bicon
DENTAL IMPLANTS

Restorative Technique Manual

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Ceramo-Metal Restorations

Direct Abutment Level Impression

1 PLACE ABUTMENT

At the time of implant uncovering, place a non-shouldered abutment and allow the soft tissue to heal around the hemispherical base of the abutment for 6 weeks. **Choose the widest non-shouldered abutment that will support the interdental papillae without encroaching upon them.**
See chart on page 11.

2 MODIFY ABUTMENT (OPTIONAL)

Use a sharp #1557 carbide bur to modify the abutment, if necessary. **Use irrigation when preparing the abutments intra-orally to prevent heating and potential damage to the bone.**

3 MAKE IMPRESSION

Make a direct impression of the modified or unmodified abutment with conventional impression materials and pour a conventional stone model. **The laboratory procedures are the same as for the fabrication of crowns or fixed bridges for natural teeth. Use a knife or feathered edge margin.**

4 TRY-IN CASTING

A try-in of the casting prior to the porcelain application is advised to assure a passive seating.

Cementation of Crown

5 CROWN

After any needed occlusal, interproximal, or aesthetic contouring, cement the crown conventionally with minimal cement only at the cervical aspect of the crown to avoid adverse hydraulic forces. Care must be taken to remove all extraneous cement.

6 RECHECK OCCLUSION

Recheck the occlusion after cementation.

▶ Keys to Success

- Choose the widest abutment to accommodate the edentulous space without encroaching upon the interdental papillae.
- 3.5mm abutments are recommended only for mandibular incisors; 4.0mm abutments are primarily used for maxillary laterals and bicuspids; 5.0mm abutments are more universal in their use; 6.5mm and 7.5mm abutments are ideally suited for molars.
- The abutment can rotate 360˚ to reach a desired position or to achieve parallelism prior to seating.
- Use an abutment preparation holder (260-101-395) when modifying abutments extra-orally.
- Use irrigation when preparing an abutment intra-orally.
- Do not make an impression with the emergence cuff.
- The use of retraction cord is not necessary.
- An emergence cuff can act as a means of gingival retraction.
- The casting may end with a knife or feathered edge margin anywhere along the coronal aspect of the abutment.
- Use minimal amount of cement at the cervical margin to avoid hydraulic forces which may prevent the crown from seating fully.

Indirect Abutment Level Impression with Plastic Sleeve*

1 SNAP ON SLEEVES

Definitively seat the abutment with a gentle tapping force. Snap impression sleeves onto the unmodified abutment. See chart on page 11.

2 INJECT IMPRESSION MATERIAL

Inject impression material around the impression sleeves and make impression.

3 INSERT ABUTMENT TRANSFER DIE

Orientate the external flat(s) of the colored abutment transfer die with the internal flat(s) of the correspondingly colored non-shouldered impression sleeve prior to snapping it into the impression. **It is imperative that the correct abutment transfer die be used.** The diameter and height of the transfer die should match the diameter and height of the abutment.

4 FABRICATE MODEL

Pour a soft tissue or stone model.

5 SNAP ON SLEEVES

Snap the appropriate impression sleeve or temporization sleeve onto the colored abutment transfer die and modify as necessary.

6 WAXING

Incorporate the sleeve into the wax pattern for the metal casting.

*See pages 7 and 8 for prosthetic components.

Indirect Abutment Level Impression with Plastic Sleeve*

7 TRY-IN CASTING

Try-in metal casting for a passive fit.

8 PORCELAIN APPLICATION

Apply porcelain following normal layering techniques until the crown is completed.

9 FINAL CROWNS

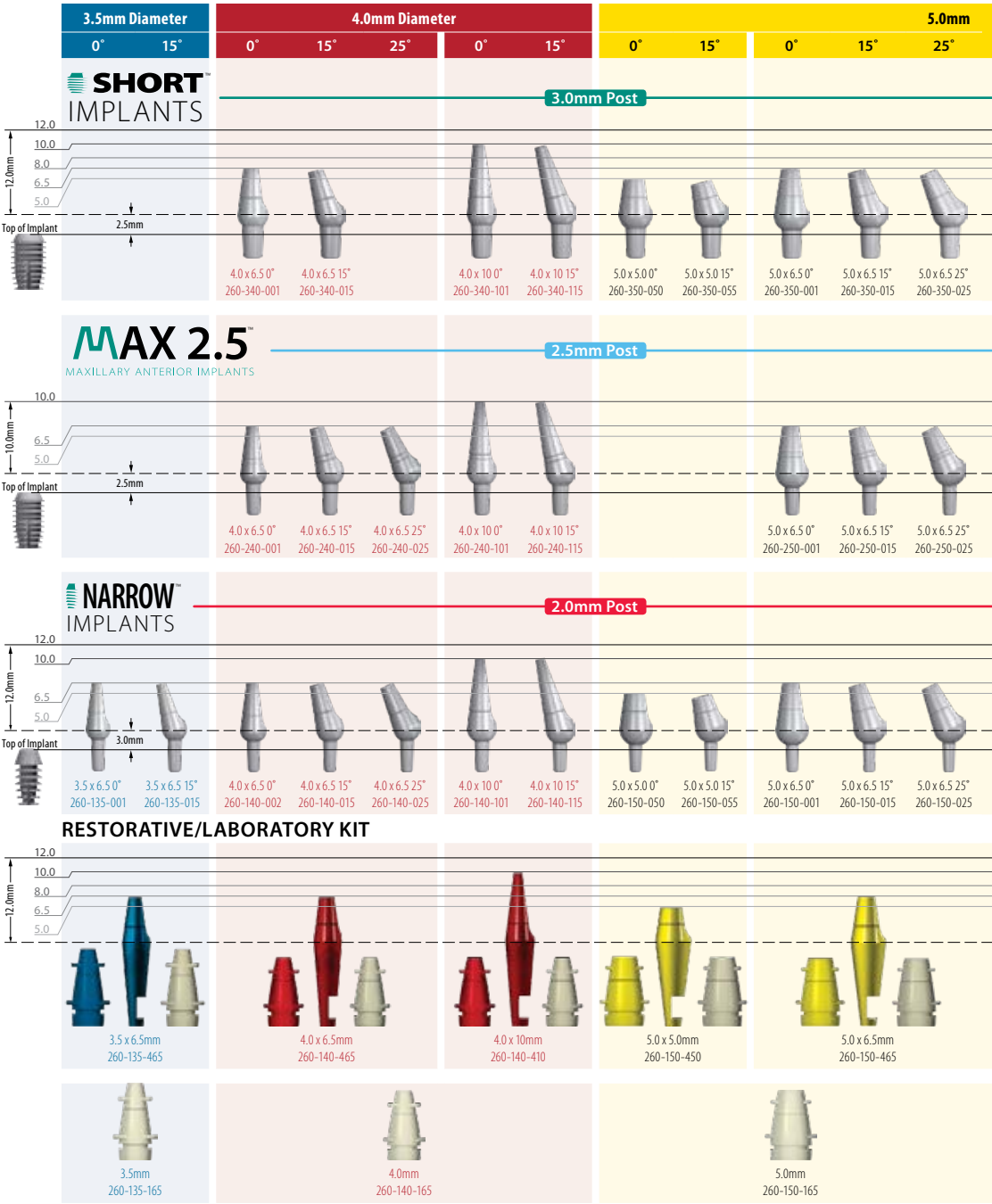
Final view of cemented Ceramo-Metal restoration.

