



## Prosthodontic Procedure

TSA® | TSA® Advance

Regeneration

Implant  
Systems

CAD-CAM

Digital  
Solutions

Services

phibo<sup>φ</sup>

## IMPORTANT: BEFORE USING Phibo®

The innovative and patented design of the Phibo® implant systems incorporates advanced technological features developed only for professionals who understand technology as an advantage, and design as a benefit.

Phibo® complies with all the European guidelines and legal requirements regarding the manufacture and distribution of medical and health products.

The Phibo® implant system is certified and authorised for sale by European Notified Body NB 0123. Phibo® Dental Solutions, S.L. complies with the strictest international standards on the quality of medical devices, guaranteeing perfect product quality, with the sole objective of constantly increasing client satisfaction.

The use of other components or products not manufactured by Phibo® Dental Solutions, S.L., which come into contact with Phibo® implant system originals manufactured by Phibo® Dental Solutions, S.L. in accordance with the original design specifications, may cause serious health problems for the patient as they are not intended for use with elements that are referenced in the documentation supplied by the manufacturer.

Any use of non-original components or instruments mentioned in this procedure, that come into contact with the referenced components will automatically cancel any type of warranty covering products manufactured by Phibo® Dental Solutions, S.L.

Because the use and application of the Phibo® dental implant system are beyond the control of the manufacturer, the user is responsible for any damage that may result from the use of the product. Phibo® Dental Solutions, S.L. declines all responsibility for damage derived from incorrect manipulation or use.

Reusing single-use products may cause deterioration, with a risk of tissue infection, surgical or prosthodontic failure and/or deterioration of patient health.

The documentation of the Phibo® implant system is periodically updated according to the state of scientific and technical knowledge. Users of the Phibo® system should request product information on a regular basis and attend the training courses on the product and technique that are held regularly.

The use and placement of Phibo® implants in unsuitable sectors and the use of surgical instruments or prosthetic components not contemplated in this procedure may cause serious patient health problems as well as total loss of the product warranty. The Phibo® implant system is designed for single and multiple dental restorations according to the traditional clinical processes reflected in this documentation. The warranty excludes cases involving insufficient bone for implant placement, clinical risk cases such as sinus lifts, bone fillings, advanced surgical techniques, cases of severe or unsuitable disparallelism between implants, among others.

The Phibo® implant system is internationally distributed in various countries with different technical and healthcare regulations and laws; accordingly, there may be differences from one country to another in terms of the contents of the procedure. Consult the exclusive Phibo® distributor in your country and request the documentation for the products and their availability.

Phibo® Dental Solutions, S.L. reserves the right to modify and develop the products shown in this procedure without prior notification.

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## TECHNICAL INFORMATION

The information given below is not sufficient to use Phibo<sup>®</sup> dental implants, because the person handling them also needs to have sufficient training and information in dental implant techniques to know how to use Phibo<sup>®</sup> dental implants.

Please read the detailed information in the implant leaflet carefully before using the products. The instructions for using and maintaining Phibo<sup>®</sup> products are given in the documents and procedures manuals for the Phibo<sup>®</sup> implant system.

Phibo<sup>®</sup> prosthodontic components and instruments are not supplied sterile. They must be cleaned, disinfected and sterilised before and after use.

The cleaning, disinfection and sterilisation protocol can be consulted in document PROSPLDEEN\_rev001.

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## INTRODUCTION

The purpose of this Prosthodontic Procedure is to provide an overview of all accessories, establishing the procedure for the different prosthodontic restorations that can be performed over TSA® & TSA® ADVANCE implants in the Phibo® system, for both clinical and laboratory use. From single and multiple cases, fixed prostheses and complete restorations to the different connection methods: cemented, screwed and mixed.

With the Phibo® TSA® & TSA® ADVANCE system, you can combine multiple options available in Implantology today. The Phibo® TSA® & TSA® ADVANCE implant system offers a wide range of accessories that enable prosthodontic restorations to be performed over implants easily and flexibly. Its solutions include aesthetic and functional components that guarantee successful treatment for your patient.

For taking impressions directly using the closed cuvette technique, or indirectly using the open cuvette technique, we offer up to seven different options according to the prosthesis restoration plan. Thanks to the exclusive design of the ProUnic® ADVANCE abutment for Series 3, 4 and 5, you can achieve precise retention with connection to the TSA® & TSA® ADVANCE implant using a single screw for greater prosthetic simplicity.

The availability of ProUnic Plus™ and ProUnic® ADVANCE accessories with different transgingival heights, 1.00 mm, 2.00 mm and 3.00 mm, allow you to adapt the crown emergence profile to the adjacent natural teeth and the thickness of the soft tissue.

For cases where inter-implant angulation exceeds 10° in Series 3 and 14° in Series 4, and when the occlusal height from the implant is less than 5 mm in total or partial restorations, we recommend using the ProUnic® Aesthetic non-hexed abutment. For single unit implants, we recommend using the ProUnic® Aesthetic hexed abutment.

The Phibo® TSA® & TSA® ADVANCE system also offers a range of drillable abutments, with different heights and angulations for use in restorations with cemented prostheses.

The combination of these accessories in aesthetic and immediate loading processes using a provisional prosthesis allows you perform every restoration procedure with confidence. Procedures by implant and prosthodontic restoration type.

### DIRECT IMMEDIATE AESTHETIC:

Provisional restoration without occlusal contact is performed during the surgical procedure itself, following insertion of the implant. The provisional prosthesis is created in the laboratory and is rebased in the clinic.

### INDIRECT IMMEDIATE AESTHETIC:

Provisional restoration without occlusal contact in the 24 hours after insertion of the implant. After the impression is taken, the provisional prosthesis is created, rebased and adjusted in the laboratory.

### DIRECT IMMEDIATE LOADING:

Provisional restoration with occlusal contact is performed during the surgical procedure itself, after implant insertion. The provisional prosthesis is created in the laboratory and rebased in the clinic.

### INDIRECT IMMEDIATE LOADING:

Provisional or final restoration with occlusal contact in the 24 hours after implant insertion. After the impression is taken, the provisional or final prosthesis is created, rebased and adjusted in the laboratory.

In the case of overdentures over bars, if indicated, a second adjustment will be performed of the overdenture in the mouth.

### EARLY LOADING:

Provisional or final restoration with occlusal contact, at six weeks in the mandible and eight weeks in the maxilla, after insertion of the implant. Prosthetic procedure performed in the laboratory. We recommend using a primary stability indicator to verify that the values obtained are optimum for guaranteeing this technique.

### DELAYED LOADING:

Provisional or final restoration with occlusal contact, at three months in the mandible and six months in the maxilla, after insertion of the implant. Prosthetic procedure performed in the laboratory.

## ProUnic Plus™

### CHARACTERISTICS.

The ProUnic ADVANCE™ family of abutment products is machined in titanium and plastic. Abutments and accessories are colour-coded according to their series. There are two types of abutments:

- The ProUnic Plus™ abutment and screw unit, with a Phibo® TSA® & TSA® ADVANCE series implant.
- The transgingival ProUnic abutment and screw unit, with three abutments for Series 3 and 4 with heights for the transgingival cylindrical smooth zone of 1 mm, 2 mm and 3 mm, and an abutment with a height of 1 mm for Series 5. These allow you to level the crown emergence height in relation to the adjacent natural teeth and the thickness of the soft tissue.

The geometry of the prosthesis connection to the transgingival ProUnic Plus™ abutment (shoulder-abutment) is identical to that of the shoulder of the implant and the ProUnic Plus™ abutment, allowing you to use the same components to create the prosthesis in all cases. The final fixation torque for the implant is 35N·cm.

The ProUnic Plus® abutment, and its transgingival version, has a characteristic angulation in the upper cone for each implant series. For Series 3, the ProUnic Plus™ abutment has an upper cone that emerges with a 5° angulation; this angulation is 7° in Series 4 and 6° in Series 5. This angulation allows you to overcome disparallelisms between implants from the same series of up to 10° in Series 3, 14° in Series 4 and 12° in Series 5.

### INDICATIONS

- Base abutment for supporting single screwed crowns manufactured:
  - Using the conventional technique of a hexed casting cylinder and waxing.
- Base abutment for supporting total or partial screwed fixed restorations, manufactured:
  - Using the conventional technique of a non-hexed casting cylinder and waxing.
- Base abutment with a short or long extension for supporting single cemented crowns, manufactured using the conventional technique of a hexed casting cylinder and waxing.
- Base abutment with a short or long extension for totally or partially cemented fixed restorations, manufactured using the conventional technique of a non-hexed casting cylinder and waxing.
- Base abutment for supporting overdentures on an implant-fixed bar structure, using conventional casting over the casting cylinder.

### ADVANTAGES

Use in areas adjacent to a natural tooth or another implant, where the available width is minimal, for placing a narrower crown.

Easy prosthesis maintenance.

Treatment with accessories and machined casting cylinders over the abutment.

### PRECAUTIONS

The procedure requires greater precision when inserting the implant in intermediate restoration processes and when fitting the created prosthesis.

In cemented restorations, control the excess cementing material as this is difficult to remove once set.

### CONTRAINDICATIONS

When the entry hole of the final clinical screw on the crown or bridge is located in an aesthetically sensitive zone.

For inter-implant angulation exceeding 10° in Series 3 and 14° in Series 4 (in these cases we recommend using the ProUnic® ADVANCE abutment or the ProUnic® Aesthetic non-hexed abutment). In cases with occlusal spaces of less than 5 mm in screwed restorations (instead use the ProUnic® Aesthetic hexed abutment in single restorations and the ProUnic® Aesthetic non-hexed in the case of bridges). In cemented restorations, the abutment must have an effective height of 4 mm to provide sufficient surface area for the prosthesis-abutment union (using the indicated cement).

### COMPLEMENTARY SUPERSTRUCTURES FOR THE PROUNIC PLUS™ ABUTMENT:

ProUnic Plus™ abutment mounter:

Instrument for holding the abutment and screw, transferring it to the mouth and fixing the abutment by manual screw tightening.

- Plastic coping for provisional restorations over the ProUnic Plus™ abutment.

Accessory for performing immediate provisional restorations over ProUnic Plus™.

- Clinical and laboratory screws.

Clinical screw: For temporary and final fixation of the screwed prosthesis.

Laboratory screw: For temporary fixation in clinical transfer procedures and handling in the laboratory.

- Healing cap for the ProUnic Plus™ abutment:

Used in both immediate restoration procedures and early or delayed restoration procedures. For modelling and healing of the soft tissue around the abutment and to avoid the collapse of the tissue after the procedure.

