

Product Technical Support Manual

Chongqing Sailing3D Technology Co., Ltd.

Product Name: YEEJIA·FANGYAN Series Removable Partial Denture
Product Category: Custom-Made Removable Denture
Model & Specification: YEEJIA·FANGYAN Model A (CoCr high-elastic)
YEEJIA·FANGYAN Model B (micro-nano cladding)
YEEJIA FANGYAN Model C (PLUS)
YEEJIA FANGYAN Model S (polymer)
Main Raw Materials: see below

1 Product Overview

1.1 Product Definition

The YEEJIA FANGYAN Series Removable Partial Denture is a removable denture with a metal frame work (CoCrMo/Stellite/TC4) or a PEEK polymer framework. The product is custom-fabricated piece by piec e for each patient based on the oral impression and the individual conditions of the patient, and belongs to th e category of personalized custom-made medical devices.

1.2 Technical Positioning

It covers a gradient of four framework material grades (A / B / C / S), matched by grade according to th e patient's oral conditions, remaining teeth, occlusal force requirements, and cost budget. From Grade A coba lt-chromium-molybdenum alloy, Grade B Stellite alloy, Grade C TC4 medical titanium alloy, to Grade S PE EK polymer, it realizes a graded selection of 'strength–weight–biocompatibility–cost-effectiveness', accompa nied by an oral quantitative scoring system to assist grade selection (see Chapter 4).

1.3 Target Readers

This manual is intended for three types of readers, each taking what they need:

Reader	Chapters of Interest
Licensed dentist	2 Four-Grade Framework Material System; 3 Preoperative Assessment: Si x-Step Examination; 4 Oral Quantitative Scoring and Grade Selection Rule s; 5 Contraindications; 7 Matching Artificial Teeth System
Dental laboratory technician	2 Four-Grade Framework Material System; 7 Matching Artificial Teeth Sy stem; 8 Processing and Technical Requirements
Patient and their family mem bers	Appendix A Patient Instructions

2 Four-Grade Framework Material System

2.1 Grade Overview

Grade	Framework Materi al	Applicable Scor e Range	Main Features
Model A	Cobalt-chromium-molybdenum alloy (CoCrMo)	85-100	High tensile strength, sufficient hardness, wear a nd corrosion resistance, fatigue resistance
Model B	Stellite alloy	60-100	Material homologous to orthopedic joints, combi ned with the micro-nano cladding process, high wear resistance, excellent biocompatibility, and s urface densification strengthening
Model C	TC4 medical titani um alloy	40-100	Low density (approx. 4.4 g/cm³), lightweight, co rrosion-resistant, highly durable, and excellent bi ocompatibility

Model S	PEEK polymer	20-100	Extremely low density, lightweight, elastic modu lus close to cartilage tissue, good toughness, and no metal ion release

Material clarification: Model A and Model B both belong to the cobalt-based alloy system. Model A is a general-purpose cobalt-chromium-molybdenum alloy; Model B is a Stellite-series framework made by the micro-nano cladding process, whose material and process are homologous to orthopedic artificial joints. For the specific differences between the two, see 2.2 and 2.3.

2.2 Composition and Main Features of Each Grade's Material

YEEJIA FANGYAN Model A

The raw material of the framework portion of this product is: cobalt-chromium-molybdenum alloy (Co CrMo), a cobalt-based alloy with cobalt as the main component, strengthened by the addition of chromium a nd molybdenum. The role of molybdenum is to refine the grains and improve strength and fatigue resistance.

Item	Content
System	Cobalt-based alloy (Co balance ≥ 60%, Cr 26-30%, Mo 4-6%)
Harmful elements	Ni ≤ 0.1%; beryllium, cadmium, and lead contents are extremely low; low allergy risk
Features	High tensile strength, sufficient hardness, wear and corrosion resistance, fatigue resistance
Suitable for	Patients with strong occlusal force and posterior tooth loss requiring long-term stable load-bearing

YEEJIA FANGYAN Model B

The raw material of the framework portion of this product is: medical Stellite alloy, belonging to the co balt-based CoCrMo alloy system, widely used in strong load-bearing medical scenarios such as artificial join ts, and homologous to orthopedic implant materials. Combined with the micro-nano cladding process, it has t he advantages of high wear resistance and excellent biocompatibility.

