



B&B DENTAL
implant company



PROSTHETIC PROCEDURES

BASIC INFO

DURAVIT IMPLANT LINES
3P - EVOLUTION - WIDE

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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 conimetrica the abutment and the implant.

It is not subjected to loads, eliminating the risk of breakage.

CONICAL CONNECTION "TAPER MORSE 5° "

Cold weld seal

Elimination of micro-movements

Elimination of unscrewing

PLATFORM SWITCHING

Reduction of bone loss

Long term esthetic stability

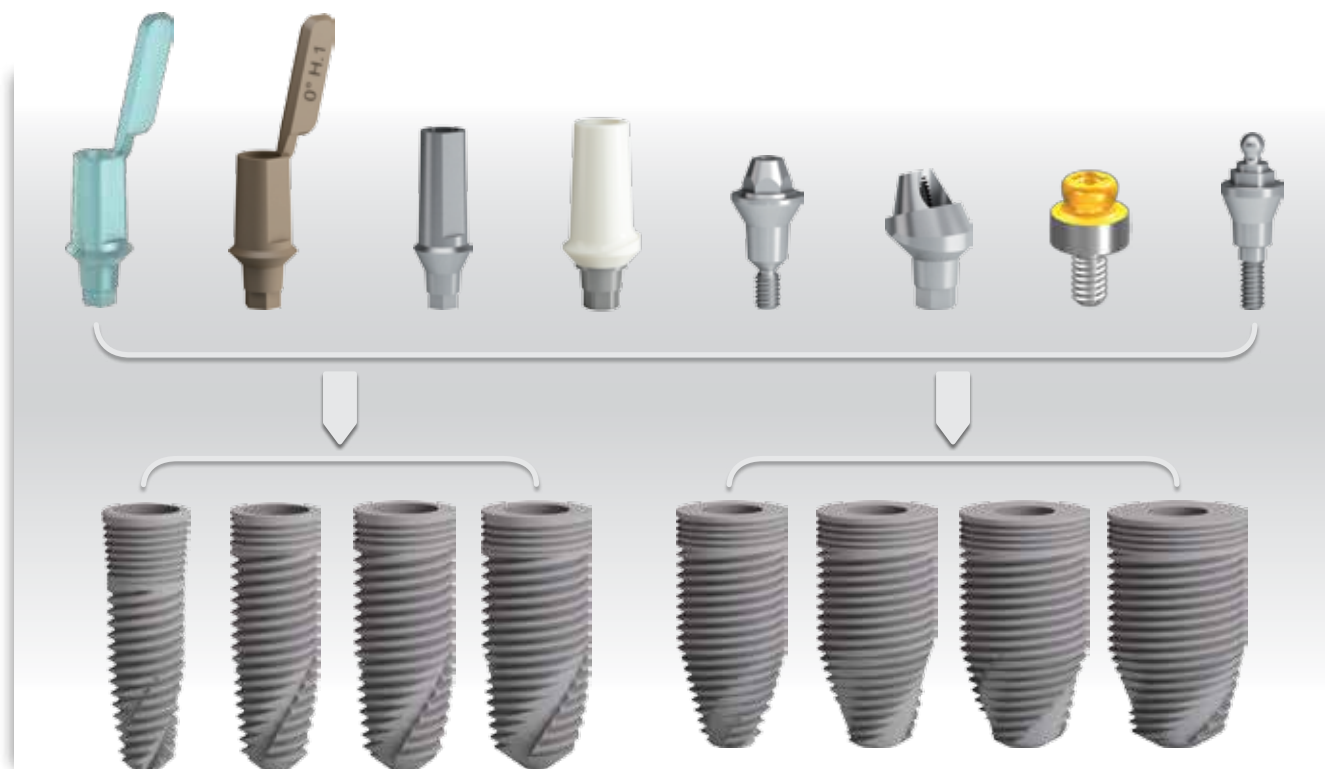
Perfect bacterial seal

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 dismantled only inserting an "Extractor screw" (ref. INN-6060).



Unscrew the prosthetic.



Insert the "Extractor screw" inside the abutment by using the hexagonal driver.



Screw clockwise the "Extractor screw" until the abutment comes out.



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)



PROSTHETIC OPTIONS

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.



Abutment used for the cement-retained restoration in a cemented prosthesis.

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.



Abutment used for screw-retained restoration in a screwed prosthesis.

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.



Abutment used for attachment-retained restorations of overdenture.

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.



Ref. 016013



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.



Ref. INN-6010



Ref. INN-6011



Ref. INN-6012



Ref. INN-6014



Ref. INN-6015



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.



INN-6020



INN-6021



INN-6022



INN-6023



INN-6024



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.

