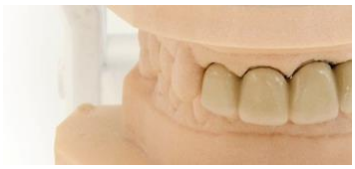

Prosthodontic Procedure
TSH® and BNT®

Important before using Phibo®

Phibo® implant systems incorporate in its innovative and patented design, advanced technological features, developed only for professionals who understand technology as an advantage and design as a benefit.
Phibo® complies with all the requirements established by European laws and guidelines regarding the manufacture and distribution of medical-health devices.
The Phibo® implant system is certified and authorised for sale by the European Notified Body 0123. Phibo Dental Solutions, S. L. complies with the most rigorous international quality regulations for medical devices, guaranteeing a perfect quality of its products, having as its sole objective the constant increase in the satisfaction of its customers.
The use of other components or products not manufactured by Phibo Dental Solutions, S. L. that come into contact with the originals products of the Phibo® implant system manufactured by Phibo Dental Solutions, S. L. according to the original design specifications, may cause damage to the patient's health as they are not contemplated for use with those referenced in the documentation provided by the manufacturer.

Any use of non-original components or instruments indicated in this procedure, which come into contact with the referenced ones, will automatically cancel any type of guarantee of the products manufactured by Phibo Dental Solutions, S. L.

The use and application of the Phibo® dental implant system is beyond the control of the manufacturer, and the user is responsible for any damages that may be caused by the use of the product, leaving Phibo Dental Solutions, SL exempt from liability for damages or damages derived from incorrect handling or use.

The reuse of single-use products entails a possible deterioration of their characteristics, which implies the risk of tissue infection, surgical or prosthodontic failure and / or deterioration of the patient's health.

The documentation of the Phibo® implant system is periodically renewed according to the state-of-the-art science and technology.
It is necessary for the user of the Phibo® product to request product information on a regular basis, in addition to attending the regularly established product and technical training courses.
The use and placement of Phibo® implants in unsuitable sectors and use of surgical instruments or prosthetic components not reflected in this procedure, may cause damage to the patient's health and total loss of the product warranty.
The Phibo® implant system is designed to carry out the rehabilitation of the teeth in a unitary or multiple way, according to the traditional clinical processes reflected in this documentation, being excluded from any guarantee, cases with insufficient bone for the placement of the implant, clinical cases of risk such as sinus elevations, fillings, advanced surgical techniques, cases with severe disparallelisms between implants, unsuitable implants, among others.
The Phibo® implant system is distributed internationally in different countries with different regulations and technical and health legislations, and there may be differences from one country to another in the content of the procedure.
Contact Phibo's exclusive distributor in your country and request documentation regarding the products and their availability. Phibo Dental Solutions, S. L. reserves the right to modify and evolve the products reflected in this procedure without prior notice.

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Technical Information

The information detailed below is not sufficient for the use of Phibo® dental implants, the person who handles it must have sufficient training and information about the implantology technique for the use of Phibo® dental implants.
Refer to the detailed information in the implant package leaflet before use. The instructions for use and maintenance of Phibo® products are reflected in the documents and procedure manuals of the Phibo® implant system.

The prosthodontic and instrumental components of Phibo ® not supplied sterile. They must be cleaned, disinfected, and sterilized before and after use.

The cleaning, disinfection and sterilization protocol can be consulted in the document PROSPLDESP_rev001.

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INTRODUCTION

The goal of this Prosthodontic Procedure is to offer a global vision of all the components, establishing the procedure of the different prosthodontic rehabilitations that can be performed on BNT® & TSH® implants of the Phibo® system, both in its clinical use and in the laboratory. From unitary cases, multiple, fixed prostheses, and complete rehabilitations to their different forms of connection: cemented or screwed.

With the Phibo® BNT® & TSH® system you can apply many of the current options in implantology. The Phibo® BNT® & TSH® implant system has a range of components that allow prosthodontic rehabilitations to be carried out in a simple way on implants and provide solutions so that the aesthetic and functional components guarantee an effective treatment to the patient.

