



PROSTHETIC PROCEDURES



B&B DENTAL
implant company

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B&B DENTAL
implant company

Welcome to this updated edition of DURAVIT prosthetic procedure manual.

B. & B. Dental S.r.l. is an Italian leading company in biomedical field specialized in the development of dental implants and materials for bone regeneration. The experience gained over the years has helped to provide high quality prosthetic implant technologies and innovative materials with affordable prices. Products and techniques are constantly improved, developed and innovated, paying attention to customer satisfaction and to meet customer needs. This is the main goal that B. & B. Dental aims to achieve.

B. & B. Dental produces and markets:

- B&B DENTAL SYSTEM: dental implant system.
- B&B DENTAL GUIDED SURGERY SYSTEM: guided surgery system.
- B&B DENTAL CRESTAL SINUS LIFT: system used for the sinus lift.
- NOVOCOR PLUS and materials for bone regeneration.
- T-BARRIER TITANIUM MEMBRANES.
- T-BARRIER COLLAGEN MEMBRANES.

B. & B. Dental promotes also training courses especially for dentists and dental technicians, during which implant-prosthetic techniques are taught step by step. Knowledge about the specific use of the individual components of the DURAVIT system are provided, as the opportunity to experience directly the wide range of the offered prosthetic solutions.

CATALOG PRESENTATION

The awareness that the realization of a proper prosthesis on implant is a critical step for their long-term life time, has motivated the writing of this demonstrative catalog dedicated to dental technicians.

The catalog describes in details all the prosthetic components of the DURAVIT system and their use. Especially it is designed for being used by clinicians, who have undergone at least basic surgical and in-clinic implant training. All the information have specific illustrations in order to guide professionals through the wide range of options for the impression taking and the following built of the definitive prosthesis. Therefore it explains the 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 about implants in order to provide the most simple implant solution even in case of complex cases.

CONEXA

THE REVOLUTIONARY CONNECTION

PROSTHETIC SCREW

The only function is to bring in total connection the abutment and the implant.

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

CONICAL CONNECTION "MORSE TAPER 5°"

Cold weld seal.

Elimination of micro-movements.

Elimination of unscrewing.

PLATFORM SWITCHING

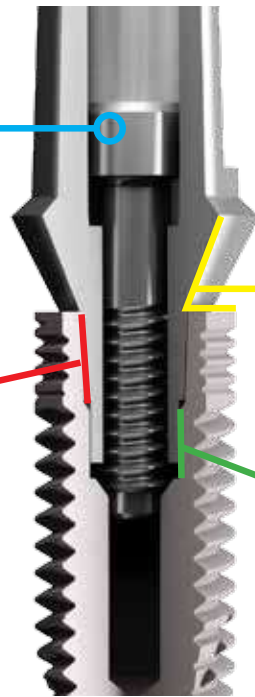
Reduction of bone loss.

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 position from the laboratory to the dental office.

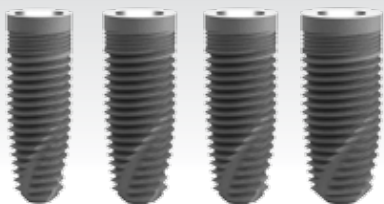


UNIQUE PROSTHETIC CONNECTION

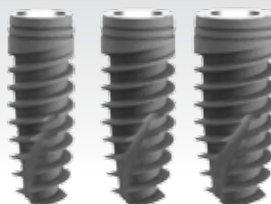
Thanks to the unique prosthetic connection (hole diameter 3 mm), the range is compatible with all prosthetic implants 3P, EV and WIDE, regardless of the stump or pillar chosen and the diameter of the implant.



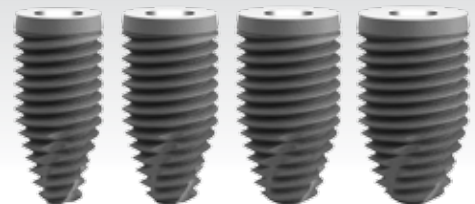
3P LINE



EV LINE



WIDE LINE



UNLOCKING SYSTEM

The morse taper is created by the friction between two conical surfaces (implant and abutment), that combined with the push and pressure applied in the insertion, locks them. The locking can be deleted only using an extractor screw "EXTRACTOR" (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. INN-00604



PROSTHETIC SCREW DRIVER
Ref. INN-61000 (short)
Ref. INN-61000L (long)



PROSTHETIC OPTIONS

CEMENT-RETAINED RESTORATION

The cemented implant is defined as an intermediate element of cemented prosthesis (abutments), 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 (abutments), 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.

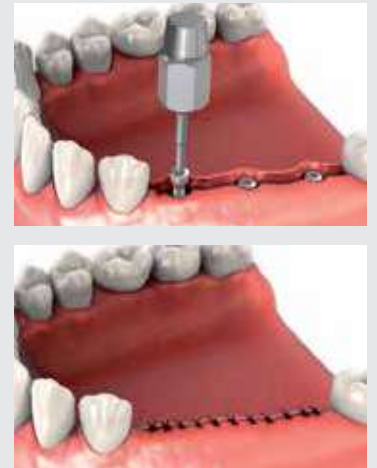
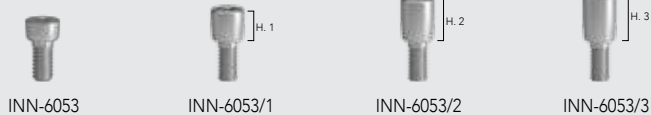
HEALING COMPONENTS

TIGHTENING:

Insert the healing screw into the implant and tighten with only light finger force.