- Plastic impression transfer for the ProUnic Plus™ abutment:

Machined plastic accessory with a "click" mechanical friction retention system (NonStop™ System).

- Metal impression transfer for the ProUnic Plus™ abutment:

Machined titanium accessory with a retention screw. Available for taking impressions using the open or closed cuvette technique and for single or multiple restorations.

- ProUnic Plus™ analogue:

One-piece analogue implant + abutment for transferring the abutment-implant position in the oral cavity to the laboratory working model. Used in single and multiple restorations when the disparallelism between implants does not exceed that of the abutments. In the case of disparallelism, use the most appropriate TSA® & TSA® ADVANCE+ Duplit™ analogue instead of the ProUnic Plus™ analogue.

- Duplits™ for ProUnic Plus™ abutments:

A Duplit™ is an analogue for the ProUnic Plus™ final abutment.

For use in:

- Clinic: as a test accessory over the TSA® & TSA® ADVANCE implant to select the height of the final abutment.

- Laboratory: along with the implant analogue, as a substitute for the ProUnic Plus™ final abutment placed in the mouth over the implant, for handling during creation of the provisional or final prosthesis.

- In cases of disparallelism between implants that exceeds the abutment angulations in the laboratory working model.

Casting cylinders:

There is a difference between casting cylinders for screwed restorations and cemented restorations.

## ProUnic® ADVANCE abutment

### CHARACTERISTICS

The ProUnic ADVANCE™ family of abutments is machined in titanium and plastic. Abutments and accessories are colour-coded according to their series. There are two types of abutments:

- The ProUnic® ADVANCE abutment and screw unit for the Phibo® TSA® & TSA® ADVANCE implant, with one abutment for each implant series.
- The transgingival ProUnic® ADVANCE abutment screw unit for the Phibo® TSA® & TSA® ADVANCE implant, with three abutments for Series 3 and 4 with heights for the transgingival cylindrical smooth zone of 1 mm, 2 mm and 3 mm, and a 1 mm high abutment for Series 5, which allows you to level the crown emergence height with respect to the adjacent natural teeth and the thickness of the soft tissue.

The geometry of the prosthesis connection to the ProUnic® ADVANCE transgingival abutments (shoulder/abutment) is identical to that of the implant shoulder and the ProUnic® ADVANCE abutment, allowing you to use the same components to create the prosthesis in all cases.

The final fixation torque for the implant is 35 Ncm.

The ProUnic ADVANCE™ abutment and its transgingival version have a 15° angulation in the three Series (Series 3, 4 and 5) indicated for correcting major disparallelisms.

### INDICATIONS

Base abutment for supporting single screwed crowns manufactured:  
Using the conventional technique of a hexed casting cylinder and waxing.

Base abutment for supporting partial and total screwed fixed restorations, manufactured:  
Using the conventional technique of a non-hexed casting cylinder and waxing.

Base abutment for supporting overdentures on an implant-fixed bar structure, using conventional casting over the casting cylinder.

### ADVANTAGES

A single through-screw for final fixation.

Primary fixation of the abutment to the implant without a screw.

Use in areas adjacent to a natural tooth or another implant, where the available width is minimal, for placing a narrower crown.

Easy maintenance and recovery of the prosthesis.

### PRECAUTIONS

The procedure requires precision when inserting the implant in the intermediate restoration processes and when fitting the created prosthesis.

### CONTRAINDICATIONS

When the entry hole of the final clinical screw on the crown or bridge is located in an aesthetically sensitive zone.



#### ProUnic® Aesthetic. CHARACTERISTICS:

The ProUnic® Aesthetic family of abutments is machined in titanium and plastic. Abutments and accessories are colour-coded according to their series.

For handling, fixation and tightening, use a manual or mechanical 1.00 mm screwdriver. The ProUnic® Aesthetic family has two types of abutments:

#### PROUNIC® AESTHETIC HEXED ABUTMENT:

Two-component abutment (body and retention screw). The fixation torque for the implant is 25 N/cm. Available for Phibo® TSA® & TSA® ADVANCE Series 3 and 4 implants. This abutment has a 7° angulation at the emergence of the upper cone in both series. This angulation enables you to overcome disparallelisms between implants of up to 14°.

#### PROUNIC® AESTHETIC NON-HEXED ABUTMENT:

Single-component abutment. The fixation torque for the implant is 25 N•cm. Available for Series 3 and 4. This abutment has a 15° angulation at the emergence of the upper cone in both series. This angulation enables you to overcome disparallelisms between implants of up to 30°.

#### INDICATIONS

##### PROUNIC® AESTHETIC HEXED ABUTMENT:

When the occlusal height from the implant is less than 5 mm.

Base abutment for supporting screwed single crowns manufactured:

Using the conventional technique of a hexed casting cylinder and waxing.

##### PROUNIC® AESTHETIC NON-HEXED ABUTMENT:

When the occlusal height from the implant is less than 5 mm.

Base abutment for supporting total or partial screwed fixed restorations, manufactured using the conventional technique of a non-hexed casting cylinder and waxing.

#### ADVANTAGES

Allows easy removal of the crown.

Allows implant parallelisation to a maximum of 30°.

#### CONTRAINDICATIONS

When the position of the entry hole of the retention screw on the crown is aesthetically sensitive.

#### PROUNIC® AESTHETIC COMPLEMENTARY SUPERSTRUCTURES:

ProUnic® Aesthetic hexed abutment mounter:

Instrument for holding the abutment and screw, transferring it to the mouth and fixing the abutment by manual screw tightening.

Clinical and laboratory screws.

Clinical screw: For temporary and final fixation of the screwed prosthesis.

Laboratory screw: For temporary fixation in clinical transfer procedures and handling in the laboratory.

Duplits™ for ProUnic® Aesthetic hexed and non-hexed abutments:

A Duplit™ is an analogue for the ProUnic® Aesthetic final abutment.

Hexed and non-hexed casting cylinders: For screwed restorations.

## Dual-Press™

### CHARACTERISTICS.

The Dual-Press™ abutment is a titanium abutment for provisional use. It is supplied with its screw, and its base has dual functionality: impression taking and provisional restoration using the Dual-Press™ plastic transfer. The fixation torque for the implant for provisional use is 25 N•cm.

The Dual-Press™ abutment is machined in titanium.

The height of the Dual-Press™ abutment depends on the series of the Phibo® TSA® & TSA® ADVANCE implant as follows: Series 3: The height of the abutment body is 2.90 mm and the height of the screw head is 2.00 mm. Overall height of 4.90 mm.

Series 4: The height of the abutment body is 3.30 mm and the height of the screw head is 2.00 mm. Overall height of 5.30 mm.

Series 5: The height of the abutment body is 3.60 mm and the height of the screw head is 2.00 mm. Overall height of 5.60 mm.

### COMPLEMENTARY SUPERSTRUCTURES

Dual-Press™ provisional impression transfer:

Accessory for taking impressions and performing immediate provisional restorations over the abutment.

### INDICATIONS

Provisional abutment base with dual functionality:

Base for impression taking.

Base for performing a provisional restoration.

### ADVANTAGES

Allows you to perform a provisional restoration with the option of using a final abutment, restoring the patient's immediate function.

Retention of the impression transfer and the provisional restoration using friction adjustment.

Allows you to take prior impressions of the implant position using a Dual-Press™ plastic transfer and make the working model for creating the final prosthesis using another Dual-Press™ plastic transfer.

### CONTRAINDICATIONS

In cases with occlusal spaces of less than 5 mm.

Drillable Abutments.

#### CHARACTERISTICS.

The Drillable family of abutments is machined in titanium and plastic. It includes the following types of abutments:

Shoulderless drillable abutment.

Shouldered drillable abutments with shoulders of 0.5 mm, 1.5 mm, 3 mm.

Drillable abutments angled at 15° and 25°.

Drillable abutments angled at 15° with 1 mm shoulders and angled at 25° with 1 mm shoulders.

As their name indicates, drillable abutments are designed to be drilled and modified as needed by the user for use in cemented restorations. They are supplied with an implant-retention screw, which is fixed at a torque of 35 N•cm.

#### COMPLEMENTARY SUPERSTRUCTURES

Casting cylinder for shoulderless drillable abutments: accessory machined in plastic that accurately reproduces the connection to the shoulder of the implant. For use when waxing over shoulderless drillable abutments.

#### INDICATIONS

To level the crown emergence height in relation to the adjacent natural teeth and the thickness of the soft tissue (4 options).

When the occlusal height from the implant exceeds 6 mm.

When it is necessary to adjust the height of the antagonist and parallelise the prosthesis insertion axis.

In fixed restorations with inter-implant disparallelism that exceeds 10° for implants in Series 3, 14° for implants in Series 4 and 12° for implants in series 5 for Phibo® TSA® & TSA® ADVANCE.

In single or multiple restorations where, due to the position of the implant, the retention screw entry hole in a screwed prosthesis compromises the aesthetic outcome of the restoration.

#### ADVANTAGES

Greater control of the aesthetic outcome of the prosthesis.

Resolves poor fit of the final crown to the abutment.

Single crowns, fixed partial in-between restorations and total fixed cemented restorations to the shoulderless drillable abutment, manufactured by casting the base structure in metal, are modelled from a machined casting cylinder.

#### PRECAUTIONS

Possibility of prolonged tissue reaction due to the cement used.

Extended retention using cemented prosthesis.

Less control of crown or bridge seating during the cementing process.

#### CONTRAINDICATIONS

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

Ball abutments.

#### CHARACTERISTICS.

A ball abutment is a base abutment for performing restorations with implant-gingival-supported overdenture. The ball abutment is machined in titanium. The following ball abutment sizes are available for each implant series:

TSA® & TSA® ADVANCE Series 3 implants:

Abutments with a transgingival zone of 1.0 mm, 3.0 mm and 5.0 mm.

TSA® & TSA® ADVANCE Series 4 implants:

Abutments with a transgingival zone of 1.0 mm, 3.0 mm and 5.0 mm. The final fixation torque for the implant is 35 N•cm. Maximum permitted angulation: 30° between implants.

#### COMPLEMENTARY SUPERSTRUCTURES

Titanium sleeve with O-ring:

Accessory that integrates with the lower part of the overdenture and holds it to the implant by connection to the ball abutment. The element that provides the sleeve-abutment retention functionality is a rubber O-ring seal seated inside the sleeve.

#### INDICATIONS

Ball abutment for performing restorations with implant-gingival-supported overdenture in the mandibular sector.

In cases with a significant deficit of mandibular elastic bone mass, where placement of implants for other types of restoration carries a high risk of bone fracture.