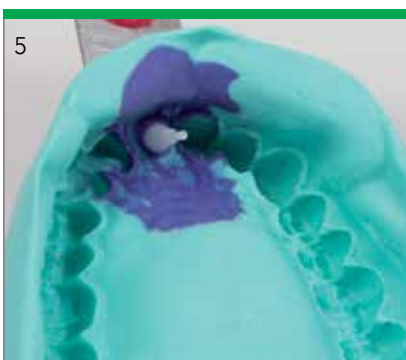


3 Make little lateral movement to verify the correct insertion of the transfer.



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.

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



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.



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

The impression cap remains in the impression material.



5 Unscrew and remove the impression post and send it together with the impression tray to the dental technician.



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

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.



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



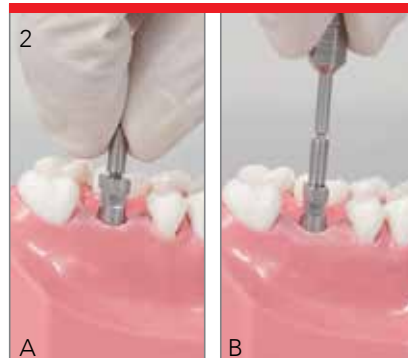
8 Fabricate the master cast using standard methods and type 4 dental stone (DIN 6873).

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.



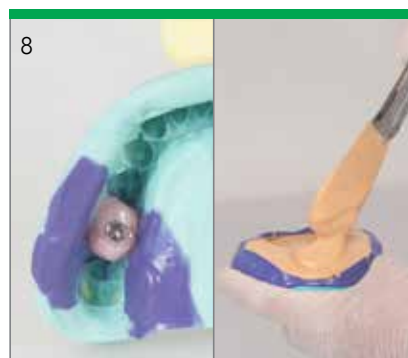
5 Once the material is cured, loosen the pick-up screws and remove the tray.



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

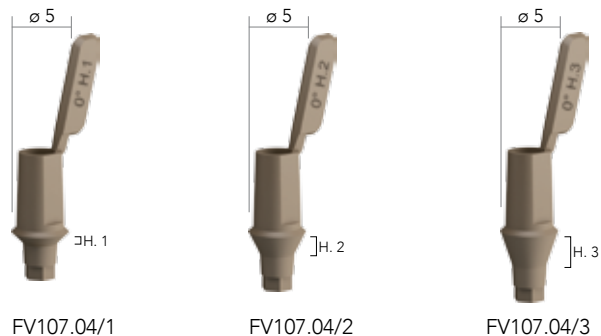
- Immediate loading in anterior area out of occlusion
- Individual soft tissue management for esthetic cases
- Screw-or cement-retained temporary crowns
- Cement-retained temporary bridges

CHARACTERISTICS

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

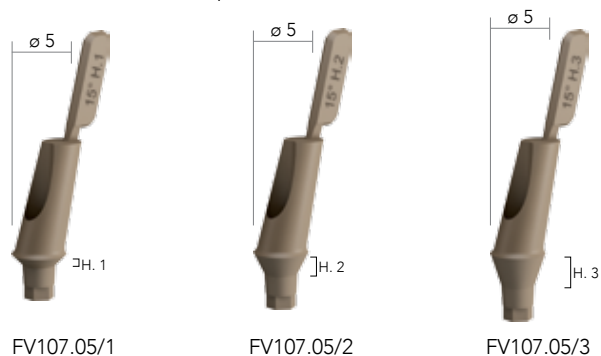
FIBRE-GLASS STRAIGHT ABUTMENTS

Complete with Prosthetic Screw



FIBRE-GLASS 15° ANGLED ABUTMENTS

Complete with Prosthetic Screw



FIBRE-GLASS 25° ANGLED ABUTMENTS

Complete with Prosthetic Screw



**PROSTHETIC
SCREW**
INN-6050



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



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.

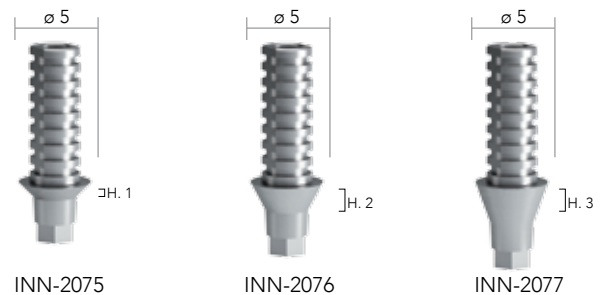
Place temporary restorations out of occlusion.

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 (134C°/5 Min).