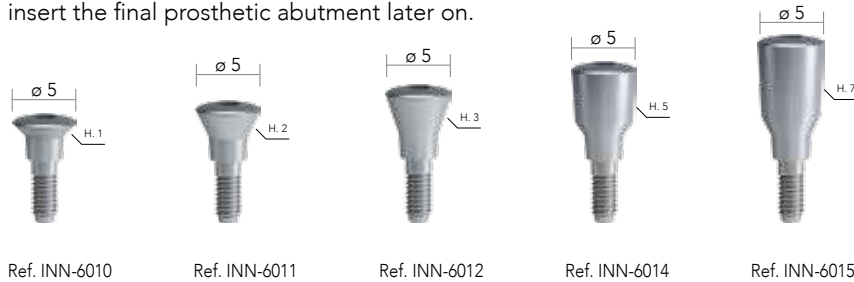
COVER SCREW

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.



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 that is easy and fast for each patient.

Each package contains 3 pieces.
Ref. INN-00306

The transfer has to be combined with the analog.
Ref. INN-00585



**PULL-OFF
TRANSFER**
INN-00306



ANALOG
INN-00585

TRANSFER FACILITY (CLOSED TRAY TECHNIQUE)

It is packaged in 3 pieces. It ensures optimal fit and precise impression taking in cases of large disparallelism.

Each package contains: 1 plastic cap, 1 screw and 1 metal transfer.

Each package of plastic cap contains 2 pieces.

The transfer has to be combined with the analog INN-00585, as shown above.



**PLASTIC
CAP**
INN-00507



**METAL
TRANSFER
(Short)**
INN-00506

**METAL
TRANSFER
(Long)**
INN-00506L

PICK-UP TRANSFER (OPEN TRAY TECHNIQUE)

The pick-up transfers ensures an optimal fit and a precise impression taking for each patient.

The package contains: 1 pick-up transfer and 1 short pick-up screw.
It is available even the long pick-up screw.

The transfer has to be combined with the analog INN-00585, as shown above.



COMPLETE SET
- post screw
- hexagonal open
tray transfer
INN-00600



COMPLETE SET
- post screw
- rotating open
tray transfer
INN-00601



**TRANSFER
SCREW
(Long)**
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 analog and push until you feel the tactile response of engagement.



3

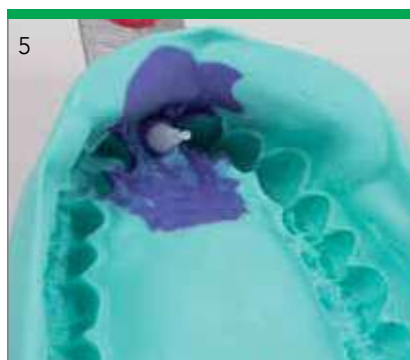
Make little lateral movements to verify the correct insertion of the transfer.



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 it is pulled off from the tray.



6

Position the analog in the tray and smoothly push until you feel the tactile response of engagement.



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 facility transfer accurately into the implant and tight the guide screw by hand or using the hexagonal screwdriver.



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 facility transfer.



3

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 facility transfer and send it together with the impression tray to the dental technician.



6

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 is optimally contoured.



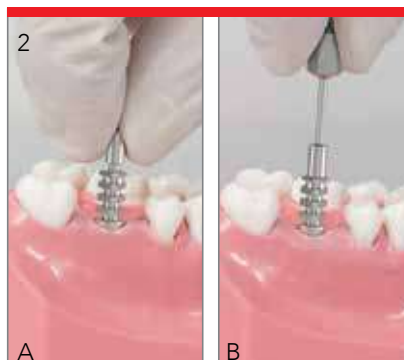
8

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 pick-up transfer accurately into the implant and by hand (Fig. A) or using the hexagonal screwdriver 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.



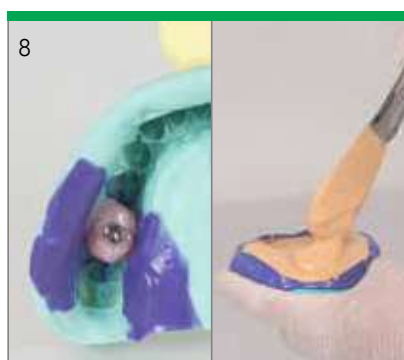
5 Once the material is cured, loosen the pick-up screws and remove the tray.



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 analog 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 - PEEK

INTENDED USE

- Immediate load.
- Individual soft tissue management for esthetic cases.
- Screw- or cement-retained temporary crowns.
- Peek abutment has been designed as temporary abutment, easily customized by the clinician or in the laboratory by the dental technician.
- Easy to customize by the doctor during the surgery as well as by the technician in laboratory.

CHARACTERISTICS

- Modifications of peek material can be realized immediately, easily and quickly.
- Easy-to-achieve esthetics due to tooth-colored and metal free.
- Conexa connection

NOTE

Maximum 121° sterilizable.

IMPORTANT NOTE

The correct position of angled abutments can be checked considering that the external hexagon of the driver is in phase with the internal hex.

TIGHTENING:



The tightening of the prosthetic screw is realized with the 1.27 hex screwdriver and torque ratchet. For the final seating are recommended torques of **25 Ncm**.

