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Welcome to this updated edition of “DURAVIT” prosthetic procedure manual.

B.&B. Dental S.r.l. is based in Italy and has been operating in the biomedical sector for more than 20 years. It produces and markets:

- DURAVIT SYSTEM dental implant system
- DURAVIT GUIDED SURGERY
- DURAVIT CRESTAL SINUS LIFT
- NOVOCOR PLUS materials for guided bone regeneration
- T-BARRIER TITANIUM membranes
- T-BARRIER COLLAGEN membranes

The experience acquired during these years has permitted the development of high quality prosthetic implant technologies and innovative materials at convenient prices.

The primary goal is to achieve an optimal customer satisfaction by continuously striving to improve product quality. B.&B. Dental also promotes specific training courses, where the methods of implant and prosthetic technologies are taught step by step.

CATALOG PRESENTATION

This manual is designed for being used by clinicians, who have undergone at least basic surgical and in-clinic implant training. All the information about the Duravit system show to dentists and specialists essential steps regarding implant planning, surgical and prosthetic procedures.

B. & B. Dental has an interest to keep up-dated each doctor over the latest trends and treatment techniques of implants through a continued education.

Function, beauty and biology in perfect harmony.

Our aim is to provide you a wide range of implant solutions. We develop products and solutions in order to make your job as simple as possible even in case of complex cases.
CONEXA THE REVOLUTIONARY CONNECTION

PROSTHETIC SCREW
The only function is to bring in total conimetria the abutment and the implant.
It is not subjected to loads, eliminating the risk of breakage.

PLATFORM SWITCHING
Reduction of bone loss
Long term esthetic stability
Perfect bacterial seal

CONICAL CONNECTION
"TAPER MORSE 5°"
Cold weld seal
Elimination of micro-movements
Elimination of unscrewing

INTERNAL HEXAGON
The hexagon enhances the resistance to torsional loads and allows an easy transfer of the abutment’s position from the laboratory to the dental office.

PROSTHETIC CONNECTION ONLY
Thanks to the unique prosthetic connection (hole diameter 3 mm), the range is compatible with all prosthetic implants “3P”, EV and “Wide”, regardless of the stump or pillar chosen and the diameter of the implant.
ABUTMENT EXTRACTOR UNLOCKING SYSTEM

The "Morse" effect is created by such push and if it is combined with the friction existing between the two cone surfaces, it locks the 2 parts (implant-abutment). It can be dismounted only inserting an "Extractor screw" (ref. INN-6060).

1. Unscrew the prosthetic.
2. Insert the "Extractor screw" inside the abutment by using the hexagonal driver.
3. Screw clockwise the "Extractor screw" until the abutment comes out.
4. Once the abutment comes out unscrew the extractor.

PROSTHETIC KIT Ref. KITPROTESICO

TORQUE RATCHET Ref. 00376DIN

SPHERICAL SCREW DRIVERS Ref. INN-00637

EXTRACTOR Ref. INN-6060

MANUAL DRIVERS Ref. 00390M

PROSTHETIC SCREW DRIVER Ref. INN-61000 (corta) Ref. INN-61000L (lunga)
**CEMENT-RETAINED RESTORATION**

The cemented implant is defined as an intermediate element of cemented prosthesis (false stumps), screwed directly on the implants.

**Advantages:**
- Improved esthetics due to compliance with the emergence profile;
- The concrete sealant facilitates the passivation of the structure;
- Easy occlusal balancing.

**Disadvantages:**
- Difficulty in the removal of the prosthesis;
- Risk that the concrete comes out below the gum line.

**SCREW-RETAINED RESTORATION**

The screwed implant is defined as an intermediate element of screwed prosthesis (pillar), in turn, screwed directly on the implant.

**Advantages:**
- Easy disassembly of the prosthesis;
- Connection through anatomical pillars;
- No use of sealant cements.

**Disadvantages:**
- Anatomical emergence profile sometimes difficult to achieve;
- Projection of the screws on the occlusal surface;
- Difficult to control the liability.