Item	Content
System	Cobalt-based alloy (Co-Cr-Mo series, homologous to orthopedic implant materials)
Harmful elements	Ni ≤ 0.1%; beryllium (Be), cadmium (Cd), and lead (Pb) contents are extremely low; low allergy risk
Features	High wear resistance, excellent biocompatibility, and surface densification strengthening
Suitable for	Patients with extremely high requirements for durability and wear resistance, bruxism, or heavy occlusal load

YEEJIA FANGYAN Model C

The raw material of the framework portion of this product is: TC4 medical titanium alloy, the same titan ium alloy material used for dental implants and cardiac stents.

Item	Content
System	α+β titanium alloy (Ti-6Al-4V)
Harmful elements	Ni ≤ 0.1%; no heavy metal release
Features	Low density (approx. 4.4 g/cm³), lightweight, corrosion-resistant, highly durable, and excellent biocompatibility
Suitable for	Patients who need lightweight and are prone to metal sensitivity

YEEJIA FANGYAN Model S

The raw material of the framework portion of this product is: highly cross-linked polyetheretherketone (PEEK), a polymer material.

Item	Content
System	Medical-grade polyetheretherketone polymer thermoplastic material
Features	Extremely low density, lightweight, elastic modulus close to cartilage tissue, good toughness, and no metal ion release
Suitable for	Patients who need lightweight and are prone to metal sensitivity

2.3 Physical Properties of Each Grade's Framework Material

The following are the physical and mechanical indicators of each grade's framework material. The specific values fluctuate slightly with the design and the patient's intraoral condition. The four grades belong to different material systems with significantly different physical properties.

Physical Indicator	FANGYAN Model A	FANGYAN Model B	FANGYAN Model C	FANGYAN Model S
Density	8.3-8.4 g/cm³	8.3-8.4 g/cm³	4.4 g/cm³	1.3 ± 0.02g/cm³
Melting point	1250-1450 °C	1350-1450 °C	1600-1660 °C	340-343 °C
Elastic modulus	220-234 GPa	220-234 GPa	110-120 GPa	3-4 GPa
Hardness	35-42 HRC	38-45 HRC	31-41 HRC	Far lower than metal
Tensile strength	≥1100 MPa	≥1300 MPa	895-1000 MPa	90-100 MPa grade
Elongation after fracture	8-12%	11-16%	10-14%	30-50%
Corrosion resistance	Excellent	Excellent	Excellent	Excellent
Wear resistance	Excellent	Excellent	Good	Good

2.4 Explanation of Model B "Micro-nano Cladding Process"

The micro-nano cladding process is a high-precision laser surface strengthening method developed on the basis of traditional laser cladding technology. Its basic principle is that, under the action of a high-energy laser, micron- or nano-scale powder is melted simultaneously with the substrate surface, and a dense strengthening layer metallurgically bonded to the substrate is formed through rapid solidification. Compared with traditional laser cladding, micro-nano cladding uses powder materials with finer particle size, a smaller laser spot, and lower heat input, which can significantly reduce the width of the heat-affected zone, improve microstructural uniformity and interfacial bonding quality, and effectively inhibit the formation of defects such as cracks and pores. The high cooling rate produced by rapid solidification can further refine the grains and improve the hardness, wear resistance, and corrosion resistance of the strengthening layer. Therefore, in recent years it has been widely used in fields such as aerospace, biomedicine, and high-end equipment manufacturing.

The micro-nano cladding process is the core processing technology of Model B. Through the laser cladding process, a micro-nano-scale dense strengthening layer is formed on the framework surface. Its significance lies in:

1) Surface densification: compensates for possible surface looseness in additive manufacturing, improving wear resistance and surface uniformity.

2) Metallurgical bonding: the process layer is metallurgically bonded to the framework substrate, avoiding surface defects and interfacial delamination that may occur in traditional casting.

3) High wear resistance: Medical Stellite alloy itself has excellent wear resistance and has been widely used in strong load-bearing scenarios such as artificial joints. After micro-nano cladding surface strengthening, its wear and scratch resistance is further improved, making it suitable for long-term, high-intensity use.