#### ADVANTAGES

Allows you to perform restorations with overdenture.

The retention system is simple and reliable.

#### RELATIVE CONTRAINDICATIONS

In the maxillary bone. As it is necessary to place a greater number of implants due to its low bone density, adjusting the rebases and the overdenture to the abutment is more complicated.

In all cases where another type of restoration is indicated.

In restorations with more than two implants with severe disparallelism (as insertion of the prosthesis would be difficult).

Provisional restorations over Phibo TSA® & TSA® ADVANCE implants.  
The objectives of a provisional restoration over implants are:

#### AESTHETIC OBJECTIVES

Creation of an adequate emergence profile, which also depends on:

Implant position.

Depth.

Emergence.

Direction.

Gingival biotype.

Thin.

Thick.

#### BIOLOGICAL OBJECTIVES

For adequate:

Formation of a peri-implant sulcus.

Formation of a biological seal.

Organised bone apposition.

#### BIOMECHANICAL OBJECTIVES

With the prosthesis in slight infra-occlusion and without lateralities, the goal is progressive and controlled function of:

Axial loading.

Bending moments.

#### FUNCTIONAL OBJECTIVES

Functional adaptation of the implants to the loading resistance by means of gradual modification of the provisional crowns according to bone quality.

Control of clinical and radiographical indications of the maturation status of the tissues.

For restoration using a provisional prosthesis, the Phibo TSA® & TSA® ADVANCE implant system offers two options for support:

Restoration over the ProUnic Plus™ abutment and/or transgingival abutments using the provisional plastic coping with the “click” mechanical retention system (NonStop™ System) and a clinical screw.

Restoration over the Dual-Press™ abutment using impression transfer and provisional restoration with the “click” mechanical retention system (NonStop™ System) and cement.

In the case of the ProUnic Plus™ abutment, using the provisional plastic coping allows you to perform the provisional restoration over a final abutment.

In the case of the Dual-Press™ abutment, using the Dual-Press™ plastic impression transfer allows you to perform a provisional restoration as an alternative to use of a final ProUnic Plus™ abutment.

Both options, in immediate loading, allow mechanical and functional adaptation of the bone and soft tissue (emergence profile) from the very moment the implant is inserted, adaptation of the soft tissue to progressive loading and protection of the biological seal.

If immediate functional loading is not indicated, perform a provisional aesthetic restoration, which favours adaptation and biological sealing of the soft tissue and early re-establishment of the immunological function of the soft tissue.

Immediate provisional restorations.

ProUnic Plus™

#### ACCESSORIES

Provisional coping for the Phibo® TSA® & TSA® ADVANCE implant for provisional restorations, machined in plastic.

ProUnic Plus™ abutment for the Phibo® TSA® & TSA® ADVANCE implant machined in titanium.

#### GENERAL INDICATIONS

Fixed single and multiple restorations.

#### APPLICABLE PROCEDURES

Aesthetic and direct immediate loading.

Indirect immediate loading.

#### OBJECTIVES

Remodelling of the soft tissue for creating an emergence profile suitable for the restoration.

Stimulation of bone and gingival tissue repair in immediate restorations, allowing mechanical adaptation, biological sealing, aesthetics and function of the peri-implant sulcus.

Immediate and progressive mechanical adaptation of the bone tissue to functional loading, formation of more structured osteoid tissue and early remodelling according to functional needs.

#### CONTRAINDICATIONS

Immediate loading is contraindicated when it is not possible to control the biomechanics of the provisional restoration in patients with articular pathology or occlusion.

When the implant has been inserted with a torque of less than 35Nw.

#### ADVANTAGES

Allows you to perform a provisional restoration over the final abutment.

Immediate loading allows mechanical and functional adaptation of the bone and soft tissue (emergence profile) from the very moment the implant is inserted.

Allows adaptation of the soft tissue to progressive loading and protection of the biological seal.

Allows early re-establishment of the immunological function of the soft tissue.

#### RECOMMENDATIONS

Treatment should be performed after proper diagnosis and planning of the case.

Aesthetic and Direct Immediate Loading Procedure.  
ProUnic Plus™

#### DIRECT IMMEDIATE AESTHETIC

The objective of the treatment involves placement of the provisional prosthesis without occlusal contact during the surgical procedure itself, following insertion of the implants.

#### DIRECT IMMEDIATE LOADING

The objective of the treatment involves placement of the provisional prosthesis with occlusal contact during the surgical procedure itself, following insertion of the implants.

The preparation, rebasing and fitting of the provisional prosthesis are performed directly in the mouth. The provisional prosthesis is created in the laboratory before surgery or directly in the mouth in special cases involving crowns and/or short bridges.

#### ACCESSORIES, MATERIAL AND INSTRUMENTS FOR THE CLINIC

ProUnic Plus™ abutment mounter for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ abutment and/or ProUnic Plus™ transgingival abutments with heights of 1, 2 and 3 mm for the Phibo® implant.

TSA® & TSA® ADVANCE.

Provisional copings for the ProUnic Plus™ abutment for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ clinical screw for the Phibo® TSA® & TSA® ADVANCE implant.

Laboratory screw for the ProUnic Plus™ abutment for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ Healing cap for the Phibo® TSA® & TSA® ADVANCE implant.

Phibo® 1.25 mm screwdriver.

Phibo® 1.25 mm wrenchdriver tip.

Phibo® dynamometric wrench.

\*Autopolymerisable resin for provisionals.

\*Mixing cup and syringe dispenser.

\*Laboratory pre-formed resin crown or bridge, white or transparent.

\*Modelling instrument.

\*Rotary cutting-trimming and polishing instrument for hand pieces.

\*MATERIAL NOT SUPPLIED BY Phibo®.

#### INSTRUCTIONS FOR USE

##### CREATION OF A SURGICAL STENT, THE PROVISIONAL PROSTHESIS.

Perform diagnostic wax-up with the models mounted on a semi-adjustable articulator.

Using this wax-up as a reference, create the transparent surgical stent and the provisional prosthesis.

Make holes in the surgical stent to guide placement of the implants.

Make holes in the occlusal face of the prosthesis for the clinical and laboratory screws.

##### PLACEMENT OF THE PROUNIC PLUS™ ABUTMENT AND HEALING CAP.

Select the corresponding ProUnic Plus™ abutment. Use the Duplits™ for the ProUnic Plus™ abutment to choose the one suitable for the gingival tissue and occlusal emergence plane.

Secure the retention screw of the ProUnic® Plus with a manual 1.25 mm screwdriver and pass it through the coronal opening on the abutment until it protrudes on the other side.

Insert the unit into the ProUnic Plus™ abutment mounter; pressing it gently will secure it by mechanical friction retention.

Position the ProUnic Plus™ abutment in the implant, fitting the hexes together and adjusting them with small turns. Tighten the screw manually.

Remove the ProUnic Plus™ abutment mounter.

Tighten the abutment using a torque of 25 N•cm (since this is a provisional restoration) using the dynamometric wrench and the 1.25 mm tip.

Place the healing cap for the ProUnic Plus™ abutment and suture around it. The healing cap serves as a soft tissue conformer and spacer, preventing its collapse.

Handling of the plastic healing cap:

Position the plastic healing cap over the ProUnic Plus™ abutment or transgingival abutments using the 1.25 mm clinical screwdriver, fitting the active hexed tip of the screwdriver into the hexagonal opening on the healing cap until you hear or feel the click of the NonStop™ System. Transfer this unit to the oral cavity and secure the abutment in the oral cavity with light occlusal-gingival pressure, rotating clockwise and counter-clockwise. To remove the healing cap, insert a clinical probe into one of the four circumferential holes until it emerges from the opposite hole; then, using the active tip of the probe as a lever in the opposite direction, gently loosen the healing cap and remove it from the oral cavity using the probe.

#### INSERTION OF THE PLASTIC COPING FOR PROVISIONAL RESTORATIONS.

Manually insert the coping for provisionals (provisional restoration support) in the ProUnic Plus™ or transgingival abutment; check the fit of the hexes and apply light pressure with your finger on the coronal plane of the coping until it clicks into place on the abutment using the NonStop™ mechanical retention system.

Check the stability of the coping.

Insert the laboratory screw through the coping and screw it in manually to the manual fixation limit; this will achieve dual click and screw fixation. The position of the laboratory screw allows you to check the insertion axis of the provisional prosthesis and the location of the entry hole for the clinical screw.

#### ADAPTATION OF THE PROSTHESIS

Insert the provisional prosthesis using the laboratory screw through the perforation made at the occlusal (for molars and premolars) or palatine-lingual level (for incisors and canines) until it reaches the external cone of the implant, coping and gum. Re-adjust the prosthesis and the positioner to eliminate any interference.

Adjust occlusion until you achieve the desired height.

#### REBASING AND PLACEMENT OF THE PROSTHESIS.

We recommend using a rubber dam to avoid contact between the impression materials and the soft tissue.

Remove the prosthesis, dry it thoroughly and apply a thin layer of acrylic to the interior of the crown and around the coping.

Apply vaseline around the prosthesis and a surgical stent in the rebasing zones to avoid adherences. Insert the prosthesis using the laboratory screw and remove the excess material before it sets. We recommend rotating the screw to prevent it from adhering to the resin. If spaces appear between the prosthesis and the screw, rebase it again.

Remove the screw and the prosthesis manually once the material sets by applying light axial force with a crown and bridge extractor.

Remove the excess material and proceed with remodelling and final polishing of the prosthesis to allow healing of the soft tissue and formation of the emergence profile.

Insert the prosthesis into the mouth by applying light pressure until you note the NonStop™ System retention anorage.

Screw in the prosthesis with the final clinical screw using manual torque.

Check occlusion to make sure there is no occlusal contact in the case of Immediate Aesthetic or perform the appropriate occlusal adjustments for Immediate Loading.

Apply vaseline to the hole on the prosthesis; protect the screw with cotton wool and cover it with a temporary filler material.

Note: When placing the final prosthesis, substitute the selected final ProUnic Plus™ abutment (or another suitable abutment) for the ProUnic Plus™ final abutment worn initially by the patient with the provisional prosthesis.



Indirect Immediate Loading Procedure.

ProUnic Plus™

The objective of the procedure is to place a provisional restoration with occlusal contact within 24 hours of inserting the implants.

#### INDICATIONS

When, due to its technical difficulty, adaptation of the prosthesis created before the procedure must be done in the laboratory.

When, for any reason, the provisional prosthesis must be created in the laboratory after the surgical intervention has taken place.