**ATTACHMENT-RETAINED RESTORATION**

There are several indications for overdenture treatment in connection with implant therapy. Functionality, esthetics, phonetics and hygienic requirements in certain clinical situations require the use of the overdenture as an option of treatment.

**Indications for overdenture treatment:**
- An unfavorable jaw relation which makes treatment with a fixed bridge restoration difficult;
- Esthetic problems, e.g. the need for lip support in the upper jaw;
- Patient’s dissatisfaction with removable denture due to oral irritations and/or loss of bone for denture fixation;
- Edentulous patients with a cracked palate;
- Economic constraints.
HEALING COMPONENTS

TIGHTENING:
Insert the Healing Screw into the implant and tighten with only light finger force.

COVER SCREW

It is provided in the implant package. Use it when you want to cover completely the implant after its insertion. The implant will be reopened 3-6 months later, followed by the use of healing screw.

HEALING SCREWS Ø5
INDICATED FOR ANTERIOR AREA

These components are used to rehabilitate soft tissue on the implant in order to insert the final prosthetic abutment later on.

HEALING SCREWS Ø6
INDICATED FOR POSTERIOR AREA

These components are used to rehabilitate soft tissue on the implant in order to insert the final prosthetic abutment later on.
IMPRESSION COMPONENTS

PULL-OFF TRANSFER
(CLOSED TRAY TECHNIQUE)

Made of plastic and single-use only. It provides an impression taking easy and fast.

Each pack contains 3 pieces
Ref. INN-00306

TRANSFER FACILITY
(CLOSED TRAY TECHNIQUE)

Packaged in 3 pieces, it ensures optimal fit and precise impression taking in cases of large disparallelism.

The pack contains: plastic cup, screw and metal transfer.
Ref. INN-00506 (short) / Ref. INN-00506L (long)

Each pack contains 2 pieces.
Ref. INN-00507

PICK-UP TRANSFER
(OPEN TRAY TECHNIQUE)

It ensures an optimal fit and a precise impression taking for each patient.

The pack contains: pick-up transfer and short pick up screw.
Ref. INN-00600

Long pick-up screw
Ref. INN-00608L
PULL-OFF IMPRESSION TRANSFER
CLOSE TRAY TECHNIQUE

1. Clean the internal connection of the implant thoroughly from blood, tissue, etc. prior to the impression procedure.

2. Position the transfer in the tray and push until you feel the tactile response of engagement.

3. Make little lateral movement to verify the correct insertion of the transfer.

4. Take the impression using an elastomeric impression material (polyvinyl siloxane or polyether rubber).
   Note: Due to its low tensile strength, hydrocolloid is not suitable for this application.

5. Once the material is cured, carefully remove the tray.
   The transfer remains in the impression material automatically when pulled off from the tray.

6. Position the analog in the tray and smoothly push until you feel the tactile response of engagement.
   The transfer remains in the impression material automatically when it is pulled off from the tray.

7. A gingival mask should always be used to ensure that the emergence profile of the crown is optimally contoured.

8. Fabricate the master cast using standard methods and type 4 dental stone (DIN 6873).
FACILITY TRANSFER
CLOSE TRAY TECHNIQUE

1. Place the impression post accurately into the implant and by hand or using the hexagonal screw driver tight the guide screw.

2. Place the plastic impression cap on the top of the transfer and push the impression cap in apical direction until it clicks.

3. The impression cap is now firmly seated on the impression post.

4. Once the material is cured, carefully remove the tray.

5. The impression cap remains in the impression material.

6. Mount the impression transfert on the analog using the transfer screw.

7. Place the transfer in the tray and push until you feel the tactile response of engagement. It is now firmly seated on the impression cap.

8. Fabricate the master cast using standard methods and type 4 dental stone (DIN 6873).

Note: Due to its low tensile strength, hydrocolloid is not suitable for this application.

A gingival mask should always be used to ensure that the emergence profile of the crown is optimally contoured.
PICK-UP TRANSFER
OPEN TRAY TECHNIQUE

1. Clean the internal connection of the implant thoroughly from blood, tissue, etc. prior to the impression procedure.

2. Place the impression pick-up accurately into the implant and by hand (Fig. A) or using the hexagonal screw driver tight the pick-up screw.