3 Preoperative Assessment: Six-Step Examination

The Six-Step Examination is a standardized initial-assessment process for licensed dentists, used to systematically screen the patient's basic oral conditions before denture delivery and when formulating the restoration plan. The operator is a licensed dentist. This process is for clinical reference only, and the final decision is subject to the dentist's clinical judgment.

Step 1 Auscultation of Temporomandibular Joint Clicking

Clinical operation: The patient sits upright and is instructed to open and close the mouth slowly several times, with lateral and protrusive movements. The dentist places fingers gently on the pretragal area and the joint region while listening to the clicking sounds of the joint.

Assessment:

Record whether there is clicking, crepitus, locking, or limited mouth opening.

Distinguish physiological clicking (occasional, painless, no limitation of mouth opening) from pathological joint sounds (persistent, with pain or changes in occlusal relationship).

For patients with obvious TMD symptoms, the vertical dimension and occlusal design of the denture must be coordinated with joint function; refer to a TMJ specialist if necessary.

Step 2 Graded Assessment of Masseter Muscle Strength

Clinical operation: Instruct the patient to bite forcefully to the maximum intercuspal position; the dentist palpates the bilateral masseter and temporal muscle bellies to feel the muscle strength, and may compare bilateral symmetry in several attempts. If necessary, use an occlusal force meter or have the patient bite a wax sheet to observe the depth of indentation.

Assessment:

Determine the strength of muscle force (strong / medium / weak) and left-right symmetry.

For patients with strong muscle force and expected high occlusal force, the requirements for framework strength and fatigue resistance are high, and high-strength material grades (A / B) are preferred.

For patients with weak muscle force who mainly eat soft food, lightweight grades (C / S) can be considered.

Step 3 Measurement of Mouth Opening

Clinical operation: The patient opens the mouth as wide as possible; the dentist measures with his or her own fingers. Normal mouth opening is about three finger-widths, and the opening pattern is straight downward.

Assessment:

Normal adult mouth opening is about 3.5-4.5 cm (three fingers).

Insufficient mouth opening (<3 cm) indicates limited opening, which affects impression taking, denture seating, and operating space; the cause (joint / muscle / scar) needs to be evaluated.

For patients with significantly limited mouth opening, the design of the framework insertion path and the overall shape of the base need to be adjusted accordingly.

Step 4 Rotational Pressing of Each Abutment Tooth

Clinical operation: Rotate and press each tooth position one by one with the fingers to check mobility and tenderness. This is rotational pressing simulating the direction of masticatory force, which differs from the conventional detection method using tweezers and explorers. Note: the fingers should increase force gradually to avoid sudden excessive force that stimulates the lesion.

Assessment:

Assess the mobility of each abutment tooth (Grade 0-III) and its periodontal support capacity.

Teeth with high mobility and poor periodontal support should be avoided as main load-bearing abutments; use other abutments in better condition or change the design.

The condition of the abutment teeth determines the clasp distribution and force allocation of the framework, directly linked to the content in '4 Oral Quantitative Scoring and Grade Selection Rules'.

Step 5 Alveolar Ridge Pressing and Mucosa Assessment

Clinical operation: With the pads of the middle and index fingers, press gradually along the alveolar ridge crest and the buccal/lingual sides, observing whether there is tenderness, induration, bony protrusion, or sharp bone crest beneath the mucosa; at the same time visually inspect the color, thickness, and mobility of the mucosa.

Assessment:

If bony spicules, bony protrusions, or sharp alveolar ridges are found, record them; these areas need to be relieved or adjusted during denture fabrication.

For patients with thin and fragile mucosa or tender areas, the load on the supporting area should be distributed, and the framework area and shape should be adjusted accordingly.

For patients with poor mucosal tissue health, it is advisable to first treat diseases such as denture stomatitis before fabrication.

Step 6 Assessment of the Pharyngeal Reflex Area

Clinical operation: Instruct the patient to open the mouth naturally; gently touch the posterior soft palate and the anterior/posterior pharyngeal arch area with the fingers to observe the strength of the pharyngeal reflex; a trial device can also be tried in to observe seating tolerance.

Assessment:

For patients with a strong pharyngeal reflex, the posterior extension of the denture base must be controlled within a tolerable range to avoid over-deep stimulation of the pharyngeal reflex.