#### ACCESSORIES, MATERIAL AND INSTRUMENTS.

##### CLINIC

ProUnic Plus™ mounter for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ abutment and transgingival ProUnic Plus™ abutments with heights of 1, 2 and 3mm for the Phibo® implant.

TSA® & TSA® ADVANCE.

Phibo® 1.25 mm screwdriver.

Phibo® 1.25 mm wrenchdriver tip.

Phibo® dynamometric wrench.

ProUnic Plus™ plastic impression transfer for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ metal impression transfer for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ Healing cap for the Phibo® TSA® & TSA® ADVANCE implant.

##### LABORATORY

ProUnic Plus™ analogue for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ Duplits™ and transgingival ProUnic Plus™ abutments for the Phibo® TSA® & TSA® ADVANCE implant.

Analogue for the TSA® & TSA® ADVANCE implant.

Coping for ProUnic Plus™ provisionals for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ clinical screw for the Phibo® TSA® & TSA® ADVANCE implant.

Laboratory screw for the ProUnic Plus™ abutment for the Phibo® TSA® & TSA® ADVANCE implant.

Phibo® 1.25 mm screwdriver.

\*Autopolymerisable resin for provisionals.

\*Mixing cup and syringe dispenser.

\*Laboratory pre-formed resin crown or bridge, white or transparent.

\*Modelling instrument.

\*Rotary cutting-trimming and polishing instrument for hand pieces (bars, disks, abrasive rubbers, etc.).

#### INSTRUCTIONS FOR USE

##### IN THE CLINIC

Select the corresponding ProUnic Plus™ abutment. Use the Duplits™ for the ProUnic Plus™ abutment to choose the one suitable for the gingival tissue and occlusal emergence plane.

Secure the retention screw of the ProUnic™ Plus with a manual 1.25 mm screwdriver and pass it through the coronal opening on the abutment until it protrudes on the other side.

Insert the unit into the ProUnic Plus™ abutment mounter; pressing it gently will secure it by mechanical friction retention.

Position the ProUnic Plus™ abutment in the implant, fitting the hexes together and adjusting them with small turns. Tighten the screw manually.

Remove the ProUnic Plus™ abutment mounter.

Secure the impression transfer over the ProUnic Plus™ abutment and suture around it. The transfer impression serves as a soft tissue conformer and spacer, preventing its collapse.

Take the impression. We recommend using a rubber dam to prevent the silicone from coming into contact with the sutures. See the procedure for taking impressions.

Remove the cuvette with the transfer impression. Cover the ProUnic™ abutment with the healing cap to prevent the collapse of the soft tissue while you are creating the prosthesis in the laboratory.

## IN THE LABORATORY

Secure the transfer impression retained in the impression:

Analogue of the ProUnic Plus™.

The Duplit™ of the ProUnic Plus™ abutment or transgingival abutment that remained in the mouth, fixed to an implant analogue.

Indications for analogues:

*Creation of the ProUnic Plus™ analogue in the model is indicated for provisional or final restorations when:*

*The gum that conforms the emergence profile of the provisional or final crown can be assumed to be free of recession.*

*Disparallelism is less than that achieved by the sum of the angulations of two ProUnic Plus™ adjacent or distant abutments: 10° for Series 3, 14° for Series 4 and 12° for Series 5.*

*The Duplit™ of the ProUnic Plus™ abutment or transgingival abutment, with the implant analogue, is indicated for transferring the exact ProUnic Plus™ abutment type the patient is wearing in the mouth to the model in cases where:*

*The final positioning level of the gum is unpredictable.*

*When inter-implant disparallelism exceeds that achieved by the sum of the angulations of the ProUnic Plus™ adjacent or distant abutments.*

*When you are using a final transgingival abutment over the implant for the provisional restoration, the transgingival Duplit™ over the implant analogue allows you to use a Duplit™ adequate for creating the final restoration, instead of the transgingival Duplit™, if there is gum recession. The choice of the final abutment can also be made directly in the mouth when creating the final restoration.*

## MAKING A CAST OF THE IMPRESSION

Once the selected analogue (ProUnic Plus™ or TSA® & TSA® ADVANCE + ProUnic Plus™ Duplit™ implant analogue) has been positioned in the ProUnic Plus™ impression transfer, pour plaster into the impression to create the working model. We recommend using silicone gums or gingival masks around the analogue to observe and ensure perfect fit of the accessories and prosthesis, simulating the soft tissue.

Once the plaster has set, extract the model, prepare it and mount it in the articulator using the impressions taken. This model can be used for doing alterations of the provisionals and for creation of the final prosthesis.

## CREATION AND ADJUSTMENT OF THE PROVISIONAL PROSTHESIS IN THE LABORATORY

Position the provisional coping in the ProUnic Plus™ analogue or in the TSA® & TSA® ADVANCE + Duplit™ implant analogue and check the fit of the hexes. Apply light pressure with your finger until you pass the mechanical retention limit.

Apply pressure to the crown until you hear and feel the click of the Non-Stop™ System retention anchorage.

Check that the provisional coping is stable and immobile in this position and fits perfectly over the ProUnic Plus™ analogue or the TSA® & TSA® ADVANCE + Duplit™ implant analogue.

Insert the screw through the provisional coping. Screw it in manually to the analogue. The position of the laboratory screw allows you to check the insertion axis of the provisional prosthesis and the location of the entry hole for the clinical screw.

Adjust the coping if it interferes with occlusion until you achieve the desired height.

Create the provisional prosthesis using standard laboratory techniques.

## IN THE CLINIC

Place the prosthesis in the mouth, applying sufficient pressure to reach the final position for adjustment using the "click" NonStop™ System; insert the clinical screw.

Adjust occlusion to achieve functional contact.

Apply vaseline to the hole on the prosthesis; protect the screw with cotton wool and cover it with a temporary filler material.

Note: When placing the final prosthesis, substitute the selected final ProUnic Plus™ abutment (or another suitable abutment) for the ProUnic Plus™ final abutment worn initially by the patient with the provisional prosthesis.

## CHARACTERISTICS

Dual-Press™ abutment machined in titanium for the Phibo® TSA® & TSA® ADVANCE implant.

Dual-Press™ impression transfer machined in plastic for the Phibo® TSA® & TSA® ADVANCE implant.

## APPLICABLE PROCEDURE

Aesthetic and Direct Immediate Loading.

## GENERAL INDICATIONS

In general, in cases where an immediate, early or delayed provisional prosthesis is indicated, but a plastic provisional coping over the ProUnic Plus™ abutment is contraindicated.

When the entry hole of the clinical retention screw is aesthetically sensitive.

When inter-implant disparallelism exceeds 10° for Series 3, 14° for Series 4 and 12° for Series 5.

## OBJECTIVES

Remodelling of the soft tissue by creating an emergence profile suitable for the restoration.

Stimulation of tissue repair in immediate restorations, allowing mechanical adaptation, biological sealing, aesthetics and function of the peri-implant sulcus.

Immediate and progressive mechanical adaptation of the bone tissue to functional loading, formation of more structured osteoid tissue and early remodelling according to functional needs.

## RELATIVE CONTRAINDICATIONS

When it is not possible to control the biomechanics of the provisional restoration in patients with articular pathology or occlusion.

When the implant was inserted with a torque of less than 35Nw.

In all cases when the ProUnic Plus™ abutment is used.

## ADVANTAGES

Creation of an emergence profile in Immediate Aesthetics.

Early re-establishment of the immunological function of the soft tissue.

In Early or Delayed loading, it allows mechanical adaptation of the bone and soft tissue.

Allows adaptation of the soft tissue to progressive loading and protection of the biological seal.

Allows you to perform a provisional restoration, when indicated, with the option of using a final abutment, restoring the patient's function immediately or promptly.

Allows you to take prior impressions of the implant position using a Dual-Press™ transfer and make a working model for creating the final prosthesis and, immediately afterwards, perform the provisional immediate restoration using another Dual-Press™ transfer.

## RECOMMENDATIONS

Treatment should be performed after proper diagnosis and planning of the clinical case.

## ACCESSORIES, MATERIAL AND INSTRUMENTS

### CLINIC

Dual-Press™ abutment for the Phibo® TSA® & TSA® ADVANCE implant.

Dual-Press™ impression transfer for the Phibo® TSA® & TSA® ADVANCE implant.

Phibo® 1.25 mm screwdriver.

\*Autopolymerisable resin for provisionals.

\*Mixing cup and syringe dispenser.

\*Provisional or laboratory pre-formed transparent crown.

\*Modelling instrument.

\*Rotary cutting-trimming and polishing instrument for hand pieces (bars, disks, abrasive rubbers, etc.).

\*MATERIAL NOT SUPPLIED BY Phibo®

## Aesthetic and Direct Immediate Loading Procedure. Dual-Press™

### CLINIC

The objective of the treatment is to place a provisional restoration prosthesis within 1 to 3 hours of inserting the implants.

### POSITIONING OF THE DUAL-PRESS™ TITANIUM ABUTMENT

Fit the 1.25 mm fixed screwdriver to the head of the retention screw. Pass the screw through the body of the abutment, turning it with the screwdriver to pass through the internal threading of the body of the abutment until the screw protrudes on the other side.

Screw the screw-abutment unit to the implant, lining up the edges of the abutment with the hexes of the implant.

Screw it in manually until you reach the end of the thread.

### POSITIONING OF THE DUAL-PRESS™ IMPRESSION TRANSFER

#### IMPRESSION TAKING

Position the Dual-Press™ impression transfer over the titanium abutment, applying occlusive-gingival pressure until you note the click of the Non-Stop™ System. Verify that the hexes of the impression transfer and the Dual-Press™ abutment fit together by turning clockwise-anti-clockwise.

#### ADAPTATION AND POSITIONING OF THE PROVISIONAL PROSTHESIS

Once the transfer is positioned over the abutment, mark the level where the cuts will be made on it, both on the occlusive-gingival side and on the mesial or distal face (in the case of converging disparallelisms), to accommodate the prosthesis created previously or a pre-fabricated polycarbonate crown.

Remove the plastic from the oral cavity and cut at the marked level using a disk. Remodel the lateral faces if necessary. Make small horizontal and vertical retentions to hold the acrylic rebasing material.

Position the plastic over the titanium abutment and dry it.

Rebase the prosthesis with acrylic.

Remove the excess material before it sets.

Remove the prosthesis-plastic unit once the rebasing material has set.

Remove the remaining excess material and polish with rotary instruments.

Secure the prosthesis to the abutment using the "click" NonStop™ System and provisional cementing.

Check occlusion to make sure there is no occlusal contact in the case of Immediate Aesthetic or perform the appropriate occlusal adjustments for Immediate Loading.