3. Make perforations in the custom-made impression tray

4. Take the impression using an elastomeric impression material (polyvinyl siloxane or polyether rubber). Uncover the screws before the material is cured.

5. Once the material is cured, loosen the pick-up screws and remove the tray.

6. The pick-up transfer remains automatically in the impression material.

7. Reposition and fix the analog in the impression using the guide screw. To avoid inaccuracies when connecting, the analog must be positioned exactly in line with the grooves of the impression post before screwing in.

8. A gingival mask should always be used to ensure that the emergence profile of the crown is optimally contoured. Fabricate the master cast using standard methods and type 4 dental stone (DIN 6873).
TEMPORARY ABUTMENT - FIBRE-GLASS

The fibre-Glass Abutment has been designed as temporary abutment easily customized by the clinician or in the laboratory by the dental technician.

**INTENDED USE**
- Immediate loading in anterior area out of occlusion
- Individual soft tissue management for esthetic cases
- Screw-or cement-retained temporary crowns
- Cement-retained temporary bridges

**CHARACTERISTICS**
- Fibre-glass material allows a modification that is easy and quick
- Easy-to-achieve esthetics due to tooth-colored and metal free

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**FIBRE-GLASS STRAIGHT ABUTMENTS**
Complete with Prosthetic Screw

![Fibre-Glass Straight Abutments](image)

**FIBRE-GLASS 15° ANGLED ABUTMENTS**
Complete with Prosthetic Screw

![Fibre-Glass 15° Angled Abutments](image)

**FIBRE-GLASS 25° ANGLED ABUTMENTS**
Complete with Prosthetic Screw

![Fibre-Glass 25° Angled Abutments](image)

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**FIBRE-GLASS KIT**
000.08
The box contains 1 pc. of each code.

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**PROSTHETIC SCREW**
INN-6050
1. Place the pre-selected abutment inside the analog.

2. Hand-tighten the temporary abutment in the implant/implant analog with the SCS screwdriver and temporarily seal the screw channel.

3. Individualize the temporary abutment.

4. Use a standard procedure to fabricate the cement-retained single crown (e.g. grind out a prefabricated plastic tooth).

5. Coat the internal configuration of the crown with temporary cement and cement it on the temporary abutment.

6. Cement the superstructure to the abutment and Remove superfluous cement.
**TEMPORARY ABUTMENT - TITANIUM**

**INTENDED USE**
Engaging abutments are used for
- Screw-or cement-retained temporary crowns
- Cement-retained temporary bridges
- Non-engaging abutments are used for
  Screw-retained temporary bridges

**CHARACTERISTICS**
The Titanium temporary Abutment has been designed as temporary and easily customized by the clinician or in the laboratory by the dental technician.

**NOTE**
Do not use for longer than 180 days.
Place temporary restorations out of occlusion.
The temporary abutment can be shortened vertically no more than 6 mm with usual tools and technique.
The devices are provided non-sterile and they are for single use only. Abutment can be steam sterilised (134°C/5 Min).

1. Fabricate the master cast including a gingival mask.
2. Make 2 silicon key over the full wax-up in order to define the optimal shape of the customized temporary abutment.
3. Place the try-inn abutment on the implant or implant analog.
   This will aid in checking the gingival height.
4. For optimal esthetic planning, model a full anatomical wax-up.

**NON-ROTATING STRAIGHT ABUTMENTS**
Complete with Prosthetic Screw

**ROTATING STRAIGHT ABUTMENTS**
Complete with Prosthetic Screw
Mount the temporary abutment on the master cast or in patient’s mouth. Mark the appropriate heights according to the individual situation.

Sandblast and coat with opaque.

Press the silicon key on the model and use a standard technique to fabricate the temporary crown (vacuum-formed sheet technique as shown here).

Polish and clean the temporary restoration, Reopen the screw channel.

Shorten the temporary abutment and then check the heights with the silicone key previously cut.

Fill the 2nd silicon key with acrylic resin.

Remove excess acrylic.