Based on this, plan the extension range of the base border, balancing retention and comfort.

Key restoration reminder: The Six-Step Examination results should be linked to the content in '4 Oral Quantitative Scoring and Grade Selection Rules' — patients with strong masseter force, good abutment support, and good alveolar ridge conditions may prefer high-strength grades (A / B); patients with poor periodontal conditions who pursue comfort may consider the lightweight C / S grades.

4 Oral Quantitative Scoring and Grade Selection Rules

A grade-selection decision tool for dentists and patients. By scoring the patient's oral conditions item by item, a comprehensive score of 0-100 is formed, based on which the A/B/C/S four-grade framework is matched.

This table is an auxiliary reference tool. The final product selection should be determined by the dentist in consultation with the patient based on the clinical situation.

4.1 Score Ranges and Grade Mapping

Comprehensive Score Range	85-100	60-100	40-100	20-100
Recommended Grade	FANGYAN Model A	FANGYAN Model B	FANGYAN Model C	FANGYAN Model S

4.2 Scoring Dimensions

Scoring Dimension	Weighting	Description
Masseter muscle strength	High	The stronger the muscle force, the higher the requirement for framework strength
Periodontal support of abutment teeth	High	Excessive mobility may limit force distribution
Alveolar ridge morphology and mucosa condition	Medium	The condition of the supporting area affects the framework area and fit
Distribution of remaining teeth and edentulous areas	Medium	Determines the framework type (partial / complete)
Patient's occlusal type and bruxism	Low-medium	Heavy load / bruxism tends toward high-strength grades

Patient's weight tolerance and comfort sensitivity	Low	Highly sensitive patients may prefer the lightweight C / S grades

Simple and quick assessment; scoring can be performed according to the accompanying Clinical Manual.

5 Contraindications

Type	Applicable Situation
Severe oral infection or inflammation	Specific manifestations: active infection or inflammation in the oral cavity (e.g., periodontitis, oral ulcers, etc.). Reason: Wearing a removable denture may aggravate infection or inflammation, causing pain, swelling, and delayed healing. Management: Before wearing the denture, treat the oral infection or inflammation first to ensure a healthy oral environment.
Severe periodontal disease	Specific manifestations: severe destruction of periodontal tissues, tooth loosening or loss. Reason: Periodontal disease leads to alveolar bone resorption and severe damage to the tooth support structure; the denture cannot obtain adequate support and is prone to loosening or instability. Management: Control or treat the periodontal disease, and consider denture restoration only after the alveolar bone is stabilized.
Severe systemic diseases	Specific manifestations: such as severe diabetes, heart disease, hypertension, etc. Reason: These diseases may affect the healing capacity of the oral cavity, increase the risk of infection, or cause discomfort when wearing the denture. Management: Before wearing the denture, consult with the relevant specialist to assess the patient's overall health and ensure treatment safety.
Severe temporomandibular joint disorder	Specific manifestations: TMJ pain, clicking, limited opening and closing, etc. Reason: The removable denture may aggravate the symptoms of the temporomandibular joint, causing pain and dysfunction. Management: Before wearing the denture, treat the TMJ disorder first to ensure normal joint function.
Oral mucosal lesions	Specific manifestations: such as oral leukoplakia, erythroplakia, lichen planus, etc. Reason: Long-term wearing of the removable denture may irritate or aggravate oral mucosal lesions, causing pain and discomfort. Management: Before wearing the denture, treat the oral mucosal lesions first to ensure mucosal health.
Severe systemic immunodeficiency	Specific manifestations: such as AIDS, long-term use of immunosuppressants, etc. Reason: Immunocompromised patients are prone to oral infections and have poor healing capacity, so wearing a denture carries a higher risk. Management: Before wearing the denture, assess the patient's immune function to ensure treatment safety.
Psychological or cognitive disorders	Specific manifestations: such as severe depression, cognitive impairment, dementia, etc. Reason: Patients with psychological or cognitive disorders may be unable to use and maintain the denture correctly, leading to denture damage or oral health problems. Management: Before wearing the denture, assess the patient's psychological and cognitive state to ensure they can use and maintain the denture correctly.