Impressions Taking.

Transfer to the model.

Phibo TSA® & TSA® ADVANCE system has accessories for recording the position of the implant in the oral cavity and taking an impression, for using the direct closed cuvette technique, or dragging technique, or the indirect open cuvette technique.

#### ACCESSORIES FOR TAKING IMPRESSIONS

The Phibo TSA® & TSA® ADVANCE system offers seven systems for transferring the position of the implant in the mandibular or maxillar bone to the plaster working model in the laboratory:

Taking a direct impression over the ProUnic Plus™ abutment previously fixed over the implant, using the plastic impression transfer over the ProUnic Plus™ abutment (closed cuvette).

Taking a direct impression over the ProUnic Plus™ abutment previously fixed over the implant, using the metal impression transfer over the ProUnic Plus™ abutment (open cuvette).

Taking a direct impression over the ProUnic Plus™ abutment previously fixed over the implant, using the non-hexed metal impression transfer over the ProUnic Plus™ abutment (open cuvette).

Taking a direct impression over the ProUnic Plus™ abutment previously fixed over the implant, using the non-hexed metal impression transfer over the ProUnic Plus™ abutment (closed cuvette).

Taking a direct impression to the implant with a final abutment, with:

Metal impression transfer for the open cuvette technique.

Metal impression transfer for the closed cuvette technique.

Transfer impression and Dual-Press™ provisional (closed cuvette).

Impression Taking.

ProUnic Plus™ transfer

#### CHARACTERISTICS

Available in two materials: plastic and metal.

Plastic which is adjusted using a friction retention system over the ProUnic Plus™ abutment (NonStop™ System). Designed for optimum retention and transfer.

Titanium which is positioned over the ProUnic Plus™ abutment. Designed for optimum retention and transfer.

#### USE

For transferring the implant and ProUnic Plus™ abutment from the oral cavity to the working model, without the need to remove the ProUnic Plus™ abutment from the mouth.

#### INDICATIONS

Whenever a ProUnic Plus™ abutment is in place.

#### CONTRAINDICATIONS

Severe disparallelisms.

#### ADVANTAGES

Placement is fast (by means of pressure in the case of plastic), precise and easy.

Easy to remove and drag with the impression material.

No need to remove the ProUnic Plus™ abutment.

#### RECOMMENDATIONS

We recommend that you verify adjustment when the abutment platform is subgingival.

We recommend that you perform an anti-rotational check of the ProUnic Plus™ plastic impression transfer.

## ACCESSORIES AND MATERIAL

### CLINIC

ProUnic Plus™ moulder for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ abutment for the Phibo® TSA® & TSA® ADVANCE implant.

Plastic or metal impression transfer for the ProUnic Plus™ abutment for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ Healing cap for the Phibo® TSA® & TSA® ADVANCE implant.

Phibo® 1.25 mm screwdriver.

\*Standard or customised cuvette.

\*Impression material.

\*Probe.

\*MATERIAL NOT SUPPLIED BY Phibo®

### LABORATORY

ProUnic Plus™ analogue for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ Duplits™ and transgingival ProUnic Plus™ abutments for the Phibo® TSA® & TSA® ADVANCE implant.

Analogue for the TSA® & TSA® ADVANCE implant.

Phibo® 1.25 mm screwdriver.

## INSTRUCTIONS FOR USE

### CLINIC

Remove the healing abutment.

Select the corresponding ProUnic Plus™ abutment. Use the Duplits™ for the ProUnic Plus™ abutment to choose the one suitable for the gingival tissue and occlusal emergence plane.

Secure the retention screw of the ProUnic™ Plus with a manual 1.25 mm screwdriver and pass it through the coronal opening on the abutment until it protrudes on the other side.

Insert the unit into the ProUnic Plus™ abutment moulder; pressing it gently will secure it by mechanical friction retention.

Position the ProUnic Plus™ abutment in the implant, fitting the hexes together and adjusting them with small turns. Tighten the screw manually.

Remove the ProUnic Plus™ abutment moulder.

Tighten the screw of the ProUnic Plus™ abutment by applying a torque of 25N·cm using the dynamometric wrench and the 1.25 mm tip.

Secure the ProUnic Plus™ impression transfer by applying occlusive-gingival pressure and turning until you note the click of the NonStop™ system. Verify its fit with the external cone of the implant.

Reduce the occlusal height of the transfer if necessary by cutting the first or second “T” with a disk or drill, leaving the third “T” as a means of vertical retention for the impression material.

In the case of disparallelism between adjacent implants that prevents the entry of the transfer, trim as necessary without touching the abutment connection.

Air-dry the impression transfer.

Apply liquid impression material around the impression transfer and under the “T”.

Immediately insert the tray containing the impression material in the mouth.

Remove the cuvette once the material sets by dragging the transfer.

Place the healing cap over the ProUnic Plus™ abutment and the shoulder of the implant.

Material required for the laboratory:

Impression taken with the impression transfer for the ProUnic Plus™ abutment.

ProUnic Plus™ analogue or the implant analogue and Duplit™ of the ProUnic Plus™ abutment.

Bite registration.

Antagonist model (or impression of the antagonist model).

### LABORATORY

Position the analogues on the impression transfer over the ProUnic Plus™ abutment. Analogue options:

ProUnic Plus™ analogue.

Unit consisting of the Phibo TSA & TSA ADVANCE® implant analogue and Duplit™ of the ProUnic Plus™ abutment or transgingival abutment.

Technical note:

Indications for use of the ProUnic Plus™ analogues and Duplits™ for ProUnic Plus™ abutments and transgingival abutments.

The ProUnic Plus™ analogue is indicated for creating provisional or final restorations in the model in cases where the gum that conforms the emergence profile of the provisional or final crown has no recession.

The Duplit™ of the ProUnic Plus™ or transgingival abutment, with the implant analogue, is indicated for transferring the exact ProUnic Plus™ abutment type the patient is wearing in the mouth to the model in cases where:

The final positioning level of the gum is unpredictable.

When there are implants with disparallelism between them that exceeds that achieved by the sum of the angulations of the ProUnic Plus™ abutments.

For creating the final prosthesis, using the Duplit™ of the transgingival abutment worn by the patient allows you to substitute it in the working model with the Duplit™ suitable for the height of the soft tissue that remains after healing or with a drillable abutment in cases of disparallelism. The choice of the final abutment can also be made directly in the mouth.

Using a gingival mask, make a cast of the zone corresponding to the soft tissue while waiting for setting.

Prepare the rest of the cuvette with plaster to obtain the working model.

Remove the impression of the model.

Trim and finish the model.

Mount the models in the semi-adjustable articulator.

Perform a study of:

Position of the implant and abutment (angulation and parallelism).

Spaces and dimensions available. In the laboratory, the Phibo TSA® & TSA® ADVANCE distance to implant indicator (planning gauge) is a useful aid. Its design helps you check the available space by determining the ideal distance between the centre of the implant, towards the mesial and distal contact points, and the future restoration with respect to the adjacent crown or implant.

Height of the soft tissue from the implant shoulder to the free gingival margin for creation of the emergence profile.

Antagonist type.

With the information obtained, choose the accessories suitable for creating the prosthesis.

Impression Taking.  
Metal Transfers.

#### CHARACTERISTICS

Titanium accessories.

Transfer for open cuvette.

Transfer for closed cuvette.

(The blister pack contains the transfer, depending on the technique chosen, and the corresponding retention screw.)

#### USE

Implant Direct Impression.

In cases of severe disparallelism between implants or between implants and teeth, the impressions are taken using an open cuvette and long retention screw.

In cases of parallelism between implants or between implants and teeth, the impressions can be taken using a closed cuvette and short retention screw.

#### INDICATIONS

In cases of pronounced disparallelism between implants.

In all cases in which the type of abutment to use cannot be planned exactly.

#### RELATIVE CONTRAINDICATIONS

When use of the ProUnic Plus™ abutment is planned.

When placement of a provisional structure over the Dual-Press™ abutment is indicated. When the distance and inter-implant angulation does not allow the use of the metal transfer.

#### ADVANTAGES

In cases of pronounced disparallelism, taking the impression with an open cuvette allows you to perform a precise transfer of the implants to the working model.

#### RECOMMENDATIONS

You must follow the indicated procedure for the seating and fixation of the impression transfer in the implant.

In the case of significant soft tissue thickness, we recommend taking a control X-ray of the seating of the transfer to the implant shoulder.

#### ACCESSORIES AND MATERIAL

##### CLINIC

Standard TSA® & TSA® ADVANCE metal impression transfer for the open cuvette technique or Standard TSA® & TSA® ADVANCE metal impression transfer for the closed cuvette technique.

Phibo® 1.25 mm screwdriver.

\*Individual cuvette.

\*Impression material.

\*Impression material adhesive.

##### LABORATORY

Analogue for the TSA® & TSA® ADVANCE implant.

ProUnic Plus™ Duplits™ for the Phibo® TSA® & TSA® ADVANCE implant.

Short and long ProUnic Plus™ Extension Duplits™ for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus® Aesthetic Duplits™ for the Phibo® TSA® & TSA® ADVANCE implant.

Phibo® 1.25 mm screwdriver.

Phibo® 1.00 mm screwdriver.



## INSTRUCTIONS FOR USE

### CLINIC

Remove the healing abutment.

Select the technique for taking the impression (open or closed cuvette) and, therefore, the type of metal impression transfer. Fit the 1.25 mm screwdriver to the retention screw. Pass it through the transfer until it protrudes at the lower end.

Secure the transfer-screw unit to the head of the implant and manually tighten the retention screw.

Using clockwise and anti-clockwise movements, verify the stability of the transfer.

Using a periapical x-ray, check the fit of the transfer over the implant.

Air-dry the transfer.

Apply the impression material around the transfer.

Insert the cuvette in the mouth with the rest of the impression material and wait until it sets.

Open cuvette technique: Remove the fixation screw and drag the cuvette with the body of the transfer.

Closed cuvette technique: Remove the cuvette directly once the impression material has hardened and remove the implant impression transfer.

Place the healing abutment.

Material required for the laboratory:

Impression registration.

Impression transfer with a retention screw.

Implant analogue.

Bite registration.

Antagonist model.

### LABORATORY

Open cuvette technique: Position the implant analogue over the body of the transfer retained in the impression material and secure it with the long retention screw.

Closed cuvette technique: Secure the implant analogue to the transfer with the short screw. Insert the unit into the cuvette lining up the flat faces; apply light pressure until it clicks into place.

Using a gingival mask, make a cast of the zone corresponding to the soft tissue and wait for it to set.