Place the temporary restoration on the implant and tighten the screw with a torque of 25 cm.
TRY-INN KIT ABUTMENTS

Try-INN kit abutments helps the dental technician to select the most suitable abutment, based on the inclination and the transmucosal height of the implant that has been inserted.

Try-INN abutments are color-coded, well-marked on the holder and easily readable.

The box contains 3 pcs. of each code (see table beside) for a total of 27 abutments.

Place the try-inn abutment on the implant (intra-oral use) or on the implant analog (extra-oral use).

This will aid in checking the gingival height (H1, H.2 e H.3 mm) and axial alignment of the potential restoration (0°. 15° e 25°).

TRY-INN abutments are fabricated in sterilizable polymer material. Easy to handle thanks to the plastic holder.

Turn the plastic kit upside down to read the corresponding ø5 titanium abutment.

<table>
<thead>
<tr>
<th>Code</th>
<th>0° Ref.</th>
<th>15° Ref.</th>
<th>25° Ref.</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1</td>
<td>PC107.01/1</td>
<td>PC107.02/1</td>
<td>PC107.03/1</td>
</tr>
<tr>
<td>H2</td>
<td>PC107.01/2</td>
<td>PC107.02/2</td>
<td>PC107.03/2</td>
</tr>
<tr>
<td>H3</td>
<td>PC107.01/3</td>
<td>PC107.02/3</td>
<td>PC107.03/3</td>
</tr>
</tbody>
</table>
**PROSTHETIC COMPONENTS**

**TITANIUM ABUTMENTS Ø 5**  
(CEMENT-RETAINED RESTORATION)

Ø 5 indicated for anterior area

They are available in 3 heights (H. 1, H. 2 H. 3 mm) according to the gingiva, mimicking optimal preparations of natural teeth, which provide the opportunity to create esthetics for all teeth.

The pack contains: 1 abutment and 1 prosthetic screw.

**TITANIUM ABUTMENTS Ø 6**  
(CEMENT-RETAINED RESTORATION)

Ø 6 indicated for posterior area

They are available in 3 heights (H. 1, H. 2 H. 3 mm) according to the gingiva, mimicking optimal preparations of natural teeth, which provide the opportunity to create esthetics for all teeth.

The pack contains: 1 abutment and 1 prosthetic screw.

**ZIRCONIUM ABUTMENTS Ø 5**

The special two-part design of the zirconium abutment consists of a titanium base and zirconium abutment in various inclinations. It provides a natural looking base for an all ceramic, cemented-retained crown in the esthetic zone.

The pack contains: 1 abutment and 1 prosthetic screw.
TITANIUM ABUTMENT
CEMENTED RESTORATION

1. Fabricate the master cast including a gingival mask.

2. For optimal esthetic planning, model a full anatomical wax-up.

3. Make a silicone key over the full wax-up in order to define the optimal shape of the customized titanium abutment.

4. Place the try-inn abutment on the implant or implant analog.
   This will aid in checking the gingival height and axial alignment of the potential restoration (0°, 15° e 25°).

5. Modify the abutment as required.

6. Place the pre selected abutment inside the analog.

7. Sandblast the modified abutment.

8. Wax an individual resin cap onto the abutment.
Contour a wax model according to the anatomical circumstances of the individual cast.

Check the wax-up with the silicone key.

Gently divest the customized abutment with ultrasound, water jet, pickling acid or a glass fiber brush.

Sandblast the metal crown in order to create a mechanical attach with the veneer.

Position the abutment in the implant and tighten the screws to 25 Ncm using the hexagonal screwdriver along with the torque ratchet.

Verification that the metal crown fits precisely on the customized abutment.

Note: The long term success of the prosthetic work depends on the accurate fit of the restoration. The entire procedure will have to be repeated, if casting errors occur.

Veneer the superstructure.

