

## SHARPENING TEETH IN THE HOSPITAL FOR THE PREPARATION OF COATING

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**Abstract:** In this article, we examined the methods of sharpening a tooth in a hospital for coating grinding.

**Key words:** sharpening, dental, necessary to prepare.

There is a dental. To sharpen the hard tissue of the tooth, special tools are made from solid Polish. These tools consist of a working head and a holding core. The head of the bores is provided with cutting edges. The form of the working part represents the name of the boron. Also produced are bores, the head part of which is covered with diamond scraps.

Bores are designed for mesh and corner handles. The individuals are up to 4.4 cm long and have a smooth pubescence. For Angular handles, the bores are 2.2 to 2.7 cm long, with a circular groove at the end of the handle. The groove gives the boron a chance to match the handle.

There is a spherical (round) - the head part is round and consists of tens of diametrically oriented folds. The magnitude of boron is odd numbers (1, 3, 5, 7, 9) is represented by. With it, the actions of opening the carious cavity, necroectomy, removal of old fillings, expansion of the mouth of the root canals, formation of supporting points in the tooth tissue are performed.

There is a cylindrical fissure - the working part is cylindrical, lengthwise consists of curved folds. Some cylindrical bores also have circular Gates that are oriented transversely. The entrance top of the chalk will be conical or field-shaped.

With the help of such chalk, the carious cavity is opened and expanded, the filler is removed and used to form walls in the cavity.

The conical fissur chalk-working part is conical in shape and has transverse-oriented, acute-edged folds. Chalk is applied to open and expand the carious cavity, remove the old filling and process the cavity walls.

The inverted conical chalk-working part is mounted on a short-legged handle, while the wide area part is the main processing point. With it, the carious cavity is processed into the side walls, the cavity bottom, the base points are formed, and the removal of the old filling is carried out.

When transplanting restoration of teeth, cofferdam can be placed before and after sharpening the bite. In our opinion, it is better to put the latex seal after sharpening the tooth, since the seal placed before sharpening the teeth will interfere when work is carried out. To put latex closers, it is necessary to prepare: for dying lighters, complete lighters, flosses, a specially treated thread, a latex sealant, a template for marking a tooth Arch, a frame for cofferdam fixation, a water-absorbing napkin and an ointment for applying to a latex sealant, a floss. In the case of obstructions (tartar, poorly laid fillings, etc.), it is necessary to eliminate them and re-check the permeability of the interdental zone. Using the template of the tooth row, the latex seal is marked with the help of a pencil or a pen on the base teeth and teeth with instructions for treatment. In the restoration of the group of Teeth, The Polygon is marked Square or sectarian. When restoring one tooth, the area is limited to three teeth (two are the base, to which the gums are fixed, and one tooth in need of restoration). With a simple pencil, the place of marks on the cover is made with a special piercing tool, holes corresponding to the resins of the teeth. A lighter is selected for the base tooth.

In order to protect the clamp from involuntary aspiration, a wingless clamp is worn on its arch to the base tooth, which is often more distal from the regenerating tooth by means of special vertebrae. It is necessary that the langes of the clamp are below the equator of the part of the tooth crown, and the arch - facing distally. Clamp's fixation is determined by whether there is a Twitch. If there is a crunch, then it is better to exchange clamp for another. Through the wingless lighter attached to the tooth, the closure is worn with stretching using the fingers of the left and right hands. After that, through the hole in the closure, the remaining teeth are "burned". The cover is leveled, under which a water-absorbing napkin, a frame, as well as a cover are fixed to the bulges behind the frame. After that, the invension of the closure is performed by smoothing its neck area with the help of a, ironer, or the interdental intervals are performed by alternating floss. When the cofferdam is placed, the oral cavity is facing the supporting tooth, in which the clamp is fixed, and the teeth that tend to recover are also facing the oral cavity freely from the cofferdam. The remaining teeth will be insulated from the operating area and located under the latex seal. In contrast to wingless lighters, when using wing lighters, the latex seal is first worn with a lighter, after which it is inserted into the oral cavity along with the seal, and fixed from the tooth using an, spine. The latex seal is removed from the clamp wings. It shrinks, securing the tooth neck. Through the holes made in the pre-closure, the insertion of the remaining bite, placing the frame and fixing the closure are carried out in the same way as when the above wingless lighter is used. This means

that when the cofferdam is used, the teeth that tend to support the oral cavity and restore, the parodont and oral mucosa will be insulated from the operating area.

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