PEEK KIT

000.08

The box contains 1 pc for each code.



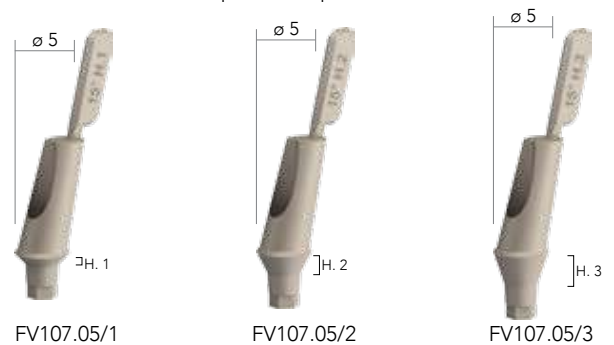
PEEK STRAIGHT ABUTMENTS

Complete with prosthetic screw



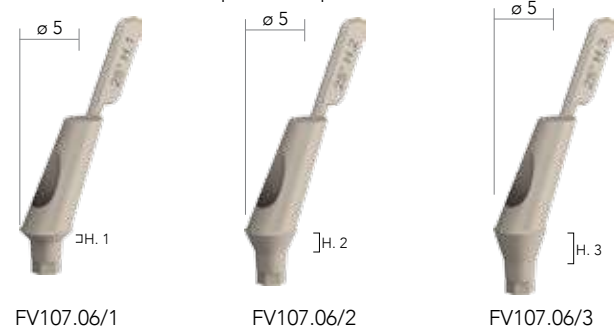
PEEK 15° ANGLED ABUTMENTS

Complete with prosthetic screw



PEEK 25° ANGLED ABUTMENTS

Complete with prosthetic screw



PROSTHETIC SCREW

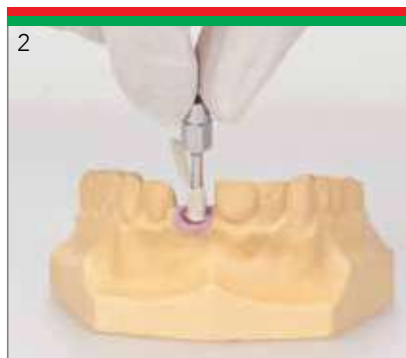


INN-6050



1

Place the pre-selected abutment inside the analog.



2

Hand-tighten the temporary abutment using the hexagonal screw.



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 ABUTMENTS - TITANIUM

User-adjustable temporary abutments in titanium.

INTENDED USE

- User-adjustable both by doctor and technician.
- Anterior and posterior area
- Non-rotating abutments are used for:
 - Screw- or cement-retained temporary crowns;
 - Cement-retained temporary bridges.
- Rotating abutments are used for screw-retained temporary bridges.

CHARACTERISTICS

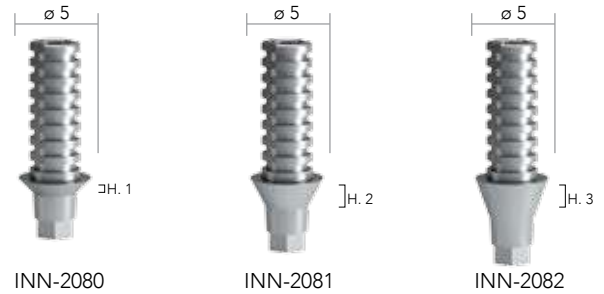
- Narrow diameter for interdental spaces.
- Precise fit and high stability due to titanium material.
- Conexa connection.

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 sterilized (134C°/5 Min).

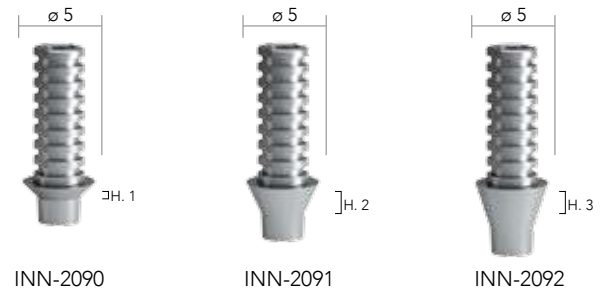
NON-ROTATING STRAIGHT ABUTMENTS

Complete with prosthetic screw



ROTATING STRAIGHT ABUTMENTS

Complete with prosthetic screw



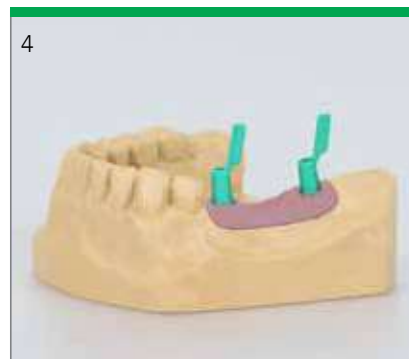
Fabricate the master cast including a gingival mask.



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



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



Place the Try-Inn abutment on the implant or implant analog.

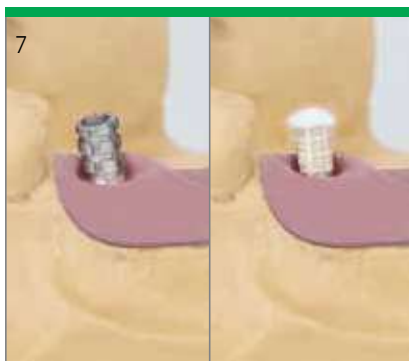
This will aid in checking the gingival height.