Investment. Cast the framework in the conventional manner.
CASTABLE ABUTMENT - PLEXIGLASS

INTENDED USE
- Cement-retained bridges via mesostructure (custom abutment technique)

CHARACTERISTICS
- Easy wax-up and protection of the screw channel due to modelling aid (burn-out polymer)
- Easy-to-achieve esthetics due to individual contouring of the emergence profile and adaptation to the margin of the gingival contour
- Superfluous cement easily removable by raising the cement margin using an individually designed mesostructure

IMPORTANT NOTE
- The use of castable abutments for "Duravit implant system" is not advisable, due to the difficulty to obtain a perfect conical fitting between the implant and the cast abutment.
- Use the castable abutment only in cases of extreme disparallelism.
- Do not use for single crowns.

PLEXIGLASS STRAIGHT ABUTMENTS
- Complete with Prosthetic Screw

PLEXIGLASS 15° ANGLED ABUTMENTS
- Complete with Prosthetic Screw

PLEXIGLASS 25° ANGLED ABUTMENTS
- Complete with Prosthetic Screw

TIGHTENING:
- The prosthetic screw using the 1.25 Hex Screwdriver and Torque Wrench. Recommended torques for final seating 25 Ncm
1. Fabricate the master cast including a gingival mask.

2. For optimal esthetic planning, model a full anatomical wax-up.
Make a silicone key over the full wax-up in order to define the optimal shape of the abutment.

3. Place the pre selected abutment inside the analog.

4. Modify the abutment as required.

5. Invest the customized abutment.

6. Sandblast the modified abutment.

7. Wax an individual resin cap onto the abutment.
Investment of the resin cap.
Cast the framework in the conventional manner.

8. Sandblast the metal crown in order to create a mechanical attach with the veneer.
Veneer the superstructure.

Surgical procedures  Laboratory procedures
In order to avoid overflow of the cast-on alloy, clean the copings thoroughly prior to investment (removal of wax particles, insulating agents with a cotton pellet or brush moistened with alcohol).

Ensure that there is no wax on the delicate margin. The use of investment materials for rapid heating methods (speed investment materials) is not recommended.

When processing the investment material, follow the manufacturer’s instructions. Observe the recommended mixing ratio and preheating time exactly.

Make sure the screw channel and the internal configuration of the copings are filled with investment material from the bottom to the top in order to avoid air bubbles (see images).
MULTI-SCAN ABUTMENT (cement-retained restoration)

MULTI-SCAN ABUTMENT

They are used to fabricate a fully patient-customized abutment through the realization of a personalized part that can be bonded on the central portion of the pillar. Use NiMETIC CEM (3M Espe), PANAVIA 21 (Kuraray Medical Inc.) adhesive materials for bonding. The portion of the customized abutment can be performed under the following options.

TIGHTENING:

WITH CAD/CAM

By taking a scan of the seated abutment on the dental cast and by modeling of the customized abutment portion with a specific software. The fabrication is performed in laboratory with a specific Computer-Assisted Machine or by a specialized production centre upon the receipt of the data file.

WITH THE TRADITIONAL METHOD

By using a castable pre-fabricated placed on the abutment, adjustment and modeling with wax and/or acrylic and fabrication of the customized abutment portion through casting.

TIGHTENING:

the prosthetic screw using the 1.25 Hex Screwdriver and Torque Wrench. Recommended torques for final seating 25 Ncm
MULTI-SCAN ABUTMENT
SCREWABLE RESTORATION
WITH THE TRADITIONAL METHOD

1. For optimal esthetic planning, model a full anatomical wax-up.

2. Make a silicone key over the full wax-up in order to define the optimal shape of the customized titanium abutment.

3. Place the Multi-scan abutment for single on the analog and hand-tighten the screws using the hexagonal screwdriver.
   Place the castable cylinder onto the Multi-scan abutment.

4. Contour a wax model according to the anatomical circumstances of the individual cast.
   Check the wax-up with the silicone key.

5. Casting and divestment.
   Cast the framework in the conventional manner.

6. Verify that the metal crown fits precisely on the customized abutment.
   Sandblast the metal crown in order to create a mechanical attach with the veneer.
   Veneer the superstruture.

7. Cement the superstructure to the abutment.
   Remove superfluous cement.

8. Position the abutment in the implant and tighten the screws to 25 Ncm using the hexagonal screwdriver along with the torque ratchet.
Fabricating the scan model. Fabrificate a master cast with the corresponding analog.