▶ Keys to Success

- The diameter and height of the transfer dies are sized to match the diameter and height of the abutments.
- It is paramount that the proper abutment transfer die height be chosen to pour the stone model since all transfer dies of the same color will snap into the impression sleeve of that color.
- The temporization sleeves are more retentive than the impression sleeves.

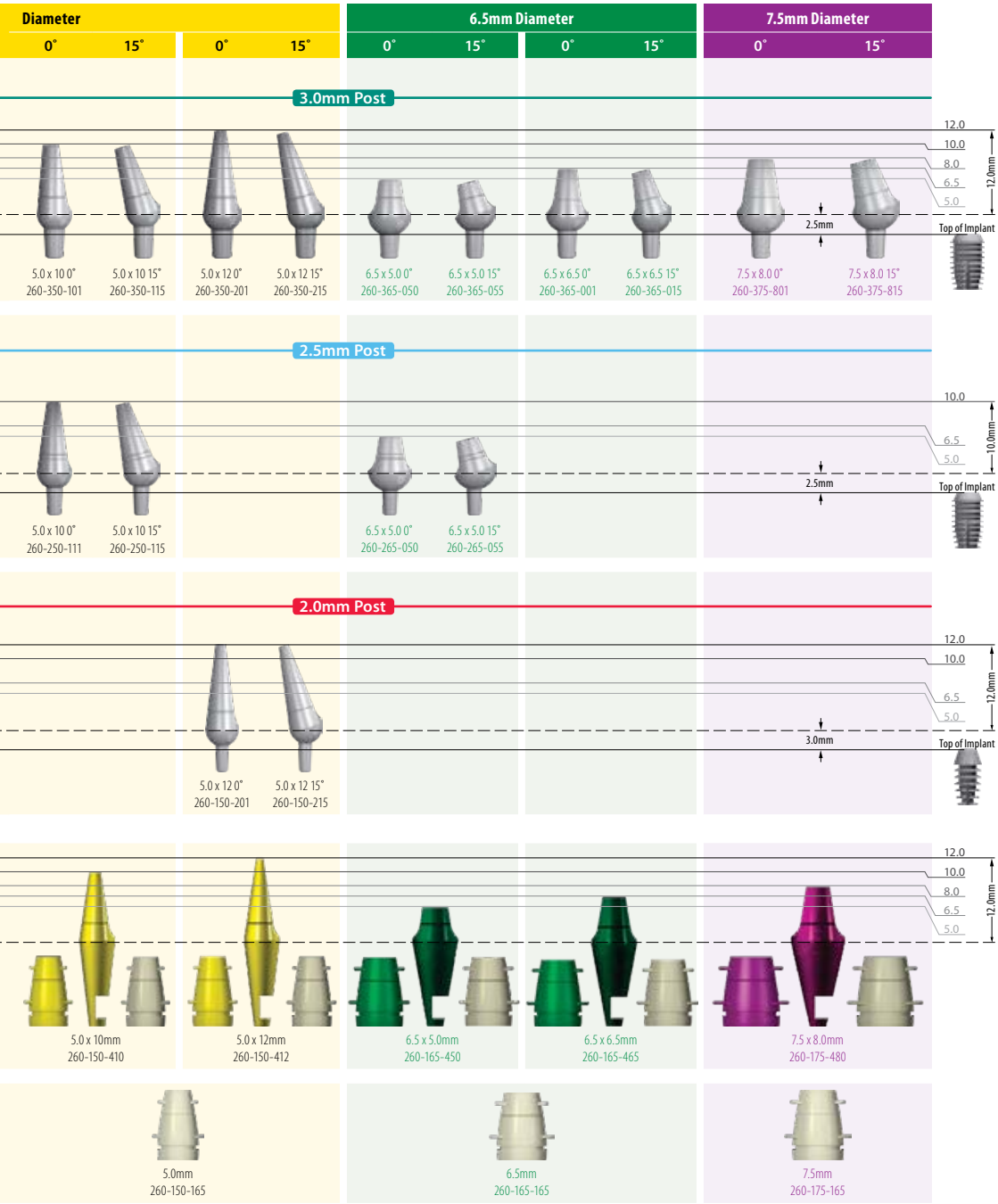
*See pages 7 and 8 for prosthetic components.

Non-Shouldered Abutment
Abutment Selection Guide



Notes:

- Snap-on sleeves are only specific for abutment diameter.
- Abutment height is not a criterion for proper selection of snap-on sleeves.



- Transfer dies correspond to exact diameter **and** height of abutment placed.
- Because of machining tolerances, sleeves may not reach the height of contour for some angled abutments.

Impression Options

OPTION ONE: IMPLANT-LEVEL IMPRESSION

1 Choose the appropriately sized titanium impression post according to the diameter of the implant well.

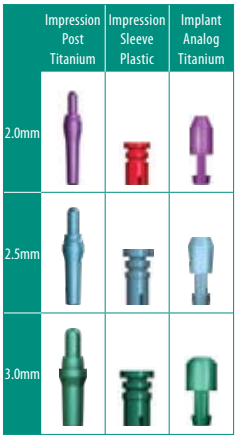
2 Insert the titanium impression post into the well of the implant with finger pressure only.