Two impression taking methods are available: direct with closed impression tray, or indirect with open impression tray. Both are available through different components.

The Phibo® BNT® & TSH® system has the castable direct to implant, rotatory, or anti-rotatory for use in screw-retained prosthetic restorations, both multiple and unitary.

The Phibo® BNT® & TSH® has a range of abutments posts, with different heights and angles for use in rehabilitations with cemented prostheses.

PROCEDURES ACCORDING TO THE IMPLANT AND PROSTHODONTIC REHABILITATIONS

EARLY LOADING
Provisional or definitive rehabilitation with occlusal contact, at 6 weeks in the mandible and at 8 weeks in the maxilla, after the insertion of the implant. The prosthetic process is performed in the laboratory.

DEFERRED LOAD
Provisional or definitive rehabilitation with occlusal contact, at 3 months in the mandible and at 6 months in the maxilla, after the insertion of the implant. The prosthetic process is performed in the laboratory.

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CHARACTERISTICS OF THE DIFFERENT PROSTHETIC COMPONENTS

ANTIROTATIONAL ABUTMENT POST

The family of abutment posts is machined in titanium. It consists of the following types of abutments:

- 2mm and 4mm shoulder abutments posts for the BNT® & TSH® 2, 3, 4 and 5 implant series. The retainer screw of the abutment is provided separately.
- Angled abutment posts of 15° and 25° for the BNT® & TSH® 3 and 4 implant series. They are presented without transmucosal height and with transmucosal height of 1mm. They are provided together with the retainer screw.

As the name suggests, the abutment posts are indicated to be milled and modified at the convenience of the user in cemented rehabilitations. The fixing torque for the retaining screw is 35 Ncm.

INDICATIONS

- In general, for single and multiple cemented rehabilitations on the abutment.
- To level the emergence height of the crown in relation to adjacent natural teeth and soft tissue thickness:
  - If the occlusal height from implant is greater than 6mm.
  - If it is necessary to adjust the height to the antagonist and parallelize the insertion axis of the prosthesis.
- In fixed rehabilitations with a disparallelism between implants.
- In single or multiple rehabilitations in which, due to the position of the implant, the entry hole of the retainer screw in a screwed prosthesis compromises the aesthetics of the restoration.

ADVANTAGES

- Greater control of the aesthetics of the prosthesis.

WARNINGS

- Possible prolonged state of tissue reaction due to the used cement.
- Retention of the prosthesis due to excess cement.
- Less control of crown or bridge settlement during the cementing process.

CONTRAINDICATIONS

- If the occlusal height from the implant platform is less than 4mm.

CASTABLE UCLA DIRECT TO IMPLANT

The family of castables direct to implant is machined in plastic. They are indicated for screw-retained, single, multiple or overdenture rehabilitations for the Phibo® BNT® & TSH® System.
The family of direct to implant Ucla castables are composed of:

- Calcinable Ucla Anti-rotating: Indicated for fixed crowns screwed unitary.
- Calcinable Ucla Rotatory: Indicated for multiple fixed restorations, or overdentures. The different types of calcinables in the Phibo® BNT® & TSH® system are served separately from the retainer screw, which is fixed at a torque of 35 N.cm.

ADVANTAGES

- Easy disassembly of the prosthesis to facilitate maintenance and hygiene in the periodic checks carried out in the consultation.

CONTRAINDICATIONS

- Cases in which the retention screw entry hole compromises the aesthetics of the restoration.

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BALL ABUTMENTS

The ball abutment is a base abutment for the realization of restorations with implant-muco-supported overdentures. The ball abutment is machined from titanium. Available for series 3 and 4 in the following sizes:

- BNT® & TSH® series 3 implants:
  - Abutments with transgingival zone of 2 mm and 4 mm.
- BNT® & TSH® series 3 implants:
  - 4 Abutments with transgingival zone of 2 mm and 4 mm.