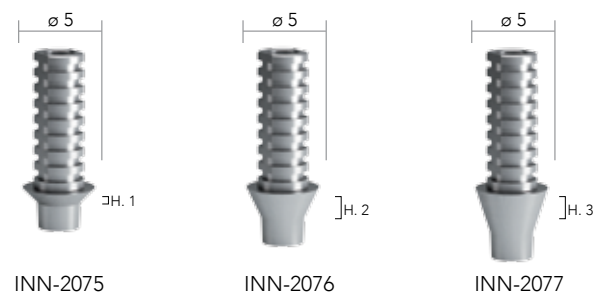
NON-ROTATING STRAIGHT ABUTMENTS

Complete with Prosthetic Screw



ROTATING STRAIGHT ABUTMENTS

Complete with Prosthetic Screw



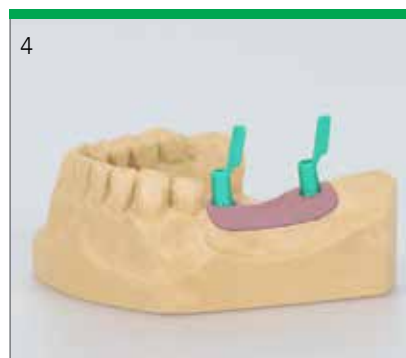
Fabricate the master cast including a gingival mask.



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



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



Place the try-in abutment on the implant or implant analog.

This will aid in checking the gingival height.

5



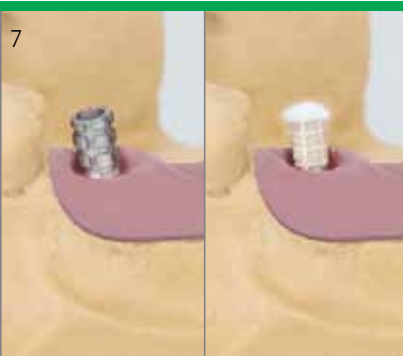
Mount the temporary abutment on the master cast or in patient's mouth. Mark the appropriate heights according to the individual situation.

6



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

7



Sandblast and coat with opaque.

8



Fill the 2nd silicon key with acrylic resin.

9



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

10



Remove excess acrylic.

11



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

12



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

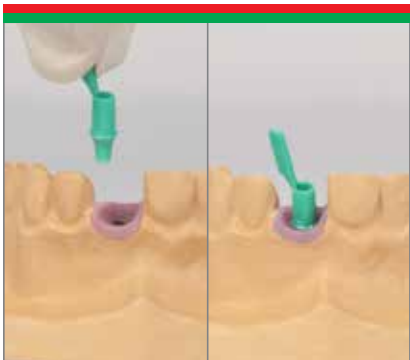
TRY-INN KIT ABUTMENTS

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.



	0° Ref.	15° Ref.	25° Ref.
H1	PC107.01/1	PC107.02/1	PC107.03/1
H2	PC107.01/2	PC107.02/2	PC107.03/2
H3	PC107.01/3	PC107.02/3	PC107.03/3

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.



	0° Ref.	15° Ref.	25° Ref.	Ref.
H1	INN-2000	INN-2015	INN-2025	INN-6050
H2	INN-2001	INN-2016	INN-2026	INN-6050
H3	INN-2002	INN-2017	INN-2027	INN-6050
H4	INN-2004	INN-2018	INN-2028	INN-6050
H5	INN-2005			INN-6050
H6	INN-2006			INN-6050

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.



	0° Ref.	15° Ref.	25° Ref.	Ref.
H1	INN-2030	INN-2065	INN-2075	INN-6050
H2	INN-2031	INN-2066	INN-2076	INN-6050
H3	INN-2032	INN-2067	INN-2077	INN-6050

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.



	0° Ref.	15° Ref.	25° Ref.	Ref.
H1	ZA-2000	ZA-2015	ZA-2025	INN-6050
H2	ZA-2001	ZA-2016	ZA-2026	INN-6050
H3	ZA-2002	ZA-2017	ZA-2027	INN-6050

TITANIUM ABUTMENT CEMENTED RESTORATION



1

Fabricate the master cast including a gingival mask.



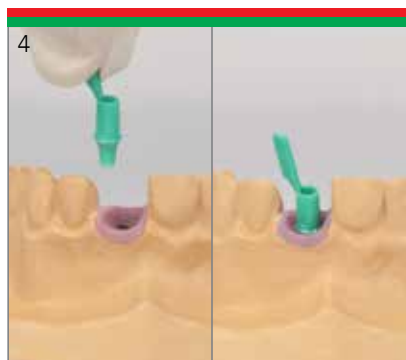
2

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-in 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°).



