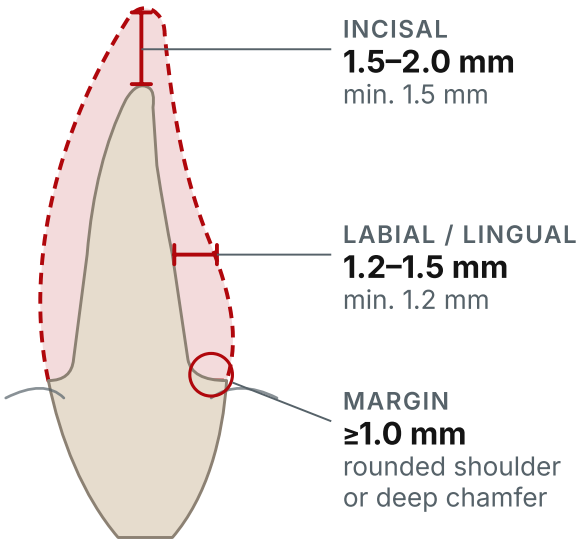
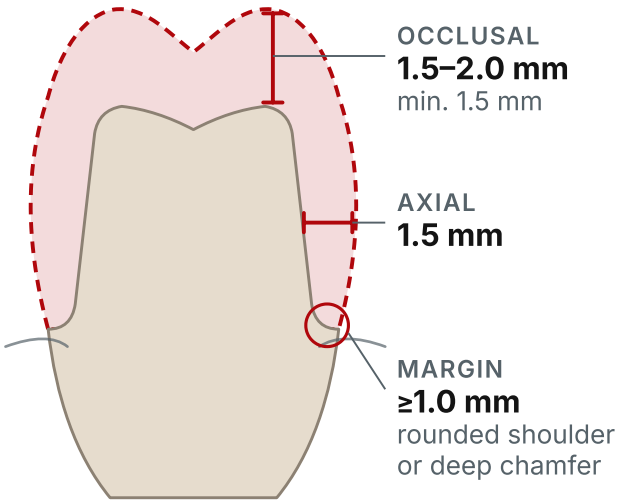
IPS e.max Prep Guide

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.



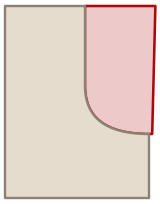
Anterior crown · schematic, not to scale



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.	

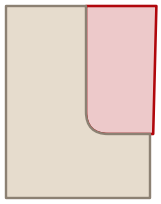
Margin design



Chamfer

Recommended

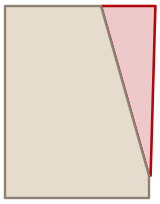
Deep chamfer, ≥1.0 mm.



Rounded shoulder

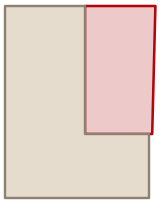
Recommended

Rounded inner edge, ≥1.0 mm.



Knife-edge / feather

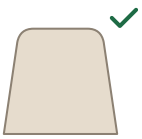
Not recommended



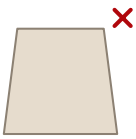
Sharp 90° shoulder

Not recommended

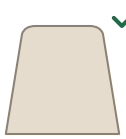
Do & don't



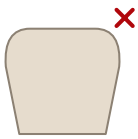
Do Rounded internal line angles



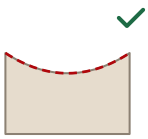
Don't sharp line angles and edges



Do Slight taper, one path of insertion



Don't undercuts or parallel walls



Do Smooth, continuous margin



Don't ragged or ditched margin

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@adlny.com · 212.889.8812 · adlny.com/send-a-case/