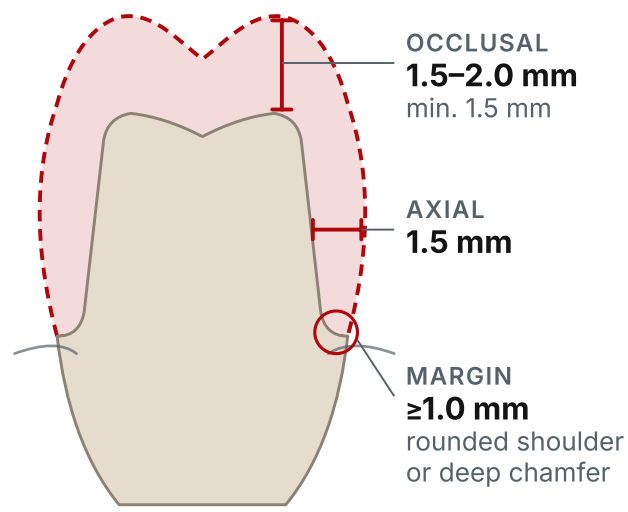


IPS e.max Prep Guide

IPS e.max (lithium disilicate) needs more room than zirconia. Reduce evenly, follow the anatomy, round every edge and finish on a rounded shoulder or deep chamfer.



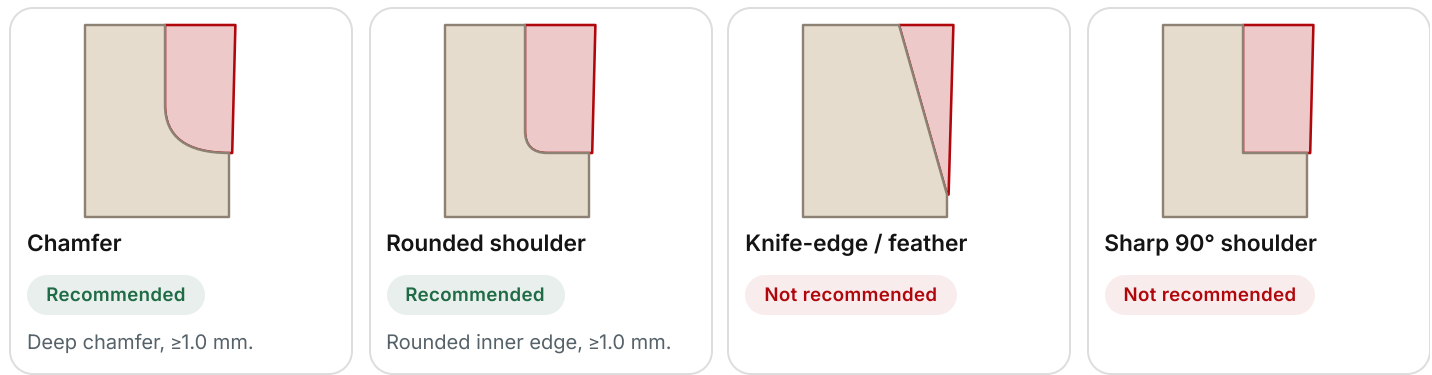
Anterior crown · schematic, not to scale



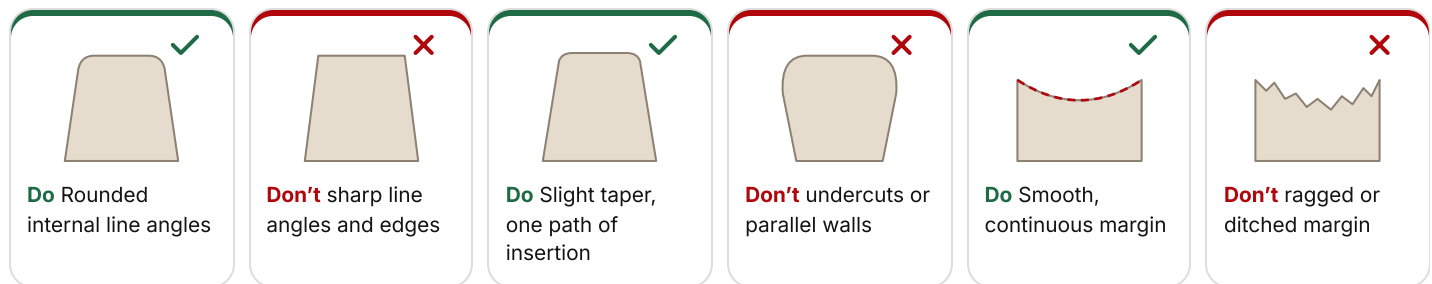
Posterior crown · schematic, not to scale

AREA	ANTERIOR	POSTERIOR
Incisal / occlusal reduction	1.5–2.0 mm (min. 1.5 mm)	1.5–2.0 mm (min. 1.5 mm)
Labial / lingual / axial	1.2–1.5 mm (min. 1.2 mm)	1.5 mm
Margin	Rounded shoulder or deep chamfer, at least 1.0 mm wide, angled 10–30°	
Taper	About 4–8° for conventional cementation	
Edges	No angles or sharp edges; rounded internal line angles	
Cementation	Minimally invasive crowns (1.0 mm) need adhesive cementation. Conventional or self-adhesive cement needs a retentive prep.	
Bridges	No fixed span or connector numbers: design is case-specific. Send the scan for a design review before you prep.	

Margin design



Do & don't



Where sources differ

- Ivoclar's documents differ slightly: an older chairside guide lists 1.0–1.5 mm facial reduction and a newer one 1.2 mm posterior axial. We show the larger figures.
- Feather-edge margins and bevels are not among Ivoclar's recommended designs for e.max crowns.

Based on: Ivoclar IPS e.max CAD instructions for use (labside and chairside), Ivoclar chairside preparation guides for IPS e.max.

General guidelines based on published manufacturer recommendations; contact Advanced Dental Laboratory for case-specific questions.

Questions before you prep? Send the scan for a design review: info@adlmy.com · 212.889.8812 · adlmy.com/send-a-case/