Severe oral anatomical abnormalities	Specific manifestations: such as severe bone resorption of the edentulous jaw, abnormalities of oral soft tissues, etc. Reason: These structural abnormalities may make the fabrication and wearing of the denture very difficult, or even impossible to achieve effective function. Management: Before wearing the denture, perform a detailed oral examination to assess the patient's oral anatomy and select an appropriate restoration method.

Specific cases are subject to the dentist's assessment.

6 Materials and Biocompatibility

The main component of this series of products — the major connector, i.e., the framework — uses raw materials that have all obtained national medical device registration certificates and are conventional dental materials validated by long-term clinical use. The materials have passed biocompatibility testing with all test s passing. The test items include:

Test Item	Applicable Standard
Acute systemic toxicity	GB/T 16886.11
Intradermal reaction	GB/T 16886.10
Skin sensitization / delayed-type hypersensitivity	GB/T 16886.10
Genotoxicity – Ames test	GB/T 16886.3
In vitro mammalian cell TK gene mutation test	GB/T 16886.3
Chromosome aberration test	GB/T 16886.3
Cytotoxicity test	GB/T 16886.5
Subchronic systemic toxicity	GB/T 16886.11

7 Matching Artificial Teeth System

The occlusal function and aesthetics of the removable denture are carried by the artificial teeth (denture teeth) on the framework base. According to the patient's expected occlusal conditions, aesthetic requirements, and location, a choice can be made among four grades: resin teeth, double-layer resin teeth, three-layer plastic steel teeth, and three-layer aesthetic plastic steel teeth. The following is an introduction to the denture teeth and key points for clinical selection.

Denture Tooth Type	Single-layer resin teeth	Double-layer resin teeth	Three-layer plastic steel teeth	Three-layer aesthetic plastic steel teeth
Structure & Material	Composed of a single resin matrix and filler particles	Double-layer structure: dentin-simulating layer + enamel-simulating layer	Three-layer structure: resin base layer + dentin-simulating layer + enamel-simulating layer	Three-layer structure: resin base layer + fluorescent middle layer + fluorescent outer layer

Strength	★★	★★★	★★★★★	★★★★★
Aesthetics	★	★★★	★★★	★★★★★
Advantages & Disadvantages	Affordable price, soft texture, easy to adjust; but poorer wear resistance and shorter service life.	Improved aesthetics, better wear resistance than single-layer resin teeth.	Good hardness and wear resistance, can withstand greater masticatory force, longer service life; more natural color.	Combines wear strength with rich aesthetic gradation, natural color transition, almost visually indistinguishable from natural teeth.
Applicable Scenarios	Suitable for patients with limited budgets, anterior tooth restorations, transitional restorations, and low masticatory load requirements.	Suitable for patients who have certain aesthetic requirements and want better wear resistance than ordinary resin teeth.	Suitable for patients with strong masticatory function, posterior tooth loss with high durability requirements, complete/partial edentulism, and poor alveolar ridge conditions.	For patients who pursue both high-quality aesthetics and durability; suitable for restoration needs that balance anterior aesthetics and posterior durability, and is the solution for pursuing high-quality removable dentures

Denture teeth and framework grades (A/B/C/S) are usually used in combination and are relatively indep endent: the metal/PEEK framework determines support and retention, while the denture teeth determine occl usal contact and aesthetics.

8 Processing and Technical Requirements

8.1 Framework Fabrication Process Route

Material	Main Process	Description
A/B/C metal framework	Digital design → Selective Laser Melting (SLM) additive manufacturing → post-processing (support removal/sandblasting/polishing)	SLM-printed metal framework, high precision and good microstructural consistency
Model B additional	Micro-nano cladding surface strengthening process	See 2.4
Model S PEEK	CAD/CAM CNC milling	Milled from a PEEK disc, with consistent material and good marginal precision

8.2 Delivery and Labeling Requirements

Each denture should be labeled with the patient information, indicating the material, grade, production b atch number, production date, product technical requirement number, and manufacturer information.

For dentures combining a metal framework and a PEEK base in the same piece, the material type of eac h component should be indicated separately on the work order.

Appendix A Patient Instructions

This page is intended for patients. The main technical content is primarily for dentists and technicians; daily use, maintenance, and initial-wear adaptation points are retained here for enclosure with the product.