The definitive insertion torque to the implant is 35 N.cm. Maximum allowed angle: 30º between implants.

INDICATIONS

- Base abutment for the realization of restorations with muco-supported implant overdenture on balls, in the mandibular sector.
- In cases of significant deficit of mandibular elastic bone mass, where the placement of implants for another type of rehabilitation entails a high risk of bone fracture.

ADVANTAGES

- Allows for overdenture restorations.
- The retention system is simple and reliable.

RELATIVE WARNINGS

- In the maxillary bone. Having to place a greater number of implants due to its low bone density, the adjustment of the relines and the overdenture to the abutment is more complex.
- In all cases in which another type of rehabilitation is indicated.
- In restorations with more than two implants with severe disparallelism (since the insertion of the prosthesis would be difficult).

COMPLEMENTARY COMPONENTS

- Machined titanium bushing with O-ring:
  - Component that is integrated into the lower part of the overdenture and retains it to the implant when connecting with the ball abutment. The element that provides the retentive function between the cap and the abutment is a joint of rubber O-ring seated inside the bushing.

IMPRESSION TAKING

METALLIC TRANSFERS

FEATURES

- Machined titanium components.
- Available for open tray technique: metal transfer with long screw.
- Available for closed tray technique: metallic transfer with short screw.
- The blister contains: impression transfer, long screw for open tray and short screw for closed tray.

INDICATIONS

- Direct Impression to the implant.
- In cases of severe disparallelism between implants or between implants and teeth, impressions are taken with an open tray and a long retention screw using the open tray impression transfer.
- In cases of parallelism between implants or between implants and teeth, impressions can be taken with a closed tray and a short retention screw using the impression transfer for a closed tray.

ADVANTAGES

- In cases of pronounced disparallelism, the open-tray impression allows precise transfer of the implants to the working cast.

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RECOMMENDATIONS

- The indicated procedure must be followed for the seating and fixation of the impression transfer on the implant.
- In case of significant thickness of soft tissue, it is recommended to carry out an X-ray to control the settlement of the transfer to the implant shoulder.

SUPPLIES AND CLINICAL MATERIAL

- Metallic impression transfer for open tray or impression transfer for closed tray, for BNT® & TSH® systems, depending on the chosen technique.
- Phibo® system 1. 25 mm screwdriver.
- Individual impression tray*.
- Material for impression taking*.
- Impression material adhesive – LABORATORY*.
- BNT® & TSH® Implant Analog.
- 1. 25 mm Phibo® screwdriver.

* MATERIAL NOT SUPPLIED BY Phibo®

USE PROCEDURE

CLINICAL PROCEDURE

- Remove the healing abutment.
- Select the impression taking technique (open or closed tray) and its corresponding impression transfer. Attach the 1.25mm screwdriver into the retaining screw, pass it through the transfer until it protrudes from the lower end.
- Attach the transfer and screw assembly to the implant head. To carry out this action, place the assembly on the implant, screwing it until you notice that the base of the metal transfer has come into contact with the head of the implant, at that moment loosen the retaining screw and slightly rotate the body of the impression taking clockwise or anti schedule. If the body does not turn, it is because it is adjusted by the hexagon of the implant. If it turns, a slight pressure should be combined in the occlusal-gingival direction with a turn until you notice that the assembly fits between the hexagons. Finished threading the retention screw and tighten manually (It is advisable to check the fixation by means of a periapical radiograph).
- Dry the transfer with air.
- Apply the impression material around the transfer.
- Put the tray in the mouth with the rest of the impression material and wait for it to set.
- Open tray technique: Remove the fixation screw and drag the tray with the body of the transfer.
- Closed tray technique: Directly remove the tray once the impression material has set, remove the impression transfer from the implant.
- Replace the healing abutment.
- The following items are to be sent to the laboratory:
  - Impression tray.
  - Impression transfer with the corresponding screw.
  - Implant analogue.
  - Bite registration.
  - Antagonist model.