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



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



Sandblast and coat with opaque. Temporarily seal the screw channel.



Fill the silicon key with acrylic resin.



Press the silicon key on the model and use a standard technique to fabricate the temporary crown.



Remove excess acrylic.



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



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

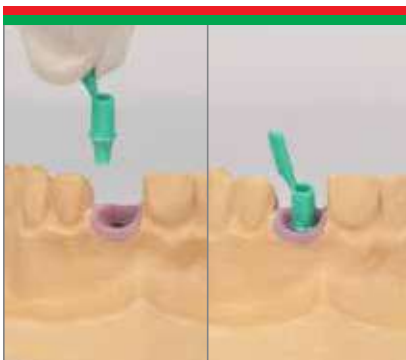
TRY-INN KIT ABUTMENTS

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 for 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 (H.1, 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 $\varnothing 5$ 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

CEMENTED-RETAINED RESTORATION




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 package 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 package 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

TITANIUM ABUTMENT CEMENTED RESTORATION



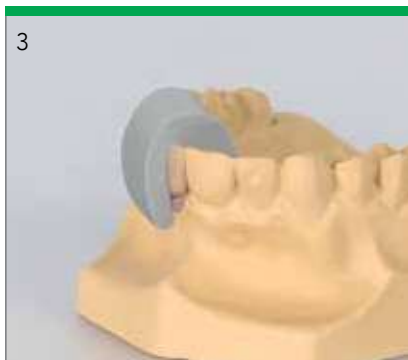
1

Fabricate the master cast including a gingival mask.



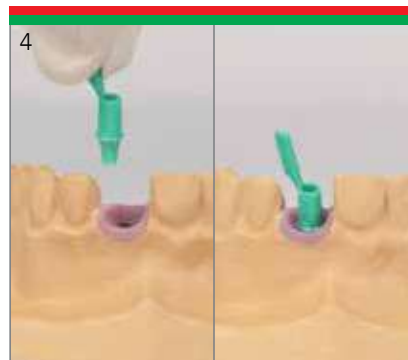
2

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 (H.1, H.2, H.3 mm) and axial alignment of the potential restoration (0°, 15° e 25°).

(See page 16)



5

Place the pre selected abutment inside of the analog.



6

Modify the abutment as required.



7

Sandblast the modified abutment.

Once the ceramic cap will be cemented, the sandblasting increase the mechanical attach.



8

Wax an individual resin cap onto the abutment.



9
Contour a wax model according to the anatomical circumstances of the individual cast.



10
Check the wax-up with the silicone key.



11
Investment.
Cast the framework in the conventional manner.



12
Gently divest the customized abutment with ultrasound, water jet, pickling acid or a glass fiber brush.



13
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.



14
Sandblast the metal crown in order to create a mechanical attach with the veneer.



15
Veneer the superstructure.



16
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-to-achieve esthetics due to individual realization of the emergency profile and adaptation to the margin of the gingival contour.
- Superfluous cement easily removable by raising the cement margin using an individually designed mesostructure.

STRAIGHT ABUTMENTS

Complete with prosthetic screw



15° ANGLED ABUTMENTS

Complete with prosthetic screw



25° ANGLED ABUTMENTS

Complete with prosthetic screw



PROSTHETIC SCREW



INN-6050

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 implant and abutment.
- Use the castable abutment only in cases of extreme disparallelism.
- Do not use for a single crown.

TIGHTENING:

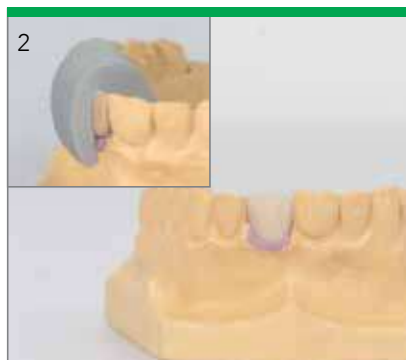


The tightening of the prosthetic screw is realized with the 1.27 hex screwdriver and torque ratchet. For the final seating are recommended torques of **25 Ncm**.



1

Fabricate the master cast including a gingival mask.



2

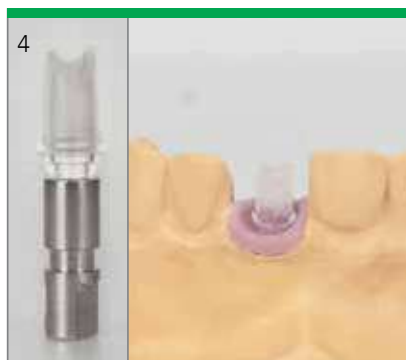
For optimal esthetic planning, model a full anatomical wax-up.

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.