4

Place the pre selected abutment inside the analog.



5

Modify the abutment as required.



6

Sandblast the modified abutment.

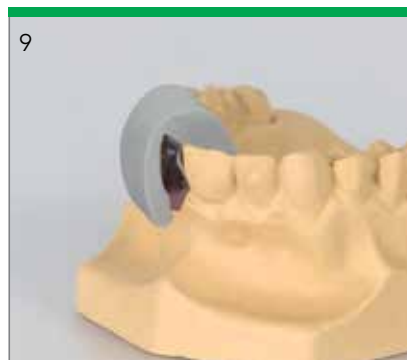


7

Wax an individual resin cap onto the abutment.



8 Contour a wax model according to the anatomical circumstances of the individual cast.



9 Check the wax-up with the silicone key.



10 Investment.
Cast the framework in the conventional manner.



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



12 Verify 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.



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



14 Veneer the superstructure.



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

CASTABLE ABUTMENT - PLEXIGLASS

INTENDED USE

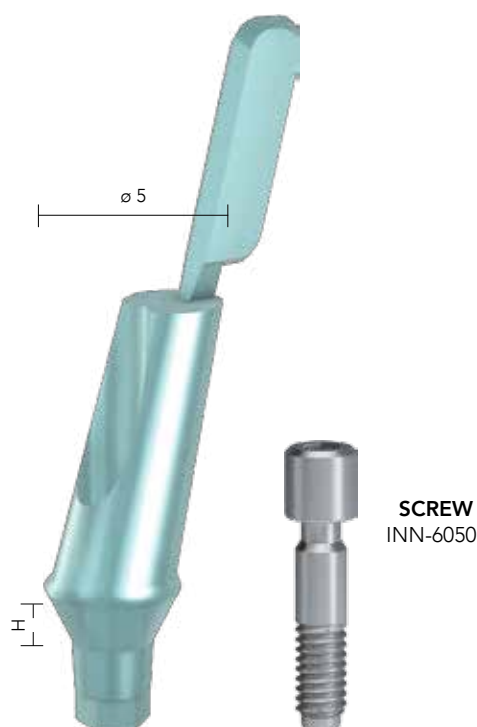
- Cement-retained bridges via mesostructure (custom abutment technique)

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

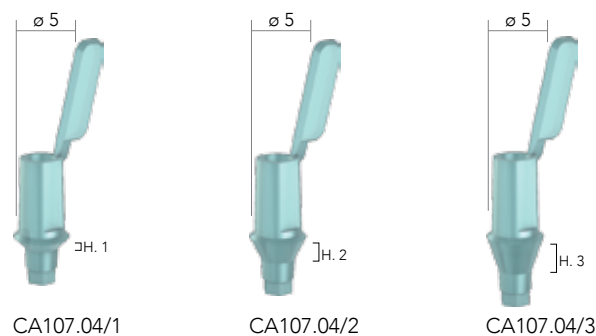
IMPORTANT NOTE

- 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.



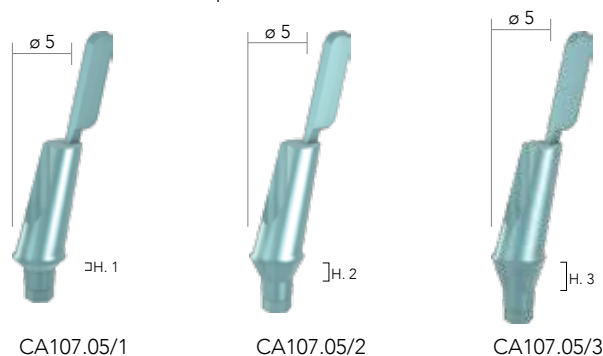
PLEXIGLASS STRAIGHT ABUTMENTS

Complete with Prosthetic Screw



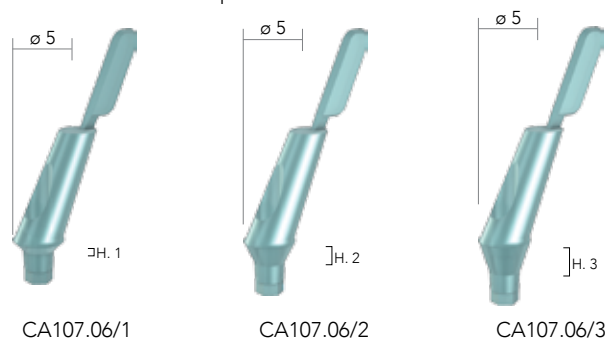
PLEXIGLASS 15° ANGLED ABUTMENTS

Complete with Prosthetic Screw



PLEXIGLASS 25° ANGLED ABUTMENTS

Complete with Prosthetic Screw



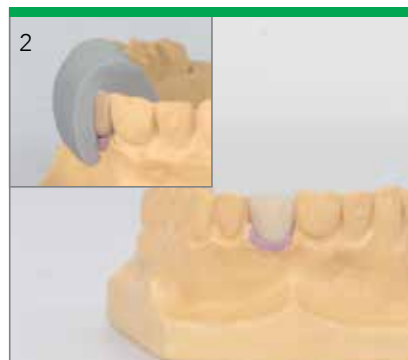
TIGHTENING:



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.