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LABORATORY PROCEDURE

- Open tray technique: Position the implant analogue on the body of the open tray transfer retained in the impression material and fix it with the retention screw.
- Closed tray technique: Attach the implant analogue to the closed tray transfer with the screw. Introduce the assembly in the tray, matching the flat faces, exert light pressure until you feel the jump retentive.
- Empty the area corresponding to the soft tissue with soft resin and wait for it to set.
- Empty the rest of the tray with plaster to obtain the final working model
- Open tray technique: Once the plaster has hardened, remove the retention screw, and separate the model.
- Closed tray technique: Once the plaster has hardened, separate the model from the tray and remove the metal impression transfer by loosening the retention screw.
- Condition and mount the model in the semi-adjustable articulator. Use the records taken before surgery.
- Carry out the study of:
  - Implant position (angulation and parallelism).
  - Available spaces and dimensions.
  - Height of the soft tissue for the preparation of the emergence profile.
  - Type of antagonist.
- With the information obtained, choose the optimal abutments and the necessary accessories for the elaboration of the prosthesis in the laboratory.

DEFINITIVE CEMENTED REHABILITATIONS

ABUTMENT POSTS

FEATURES

- Machined titanium abutment with a smooth transition area on the shoulder. The fixing torque of the abutment to the implant is 35 N.cm.
- Fixed prostheses cemented to the abutment post are manufactured by casting the base structure in metal, modelled from the titanium abutment itself.

INDICATIONS

- In general, for single and multiple restorations cemented on the abutment.
- To level the emergence height of the crown in relation to the adjacent natural teeth to the thickness of the soft tissue.
- When it is necessary to adjust the height of the antagonist and parallelize the insertion axis of the prosthesis.
- In single or multiple restorations where, due to the position of the implant, the entry hole of the retention screw in a screw-retained prosthesis compromises the aesthetics of the restoration.

CONTRAINDICATIONS

- When the occlusal height from the implant is less than 4mm.

ADVANTAGES

- Greater control of the aesthetics of the prosthesis.
- Solve the adjustment deficit of the final crown to the abutment.

DISADVANTAGES

- Difficult removal of excess cement.

SUPPLIES AND CLINICAL MATERIAL

- 1.25 mm Phibo® screwdriver.
- Phibo® torque wrench.
- Implant Impression registration*.
- Impression material*.
- Individual tray*

* MATERIAL NOT SUPPLIED BY Phibo®

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LABORATORY

- BNT® & TSH® implant analogue.
- BNT® & TSH® abutment posts.
- BNT® & TSH® definitive clinical screw.
- 1.25 mm Phibo® screwdriver.

USE PROCEDURE

IMPRESSION TAKING AND CASTING (See impression taking procedure)

LABORATORY PROCEDURE

SELECTION AND PLACEMENT OF THE ABUTMENT POST

- Choose the type of Abutment post that corresponds to:
  - Height of the soft tissue from the implant shoulder to the free gingival margin.
  - Implant dysparallelism.
  - The emergence profile of the prosthesis.
- Insert the chosen abutment to the implant analogue, adjusting the hexagons using small turns and manually thread the retaining screw until the abutment post is fixed about the BNT and TSH implant analogue.
- Check the height of the Abutment post in relation to the opposing arch and the parallelism with the adjacent teeth and/or abutments.
- Shape the abutment by milling if necessary.

ELABORATION OF THE PROSTHESIS

- Fill the entry hole of the drillable abutment retaining screw with wax and prepare the abutment with a spacer.
- Carry out the wax-up directly on the abutment once it has been modelled by means of the corresponding milling (if indicated) after applying the appropriate separator.
- Model the framework for casting in wax or resin.
- Perform metal casting.
- Extract the structure cast in the cylinder.
- Review and adjust the shoulder.
- Ceramice without glazing, if applicable.
- Make a guide key on the model for the position of the abutment post in the mouth.
- Remove the abutment post from the model.