3 Snap the appropriate impression sleeve onto the impression post.

4 Inject impression material around the plastic impression sleeve and make impression.

5 After making the impression, plastic impression sleeve should be withdrawn within the impression while titanium post remains in the implant well.

6 Remove titanium impression post from implant. Assemble the post with the appropriate implant analog. Insert this unit into the plastic sleeve in the impression. Pour soft tissue model. The laboratory technician may now choose the proper abutment for a PFM or IAC restoration.



OPTION TWO: DIRECT ABUTMENT LEVEL IMPRESSION

1 Choose an appropriately sized abutment and definitively seat the abutment with a gentle tapping force.

2 The abutment may be modified intra-orally with irrigation or extra-orally with a #1557 carbide bur, if necessary.

3 Inject impression material around abutment for a direct impression. Pour a stone model.

4 Fabricate crown conventionally at laboratory. Insert crown with minimal cement.

OPTION THREE: INDIRECT ABUTMENT LEVEL IMPRESSION

1 Definitively seat the abutment with a gentle tapping force. Snap impression sleeves onto the unmodified abutment.

2 Inject impression material around the impression sleeves and make impression.

3 Withdraw the plastic impression sleeves in the impression. Choose appropriately sized aluminum transfer die and insert the die into the plastic sleeve.

4 Pour a soft tissue model. Fabricate crowns conventionally. See Bicon Technique Manuals for further information on this procedure.

Temporization Options

OPTION ONE: TRANSITIONAL RESTORATION WITH SLEEVE

1 Insert appropriate non-shouldered or stealth shouldered abutment. The diameter of the abutment is dictated by the anatomy of the interdental papillae. The abutment should support the papillae without encroaching upon them.

2 Tap the abutment in the long axis of the abutment post and implant well.

3 Orientate the internal flat(s) of the appropriate temporization sleeve with the external flat(s) of the abutment prior to snapping it onto the abutment.

4 Confirm the appropriateness of the temporization sleeve with a vacuum formed template. Adjust the sleeve as necessary.

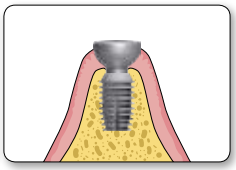
5 Inject transitional crown material around the temporization sleeve.

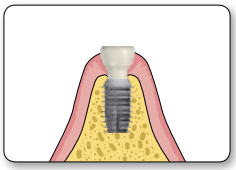
6 Inject transitional material into the vacuum-formed template prior to re-inserting it over the temporization sleeve to form a transitional prosthesis.

7 Remove transitional prosthesis for polishing.

8 Snap the completed transitional prosthesis onto the abutment to facilitate the formation and preservation of an aesthetic soft tissue emergence profile.

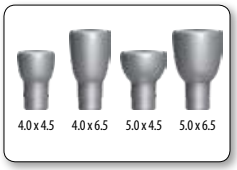
OPTION TWO: TEMPORIZATION WITH A TEMPORARY ABUTMENT





At time of uncovering, place a temporary abutment. The abutment will support the soft tissue and assist in the formation of the gingival sulcus. The abutment may be modified to achieve the desired contour. Transitional crowns should not be placed on temporary abutments. See Bicon catalogs for a complete listing of abutment sizes and shapes that are available.

OPTION THREE: A TRANSITIONAL PROSTHESIS IN THE AESTHETIC ZONE



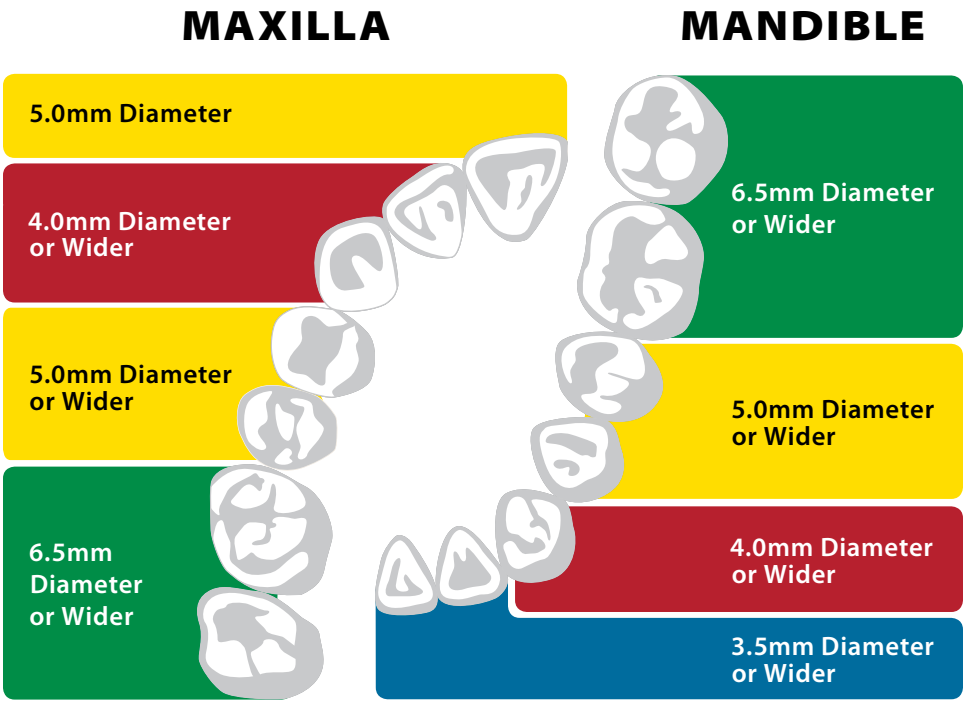
1 Choose appropriately sized temporary abutment. See Option #2 above.

2 Insert temporary abutment into the implant well and gently seat the abutment by tapping on the head of the abutment. Removal of the abutment may be achieved with a variety of extraction forceps.

3 In aesthetic areas, a flipper may be inserted for aesthetics and function while tissue is healing around the temporary abutments.