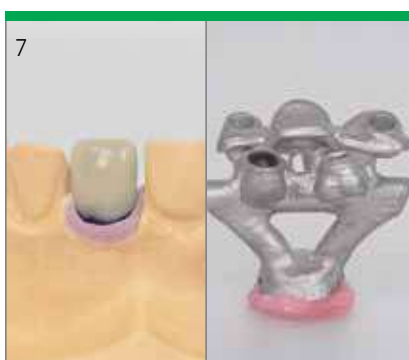
5

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

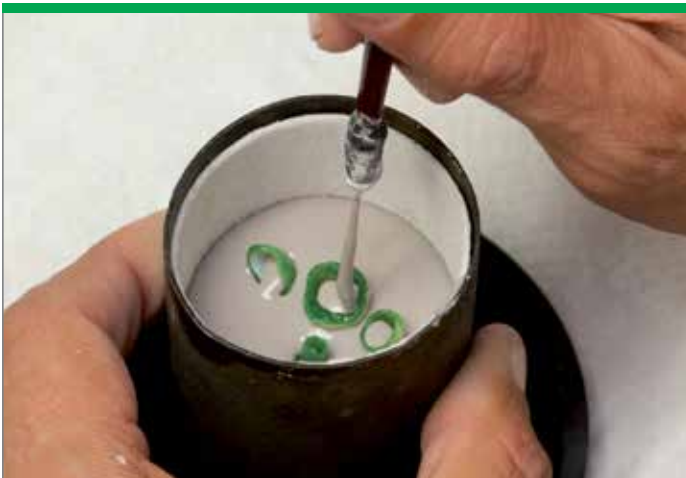


In order to avoid overflow of the cast-on alloy, clean the copings thoroughly prior to investment (removal of wax particles, insulating agents with a cotton pellet or brush moistened with alcohol).

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



INTENDED USE

- Cemented-retained restoration.
- Screw-retained restoration.
- Single and multiple crowns

CHARACTERISTICS

- Possibility of creating a transmucosal profile customized for every single patient.
- NIMETIC CEM (3M Espe), PANAVIA 21 (Kuraray Medical Inc.) are the materials recommended for bonding the prosthetic manufacture.
- Conexa connection

TIGHTENING:



The tightening of the prosthetic screw is realized with the 1.27 hex screwdriver and torque ratchet. For the final seating are recommended torques of **25 Ncm**.

The portion of the abutment can be customized as follows:

WITH TRADITIONAL METHOD

Utilization of a pre-fabricated castable placed on the abutment, that need to be adjusted and modeled with wax and/or acrylic, and fabrication of the portion of customized abutment through fusion.

WITH CAD/CAM

Scanbody allows to digitally get the abutment position on the model. The customized modelling includes a dedicated software and a laboratory working with drilling machine (CAM). Interface, link and B&B Dental scanbody are available for the following libraries:



NON-ROTATING MULTI SCAN

Complete with prosthetic screw



INN-00652

ROTATING MULTI-SCAN

Complete with prosthetic screw



INN-00651

PROSTHETIC SCREW



INN-6050



INN-SCAN

TI BASE CEREC® (Linea L)

INTENDED USE

- Cemented-retained restoration.
- Screw-retained restoration.

CHARACTERISTICS

- Titanium base.
- Completely customized prostheses.
- Use of CAD/CAM technology for the production of zirconium abutments that has to be fixed on the central pillar.
- Conexa connection.

NOTE:



Scanbodies are included in ScanPost and TiBase for the implant optical acquisition. The grey cap is used with omnicam system. The white cap is used with bluecam system. 2 different connections are available: S (code: 6431295) and L (code: 6431303).

CEREC BASE

Complete with prosthetic screw



INN-00655

INN-00655/2

INN-00655/3

PROSTHETIC SCREW



INN-6050

UCLA ABUTMENT

INTENDED USE

- Ideal for overcasting.
- Cemented-retained restoration.
- Screw-retained restoration.
- Use for single or multiple crowns.

CHARACTERISTICS

- Made of gold.
- Completely customizable.
- Model anatomically the gingiva.
- Conexa connection.

UCLA ABUTMENT

Complete with prosthetic screw



INN-6048

PROSTHETIC SCREW



INN-6050

MULTI-SCAN ABUTMENT SCREWABLE RESTORATION WITH THE TRADITIONAL METHOD



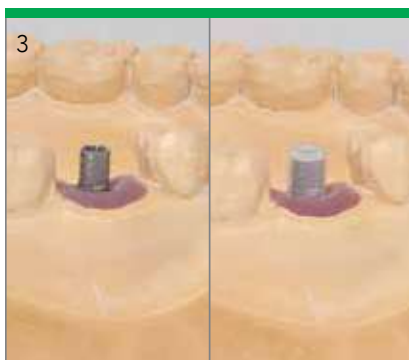
1

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 on the analog and hand-tighten the screw 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.

Check that the hole of the prosthetic screw is free of residues.



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



1

Fabricating the scan model.

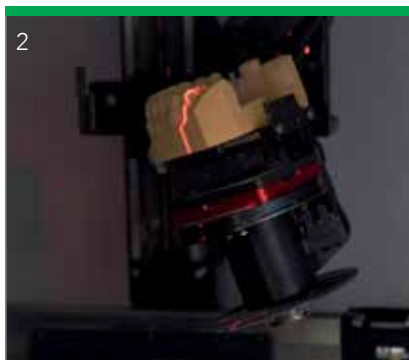
Fabricate a master cast with the corresponding analog.

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.



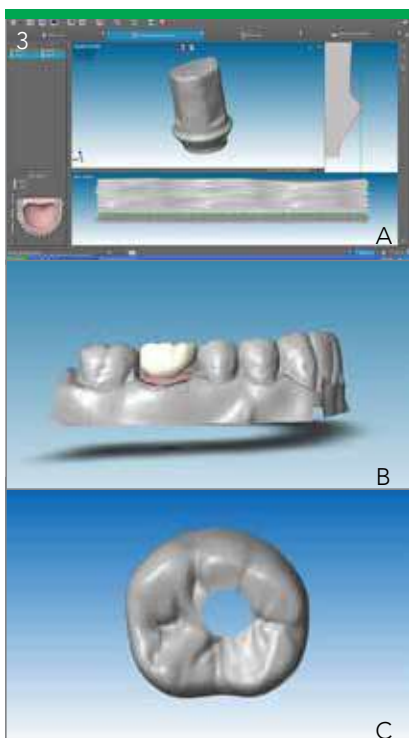
2

Put the scan model in the laser scanner.



