

Ultra-Thin High-Aesthetic Zirconia Veneers

Preserve Natural Teeth. Elevate Beauty. Renew Confidence.

A minimally invasive veneer system designed to preserve natural tooth structure while delivering beautiful, natural-looking aesthetics.



TECHNOLOGY THAT PRESERVES

AS THIN AS
**0.08
mm**

Ultra-thin profile

Technical reference
value



5Y zirconia shell

High-strength structural foundation.



PμSL micro-nano 3D printing

Patient-specific thin structures from digital models.



≈4 μm edge-fit precision

Supports planned margins through digital design and bonding.

START WITH THE CLINICAL TENSION



Conventional veneers may require space creation first; excessive reduction can cause irreversible enamel loss.



Poor fit may affect hygiene, comfort and long-term maintenance.



Patients seek aesthetic improvement while preserving natural tooth structure.

THREE DEFINING ADVANTAGES

Light in form. Precise in execution.

01



Conservative preparation

No-prep direct bonding may be considered for suitable cases.

02



Digital precision

Digital records and case-specific design support predictable planning.

03



Beauty + protection

Preservation remains part of the treatment plan.

MATERIAL ARCHITECTURE

Three layers. One precise result.



1

5Y Zirconia Shell

Structural foundation.



2

LiSi Intaglio Layer

Reliable adhesive connection.



3

Layered Porcelain

Natural shade, texture and translucency.

LAB CONTACT

Lab name _____
Phone / email _____

SALES REPRESENTATIVE

Name _____
Mobile _____

From case selection to delivery, every step can be explained.

A clinician needs more than claims. This guide provides a clear way to assess, record, communicate and deliver each case.

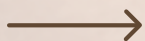
FOUR-STEP DIGITAL WORKFLOW



01

CONSULT

Discuss color, shape, space and concerns.



02

RECORD

Capture photos, bite information and digital records.



03

DESIGN + PREVIEW

Create and review a case-specific design.



04

DELIVER + BOND

Try-in verification, surface treatment, and definitive bonding.

CASE ASSESSMENT

Start with the goal, then assess the conditions.

PATIENT GOAL / INDICATION



Color

Yellowing, staining and discoloration.

Improve brightness; assess source, masking needs, enamel and bonding conditions.



Spaces

Diastema, black triangle.

Create a more even-looking smile; assess papilla, proportions and ease of cleaning.



Shape

Defect, enamel hypoplasia.

Restore defects and refine contour or proportion.



Surface risk

Attrition, demineralization and wedge-shaped defect risk.

Improve appearance and protect the surface; assess load, hygiene and maintenance.

CASE-SELECTION CHECKLIST



Gingival and periodontal status is acceptable; manage inflammation first.



There is sufficient bondable enamel or tooth structure; preparation remains case-led.



Bite, function and parafunctional risks are assessed; goals are specific and realistic.



0.08 mm is a product-thickness reference, not a promise that every tooth can be treated without preparation.

PREPARATION AND DEBONDING

Preserve flexibility. Keep judgment case-led.



PREPARATION BOUNDARY

No-prep bonding may suit selected cases. Any preparation is case-led.



FUTURE FLEXIBILITY

If replacement is needed, erbium laser-assisted debonding may be considered case by case.

AFTER BONDING



Use a non-abrasive toothpaste and attend routine reviews.



Use a nightguard if the dentist advises one.



Avoid biting hard objects like pens and ice; tailor care to your bite and case.