4 View of inserted provisional restoration.

Abutment Diameter Selection Guide for Non-Shouldered Abutments*



*The chart above contains ***recommendations only.*** Actual clinical conditions and the clinician's assessment of the patient should be the main criteria for choosing the size of an abutment for a particular situation.

Brevis™ Overdenture System

BREVIS™

Brevis™ Abutments* 2.0mm Post

Height	Angle	Part Number	0°	15°
2.0mm	0°	260-100-404		
2.0mm	15°	260-100-405		
4.0mm	0°	260-100-406		
4.0mm	15°	260-100-407		
6.0mm	0°	260-100-408		
6.0mm	15°	260-100-409		

Brevis™ Abutments* 2.5mm Post

Height	Angle	Part Number	0°	15°
2.0mm	0°	260-250-424		
2.0mm	15°	260-250-425		
4.0mm	0°	260-250-426		
4.0mm	15°	260-250-427		
6.0mm	0°	260-250-428		
6.0mm	15°	260-250-429		

Brevis™ Abutments* 3.0mm Post

Height	Angle	Part Number	0°	15°
2.0mm	0°	260-300-434		
2.0mm	15°	260-300-435		
4.0mm	0°	260-300-436		
4.0mm	15°	260-300-437		
6.0mm	0°	260-300-438		
6.0mm	15°	260-300-439		

**Each abutment is packaged with one titanium Brevis housing.*

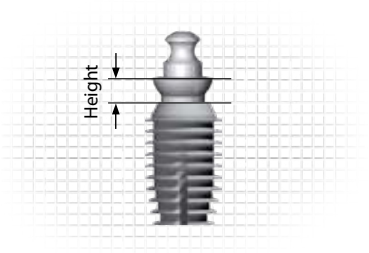
Restorative Components

Description	Part Number	
Brevis Abutment Chairside Kit	260-100-212	 Rubber O-Ring Brevis Housing
Brevis Impression Kit without Housing	260-100-218	 Impression Cap Aluminum Transfer Die
Brevis Abutment Impression Kit	260-100-217	 Rubber O-Ring Brevis Housing Impression Cap Aluminum Transfer Die
Brevis Rubber O-Rings: Hard(10)	260-100-013	 Rubber O-Rings Enhanced Retention Rubber O-Rings Light Retention
Brevis Rubber O-Rings: Soft(10)	260-100-014	

▸ Measurement Guide

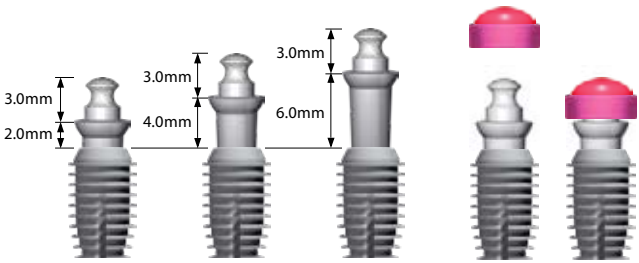
The design of the Bicon abutment system is such that the hemispherical base of the abutment does not sit flush with the neck of the implant. By design, there is a space below the abutment post when the abutment is fully seated. When viewing this on a radiograph, it can be seen as a radiolucency. The following diagram depicts the final seating of a Brevis™ abutment as well as the method for measuring each abutment.

Brevis™ Abutment



➤ Brevis™ Abutment

The height of the Brevis™ abutment is measured from the top of the implant to the shoulder of the Brevis™ abutment. The available heights are 2.0, 4.0 or 6.0mm. The total height from the top of the implant to the top of the abutment is approximately 5.0, 7.0 or 9.0mm, respectively.



Measurement Guide

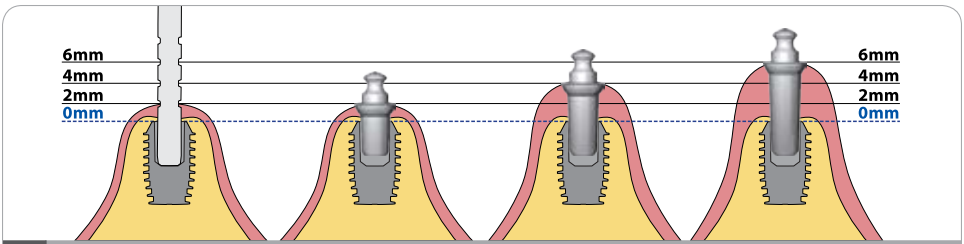
Brevis™ Chairside Technique

1 OCCLUSAL REGISTRATION

A registration of the denture's occlusal relationship prior to the uncovering of the implants will assure that the denture is not inadvertently displaced by the abutment or its housing.

2 UNCOVER IMPLANTS

Uncover each implant using a small crestal incision and use the healing plug removal instrument to facilitate the removal of the black healing plug.



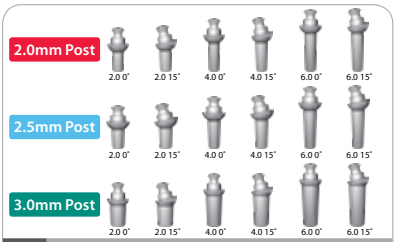
3 USE A SHOULDER DEPTH GAUGE TO DETERMINE ABUTMENT HEIGHT

Use a shoulder depth gauge to facilitate the selection of the abutment height.

4 PLACE GUIDE PINS

Place guide pins into the implants to determine their axial inclinations.

Brevis™ Chairside Technique



5a ABUTMENTS

5b PARALLEL ABUTMENTS

Rotate a combination of 0° and/or 15° angled abutments to achieve parallelism prior to their being seated. Brevis™ abutments are available in heights of 2.0, 4.0 and 6.0mm.

6a PLACE BLUE WAX

6b MARK ABUTMENTS

Place soft wax in the denture to act as a pressure indicator to determine the relative position of the abutments. Alternatively, the top of the abutment may be marked with a felt tip pen to indicate the location of the abutment on the denture.

7 RELIEVE DENTURE

Liberally relieve denture to accommodate the Brevis™ housings. Confirm clearance for housings by placing the denture over the housings.