Option A: Fabricate a duplicate model made from scan plaster.
Option B: Cast the master cast directly by using scan plaster.

For optimal esthetic planning, model a full anatomical wax-up and scan it too.

To determine the spacing available for further processing, the silicone key can be viewed on-screen.

Shape the abutment on screen, using the software.

Put the scan model in the laser scanner.

Based on the design data, the customized structure is manufactured by a melling center.

Check the zirconium framework.

Veneer the superstructure.

Cement the superstructure to the abutment.

Remove superfluous cement.

Tighten the prosthetic screw to 25 Ncm using the hexagonal screwdriver along with the torque ratchet.

Surgical procedures   Laboratory procedures
MULTI-USE ABUTMENT (screw-retained restoration)

**INTENDED USE:**
- Prosthesis, hybrid prosthesis or bridges,
- Toronto Bridge
- Bar-retained overdentures.

**STRAIGHT MULTI-USE ABUTMENT**
The Straight Multi-use abutment has a conical top with an external hexagon, that allows tightening it by mean of a Muti-use driver (manual or ratchet connection).

**ANGLED MULTI-USE ABUTMENTS**
The 17° and 30° Angled Multi-use abutments help to achieve parallelism for non-parallel implants. They can be connected easily by mean of a preassembled transporter. The package includes an angled abutment, fixation screw and the transporter.

**SCREW**
INN-5146

**17° ANGLED ABUTMENTS**
Complete with prosthetic Screw
INN-1760/1
INN-1750/2

**30° ANGLED ABUTMENTS**
Complete with prosthetic Screw
INN-3050/1
INN-3050/2
MULTI-USE ABUTMENT
SCREW RETAINED-RESTORATION

SURGICAL ACCESSORIES

- HEALING CAP SCREW
  INN-6030
- CLOSED TRAY TRANSFER
  INN-00611
- OPEN TRAY TRANSFER
  INN-00610
  Complete with transfer screw
  INN-00612

LABORATORY ACCESSORIES

- MULTI-USE ANALOG
  INN-00586
- TEMPORARY ABUTMENT
  INN-5144
  Complete with connecting screw
  INN-6051
- INN-5145
  Complete with connecting screw
  INN-6051

LABORATORY INSTRUMENTS
MULTI-USE SCREW DRIVERS

- ANGLED ABUTMENTS
  INN-1750/2
- MANUAL
  00440M
- RATCHET
  INN-00637
Position the Multi-use abutments in the implants.

Tighten them to 25 Ncm using the screw driver (ref. INN-00637) along with the torque ratchet.

Take the impression using an elastomeric impression material (polyvinyl siloxane or polyether rubber).

Note: Due to its low tensile strength, hydrocolloid is not suitable for this application.

Unscrew close tray transfers from the mouth and send all to the dental technician.

Screw the close tray transfers onto the Multi-use abutments.

Once the material is cured, carefully remove the tray.

The Elastomer will the conical shape of the close tray transfer for a safety reposition of the analog.

Screw the healing caps onto the Multi-use abutments in order to keep the soft tissue open until the final restoration is inserted.

A gingival mask should always be used to ensure that the emergence profile of the crown is optimally contoured. Fabricate the master cast using standard methods and type 4 dental stone (DIN 6873).
Place the temporary cylinder on the multiuse analog. This will aid in checking the gingiva height.

Sandblast and coat with opaque.

For optimal esthetic planning, model a full anatomical wax-up.

Make 2 silicon key over the full wax-up in order to fine the optimal shape of the customized temporary abutment.

Shorten the temporary abutment and then check the heights with the silicone key previously cut.

Fill the 2nd silicon key with acrylic resin and press it on the model and use a standard technique to fabricate the temporary crown (vacuum-formed sheet technique as shown here).

Place the temporary restoration on the implant and tighten the screw with a torque of 25 Ncm.

Remove excess acrylic.

Polish and clean the temporary restoration.