Prepare the rest of the cuvette with plaster to obtain the final working model.

Open cuvette technique: Once the plaster has hardened, remove the retention screw and separate the model.

Closed cuvette technique: Once the plaster has hardened, separate the model from the cuvette and remove the metal impression transfer by loosening the retention screw.

Prepare and mount the model in the semi-adjustable articulator. Use the registrations taken before surgery.

Perform a study of:

Position of the implant (angulation and parallelism).

Spaces and dimensions available. In the laboratory, the Phibo TSA® & TSA® ADVANCE distance to implant indicator (planning gauge) is a useful aid. Its design helps you check the available space by determining the ideal distance between the centre of the implant, towards the mesial and distal contact points, and the future restoration with respect to the adjacent crown or implant.

Height of the soft tissue from the implant shoulder to the free gingival margin for creation of the emergence profile.

Antagonist type.

With the information obtained, choose the optimum abutments for creating the prosthesis and the accessories necessary for creating the prosthesis in the laboratory.

Impression Taking.  
Dual-Press™ Transfer

#### CHARACTERISTICS

Dual-Press™ abutment, manufactured in titanium.  
Impression transfer and provisional over the Dual-Press™ abutment, machined in plastic.

#### USE

The unit consisting of the abutment (as support) and the plastic Dual-Press™ is used for:  
Transferring the implant position to the working model.  
Creating a provisional prosthesis.

#### INDICATIONS

Provisional crowns or bridges (created over the plastic Dual-Press™ transfer).  
When you want to create an emergence profile with a provisional prosthesis and it was not possible to plan the abutment type of the final prosthesis to use.  
When it is not possible to use the closed cuvette technique with other transfer accessories due to the position and parallelism of the implants.  
In cases of converging disparallelism between contiguous implants, where it is not possible to position the metal transfer that would allow modelling of the Dual-Press™ transfer to take the impression over the implant.

#### RELATIVE CONTRAINDICATIONS

In all cases where use of the ProUnic Plus™ abutment is indicated and planned.

#### ADVANTAGES

Once the Dual-Press™ abutment is placed, the Dual-Press™ transfer can be positioned easily and quickly using friction retention (NonStop™ System) by dragging it safely, quickly and easily.  
Perform the registration in less time and in a way that is more comfortable for the professional and the patient.  
Create the provisional prosthesis over another Dual-Press™ transfer, prepared in the dental clinic by the professional for this purpose, without removing the Dual-Press™ abutment from the implant.

#### RECOMMENDATIONS

Before rebasing the provisional prosthesis, make mechanical retentions in the plastic to increase the retention properties of the polymerisable resin.

#### ACCESSORIES AND MATERIAL

##### CLINIC

Dual-Press™ abutment for the Phibo® TSA® & TSA® ADVANCE implant.  
Dual-Press™ impression transfer for the Phibo® TSA® & TSA® ADVANCE implant.  
Phibo® 1.25 mm screwdriver.

\*Standard or customised cuvette.

\*Impression material.

\*Impression material adhesive.

##### LABORATORY

Dual-Press™ abutment for the Phibo® TSA® & TSA® ADVANCE implant.  
TSA® & TSA® ADVANCE implant analogue.  
ProUnic Plus™, transgingival, aesthetic and extension Duplits™ for the Phibo® TSA® & TSA® ADVANCE implant.

Phibo® 1.25 mm screwdriver.

Phibo® 1.00 mm screwdriver.

#### INSTRUCTIONS FOR USE

## CLINIC

Remove the healing abutment.

Fit the 1.25 mm fixed screwdriver to the head of the retention screw. Pass the screw through the body of the abutment, turning it with the screwdriver to pass through the internal threading of the body of the abutment until the screw protrudes on the other side.

Screw the screw-abutment unit to the implant, lining up the edges of the abutment with the hexes of the implant.

Screw it in manually until you reach the end of the thread.

Position the Dual-Press™ impression transfer over the titanium abutment, applying occlusive-gingival pressure until you note the click of the Non-Stop™ System. Verify that the hexes of the impression transfer and the Dual-Press™ abutment fit together by turning it clockwise-anti-clockwise.

Reduce the occlusal height of the transfer if necessary by cutting the first or second "T" with a disk or drill, leaving the third "T" as a means of vertical retention for the impression material. If there is converging disparallelism between adjacent implants that prevents placement of the transfer due to contact, trim both plastic transfers as necessary without encroaching on the connection base to the abutment.

Air-dry the Dual-Press™ impression transfer.

Apply liquid impression material around the transfer and under the "T".

Insert the tray containing the impression material in the mouth.

Once the material has set, remove the cuvette by dragging the Dual-Press™ impression transfer.

Remove the Dual-Press™ abutment from the implant.

Position the healing abutment by applying manual torque.

Material required for the laboratory:

Impression registration.

Dual-Press™ abutment with retention screw for the Phibo® TSA® & TSA® ADVANCE implant.

Dual-Press™ impression transfer for the Phibo® TSA® & TSA® ADVANCE implant.

TSA® & TSA® ADVANCE implant analogue.

Bite registration.

Antagonist model.

## LABORATORY

Screw the Dual-Press™ abutment to the implant analogue and insert this unit into the Dual-Press™ retained in the impression material until you hear or feel the click.

Verify the final position on the implant shoulder.

Using a gingival mask, make a cast of the zone corresponding to the soft tissue.

Prepare the rest of the cuvette with plaster to obtain the working model.

Remove the model from the cuvette and extract the Dual-Press™ abutment from the TSA® & TSA® ADVANCE implant analogue.

Trim and finish the model.

Mount the models on the semi-adjustable articulator using the registration taken before surgery.

With the data obtained, analyse the:

Position of the implant and abutment (angulation and parallelism).

Spaces and dimensions available. In the laboratory, the Phibo TSA & TSA ADVANCE® distance to implant indicator (planning gauge) is a useful aid. Its design helps you check the available space by determining the ideal distance between the centre of the implant, towards the mesial and distal contact points, and the future restoration with respect to the adjacent crown or implant.

Height of the soft tissue from the implant shoulder to the free gingival margin for creation of the emergence profile.

Antagonist type.

With the information obtained, choose the optimum abutments for creating the prosthesis.

## PROUNIC PLUS™ CHARACTERISTICS

ProUnic Plus™ abutment and transgingival abutments machined in titanium. Supplied with the abutment retention screw. Screw fixed with a torque of 35 N·cm.

### INDICATIONS

As the abutment base, support for:

Plastic healing cap.

Single crowns, in general, manufactured with the conventional technique of a hexed casting cylinder and waxing.

Partial fixed in-between restorations or at the free end, manufactured with the conventional technique of a non-hexed casting cylinder and waxing.

Total fixed restorations over 6–8 implants on the lower arch, manufactured with the conventional technique of a non-hexed casting cylinder and waxing.

Total fixed restorations over 6–8 implants on the upper arch, manufactured with the conventional technique of a non-hexed casting cylinder and waxing.

Removable total restorations by means of an implant-gingival-supported overdenture on a bar fixed to implants, 2-4 in the mandibular zone and 4-6 in the maxillar zone, manufactured with the conventional technique of a non-hexed casting cylinder and waxing.

When, due to clinical or aesthetic considerations, the patient treatment protocol calls for removal of the crown or bridge for maintenance or a prosthesis change.

When easier recovery of the prosthesis is required.

### CONTRAINDICATIONS

When the entry hole of the retention screw on the crown or bridge, due to the inclination position of the implant, is in an aesthetically sensitive zone.

If inter-implant angulation exceeds 10° for Series 3 and 14° for Series 4 in partial or total restorations using the Aesthetic non-hexed abutment.

When structure creation is complex.

When the available occlusal height from the implant is less than 5 mm, using the Aesthetic Anti-non-hexed abutment in the case of single implants or the Aesthetic non-hexed abutment in the case of bridges.

### ADVANTAGES

Use of the ProUnic Plus™ abutment in areas adjacent to a natural tooth or another implant, where the available width is minimal, for placing a narrower crown.

Easy recovery of the prosthesis.

Treatment with directly machined accessories.

### DISADVANTAGES

The procedure requires greater precision when adjusting the created prosthesis.

### PRECAUTIONS

Precision in placement of the implant.

### LEVELLING AND EMERGENCE OPTIONS FOR THE TRANSGINGIVAL PROUNIC PLUS™ ABUTMENT

Transgingival abutments with heights of 1, 2 and 3 mm.

### CHARACTERISTICS

Machined in titanium. Smooth transition zone in transgingival abutments.

Gingival transition zone with three heights, which provides three options for levelling the crown emergence height.

Configuration of the prosthesis from the smooth transition zone on the transgingival abutments and of the implant shoulder on the ProUnic Plus™ abutment using the same components to create the prosthesis in all cases.

#### INDICATIONS

To level the emergence profile of the crown in relation to the adjacent natural teeth and the thickness of the soft tissue.

All other indications for the ProUnic Plus™ abutment.

#### ACCESSORIES AND MATERIAL

##### CLINIC

ProUnic Plus™ abutment and/or Transgingival abutment for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ mounter for the Phibo® TSA® & TSA® ADVANCE implant.

Impression transfer for the ProUnic Plus™ abutment for the Phibo® TSA® & TSA® ADVANCE implant.

Healing cap for the ProUnic Plus™ abutment for the Phibo® TSA® & TSA® ADVANCE implant.

Phibo® 1.25 mm manual screwdriver.

Phibo® 1.25 mm wrenchdriver tip.

Phibo® dynamometric wrench.

\*Probe.

\*Impression material.

##### LABORATORY

ProUnic Plus™ analogue for the Phibo® TSA® & TSA® ADVANCE implant.

TSA® & TSA® ADVANCE implant analogue + ProUnic Plus™ Duplits™ for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ screwed hexed casting cylinder for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ screwed non-hexed casting cylinder for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ clinical screw for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic Plus™ laboratory screw for the Phibo® TSA® & TSA® ADVANCE implant.

#### INSTRUCTIONS FOR USE

##### IN THE CLINIC

##### PLACEMENT OF THE PROUNIC PLUS™ ABUTMENT ON THE IMPLANT

Remove the healing abutment.

Select the corresponding ProUnic Plus™ abutment. Use the Duplits™ for the ProUnic Plus™ abutment to choose the one suitable for the gingival tissue and occlusal emergence plane.

Secure the retention screw of the ProUnic™ Plus with a manual 1.25 mm screwdriver and pass it through the coronal opening on the abutment until it protrudes on the other side.

Insert the unit into the ProUnic Plus™ abutment mounter; pressing it gently will secure it by mechanical friction retention.