8 BREVIS™ HOUSING

Place a Brevis™ housing on each abutment intra-orally. See #9.

Brevis™ Chairside Technique

9 PLACE HOUSINGS

Place the Brevis™ housings and a piece of rubber dam over the abutments to act as an apron to prevent acrylic from locking onto an abutment. **Ensure that the rubber dam protects the undercut of the abutment from acrylic by placing it above the shoulder of the abutment.**

10 INJECT VASELINE™

Inject Vaseline™ under the rubber dam aprons to serve as an additional precaution to prevent acrylic from locking under the abutments during the chairside pickup of the Brevis™ housings.

11 INJECT ACRYLIC

Inject flowable acrylic around the Brevis™ housings and into the relieved portions of the existing denture.

12 ASSURE PROPER SEATING

Place the denture into the mouth and instruct patient to **clench bilaterally on cotton rolls to assure proper seating of the denture.**

Brevis™ Chairside Technique

13 POLISH EXCESS ACRYLIC

Polish the excess acrylic around the Brevis™ housings after the removal of the rubber dam.

14 RADIOGRAPH

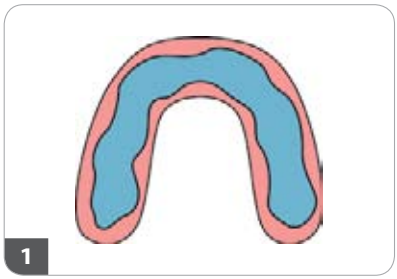
Radiograph of two Bicon implants and Brevis™ abutments. **It is paramount that overdentures be completely tissue borne and only implant retained. If the acrylic is too viscous or only placed in the denture, it may cause displacement of the housing resulting in a misalignment of the housing and excessive wear of the rubber o-rings.**

Note: If the denture is inadvertently locked onto the Brevis™ abutment, it is advisable to tap it off rather than attempting to cut it off. The denture may be notched to facilitate the placement of a tapping instrument. Either the denture will be removed from the abutment or the abutment will be removed from the implant.

▶ Keys to Success

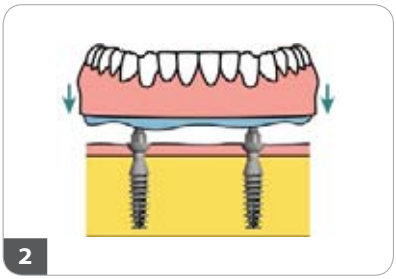
- Use an occlusal registration jig to prevent inadvertent displacement of the denture during the chairside technique.
- Use the 15˚ Brevis™ abutment to help achieve parallelism for non-parallel implants.
- The denture should NOT rock or pivot on the abutments or the housings.
- Do not make a direct impression of the overdenture abutments.
- Use a rubber dam and Vaseline™ to prevent locking of the denture beneath the undercut of the abutments.
- Place acrylic into a syringe for ease of use and greater control.
- A too viscous mix of acrylic may inappropriately displace the orientation of the Brevis™ housing on the abutment.
- It is essential for the patient to clench bilaterally on cotton rolls to ensure proper seating of the housings in the denture.
- If the denture is too retentive, slightly relieve the inside of the o-ring lumen with a round bur.
- A common cause of accelerated o-ring wear is a Brevis™ housing whose retentive acrylic was polymerized while the Brevis™ housing was not appropriately aligned on the abutment.

Brevis™ Chairside Technique



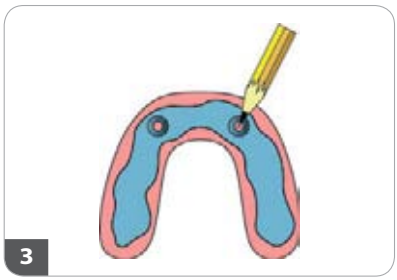
1

Place soft wax to record relative position of abutments.



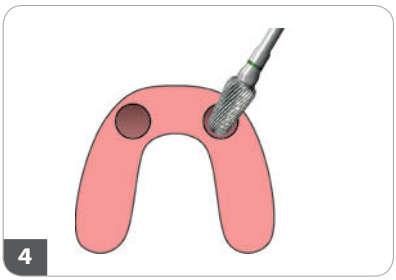
2

Record position of abutments in soft wax. Alternatively, abutments could be marked with a wet ink prior to inserting denture for recording an ink transfer mark.



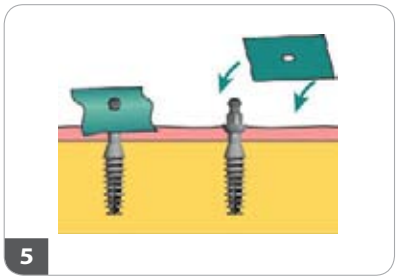
3

Mark position of abutments on denture.



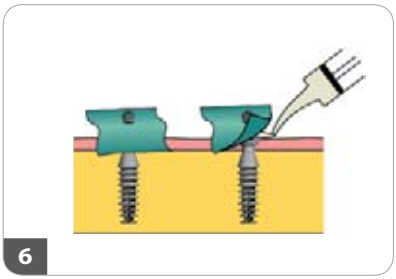
4

Liberally relieve denture to accommodate Brevis™ housings and confirm position intra-orally.



5

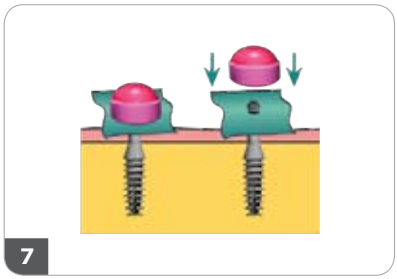
Place rubber dam apron over abutments.



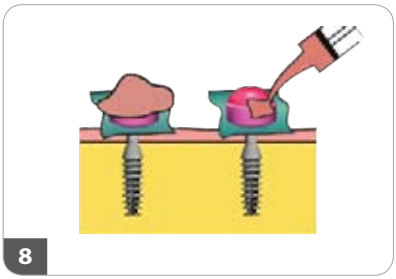
6

Apply Vaseline™ under rubber dam apron.