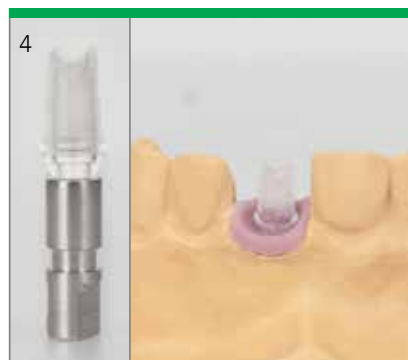


2
For optimal esthetic planning, model a full anatomical wax-up.

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.

INVESTMENT

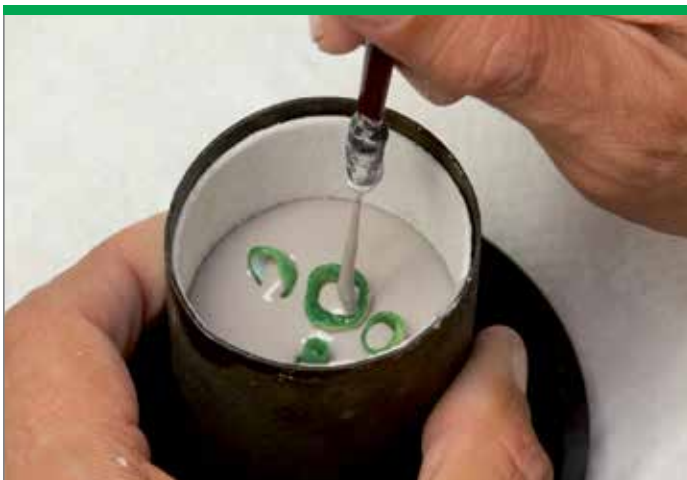


In order to avoid overflow of the cast-on alloy, clean the copings thoroughly prior to investment (removal of wax particles, insulating agents with a cotton pellet or brush moistened with alcohol).

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).

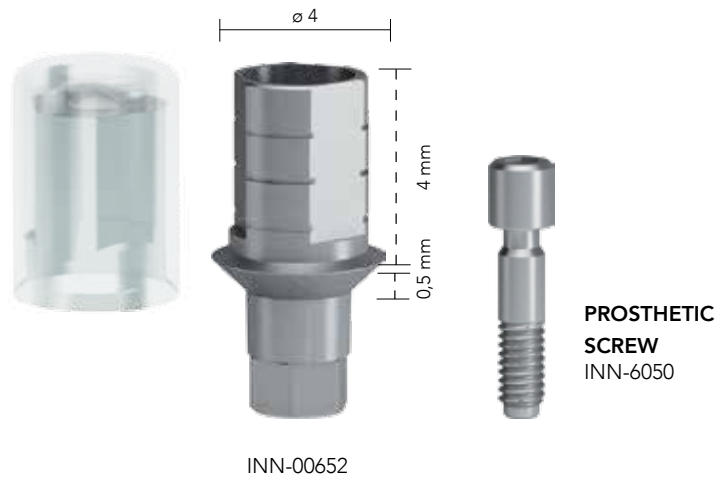


MULTI-SCAN ABUTMENT (cement-retained restoration)

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:



the prosthetic screw using the 1.25 Hex Screwdriver and Torque Wrench. Recommended torques for final seating 25 Ncm

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.



MULTI-SCAN ABUTMENT SCREWABLE RESTORATION WITH THE TRADITIONAL METHOD



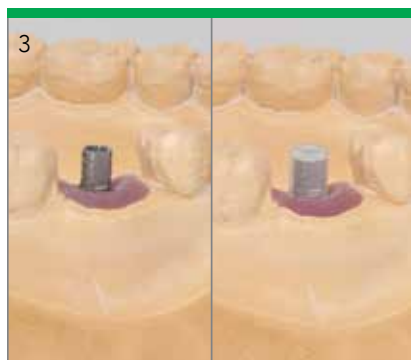
1

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.