Position the ProUnic Plus™ abutment in the implant, fitting the hexes together and adjusting them with small turns. Tighten the screw manually.

Remove the ProUnic Plus™ abutment mounter.

Tighten the screw of the ProUnic Plus™ abutment by applying a torque of 25N·cm using the dynamometric wrench and the 1.25 mm tip.

If you do not take an impression in the same clinical session, secure the ProUnic™ abutment healing cap using occlusive-gingival pressure and rotating it to synchronise the hexes until you note the click of the NonStop™ System. Verify the fit with the external cone of the implant.

## TAKING THE IMPRESSION AND PREPARING THE WORKING MODEL

See the procedure for the ProUnic Plus™ impression transfer. IN THE LABORATORY

### CREATION OF THE PROSTHESIS

There are two options for creating the prosthesis: Conventional prosthesis over the casting cylinder. Position the casting cylinder over the ProUnic Plus™ analogue or the Duplit™ + the TSA® & TSA® ADVANCE implant analogue in the working model. Gently secure it using the laboratory screw. Check the soft tissue fit from the implant shoulder to the free gingival margin for creating the restoration emergence profile.

Model the structure in wax or resin for casting the casting cylinder.

Cast the casting cylinder.

Extract the cast structure. Check the implant shoulder support.

Check the metal structure, ceramise without glazing to check the anatomical properties, colour and occlusion, or finish the prosthesis if appropriate.

### IN THE CLINIC

#### STRUCTURE TEST

Remove the plastic healing cap from the ProUnic Plus™ abutment or transgingival abutment or the provisional prosthesis.

Mount the prosthesis structure in the mouth over the ProUnic Plus™ abutment and secure it using the final clinical screw.

Check the fit of the structure:

Implant-abutment shoulder fastening.

Passivity.

Relation to the gum.

Contact points.

Occlusion.

Loosen the final clinical screw and remove the structure.

Remove the Duplit if applicable.

Replace the healing abutment, the healing cap or the provisional prosthesis.

#### FINISHING OF THE STRUCTURE

Finish ceramising and glazing.

#### PLACEMENT OF THE FINAL PROSTHESIS

Remove the plastic healing cap from the ProUnic Plus™ abutment or transgingival abutment or the provisional prosthesis.

Place the final crown or bridge over the ProUnic Plus™ abutment.

Insert the final clinical screw into the prosthesis using the 1.25 mm screwdriver.

Perform a final check of:

Adjustments to abutment shoulder or implant.

Passivity.

Relation to the gum.

Contact points.

Occlusion.

Tighten the final screw by applying torque of 35 N cm.

Use cotton wool if there is a large space and cover with a temporary filler material.

#### IMPORTANT:

The procedure described over the ProUnic Plus™ abutment, after placing the suitable abutment and taking the impression over the abutment, can be performed without prior placement of the final abutment by taking an impression directly over the implant and selecting the final ProUnic Plus™ abutments using the abutment Duplit™ in the laboratory.

Screwed final restorations. ProUnic® ADVANCE

#### CHARACTERISTICS

The ProUnic® ADVANCE family of abutments is machined in titanium and plastic. There are two types of abutments:

ProUnic® ADVANCE abutment, with one abutment for each Series.

Transgingival ProUnic ADVANCE® abutment, with three abutments for Series 3 and 4 with heights for the transgingival cylindrical smooth zone of 1, 2 and 3 mm and an abutment with a height of 1 mm for Series 5, which allow levelling of the crown emergence height with respect to the adjacent natural teeth and the thickness of the soft tissue.

The geometry of the prosthesis connection to the ProUnic® ADVANCE transgingival abutments (shoulder-abutment) is identical to that of the shoulder of the implant and the ProUnic® ADVANCE abutment, allowing you to use the same components to create the prosthesis in all cases.

The final implant fixation torque is 35 Ncm.

The ProUnic ADVANCE™ abutment and its transgingival version have a 15° angulation in the three Series (Series 3, 4 and 5) indicated for correcting major disparallelisms.

#### INDICATIONS

Base abutment for supporting single screwed crowns manufactured:

Using the conventional technique of a hexed casting cylinder and waxing.

Base abutment for supporting partial and total screwed fixed restorations, manufactured:

Using the conventional technique of a non-hexed casting cylinder and waxing.

Base abutment for supporting overdentures on an implant-fixed bar structure, using a conventional casting over casting cylinder or cast bar welding.

#### ADVANTAGES

A single through-screw for final fixation.

Primary fixation of the abutment to the implant.

Use in areas adjacent to a natural tooth or another implant, where the available width is minimal, for placing a narrower crown.

Easy maintenance and recovery of the prosthesis.

#### PRECAUTIONS

The procedure requires precision when inserting the implant in the intermediate restoration processes and when fitting the created prosthesis.

#### CONTRAINDICATIONS

When the entry hole of the final clinical screw on the crown or bridge is located in an aesthetically sensitive zone.

#### ACCESSORIES AND MATERIAL

##### CLINIC

ProUnic® ADVANCE and/or transgingival abutment for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic® ADVANCE abutment moulder for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic® ADVANCE Duplit for the Phibo® TSA® & TSA® ADVANCE implant.

Phibo® TSA® & TSA® ADVANCE final clinical screw.

TSA® & TSA® ADVANCE or Dual-Press™ system metal impression transfer.

Phibo® 1.25 mm manual screwdriver.

Phibo® 1.25 mm wrenchdriver tip.

Phibo® dynamometric wrench.

##### LABORATORY

TSA® & TSA® ADVANCE implant analogue for the Phibo® TSA® & TSA® ADVANCE implant.  
ProUnic® ADVANCE Duplit for the Phibo® TSA® & TSA® ADVANCE implant.  
ProUnic Plus™ screwed hexed/non-hexed casting cylinder for the Phibo® TSA® & TSA® ADVANCE implant.  
ProUnic® ADVANCE laboratory screw for the Phibo® TSA® & TSA® ADVANCE implant.

#### INSTRUCTIONS FOR USE

##### IN THE CLINIC

##### TAKING THE IMPRESSION AND PREPARING THE WORKING MODEL

See impression procedure using the Dual-Press™ abutment or conventional metal transfer.

##### IN THE LABORATORY

CREATION OF THE PROSTHESIS IN THE LABORATORY Conventional prosthesis over the casting cylinder.

Place the casting cylinder over the Duplit™ + implant analogue in the working model. Gently secure it using the laboratory screw.

Check the soft tissue fit from the implant shoulder to the free gingival margin for creating the restoration emergence profile.

Model the structure in wax or resin for casting the casting cylinder.

Cast the casting cylinder.

Extract the cast structure. Check the implant shoulder support.

Check the metal structure, ceramise without glazing to check the anatomical properties, colour and occlusion, or finish the prosthesis if appropriate.

##### IN THE CLINIC

##### STRUCTURE TEST

Remove the healing abutment.

Mount the Duplit™ of the ProUnic® ADVANCE abutment in the mouth and position the structure.

Check the fit of the structure:

Implant-abutment shoulder fastening.



Passivity.  
Relation to the gum.  
Contact points.  
Occlusion.  
Check fit with X-ray.  
Remove the structure.  
Remove the Duplit™ of the ProUnic® ADVANCE abutment.  
Replace the healing abutment.

#### FINISHING OF THE STRUCTURE

Finish ceramising and glazing.

#### PLACING THE PROUNIC ADVANCE™ ABUTMENT ON THE IMPLANT

Remove the healing abutment.  
Position the ProUnic ADVANCE™ abutment with the mounter, making the hexes fit together and adjusting them with small turns.  
The abutment is retained in the implant by primary fixation.  
Remove the ProUnic ADVANCE™ abutment mounter, applying half a turn in the anti-clockwise direction.  
If the ProUnic ADVANCE™ abutment requires extraction, insert the mounter and apply half a turn clockwise. This leaves the mounter fixed to the abutment. Apply the force needed to remove the abutment.  
Place the final structure on the ProUnic ADVANCE™ abutment.  
Secure the structure using the final clinical screw with the dynamometric wrench with a torque of 35 Ncm.  
Check the fit of the structure:  
Implant-abutment shoulder fastening.  
Passivity.  
Relation to the gum.  
Contact points.  
Occlusion.  
Check fit with X-ray.  
Fill in the screw hole using cotton wool and temporary filler material.  
Screwed final restorations. ProUnic® Aesthetic hexed.

#### CHARACTERISTICS:

Abutment with two components: Body and body retention screw that finishes conformation of the complete abutment, both machined in titanium. The fixation torque for the implant is 25N-cm.

#### INDICATIONS:

For handling, fixation and tightening, use a manual or mechanical 1.00 mm screwdriver.  
In cases where the occlusal height from the implant is less than 4 mm for:  
Single crowns screwed to the abutment, manufactured by casting the base structure in metal, modelled using a machined casting cylinder.

#### CONTRAINDICATIONS

When the position of the entry hole of the retention screw on the crown is aesthetically sensitive.  
When the occlusal height from the implant exceeds 5 mm. In this case the ProUnic Plus™ abutment is indicated.

#### ADVANTAGES:

Allows easy removal of the crown.

#### ACCESSORIES AND MATERIAL

##### CLINIC

ProUnic® Aesthetic hexed abutment for the Phibo® TSA® & TSA® ADVANCE.  
ProUnic® Aesthetic abutment mounter for the Phibo® TSA® & TSA® ADVANCE.  
Accessories for taking impressions over Phibo® TSA® & TSA® ADVANCE implants.  
ProUnic Plus™ Aesthetic clinical screw for the Phibo® TSA® & TSA® ADVANCE implant.

Phibo® 1.00 mm manual screwdriver.  
Phibo® 1.00 mm wrenchdriver tip.  
Phibo® dynamometric wrench.

#### LABORATORY

Analogue for the TSA® & TSA® ADVANCE implant.  
ProUnic® Aesthetic anti-non-hexed Duplit™ for the Phibo® TSA® & TSA® ADVANCE.  
ProUnic® Aesthetic hexed casting cylinder for the Phibo® TSA® & TSA® ADVANCE.  
ProUnic® Aesthetic hexed clinical screw for the Phibo® TSA® & TSA® ADVANCE.  
ProUnic® Aesthetic hexed laboratory screw for the Phibo® TSA® & TSA® ADVANCE.  
Phibo® 1.00 mm screwdriver.

#### INSTRUCTIONS FOR USE IN THE CLINIC

##### TAKING AN IMPRESSION AND MAKING A CAST

See the procedure for taking impressions using metal or Dual-Press™ accessories on TSA & TSA ADVANCE® implants.