A.1 Initial Wearing and Adaptation

Occasional discomfort after wearing a new denture is a normal adaptation process that usually gradually resolves within 1-2 weeks; however, if a certain type of discomfort keeps worsening or lasts beyond this period, return for adjustment promptly. Each person's oral conditions differ, so the adaptation response and period also differ.

1) Possible discomfort situations:

Preoperative Examination Abnormality	Possible after initial wearing	Expected Adaptation Period	Recommended Action
Occasional joint clicking when opening the mouth	Slight soreness in the joint area, slight discomfort when opening	Extended by 1-2 weeks compared with normal	Avoid prolonged wide opening; if discomfort is obvious, ask the dentist to check the occlusal height
Strong masseter muscle force, history of clenching	Soreness of the cheek and muscle fatigue in the early stage of wearing	Extended by 2-3 weeks compared with normal	Start with soft food and avoid forceful biting in the early stage
Weak masseter muscle force	Mainly weak chewing and foreign-body sensation, with mild pain	Close to the normal population, gradually recovering with wearing	Gradually resume chewing, combined with masticatory muscle training
Small mouth opening (limited opening)	Prone to mucosal friction during insertion and removal, tenderness on initial wearing	Extended by 1-2 weeks	Insert and remove gently, align with the insertion path and seat slowly
Slight abutment tooth mobility	Slight occlusal soreness in the early stage of wearing	Extended by about 1 week	In the early stage, avoid chewing hard food on the denture side
Alveolar ridge with bony spicules/protrusions/rather sharp edges	Mucosal tenderness at the corresponding site, prone to small ulcers	Extended by 2-4 weeks	If persistent tenderness occurs, return for treatment and have the dentist relieve that area
Sensitive pharynx (prone to nausea)	Foreign-body sensation on initial wearing, occasional nausea and retching	Some people need 1-3 months to gradually tolerate	The dentist controls the extent of the base border; swallow a few times to relax the pharynx and adapt more

Note: The above table is for reference only. If discomfort occurs after wearing, seek medical attention promptly and the licensed dentist will provide a treatment plan based on the clinical situation.

2) Recovery Training during Initial Wearing

Training 1: Cheek Puffing

Puff the cheeks to hold air on both sides, hold for a few seconds and then relax, at least 3 times a day, 5-10 minutes each time.

This training exercises the buccal muscles, helps denture retention, and reduces displacement during speech and eating.

Training 2: Tapping the Teeth (Empty Biting)

Gently close the upper and lower teeth and perform 'empty biting' movements, at least 3 times a day, 1 set each time, 50-100 times per set. This can be adjusted according to individual physical strength. Initially, do it gently and gradually increase force and frequency, avoiding excessive force that causes tooth soreness or denture displacement.

It coordinates the occlusal relationship and strengthens the masticatory muscles, helps familiarize with the occlusal position, and promotes denture seating. Consistent training can strengthen the masticatory and buccal muscles, improve denture retention, accelerate adaptation, and reduce the initial foreign-body sensation.

A.2 Insertion and Removal Methods

Insertion: Align with the insertion path and press gently on the upper part with the thumb to seat it smoothly; do not force it into place by biting.

Removal: Slowly loosen from the base border and remove; do not pull violently to avoid damaging the clasp.

A.3 Cleaning and Maintenance

Remove after each meal and clean the framework and base with a soft-bristle toothbrush and clean water; avoid scalding with boiling water (to prevent deformation).

Denture-specific cleaning tablets/solutions can be used; do not use abrasive toothpaste.

At night, it is recommended to remove the denture and soak it in clean water or denture care solution to give the oral mucosa a rest.

A.4 Recall and Medical Care

Have regular recall visits every 6 months for the dentist to check framework fit and alveolar ridge changes.

If rocking, loosening, food impaction, mucosal redness/swelling, or pain occurs, seek medical care and return for follow-up promptly.

A.5 Contraindication Reminders

If you are clearly allergic to the materials used in the product, stop using it and inform the dentist.

Before imaging/MRI examination, remove the denture and inform the physician.

Appendix B Frequently Asked Questions (FAQ)

This section collects the most common questions about the initial wearing, use, and maintenance of removable dentures, for enclosure with the product or patient education. The following is the industry-standard clinical guidance; specific cases are subject to the guidance of the attending dentist.