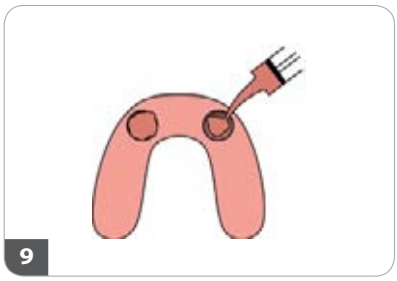
Brevis™ Chairside Technique



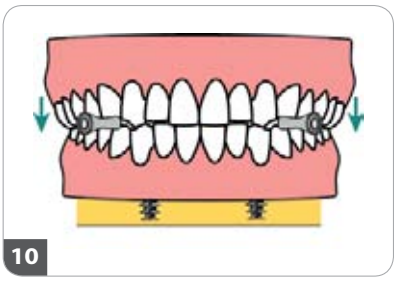
Snap Brevis™ housing onto abutments.



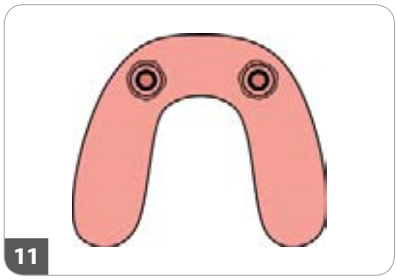
Sufficiently apply fluid acrylic to Brevis™ housing to prevent displacement of housing upon insertion of denture.



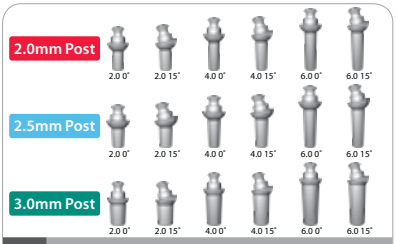
Place minimal acrylic into relieved denture.



Patient clenches bilaterally on cotton rolls while acrylic sets.



Polish excess acrylic from denture.



1 ABUTMENTS

2 PARALLEL ABUTMENTS

Rotate a combination of 0° and/or 15° angled abutments to achieve parallelism prior to their being seated. Brevis™ abutments are available in heights of 2.0, 4.0 and 6.0mm.

3 SEAT IMPRESSION CAP

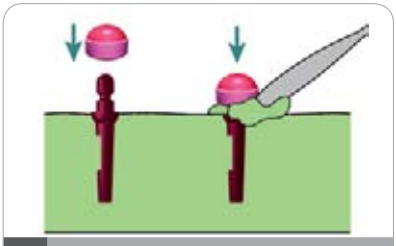
Seat black plastic impression caps onto the Brevis abutments.

4 MAKE IMPRESSION USING CAPS

Make impression using Brevis™ impression caps. **Do not make a direct impression of the titanium abutments.**

5 INSERT TRANSFER DIES

Insert the aluminum transfer dies into the impression caps prior to the pouring of a master stone model.



6 BLOCK OUT UNDERCUTS

Block out undercuts on the model.

Removing/Inserting Rubber O-Ring into Brevis™ Housing

1 REMOVE HOUSINGS

Remove rubber o-rings with a scaling instrument or explorer.

2 INSERT EXPLORER

Insert the explorer in between the o-ring and Brevis™ housing and loosen the o-ring from the housing.

3 SQUEEZE O-RING

Using cotton pliers, squeeze the o-ring into a figure eight and insert it into the housing.

4 PLACE O-RING

Place the entire o-ring into the retentive groove within the Brevis™ housing.

5 MOVE O-RING INTO PLACE

If the o-ring is fully inserted, yet not secure in the retention lip of the housing, use an explorer to move the o-ring into place.

▶ Keys to Success

- Each patient maintains and inserts his denture differently. The o-ring should be changed every 6 to 24 months depending upon its wear.
- The o-rings should not be soaked in a solution with high alcohol content. Some cleaning solutions may dry out the rubber o-rings and cause them to lose retention faster than normal.
- An inappropriately aligned housing will result in excessive wear of the rubber o-ring.
- If excessive wear of o-ring is noted, remove and re-align the housing in denture with a sufficiently flowable acrylic injected onto the housing and into the relieved denture.

Locator® Abutment System

Locator® Abutment System

Locator® Abutments*‡ 2.0mm Post

Height	Diameter	Part Number	
1.0mm	4.0mm	260-200-501	
2.0mm	4.0mm	260-200-502	
3.0mm	4.0mm	260-200-503	
4.0mm	4.0mm	260-200-504	
5.0mm	4.0mm	260-200-505	

Locator® Abutments*‡ 3.0mm Post

Height	Diameter	Part Number	
1.0mm	4.0mm	260-300-501	
2.0mm	4.0mm	260-300-502	
3.0mm	4.0mm	260-300-503	
4.0mm	4.0mm	260-300-504	
5.0mm	4.0mm	260-300-505	

**Each Locator® abutment is packaged with a male processing kit.*
‡Locator® Abutments are not available in the 2.5mm Post.

➤ Locator® Abutment Considerations

- The Locator® Attachment features a denture component with a skirt that easily locates the mating implant abutment.
- The self-aligning ability of the attachment aids the patient in positioning their prosthesis in a similar manner as a guide plane created by a milled bar.
- The implant retained overdenture can be properly seated without damage to the attachment components. This is especially important for a patient lacking anatomical structures necessary to orient their denture due to a severely resorbed mandibular ridge.

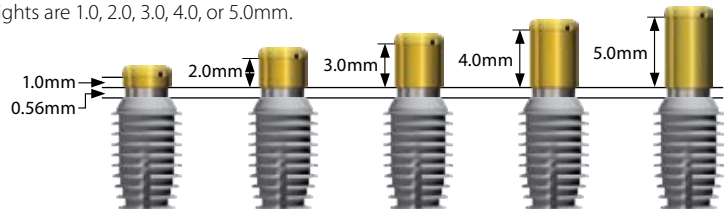
Locator® Accessories

Description	Part Number	
Locator Male Processing Kit (2)	260-100-519	 2.3 kg (5.0 lb.) Retention Male; 1.4 kg (3.0 lb.) Retention Male; 0.7 kg (1.5 lb.) Retention Male; Processing Male; Metal Housing Cap; Blockout Spacer
Locator Extended Range Green Cap (4)	260-100-521	 1.4 kg (3.0 lb.) Retention Cap; 0.9 kg (2.0 lb.) Retention Cap; 0.5 kg (1.0 lb.) Retention Cap
Locator Extended Range Orange Cap (4)	260-100-525	
Locator Extended Range Red Cap (4)	260-100-526	
Locator Impression Kit	260-100-524	 Locator Impression Cap;  Locator Impression Analog
Locator Core Tool	260-101-839	 Locator Core Tool

➤ Locator® Abutment with housing

➤ Locator® Abutment

The height of the Locator® abutment is measured from the bottom of the gold portion of the abutment to the shoulder of the Locator® abutment. The available heights are 1.0, 2.0, 3.0, 4.0, or 5.0mm.