4

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



3

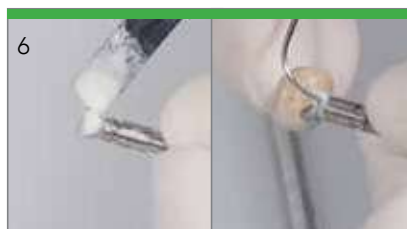
Shape the abutment on screen, using the software.



5

Check the zirconium framework.

Veneer the superstructure.



6

Cement the zirconium cap to the multi-scan abutment.

Remove superfluous cement.



7

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

MULTI-USE ABUTMENTS



INTENDED USE

- Screwed bridges
- "All-on-four" and "All-on-six" prosthesis
- Bar-retained overdentures.

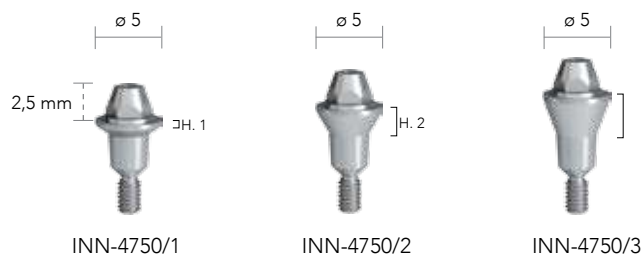
STRAIGHT MULTI-USE ABUTMENT

The straight multi-use abutment has a conical top with an external hexagon, that allows to tighten it by mean of a multi-use driver (manual or ratchet connection).

ANGLED MULTI-USE ABUTMENT

The 17° and 30° angled multi-use abutments help to achieve parallelism for non-parallel implants. They are can be easily connected through a multi-use holder (Ref. 023MUA) and then fixed with a prosthetic screw.

STRAIGHT ABUTMENTS



17° ANGLED ABUTMENTS

Complete with prosthetic screw



30° ANGLED ABUTMENTS

Complete with prosthetic screw



PROSTHETIC SCREW



IMPORTANT NOTE

The correct position of angled abutments can be checked considering that the external hexagon of the driver is in phase with the internal hex.

WARNING: Implant with a length of 6,5 mm requires the use of a specific prosthetic screw, shorter than the standard one.

TIGHTENING:



The tightening of the prosthetic screw is realized with the 1.27 hex screwdriver and torque ratchet. For the final seating are recommended torques of **15 Ncm**.

SURGICAL ACCESSORIES



**HEALING CAP
SCREW**
INN-6030



**CLOSED TRAY
TRANSFER**
INN-00611



MUA POST SCREW
INN-00612



OPEN TRAY TRANSFER
INN-00610
Complete with transfer screw

LABORATORY ACCESSORIES



**CONNECTING
SCREW**
INN-6051



MUA ANALOG
INN-00586



**TEMPORARY
ABUTMENT**
INN-5144
Complete with
connecting screw



**CASTABLE
ABUTMENT**
INN-5145
Complete with
connecting screw



**SPHERICAL
ANCHOR Ø 2.3**
INN-1023



SCAN BODY
Compatible with
the following
libraries:3Shape/
Exocad/Dental
Wings/Carestream/
Sicat

IMPORTANT NOTE

*Il serraggio della vite protesica va effettuato con cricchetto dinamometrico e chiave protesica 1,27. Vengono raccomandati torques di **15 Ncm** per l'alloggiamento finale.*

LABORATORY INSTRUMENTS

MULTI-USE DRIVER



MULTI-USE HOLDER
023-MUA



O-BALL MANUAL DRIVER
00440M



**O-BALL TORQUE RATCHET
DRIVER**
INN-00637

BRIDGE SCREWABLE PROSTHESIS TAKING IMPRESSION



1 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.



2 Screw the close tray transfers onto the multi-use abutments.



3 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.



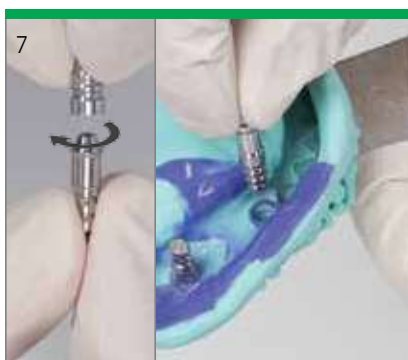
4 Once the material is cured, carefully remove the tray.
The elastomer will take the conical shape of the close tray transfer for a safety reposition of the analog.



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



6 Screw the healing caps onto the multi-use abutments in order to keep opened the soft tissues until the final restoration is inserted.



7 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.



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 PROSTHESIS



9

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



10

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



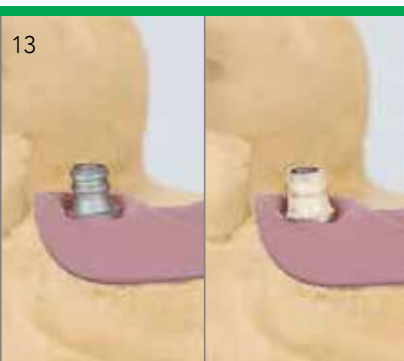
11

Place the temporary cylinder 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 silicon key with acrylic resin and press it on the model and use a standard technique to fabricate the temporary crown.