IN-CLINIC PROCEDURE TESTING OF THE FRAME ·

- Remove the healing abutment from the implant.
- Place the abutment(s) in the lab-made acrylic resin guide key.
- Fix the abutment to the implant using the acrylic resin positioning guide and screw in the retention screw until the abutment is fixed, gently tightening manually.
- Assemble the prosthesis framework on the abutment in the mouth.
- Check frame fit.
- Adjustments of the shoulder of the abutment to the implant:
  - Passivity.
  - Relationship with the gum.
  - Points of contact.
  - Occlusion.
- Remove the framework from the mouth and mount it back on the working cast.
- Replace the healing abutment.

PROCEDURE IN THE LABORATORY FRAMEWORK FINISH

- Finish ceramizing and glazing.

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CLINIC PROCEDURE

PLACEMENT OF PILLARS AND DEFINITIVE PROSTHESIS

- Remove the healing abutment from the implant.
- Place the abutment or abutments in the acrylic resin guide key made in the laboratory.
- Fix the abutment to the implant using the acrylic resin positioning guide and screw in the retention screw until the abutment is fixed, gently tightening manually.
- Tighten the retaining screw using the 1. 25 mm driver tip and the torque wrench to a torque of 35 N.cm.
- Assemble the prosthesis framework on the abutment in the mouth.
- Check frame fit. o Adjustments of the shoulder of the abutment to the implant:
  - Passivity.
  - Relationship with the gum.
  - Points of contact.
  - Occlusion.

DEFINITIVE SCREWED REHABILITATIONS

CASTABLE DIRECT TO IMPLANT

The family of Castables direct to implant is machined in plastic.
They are indicated for single, multiple, or overdenture with bars screwed rehabilitation.
The family of Castables direct to implant is composed of:

- Castable Ucla Anti-rotating: Indicated for single screwed fixed restorations.
- Castable Ucla Rotary: Indicated for multiple fixed restorations or overdentures with bars. The different types of castables in the Phibo®, BNT® & TSH® system are provided separately from the retentive screw, which is fixed at a torque of 35 N.cm.

ADVANTAGES

- Easy disassembly of the prosthesis to facilitate maintenance and hygiene in the periodic checks carried out in the consultation.

CONTRAINDICATIONS

- Cases in which the retention screw entry hole compromises the aesthetics of the restoration.

SUPPLIES AND CLINICAL MATERIAL

- 1.25 mm Phibo® screwdriver.
- Phibo® torque wrench.
- Implant Impression registration*.
- Impression material*.
- Individual tray*.

* MATERIAL NOT SUPPLIED BY Phibo®

LABORATORY

- BNT® & TSH® implant analogue.
- BNT® & TSH® abutment posts.
- BNT® & TSH® definitive clinical screw.
- 1.25 mm Phibo® screwdriver.

USE PROCEDURE

CLINIC PROCEDURE

IMPRESSION TAKING AND CASTING (See impression taking procedure)

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LABORATORY PROCEDURE

SELECTION AND PLACEMENT OF THE UCLA CASTABLE

- Choose the type of Castable for the preparation of the prosthesis and check:
  - Height of the soft tissue from the implant platform to the free gingival margin.
  - The emergence profile of the prosthesis.
- Insert the chosen castable to the implant analogue.
- Check the height in relation to the opposing arch and the parallelism with the adjacent teeth and/or abutments.
- Model the structure in wax or resin for casting on the castable. Cast the modelled structure using the usual process.
- Review and polish the structure if necessary.

PROCEDURE IN CLINIC TESTING OF THE STRUCTURE

- Remove the healing abutment from the implant.
- Fix the framework trial to the implant with the retention screw.
- Check the fit of the frame:
  - Adjustments of the shoulder of the abutment to the implant
  - Passivity.
  - Relationship with the gum.
  - Points of contact.
  - Occlusion.
- Remove the frame from the mouth and mount it back on the working cast.
- Replace the healing abutment.