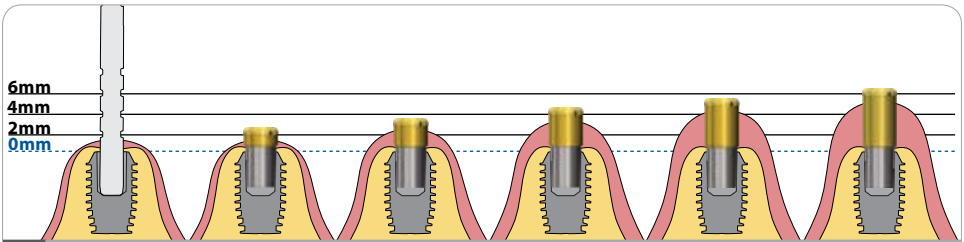
Locator® Chairside Technique

1 REMOVE HEALING PLUG

Healing plug being removed with a straight curette.

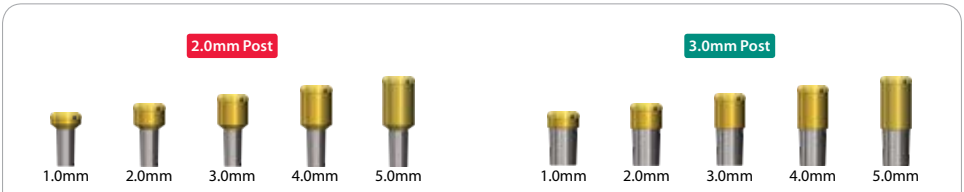
2 INSERT GUIDE PINS

Guide pin inserted into the well of each implant.



3 USE A SHOULDER DEPTH GAUGE TO DETERMINE ABUTMENT HEIGHT

Use depth gauge to measure and select the appropriate Locator® Abutments.



4 LOCATOR® ABUTMENTS

5 INSERT LOCATOR® ABUTMENT

Insert and gently seat abutment.

6 PLACE BLOCKOUT SPACER

Blockout spacer being placed over a Locator® Abutment.

7 MARK HOUSING

Marker ink being placed on the housing to indicate its location relative to denture.

8 INSERT DENTURE

Denture being inserted.

9 LOCATE HOUSING POSITION

Black ink indicating housing position.

10 PROVIDE ROOM FOR HOUSING

Acrylic bur being used to provide room for the housing.

11 INJECT ACRYLIC INTO DENTURE

Flowable acrylic being injected into the denture.

12 INJECT ACRYLIC AROUND CAPS

Flowable acrylic being injected around the housing caps.

Locator® Chairside Technique & Housing Cap

13 CLEAN AND POLISH DENTURE

View of denture after being cleaned and polished.

14 INSERT DENTURE

Denture being inserted. Patient applying occlusal force while metal housing caps are being secured into the denture.

1 PROCESSING MALE REMOVAL

Removal of the processing male from the metal housing cap with Locator® Core Tool.

2 HOLD RETENTION MALE

Locator® Core Tool is being used to hold a pink 1.4 kg (3.0 lb) retention male.

3 INSERT RETENTION MALE

Insertion of a pink 1.4 kg (3.0 lb) retention male into the metal housing cap.

4 ASSEMBLED CAP

View of housing cap with its retention male.

Appendix

IAC™ Polishing Technique

1 IAC™

2 MARK INTER-PROXIMAL CONTACTS

3 SILICONE PRE-POLISHING DISK

4 PINK CERAMIC POLISHING DISK

5 SILICONE CARBIDE BRUSH

6 DIAMOND POLISHING PASTE

7 SOFT GOAT HAIR BRUSH

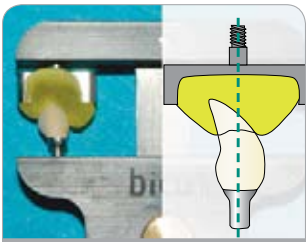
8 COTTON BUFFING WHEEL

9 THE POLISHED IAC™

IAC™ Polishing Kit

Description	Part Number
IAC™ Polishing Kit	260-103-033

Maxillary Anterior Seating



FABRICATE SEATING JIG

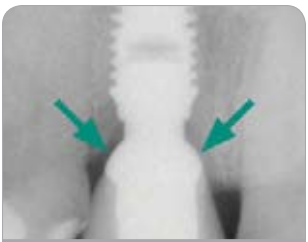
Using a Crown Alignment Device, mold hydroplastic resin around the abutment/crown and a threaded Crown Seating Tip to facilitate tapping in the long axis of the abutment post and implant well in order to properly engage their locking taper connection.

PRELIMINARY INSERTION

Seat the abutment/crown with only finger pressure for evaluation and removal of any interferences to its passive seating.

REMOVE INTERFERENCES

Remove any excessive interproximal tooth contact by adjusting the abutment/crown. Remove any soft tissue or bony interferences by adjusting the abutment/crown, or by relieving or removing hard or soft tissue.

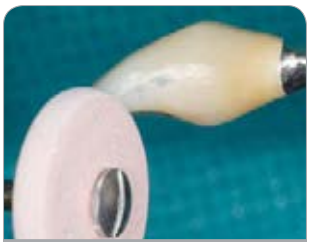


CONFIRM WITH RADIOGRAPH

Confirm removal of bony interferences with a radiograph.

ALIGN ABUTMENT/CROWN

Align the abutment/crown prior to confirming passive interproximal contacts with dental floss, if necessary with an incisal orientation jig. When in doubt, always adjust a contact that you think may be too tight, since non-passive interproximal contacts will inhibit the engagement of the abutment's locking taper connection.