Reopen the screw channel.
BRIDGE
SCREWABLE PROSTHESIS
BUILD

9. Fabricate the master cast including a gingival mask.

10. Place the castable cylinder on the analogs and hand tighten the occlusal screws using the screwdriver.

   Note: Do not over tighten the castable cylinder.

11. Make a silicone key over the full wax-up in order to define the optimal shape of the customized titanium abutment.

12. Shorten the castable cylinder to the height of the occlusal plane according to the individual situation.

13. For optimal esthetic planning, model a full anatomical wax-up.

14. Make a silicone key over the full wax-up in order to define the optimal shape of the customized titanium abutment.

15. Fabricate the superstructure on the abutments using standard modeling methods.

16. Make sure that the wax layer on the abutment is sufficiently thick (at least 0.7 mm).

   Check that the wax framework of the bridge is absolutely tension-free before investing the framework.

   This is accomplished according to commonly known bridge techniques.
Invest the bridge framework according to standard methods without using wetting agents.

Gently divest the customized abutment with ultrasound, water jet, pickling acid or a glass fiber brush.

Control for tension-free fitting on the master cast by applying the Sheffield test.

If the bridge is not tension-free and wiggles, cut the bridge and reinsert it tension free.

Do an additional try-on of the tension-free fit of the framework in the patient’s mouth.

Sandblast

Veneer the superstructure.

Tighten the occlusal screws to 15 Ncm using the hexagonal screwdriver along with the torque ratchet.
EQUATOR ANCHOR SYSTEM

COMPLETE SET INCLUDES:

130DIN1 130DIN2 130DIN3 130DIN4 130DIN5

CAPS WITH METAL HOUSING
141CAE: 2 Stainless steel housings
140CEV: 4 Retentive caps - violet “strong” (2.7kg)
140CET: 4 Retentive caps - white “standard” (1.8kg)
140CER: 4 Retentive caps - pink “soft” (1.2kg)
140CEG: 4 Retentive caps - yellow “extra-soft” (0.6kg)

LABORATORY ACCESSORIES

4 PROCESSING CAPS - BLACK
140CEN

2 IMPRESSION COPINGS
144MTE

2 LABORATORY ANALOGS
144AE

PULL-OFF IMPRESSION COPING
044CAIN

SURGICAL INSTRUMENTS

1 BLUE PLASTIC “MULTIUSE” INSERTION TOOL
124ICP

1 METAL INSERTION TOOL FOR CAPS
185IAC

1 SQUARE DRIVER CONNECTOR FOR TORQUE
760CE

1 OT-EQUATOR SQUARE SCREW DRIVER FOR IMPLANT ABUTMENT (SQUARE 1.25MM)
774CQ
Select the height of the Equator abutment. The top margin of the abutment should be 1 mm above the mucosa.

Tighten the abutment to 25 Ncm using the ratchet along with the torque control device.

Take the impression utilizing the mucodynamic technique (vinyl polysiloxane or polyether rubber).

Send the impression to the dental laboratory.

A gingival mask should always be used to ensure that the emergence profile of the crown is optimally contoured.

Fabricate the master cast using standard methods and type 4 dental stone (DIN 6873).

The dental technician returns the completed Equator overdenture to the doctor’s office for final placement.

Place the impression copings on the Equator abutments.

Place the analogs inside the impression copings.

Place the denture caps with the black processing males onto the Equator abutments, or the analogs in the master cast.
O-BALL ABUTMENT

Ø 1.8 O-BALL ABUTMENT

Ref. | Ref.
---|---
H1 | INN-1040 INN-00621
H2 | INN-1041
H3 | INN-1042

Ø 2.3 O-BALL ABUTMENT

Ref. | Ref.
---|---
H1 | INN-1060 INN-00623
H2 | INN-1061
H3 | INN-1062
H4 | INN-1064
H5 | INN-1065
H6 | INN-1066

Ø 2.5 O-BALL ABUTMENT

Ref. | Ref.
---|---
H1 | INN-1050 INN-00623
H2 | INN-1051
H3 | INN-1052

METAL HOUSING

O-RING MD-3005/1 (5 pieces)

PLASTIC CAP AND METAL HOUSING

049PCM elastic
040CRM SN soft
060CRM AY extra soft
INN-00605

ONLY PLASTIC CAP

6pcs each package

INN-00630/S INN-00630 INN-00630/H

PLASTIC CAP AND METAL HOUSING

049PCN elastic
026CRR soft
060CRN AY extra soft
INN-00618
Select the height of the O-ball abutment. The top margin of the abutment should be 1 mm above the mucosa.