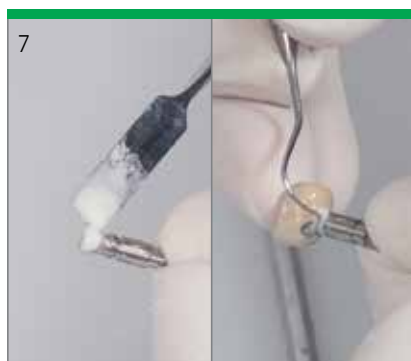


6

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 superstructure.



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.

MULTI-SCAN ABUTMENT SCREWABLE RESTORATION WITH CAD/CAM



Fabricating the scan model.
Fabricate 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.

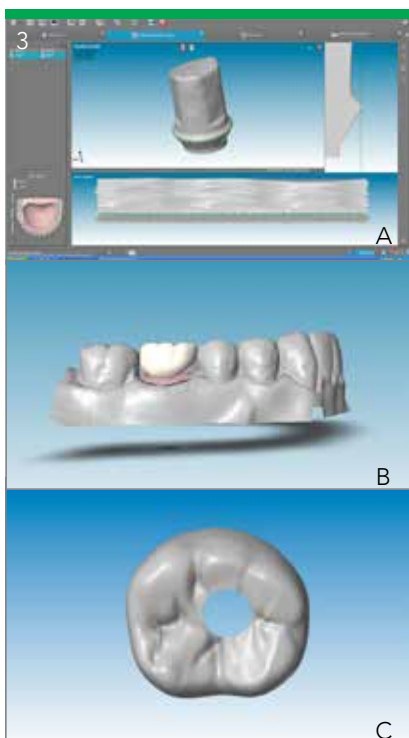
To determine the spacing available for further processing, the silicone key can be viewed on-screen.



Put the scan model in the laser scanner.



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



Shape the abutment on screen, using the software.



Check the zirconium framework.



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.

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 Multi-use driver (manual or ratchet connection).



STRAIGHT ABUTMENTS

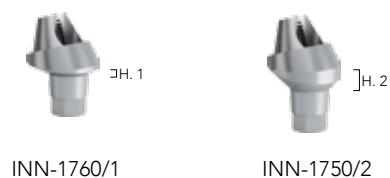


ANGLED MULTI-USE ABUTMENTS

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.

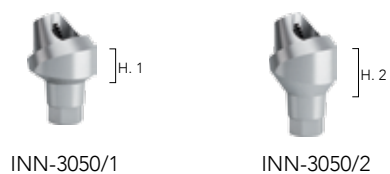
17° ANGLED ABUTMENTS

Complete with prosthetic Screw



30° ANGLED ABUTMENTS

Complete with prosthetic Screw



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



**MULTY-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

BRIDGE

SCREWABLE PROSTHESIS

TAKING IMPRESSION



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.



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



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.



Once the material is cured, carefully remove the tray.

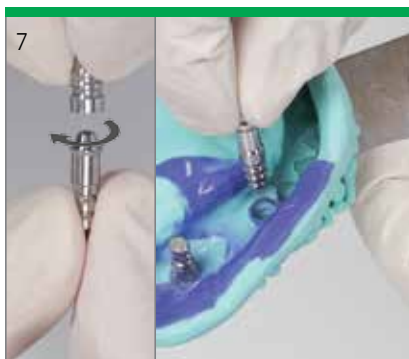
The Elastomer will take the conical shape of the close tray transfer for a safety reposition of the analog.



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

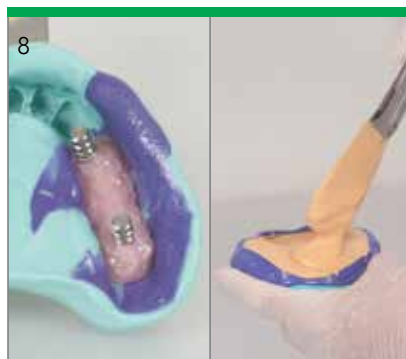


Screw the healing caps onto the Multi-use abutments in order to keep the soft tissue open until the final restoration is inserted.



Screw the transfer onto the Multi-use analog.

Push the transfer and analog in the tray. It is now firmly seated in the impression tray.



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).

9



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

10



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

11



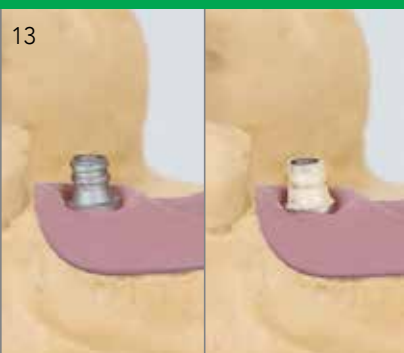
Place the temporary cilinder on the multiuse analog. This will aid in checking the gingiva height

12



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

13



Sandblast and coat with opaque.