LABORATORY PROCEDURE FINISHING THE STRUCTURE

- Finish ceramizing and glazing.

CLINIC PROCEDURE

PLACEMENT OF THE DEFINITIVE PROSTHESIS

- Remove the healing abutment from the implant.
- Fix the prosthesis to the implant with the retention screw.
- Tighten the retaining screw using the 1.25 mm driver tip and the torque wrench to a torque of 35 N.cm.
- Check the fit of the frame:
  - Adjustments of the shoulder of the abutment to the implant.
  - Passivity.
  - Relationship with the gum.
  - Points of contact.
  - Occlusion.

DEFINITIVE REHABILITATIONS WITH OVERDENTURES

BALL ABUTMENT

FEATURES

- The Ball Abutment is a base abutment for the realization of muco-supported implant overdenture restorations. The Ball Abutment is machined from titanium.
- The following Ball Abutment sizes are available for series 3 and 4 of BNT® and TSH®.
  - Abutments with a transgingival zone of 2 mm and 4 mm.
- The definitive fixation torque to the implant is 35 N.cm.

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COMPLEMENTARY COMPONENTS

- Titanium machined bushing with O-ring seal

Component that is integrated into the lower part of the overdenture and retains it to the implant when connecting with the ball abutment. The element that provides the retention function between the cap and the abutment is a rubber O-ring seated inside the cap.

INDICATIONS

- Base abutment for conducting restorations with implant-muco-supported overdenture on balls, in the Mandibular sector.
- In cases with a significant deficit of mandibular elastic bone mass, where the placement of implants for other types of rehabilitation entails a high risk of bone fracture.

RELATIVE CONTRAINDICATIONS

- In maxillary bone. Having to place a greater number of implants due to its low bone density, the adjustment of the relines and the overdenture to the abutment is more complex.
- In all cases in which another type of rehabilitation is indicated.

ADVANTAGE

- Easier treatment.
- Allows restorations with overdenture.
- The retention system is simple and reliable.
- Reduces procedure time.
- Improvement of the quality of life in elderly patients with significant bone resorption.
- The O-ring retention system facilitates reconstruction by allowing an angulation of +/- 30º between the different caps that support the overdenture.

RECOMMENDATIONS

- Periodically replace the retaining gasket O-ring.
- Periodically check the patient until a perfect fit between the soft tissue and the prosthesis is achieved.

ABUTMENT OPTIONS

- Series 3 BNT® & TSH® implants:
  - Abutments with transgingival zone of 2 mm and 4 mm.
- Series 4 BNT® & TSH® implants:
  - Abutments with transgingival zone of 2 mm and 4 mm.

APPLICABLE PROCEDURES

- Standard.

COMPONENTS AND MATERIALS

CLINIC

- 1.25 mm Phibo® screwdriver.
- Phibo® torque ratchet.
- Implant Impression registration*.
- Impression material*.
- Individual tray*.

* MATERIAL NOT SUPPLIED BY Phibo®

LABORATORY

- BNT® & TSH® implant analogue.
- BNT® & TSH® ball abutment.
- Metal cap with O-ring joint for BNT® & TSH® ball abutment.
- 1.25 mm Phibo® mechanical or manual screwdriver.

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USE PROCEDURE

CLINIC PROCEDURE

IMPRESSION TAKING AND CASTING
- (See impression taking procedure)

LABORATORY PROCEDURE

SELECTION AND PLACEMENT OF THE BALL ABUTMEN
- Choose the most appropriate height of the transgingival zone of the Ball Abutment for the reconstruction.
- Place the chosen abutment on the BNT® & TSH® implant analogue.
- Check the height of the abutment in relation to the opposing arch and the space for the fabrication of the overdenture.

PROCEDURE IN THE LABORATORY MAKING THE PROSTHESIS
- Model the structure of the overdenture.
- Secure the metal cap with the O-ring joint to the overdenture with temporary material.