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 torques of 25 Ncm.

DEFINITIVE PROSTHESIS



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 floor 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.

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



20

Sandblast and coat the superstructure.



21

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



22

Veneer the superstructure.



23

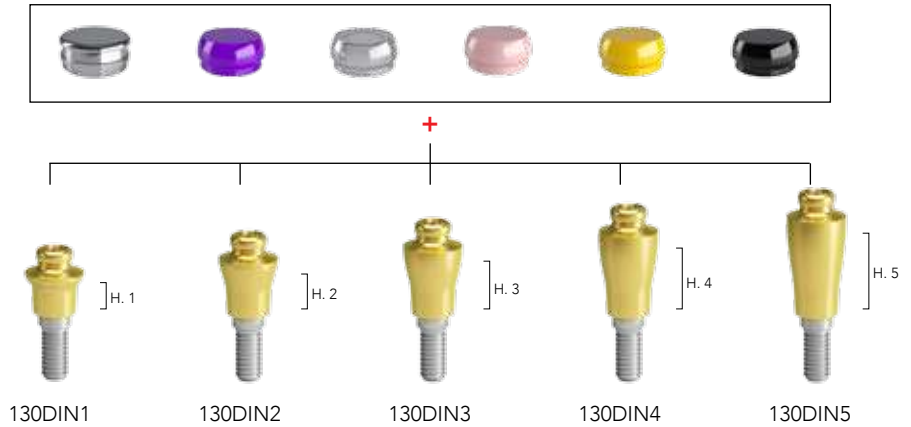
Tighten the occlusal screws to 25 Ncm, using the hexagonal screwdriver along with the torque ratchet.

EQUATOR ANCHOR SYSTEM



COMPLETE SET INCLUDES:

- 1 Anchor abutment
- 1 Stainless steel housings
- 1 Retentive caps - violet "strong"
- 1 Retentive caps - white "standard"
- 1 Retentive caps - pink "soft"
- 1 Retentive caps - yellow "extra-soft"
- 1 Processing cap - black



CAPS WITH METAL HOUSING



STAINLESS STEEL HOUSINGS
141CAE (2 pieces)



RETENTIVE CAPS STRONG
140CEV (4 pieces)



RETENTIVE CAPS STANDARD
140CET (4 pieces)



RETENTIVE CAPS SOFT
140CER (4 pieces)



RETENTIVE CAPS EXTRASOFT
140CEG (4 pieces)

LABORATORY ACCESSORIES



PROCESSING CAPS - BLACK
140CEN (4 pieces)



IMPRESSION COPINGS
144MTE (2 pieces)



LABORATORY ANALOGS
144AE (2 pieces)



PULL-OFF IMPRESSION COPING
044CAIN (2 pieces)

SURGICAL INSTRUMENTS



1 METAL INSERTION TOOL FOR CAPS
185IAC



1 BLUE PLASTIC "MULTIUSE" INSERTION TOOL
124ICP



1 SQUARE DRIVER CONNECTOR FOR TORQUE
760CE



1 OT-EQUATOR SQUARE SCREWDRIVER FOR IMPLANT ABUTMENT (SQUARE 1,25MM)
774CHE

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

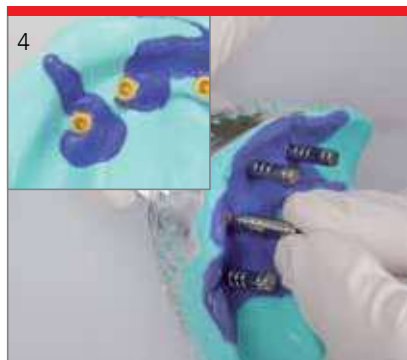
Place the impression copings on the Equator abutments.



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.

SPHERICAL ANCHOR SYSTEM



INTENDED USE

Dentures retained by implants in the mandible and maxilla.



















CHARACTERISTICS

- Simple.
- Divergence compensation up to 20° between two implants.
- Minimum height for limited occlusal space.
- Reliable.
- Excellent long-term performances due to high wear on resistance of components.

SPHERICAL ANCHORS

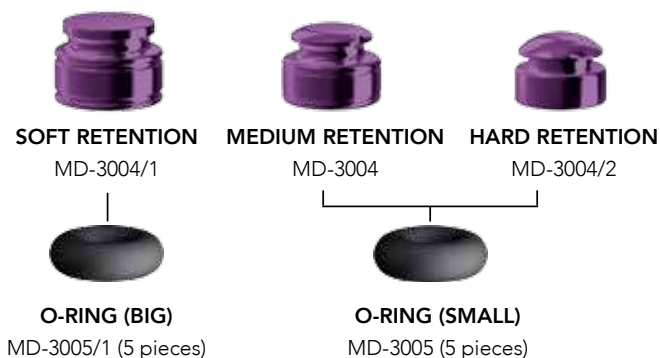
O-BALL ANALOG

TRANSFERT

Ø 1,8	 <p>INN-1040</p>	 <p>INN-1041</p>	 <p>INN-1042</p>	 <p>INN-00621</p>	 <p>INN-00624</p>			
Ø 2,3	 <p>INN-1060</p>	 <p>INN-1061</p>	 <p>INN-1062</p>	 <p>INN-1064</p>	 <p>INN-1065</p>	 <p>INN-1066</p>	 <p>INN-00623</p>	 <p>INN-00625</p>
Ø 2,5	 <p>INN-1050</p>	 <p>INN-1051</p>	 <p>INN-1052</p>	 <p>INN-00622</p>	 <p>INN-00626</p>			

Ø 1.8 METAL HOUSINGS

The prosthetic housings are available in three different retentions, achieved by using the appropriate silicon o-ring and metal housing.