14



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).

15



Remove excess acrylic.
Polish and clean the temporary restoration.
Reopen the screw channel.

16



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

BRIDGE

SCREWABLE PROSTHESIS

BUILD

9



Fabricate the master cast including a gingival mask.

10



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

11



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

12



Place the castable cylinder on the analogs and hand tighten the occlusal screws using the screw driver.

Note:
Do not over tighten the castable cylinder.

13



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

14



Fabricate the superstructure on the abutments using standard modeling methods.

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

15



Check the wax-up with the silicone key.

16



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.

17



Invest the bridge framework according to standard methods without using wetting agents.

18



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

19



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 resplint it tension free.

20



Sandblast

21



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

22



Veneer the superstructure.

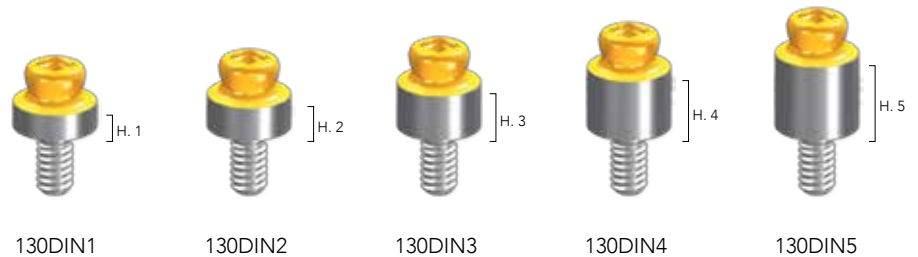
23



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

EQUATOR ANCHOR SYSTEM

COMPLETE SET INCLUDES:



CAPS WITH METAL HOUSING

141CAE: 2 Stainless steel housings

140CEV: 4 Retentive caps -
violet "strong" (2.7kg)

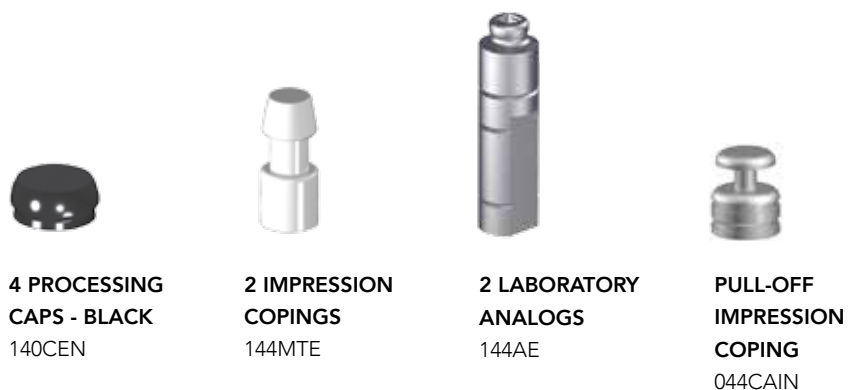
140CET: 4 Retentive caps -
white "standard" (1.8kg)

140CER: 4 Retentive caps -
pink "soft" (1.2kg)

140CEG: 4 Retentive caps -
yellow "extra-soft" (0.6kg)



LABORATORY ACCESSORIES



SURGICAL INSTRUMENTS



EQUATOR INDIRECT TECHNIQUE



1

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.



2

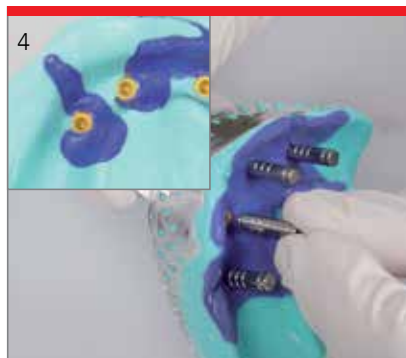
Place the impression copings on the Equator abutments.



3

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

Send the impression to the dental laboratory.



4

Place the analogs inside the impression copings.



5

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).



6

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

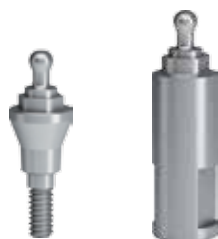


7

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

O-BALL ABUTMENT

Ø 1.8 O-BALL ABUTMENT

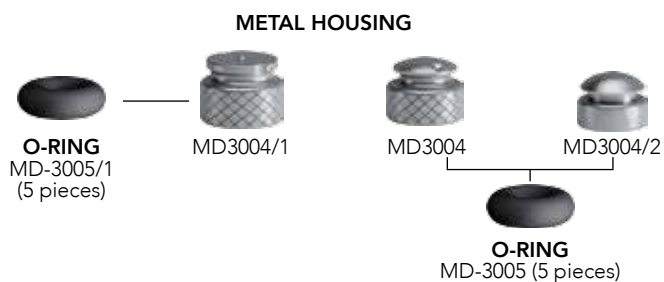


Ø 1.8
O-BALL
ANALOG

Ref.