IN-CLINIC PROCEDURE TESTING OF THE FRAME
- Remove the healing abutments.
- Assemble the structure on the abutments.
- Check:
  - Adjustments of the shoulder of the abutment to the implant.
  - Passivity.
  - Relationship with the gum.
  - Occlusion.
- Remove the framework and abutments from the mouth.
- Replace the healing abutments.

LABORATORY PROCEDURE FINISHING THE STRUCTURE
- Modify the shape of the structure if necessary.
- Extract the sleeves and the temporary cement.
- Secure the sleeves definitively with acrylic resin.

PROCEDURE IN CLINIC

PLACEMENT OF THE PILLARS AND DEFINITIVE PROSTHESIS.
- Remove healing abutment.
- Attach the Ball Abutment to the implant using the 1.25 mm driver tip and the torque wrench at a torque of 35 N.cm.
- Mount the overdenture on the abutments in the mouth.
- Check:
  - Adjustments of the shoulder of the abutment to the implant.
  - Passivity.
  - Relationship with the gum.
  - Occlusion.

Instruct the patient in the insertion and removal procedure of the overdenture, as well as in the maintenance of oral hygiene.

Normal wear requires periodic replacement of the O-ring rubber gasket, removing the old one with an explorer and replacing it with a new one.

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ROTARY CASTABLE

SUPPLIES AND CLINICAL MATERIAL

- 1.25 mm Phibo® mechanical or manual screwdriver.
- Impression transfer.
- Healing abutment.
- Impression registration*.
- Impression material*.
- Phibo® torque ratchet.
- BNT® & TSH® clinical screw.
- Individual tray*.

* MATERIAL NOT SUPPLIED BY Phibo®

LABORATORY

- BNT® & TSH® implant analogue.
- BNT® & TSH® rotary castable.
- BNT® & TSH® laboratory screw.
- 1.25 mm Phibo® manual screwdriver.

USE PROCEDURE

IN CLINIC

IMPRESSION TAKING AND CASTING

- (See impression taking procedure)

LABORATORY PROCEDURE

SELECTION AND PLACEMENT OF THE UCLA CASTABLE

- Choose the type of Castable for the realization of the prosthesis and check:
  - Soft tissue height from the implant platform to the free gingival margin.
  - The emergence profile of the prosthesis.
- Insert the chosen castable into the implant analogue.
- Check the height in relation to the opposing arch and the parallelism with the adjacent teeth and/or abutments.
- Model the framework in wax or resin for casting on the castable.
- Model the bar in wax or fix prefabricated plastic bars to the casting model.
- Cast the modelled structure using the usual process.
- Go over and polish the structure if necessary.
- Make the structure of the overdenture on the bar and its fixation.

PROCEDURE IN CLINIC TESTING OF THE STRUCTURE

- Remove the healing abutment from the implant.
- Fix the framework trial to the implant with the retention screw.
- Check frame fit:
  - Adjustments of the shoulder of the abutment to the implant.
  - Passivity.
  - Relationship with the gum.
  - Occlusion.
- Remove the framework from the mouth and mount it back on the working cast.
- Replace the Healing Abutments.

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LABORATORY PROCEDURE

STRUCTURE FINISH

- Appropriately modify the overdenture or bar.

CLINIC PROCEDURE

PLACEMENT OF THE DEFINITIVE PROSTHESIS.

- Remove the Healing Abutments from the Implants.
- Attach the bar to the implants with the retention screws.
- Tighten the retaining screw using the tip of the 1.25mm screwdriver and the torque wrench at a torque of 35 N.cm.
- Mount the overdenture on the bar in the mouth.
- Check frame fit:
  - Adjustments of the shoulder of the abutment to the implant.
  - Passivity.
  - Relationship with the gum.
  - Occlusion.

Instruct the patient in the insertion and removal procedure of the overdenture, as well as in the maintenance of oral hygiene.

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