ADJUST CONTACTS

Adjust excessive contacts until dental floss can be passed through the contact area with only minimal resistance.

CONTROL BLEEDING & CLEAN COMPONENTS

Eliminate or control bleeding by using a combination of vasoconstrictors, pressure and time. Clean the abutment post with an alcohol wipe and implant well with an appropriately sized cotton-tipped applicator.

CROWN INSERTION

Insert and align abutment/crown using an incisal orientation jig when necessary.

INITIAL SEATING TAP

While digitally supporting the bridge of the patient's nose, apply an initial seating tap using a custom seating jig on a threaded straight handle to assure that the seating forces are being directed in the long axis of the implant.

Maxillary Anterior Seating

CONFIRM CONTACTS & RETAP

Confirm passive interproximal contacts with dental floss and, if necessary, remove the prosthesis by tapping on the handle of a grasping forceps to adjust any non-passive interproximal contact area. Alternatively, a thin metal finishing strip may be used without having to remove the restoration.

Initial contacts

CHECK OCCLUSION

Contacts after adjustments

CHECK OCCLUSION

Establish uniform contacts initially in maximal intercuspation and then in protrusive and retrusive excursions.

Contact during retrusive mandibular movement.

ADJUST CONTACTS WHILE CLENCHING

ADJUST CONTACTS WHILE CLENCHING

Markings from the retrusive movement of the mandible while clenching indicate the need to reduce the facial contour of the restorations. Note that there is no contact in maximal intercuspation.

Establish uniformly balanced contacts while the patient is **clenching in all extreme excursions including retrusive movements of the mandible from an extreme protrusive position,** which may indicate the need to adjust the facial aspect of the restoration.

Seating Components

Description	Part Number
Crown Alignment Device	260-101-315
Crown Seating Tip	260-101-015
Hydroplastic Resin (20g)	260-103-031

Crown Alignment Device

Crown Seating Tip

Adding Inter-Proximal Contacts to an IAC™

1 OPEN CONTACT

2 ROUGHEN SURFACE

3 CLEAN THE SURFACE WITH ETHYL ALCOHOL

4 APPLY MODELING LIQUID

5 LIGHT CURE WITH PLASMA LIGHT

6 ADD POLYCERAMIC MATERIAL

7 INSERT IAC FOR FINAL ADJUSTMENTS

8 LIGHT CURE

9 REMOVE IAC FOR ADJUSTMENTS

Adding Inter-Proximal Contacts to an IAC™

10 REMOVE EXCESS MATERIAL

11 USE PINK POLISHING DISK

12 USE SOFT GOAT HAIR BRUSH

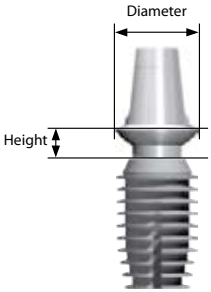
13 USE COTTON BUFFING WHEEL

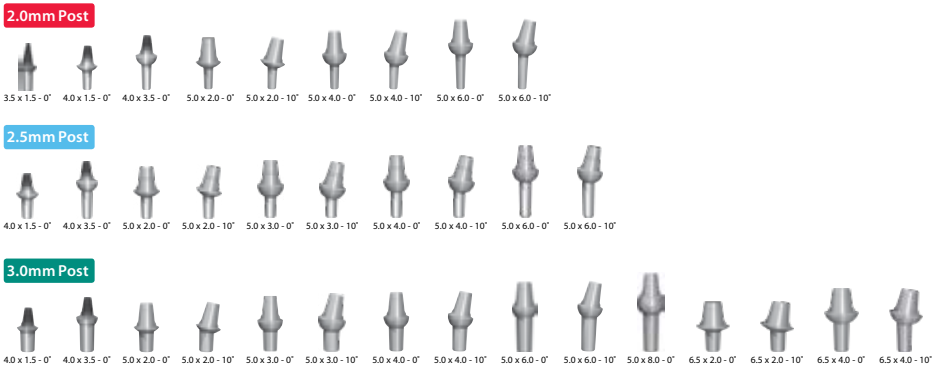
14 INSERT IAC

15 CLOSED CONTACT WITH SEATED IAC

➤ Stealth Shouldered Abutment

The diameter of the abutment is measured at the widest part of the abutment. The height of the stealth shouldered abutment is measured from the top of the implant to the shoulder of the abutment. The heights are 1.5, 2.0, 3.0, 3.5, 4.0, 6.0 or 8.0mm, depending upon the abutment diameter.





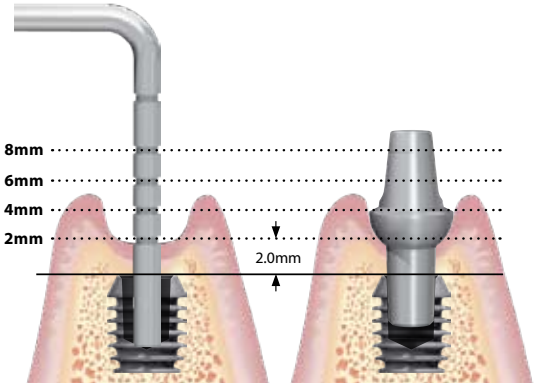
STEALTH ABUTMENTS

STEALTH ABUTMENT COMPONENTS

Abutment Shoulder Depth Gauge

Description	Part Number
Abutment Shoulder Depth Gauge	260-101-380

➤ Shoulder Depth Measurement



Seated gauge Seated abutment

1 CHOSE PROPER ABUTMENTS

2 SEAT ABUTMENTS

3 SNAP ON SLEEVES

4 MAKE IMPRESSION

5 INSERT TRANSFER DIE INTO SLEEVE

6 POUR MODEL

Abutment Removal

Abutment

SEATED ABUTMENT

OPTION 1: TWIST AND PULL

OPTION 2: TAP OUT

Crown

SEATED CROWN

OPTION 1: PROTECT CROWN TWIST AND PULL

OPTION 2: TAP OUT

Abutment Forceps

Description	Part Number	
Abutment Removal Forceps (Upper)	260-801-050	
Abutment Removal Forceps (Lower)	260-801-051	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