Ref.

H1	INN-1040	INN-00621
H2	INN-1041	
H3	INN-1042	



PLASTIC CAP AND METAL HOUSING



Ø 2.3 O-BALL ABUTMENT



Ø 2,3
O-BALL
ANALOG

Ref.

Ref.

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

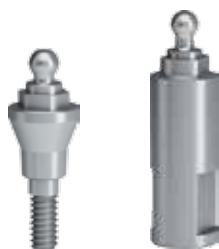
PLASTIC CAP AND METAL HOUSING



ONLY PLASTIC CAP 6pcs each package



Ø 2.5 O-BALL ABUTMENT



Ø 2.5
O-BALL
ANALOG

Ref.

Ref.

H1	INN-1050	INN-00623
H2	INN-1051	
H3	INN-1052	

PLASTIC CAP AND METAL HOUSING



O-BALL ABUTMENT INDIRECT TECHNIQUE



1 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.



2 Place the metal housing onto the o-balls.



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

Send the impression to the dental laboratory.

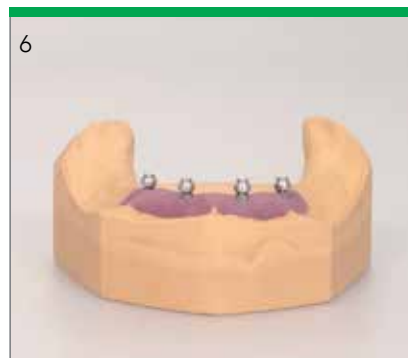


4 Once the material is cured, carefully remove the tray.

The impression cap remains in the impression material.



5 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).



6 Place the denture caps onto the O-ball abutments, or the analogs in the master cast.



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

EQUATOR DIRECT TECHNIQUE

O-BALL ABUTMENT DIRECT TECHNIQUE



1
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.



2
Place the protection disc first and then the metal cap.



3
Hollow out the existing denture base in the areas of the denture caps.



4
The dental technician returns the completed o-ball overdenture to the doctor's office for final placement.



1
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.



2
Place the protection disc first and then the metal cap.



3
Hollow out the existing denture base in the areas of the denture caps.



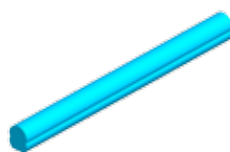
4
The dental technician returns the completed o-ball overdenture to the doctor's office for final placement.

BAR SYSTEM



OT BAR

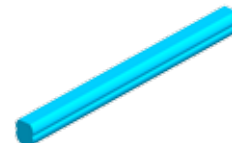
It is a bar with two different shaped surfaces, one is flat and the other is rounded, both sides can be utilized, the choice will depend upon the situation.



CASTABLE BAR
version A
0220BB (2 pcs.)



GINGIVAL CONNECTOR
(OPTIONAL)



CASTABLE BAR
version B
0220BB (2 pcs.)

PLASTIC CLIP

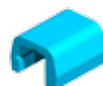
The housing in the casting that holds the retention CLIP is calculated with a tolerance at the opening that permits a lasting functionality to the retention CLIP.



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



1 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.



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



3 Make perforations in the custom-made impression tray.



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, loosen the transfer screws and remove the tray.



6 Fix the analog in the impression using the transfer screw.



7 Analogs fixed inside the transfer.



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).

BUILD

9



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.

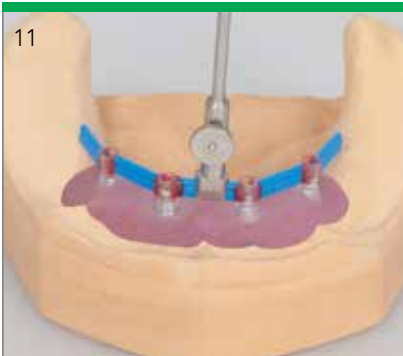
10



Fabricate the bar by using the parallelometer.

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

11



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

12



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

13



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

15



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



B&B DENTAL
implant company

Via San Benedetto, 1837 - 40018 San Pietro in Casale (BO) Italy
Tel. +39 (0) 51.81.13.75 - Fax +39 (0) 51.666.94.00
info@bebdental.it - www.bebdental.it



Système Qualité Certifié
UNI EN ISO 13485