Tighten the abutment to 25 Ncm using the ratchet along with the torque control device.

Take the impression utilizing the mucodynamic technique (vinyl polysiloxane or polyether rubber).

Send the impression to the dental laboratory.

A gingival mask should always be used to ensure that the emergence profile of the crown is optimally contoured. Fabricate the master cast using standard methods and type 4 dental stone (DIN 6873).

The dental technician returns the completed o-ball overdenture to the doctor’s office for final placement.
Select the height of the Equator abutment. The top margin of the abutment should be 1 mm above the mucosa.

Tighten the abutment to 25 Ncm using the ratchet along with the torque control device.

Place the protection disc first and then the metal cap.

Hollow out the existing denture base in the areas of the denture caps.

The dental technician returns the completed o-ball overdenture to the doctor’s office for final placement.

Select the height of the O-Ball abutment. The top margin of the abutment should be 1 mm above the mucosa.

Tighten the abutment to 25 Ncm using the ratchet along with the torque control device.

Place the protection disc first and then the metal cap.

Hollow out the existing denture base in the areas of the denture caps.

The dental technician returns the completed o-ball overdenture to the doctor’s office for final placement.
BAR SYSTEM

OT BAR
It is a bar with two different shaped surfaces, one is flat and the other is rounded, both sides can be utilized, the choice will depend upon the situation.

CASTABLE BAR
version A
0220BB (2 pcs.)

GINGIVAL CONNECTOR
(Optional)

CASTABLE BAR
version B
0220BB (2 pcs.)

PLASTIC CLIP
The housing in the casting that holds the retention CLIP is calculated with a tolerance at the opening that permits a lasting functionality to the retention CLIP.

POSITIONING CLIP A
023CPA
(4 pcs.)

POSITIONING CLIP B
02CPB
(4 pcs.)

CASTABLE BOX
025CPB
(4 pcs.)

MEDIUM RETENTION
027CRG
(4 pcs.)

SOFT RETENTION
026CRR
(4 pcs.)

INSTRUMENTS

TOOL FOR INSERTING CLIP
029OIC

KEY FOR PARALLELOMETER
028OCP
BAR SYSTEM
SCREWABLE PROSTHESIS
IMPRESSION TAKING

Select the height of the Multi-use abutment. The top margin of the abutment should be 1 mm above the mucosa.

Tighten the abutment to 25 Ncm using the ratchet along with the torque control device.

Make perforations in the custom-made impression tray.

Once the material is cured, loosen the transfer screws and remove the tray.

Analogs fixed inside the transfer.

Place the impression post accurately into the implant and by hand (Fig. A) or using the hexagonal screwdriver tighten the transfer screw.

Take the impression using an elastomeric impression material (polyvinyl siloxane or polyether rubber).

Note: Due to its low tensile strength, hydrocolloid is not suitable for this application.

Fix the analog in the impression using the transfer screw.

A gingival mask should always be used to ensure that the emergence profile of the crown is optimally contoured. Fabricate the master cast using standard methods and type 4 dental stone (DIN 6873).
Place the castable cylinder on the analogs and hand tighten the occlusal screws using the screw driver.

Shorten the castable cylinder according to the individual situation.

Use a residue-free burn-out plastic to fix the bar segments to the castable cylinder.

Check that the wax framework of the bar is absolutely tension-free before investing the framework. This is accomplished according to commonly known techniques.

Do an additional try on of the tension-free fit of the framework in the patient’s mouth.

Tighten the occlusal screws to 15 Ncm using the hexagonal screw driver along with the torque ratchet.

Fabricate the bar by using the parallelometer.

Note: The space between the bar and the gingiva must be at least 2 mm.