

important to avoid 'using a hammer to crack a nut'. If RP technologies could positively influence clinical factors such as fit, marginal accuracy, production time and lifespan of a restoration, without adversely affecting the quality of care, patient satisfaction and running costs of a practice, then their implementation would be justified: if there were no demonstrable advantages they would be merely costly, and possibly more time-consuming, alternatives to an already established methodology.

CONCLUSION

Ultimately we must ask whether there is enough need within dentistry to justify the use of RP machines in the general dental practice. At present the answer is definitely 'no', although only time and the impact of the technology in other areas will tell. Unfortunately, uptake in dentistry is unlikely to be the sort of driver that would immediately lead to cost-cutting, process-enhancing

developments in RP. We therefore return to our original question: 'Can rapid prototyping ever become a routine feature of the general dental practice?'

With heavy emphasis on the proviso that the ongoing development of RP and the technologies upon which it is reliant can begin to surpass clinical requirements (and that there is a genuine niche to be occupied), then it is possible; however, this will probably not be for a very long time. The more conventional CAD/CAM devices that mill restorations from precursor blocks still seem to be the most likely candidates for routine implementation.

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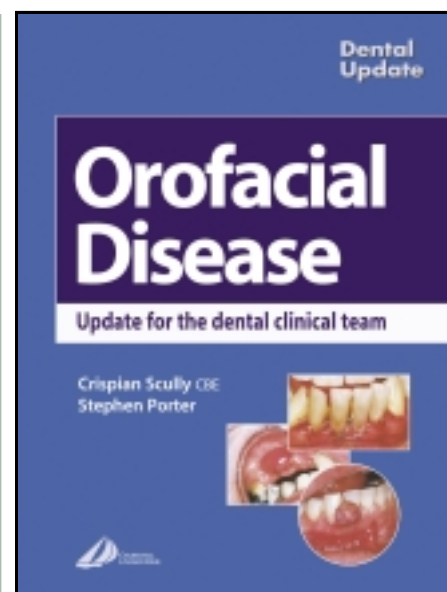
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