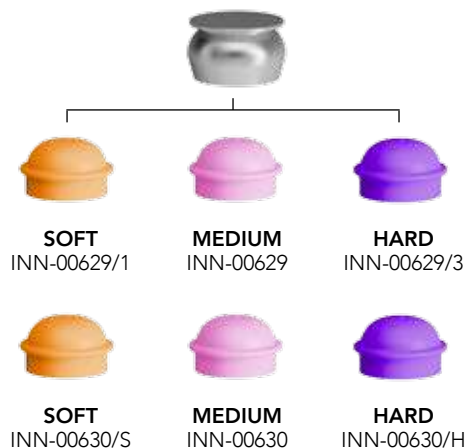
Ø 1.8 PLASTIC CAPS AND METAL HOUSING

NOTE: The metal housing is sold individually, without having a plastic cap inside.



Ø 2.3 PLASTIC CAPS AND METAL HOUSING

NOTE: The metal housing contains inside the plastic cap.



Ø 2.3 ONLY PLASTIC CAPS

6pcs each package

Ø 2.5 PLASTIC CAPS AND METAL HOUSING



NOTE: The metal housing is sold individually, without having a plastic cap inside.

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 spherical anchors.



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.

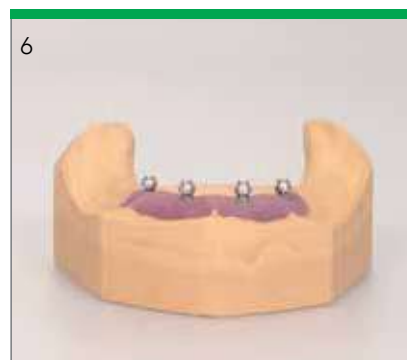
The impression cap remains in the impression material.



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.



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.



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.



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.

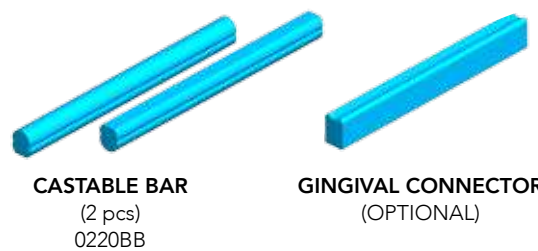


4
The dental technician returns the completed o-ball overdenture to the doctor's office for final placement.

BAR SYSTEM



OT BAR



CASTABLE BAR
(2 pcs)
0220BB

GINGIVAL CONNECTOR
(OPTIONAL)

PLASTIC CLIP



POSITIONING CLIP A (4 pcs)
023CPA

POSITIONING CLIP B (4 pcs)
02CPB

CASTABLE BOX
(4 pcs)
025CPB

MEDIUM RETENTION
(4 pcs)
027CRG

SOFT RETENTION
(4 pcs)
026CRR

INSTRUMENTS



SHORT DRIVER
00578/S

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 tight the transfer screw by hand (Fig. A) or using the hexagonal screwdriver.



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.

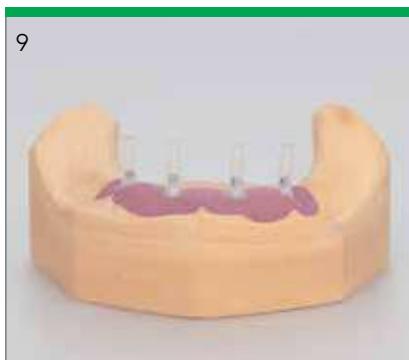


8

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).

DEFINITIVE PROSTHESIS



9

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

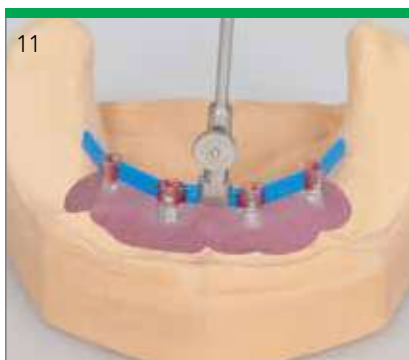
Shorten the castable cylinder according to the individual situation.



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.



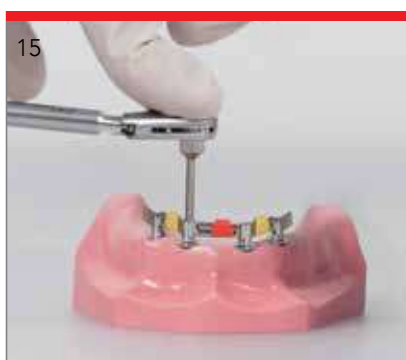
12

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 fitting of the framework in the patient's mouth.



15

Tighten the occlusal screws to 25 Ncm using the hexagonal screwdriver along with the torque ratchet.



B&B DENTAL
implant company

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Système Qualité Certifié
UNI EN ISO 13485