B.1 Initial Wearing and Adaptation

1) Is it normal to have a foreign-body sensation, excess saliva, speech as if holding something, or even nausea on initial wearing?

Yes, it is normal. The oral cavity has a natural rejection response to the foreign body of the denture. Generally, adaptation occurs gradually within 1-2 weeks of consistent wearing; a few slow adapters may need longer. Do not stop wearing for a long time just because of temporary discomfort, otherwise adaptation will be even more difficult.

2) What should I do about slight pain or mucosal tenderness on initial wearing?

Mild tenderness is common; you can temporarily remove the denture and soak it in cold water to rest. If the tenderness is obvious or even ulcers appear, keep wearing it while eating for a few hours before the recall visit, so that the dentist can accurately locate the sore spot through the mucosal indentation and adjust precisely. Do not grind or paste it yourself.

3) Are there adaptation training methods?

Yes. On the first day, wear it for 1-2 hours, then gradually extend the wearing time day by day to help the oral muscles adapt; progress gradually from soft food such as congee and noodles, avoid sticky foods such as rice cakes and hard foods such as nuts, and resume a normal diet after adaptation.

B.2 Insertion, Removal and Use

1) How should I insert and remove it without damaging it?

Insert along the insertion path and press the base gently with the hand to seat it; when removing, use the finger pads to push and pull the base border, slowly loosen it, and then remove. Do not seat it by biting, and do not pull violently, to avoid clasp deformation or denture fracture.

2) Can I eat hard food with it?

The masticatory efficiency of a removable denture cannot reach the level of natural teeth. Avoid frequently chewing food that is too sticky, too hard, or too tough; for those using the anterior teeth, try to avoid incising, and chew evenly with the bilateral posterior teeth.

3) What if it feels loose or even about to fall off?

Return for the dentist to adjust it promptly. Especially small removable dentures carry a risk of accidental swallowing. Do not adjust it yourself, to avoid irreversible deformation of the denture.

B.3 Cleaning and Maintenance

1) How should I clean it every day?

Remove it after each meal and brush the inner and outer surfaces with a soft-bristle toothbrush and clean water; abrasive toothpaste is not recommended (it may scratch the denture). Brush the inner surface gently where it fits the gum to avoid excessive wear. A plastic basin can be placed underneath when cleaning to prevent the denture from falling or being washed away.

2) Should I wear it at night?

Generally no. Remove and brush it clean before bed, and soak it in room-temperature clean water or a dedicated denture cleaning tablet solution to give the alveolar bone and mucosa a rest and prevent accelerated alveolar bone resorption and tenderness from long-term wearing. Never soak it in boiling water, alcohol, vinegar, or iodine, as this will cause the denture to deform or crack.

3) Should I do regular deep cleaning?

It is recommended to soak it in denture cleaning tablet solution for about 30 minutes weekly to kill stubborn bacteria; maintain oral hygiene of the natural teeth daily, brushing in the morning and evening and flossing the proximal surfaces.

B.4 Recall and Medical Care

1) How often should I have a recall visit?

Regular recall every 6 months is recommended, for the dentist to check the fit of the denture and the health of the abutment teeth and mucosa; return promptly if rocking, loosening, food impaction, mucosal redness/swelling, or pain occurs.

2) What if the denture breaks or the clasp is deformed?

Bring all the broken pieces back to the hospital promptly for repair by the dentist; do not glue it yourself (which may contain toxic components), and do not force continued use, to avoid damaging the abutment teeth and oral tissues.

3) Do dentures have a service life?

Yes. Removable dentures gradually lose fit as the alveolar bone resorbs and the material ages. Generally, relining or replacement is needed after several years, and long-term forced use is not advisable. The specific service life should be determined by the clinician.



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YEEJIA FANGYAN Model C
YEEJIA FANGYAN Model S
Main Raw Materials: see below
Technical Support Organization: Chongqing Sailing Technology Co., Ltd. (Provision of technical support and semi-finished products)
Website: www.sailing3d.cn
Tel: 023-63177016
Address: Room 4-3, No. 1563 Songqing Road, Dadukou District, Chongqing, China