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Dentistry — Ceramic materials
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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO document should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 106, *Dentistry*, Subcommittee SC 2, *Prosthodontic materials*, in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 106/SC 2, *Dentistry*, in accordance with the Agreement on technical cooperation between ISO and CEN (Vienna Agreement).

<https://standards.itsb.ei/catalog/standards/iso/6872>
This fifth edition cancels and replaces the fourth edition (ISO 6872:2015), which has been technically revised. It also incorporates the Amendment ISO 6872:2015/Amd 1:2018.

The main change is changes are as follows:-

— Annex-C on protocol to assess the hydrothermal stability of yttria-stabilized tetragonal zirconia (Y-TZP) has been added.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

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Introduction

Specific qualitative and quantitative requirements for freedom from biological hazard are not included in this document, but it is recommended that in assessing possible biological or toxicological hazards, reference be made to ISO 10993-1 and ISO 7405.

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Dentistry — Ceramic materials

1 Scope

This document specifies the requirements and the corresponding test methods for dental ceramic materials for fixed all-ceramic and metal-ceramic restorations and prostheses.

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

[ISO 1942, Dentistry — Vocabulary](#)

[ISO 3696, Water for analytical laboratory use — Specification and test methods](#)

[ISO 13078, Dentistry — Dental furnace — Test method for temperature measurement with separate thermocouple](#)

[ISO 13078-2, Dentistry — Dental furnace — Part 2: Test method for evaluation of furnace programme via firing glaze](#)

[ISO 13078-3, Dentistry — Dental furnace — Part 3: Test method for the evaluation of high temperature sintering furnace measurement with a separate thermocouple](#)

[ISO 1942, Dentistry — Vocabulary](#)

3 Terms and definitions

[ISO/CD 6872](#)

For the purposes of this document, the terms and definitions given in ISO 1942 and the following apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <https://www.electropedia.org/>

3.1 Material

3.1.1

chromatic dentine ceramic

dentine ceramic having a high strength or saturation of the hue (colour)

3.1.2

dental ceramic

ceramic material prepared for use in the fabrication of dental prostheses and restorations

3.1.3

dentine ceramic

slightly translucent, pigmented *dental ceramic* (3.1.2) used to simulate the natural appearance of dentine in a dental ceramic restoration or dental prosthesis

3.1.4

enamel ceramic

slightly translucent, pigmented *dental ceramic* (3.1.2) used to simulate the natural enamel in a dental ceramic restoration or dental prosthesis

3.1.5

fluorescent ceramic

dental ceramic (3.1.2) material that absorbs radiant energy and emits it in the form of radiant energy of a different wavelength band all or most of whose wavelengths exceed that of the absorbed energy

EXAMPLE Absorption of ultraviolet light with emission of blue light.

3.1.6

glass-ceramic

dental ceramic (3.1.2) material formed by the action of heat treatment on a glass in order to cause initiation and growth of a wholly or predominantly crystalline microstructure

3.1.7

modelling fluid

liquid with which a *dental ceramic* (3.1.2) powder is mixed in order to shape or model it into its required form prior to firing

3.1.8

modifying enamel ceramic

enamel ceramic (3.1.4) used to modify the surface contour of a restoration, for example, add a contact, often fired at a lower temperature than the enamel ceramic or *dentine ceramic* (3.1.3)

3.1.9

monolithic ceramic

dental ceramic (3.1.2) that is substantially made of a single uniform material

Note 1 to entry: A thin layer of glaze ceramic (staining technique) can be applied.

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opalescent enamel ceramic

enamel ceramic (3.1.4) containing microfine particulates, with a refractive index significantly different from the ceramic matrix in which they are incorporated

Note 1 to entry: This material scatters shorter wavelengths of light (e.g. blue) and transmits longer wavelengths of light (e.g. red)

3.1.11

pressable ingot

dental ceramic (3.1.2), in the form of a pellet or ingot, designed for use in a specialised furnace which enables the ingot to be injected, cast or pressed into a mould prepared through the lost wax technique

3.2 **3.2-Processing**

3.2.1

condensation

process for *dental ceramic* (3.1.2) whereby a slurry of dental ceramic powder is vibrated to compact the powder prior to sintering

3.2.2

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firing

process whereby heat and potentially other process parameters (e.g. mechanical or gas pressure) are applied to a ceramic powder or powder compact in order to densify the ceramic into its required form.

3.2.3

sintering

process of densification and consolidation of a green body by the application of heat with resulting joining of ceramic particles and increasing contact interfaces due to atom movement within and between the ceramic grains of the developing polycrystalline microstructure

Note 1 to entry: Sintering may take place either directly or through the agency of a secondary phase (e.g. reaction sintering and liquid-phase sintering).

3.5.3.3.3 Properties

3.3.1

class of dental ceramic

classification of a *dental ceramic* (3.1.2) material in accordance with its intended function

3.3.2

fracture toughness

conventional fracture mechanics parameter indicating the resistance of a material to crack extension (propagation)

3.3.3

glass transition temperature (T_g)

T_g

approximate midpoint of the temperature range over which a glass transforms between elastic and viscoelastic behaviour characterized by the onset of a rapid change in its coefficient of thermal expansion

3.3.4

glaze

surface appearance obtained when the gloss is clinically and aesthetically acceptable

4 Types, classes, and their identification

For the purposes of this document, dental ceramics are designated into two types.

- Type I: Ceramic products that are provided as powders, pastes, or aerosols.
- Type II: All other forms of ceramic products.

Ceramics are divided into five classes in accordance with their intended clinical use and in accordance with the descriptions in Table 1. If colour is added to a ceramic powder for identification purposes, then the colour coding given in Table 2 is recommended.

Table 1 — Classification of ceramics for restorations and fixed prostheses by intended clinical use and required values of mechanical and chemical properties

Class	Recommended clinical indications	Mechanical and chemical properties	
		Flexural strength [MPa] minimum value for mean (see 7.3)	Chemical solubility [µg/cm ²] (see 7.6)
1	a) Monolithic ceramic for single-unit anterior prostheses, veneers, inlays, or onlays adhesively cemented.	50	<100
	b) Ceramic for coverage of a metal framework or a ceramic substructure.	50	<100
2	a) Monolithic ceramic for single-unit anterior or posterior prostheses adhesively cemented.	100	<100
	b) Fully covered substructure ceramic for single-unit anterior or posterior prostheses adhesively cemented.	100	<2 000
3	a) Monolithic ceramic for single-unit anterior or posterior prostheses and for three-unit prostheses not involving molar restoration adhesively or non-adhesively cemented.	300	<100
	b) Fully covered substructure for single-unit anterior or posterior prostheses and for three-unit prostheses not involving molar restoration adhesively or non-adhesively cemented.	300	<2 000
4	a) Monolithic ceramic for three-unit prostheses involving molar restoration.	500	<100
	b) Partially or fully covered substructure for three-unit prostheses involving molar restoration.	500	<2 000
5	Monolithic ceramic for prostheses involving partially or fully covered substructure for four or more units.	800	<100

Table 2 — Recommended colour coding for the identification of type I dental ceramic powders

Material	Colour coding
Dentine ceramic	Pink
Enamel ceramic	Blue
Fluorescent ceramic	Yellow
Highly chromatic dentine ceramic	Orange
Opalescent enamel ceramic	Blue-green
Modifying enamel ceramic (e.g. translucent, clear)	Purple