#### IN THE LABORATORY

Conventional prosthesis over the casting cylinder.

Secure the Duplit™ of the ProUnic® Aesthetic hexed abutment to the TSA® & TSA® ADVANCE implant analogue using the manual 1.00 mm screwdriver.

Place the casting cylinder over the Duplit™ and secure it gently using the laboratory screw.

Check the soft tissue fit from the implant shoulder to the free gingival margin for creating the emergence profile.

Model the structure in wax or resin for casting the casting cylinder.

Cast the casting cylinder.

Extract the cast structure. Check the implant shoulder support.

Check the metal structure, ceramise without glazing to check the anatomical properties, colour and occlusion, or finish the prosthesis if appropriate.

#### IN THE CLINIC

##### STRUCTURE TEST

Insert the final abutment or an abutment Duplit™ into the implant.

Mount the prosthesis structure in the mouth and secure it using the final clinical screw.

Check the fit of the structure:

Implant-abutment shoulder fastening.

Passivity.

Relation to the gum.

Contact points.

Occlusion.

Remove the final clinical screw and the structure.

Remove the final abutment or Duplit™ (if applicable) and replace the healing abutment.

##### FINISHING OF THE STRUCTURE

Finish ceramising and glazing.

##### PLACEMENT OF THE PROUNIC® AESTHETIC HEXED ABUTMENT

Remove the healing abutment using the 1.25 mm screwdriver.

Secure the ProUnic® Plus Aesthetic retention screw using a 1.00 mm screwdriver and pass it through the coronal opening on the abutment until it protrudes on the other side.

Insert the unit into the moulder for the ProUnic® Aesthetic hexed abutment. Abutment and moulder are secured by mechanical friction retention when light pressure is applied.

Position the abutment in the TSA & TSA ADVANCE® implant, applying light pressure and small turns to fit the hexes to the implant connection. Turn the retention screw using the moulder screwdriver.

Remove the carrier from the ProUnic® Aesthetic abutment.

Tighten abutment screw by applying a torque of 25 N·cm using the dynamometric wrench with the 1.00mm tip.

##### PLACEMENT OF THE PROSTHESIS

Place the final prosthesis over the abutment.

Secure the prosthesis using the final clinical screw with a 1.00 mm screwdriver, applying a force of 25N·cm with the dynamometric wrench.

Check the fit of the structure:

Implant-abutment shoulder fastening.

Passivity.

Relation to the gum.

Contact points.

Occlusion.

Use cotton wool if there is a large space and cover with a temporary filler material.

Screwed final restorations. ProUnic® Aesthetic non-hexed.

## CHARACTERISTICS

Machined in titanium. It is fixed to the implant with a torque of 25 N·cm.

## INDICATIONS:

For handling, fixation and tightening, use a manual or mechanical 1.00 mm screwdriver.

When the occlusal height from the implant is less than 5 mm.

Partial fixed in-between prostheses or at the free end, by means of the casting cylinder technique for waxing and casting.

Total fixed screwed restorations over 6–8 implants on the lower arch, using the casting cylinder technique for waxing and casting.

Total fixed restorations over 6–8 implants on the upper arch, using the casting cylinder technique for waxing and casting.

Removable total restorations by means of an implant-gingival-supported overdenture on a bar fixed to implants, 2-4 in the mandibular zone and 4-6 in the maxillar zone, using the casting cylinder technique for waxing and casting.

In cases in which angulations between implants exceed 10° for Series 3 and 14° for Series 4.

## CONTRAINDICATIONS

When the position of the entry hole of the retention screw on the crown is aesthetically sensitive.

When the occlusal height from the implant exceeds 5 mm. In this case the ProUnic Plus™ abutment is indicated in the absence of disparallelisms.

## ADVANTAGES

Allows easy removal of the crown.

Allows parallelism of implants to a maximum of 30°.

## ACCESSORIES AND MATERIAL

### CLINIC

ProUnic® Aesthetic non-hexed abutment for the Phibo® TSA® & TSA® ADVANCE implant.

Accessories for taking impressions over Phibo® TSA® & TSA® ADVANCE implants.

Phibo® 1.00 mm screwdriver.

Phibo® 1.00 mm wrenchdriver tip.

Phibo® dynamometric wrench.

### LABORATORY

TSA® & TSA® ADVANCE implant analogue.

ProUnic® Aesthetic non-hexed Duplit™ for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic® Aesthetic non-hexed casting cylinder for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic® Aesthetic non-hexed clinical screw for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic® Aesthetic non-hexed laboratory screw for the Phibo® TSA® & TSA® ADVANCE implant.

Phibo® 1.00 mm screwdriver.

## INSTRUCTIONS FOR USE

### IN THE CLINIC

#### TAKING AN IMPRESSION AND MAKING A CAST

See the procedure for taking impressions with metal or Dual-Press™ accessories over the TSA® & TSA® ADVANCE implant.

### IN THE LABORATORY

#### CREATION OF THE PROSTHESIS

There are two options for creating the prosthesis:

Conventional prosthesis over the casting cylinder.

Secure the Duplit™ of the ProUnic® Aesthetic non-hexed abutment to the TSA® & TSA® ADVANCE implant analogue using the manual 1.00 mm screwdriver.

Place the casting cylinder over the abutment Duplit™ in the working model and secure it using the laboratory screw.

Check the soft tissue fit from the implant shoulder to the free gingival margin for creating the restoration emergence profile.

Model the structure in wax or resin for casting the casting cylinder.

Cast the casting cylinder.

Extract the cast structure. Check implant shoulder support with the reamer.

Check the metal structure, ceramise without glazing to check the anatomical properties, colour and occlusion, or finish the prosthesis if appropriate.

## IN THE CLINIC

### STRUCTURE TEST

Insert the final abutment or an abutment Duplit™ into the implant.

Place the prosthesis structure in the mouth over the abutment or its Duplit and secure it manually using the final clinical screw.

Check the fit of the structure:

Implant-abutment shoulder fastening.

Passivity.

Relation to the gum.

Contact points.

Occlusion.

Remove the final clinical screw and the structure.

Remove the abutment or Duplit™ (if applicable) and replace the healing abutment.

### FINISHING OF THE STRUCTURE

Finish ceramising and glazing.

### PLACEMENT OF THE PROUNIC® AESTHETIC NON-HEXED ABUTMENT

Remove the healing abutment using the 1.25 mm screwdriver.

Secure the ProUnic® Aesthetic non-hexed abutment using the 1.00 mm screwdriver.

Transfer the abutment to the oral cavity, insert it into the implant and screw in the abutment until completely threaded (Fig. 3).

Screw in the abutment using the 1.00 mm screwdriver tip and the dynamometric wrench to a torque of 25N·cm (Fig. 4).

### PLACEMENT OF THE PROSTHESIS

Place the final bridge over the abutment.

Secure the prosthesis using the final clinical screw using a 1.00 mm screwdriver, applying a force of 25N·cm with the dynamometric wrench (Fig. 5 and 6).

Check the fit of the structure:

Implant-abutment shoulder fastening.

Passivity.

Relation to the gum.

Contact points.

Occlusion.

Fill in the entry hole for the clinical screw hole using a temporary fillier material.

Cemented final restorations. Drillable abutment.

## CHARACTERISTICS

Abutment machined in titanium. The shouldered abutments have a smooth transition zone. Use the abutment retention screw and secure it with a torque of 35N·cm.

In the creation of the metal base structure of the prosthesis over a shoulderless drillable abutment, modelling over the machined casting cylinder is used.

Fixed prostheses cemented to shouldered drillable abutments, manufacturing using casting in metal of the base structure, are modelled based on the titanium abutment itself.

## INDICATIONS

To level the crown emergence height in relation to the adjacent natural teeth and the thickness of the soft tissue (4 options).

When the occlusal height from the implant exceeds 6 mm.

When it is necessary to adjust the height of the antagonist and parallelise the prosthesis insertion axis.

In fixed restorations with disparallelism between implants that exceeds 10° for Series 3 implants, 14° for Series 4 implants and 12° for Series 5 implants.

In single or multiple restorations where, due to the position of the implant, the retention screw entry hole in a screwed prosthesis compromises the aesthetic outcome of the restoration.

## CONTRAINDICATIONS

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

## ADVANTAGES

Greater control of the aesthetic outcome of the prosthesis.

Resolves poor fit of the final crown to the abutment.

Single crowns, fixed partial in-between restorations or on the free end and fixed total restorations cemented to the shoulderless drillable Abutment, manufactured by casting the base structure in metal, are modelled using a machined casting cylinder.

## DISADVANTAGES

Difficult to remove the excess cement.

Possibility of prolonged tissue reaction.

Less control of crown or bridge seating during the cementing process.

## PRECAUTIONS

Retention using prosthesis cement in cantilever or extension.

Cementing over screwed components.

## ACCESSORIES AND MATERIAL

### CLINIC

Phibo® 1.25 mm screwdriver.

Phibo® dynamometric wrench.

\*Impression registration over implant.

\*Impression material.

### LABORATORY

Analogue for the TSA® & TSA® ADVANCE implant.

Phibo® TSA® & TSA® ADVANCE drillable abutments.

Casting cylinder for the Phibo® TSA® & TSA® ADVANCE shoulderless drillable abutment.

Phibo® 1.25 mm screwdriver.

## INSTRUCTIONS FOR USE

## IN THE CLINIC

### TAKING AN IMPRESSION AND MAKING A CAST

See the procedure for taking impressions with metal or Dual-Press™ accessories over the TSA® & TSA® ADVANCE implant.

## IN THE LABORATORY

### SELECTION AND MODELLING OF THE DRILLABLE ABUTMENT

Choose the type of drillable abutment corresponding to:

Disparallelism of the implant.

Height of the soft tissue from the implant shoulder to the free gingival margin.

Emergence profile of the prosthesis.

Insert the selected abutment into the implant analogue, adjusting the hexes using small turns and manually threading the retention screw until the drillable abutment is fixed over the TSA® & TSA® ADVANCE implant analogue.

Check the height of the drillable abutment in relation to the antagonist arch and parallelism with the adjacent teeth and/or abutments.

Model the abutment by drilling if necessary.

### CREATION OF THE PROSTHESIS

Fill the drillable abutment retention screw entry hole with wax and prepare the abutment with a spacer.

For shoulderless drillable abutments:

Place the casting cylinder for the drillable abutment over the abutment, fixing it using light occlusive-gingival pressure until you note retention by friction.

Fill the interior space between the casting cylinder and the abutment with liquid autopolymerisable resin up to the total height of the casting cylinder.

Remove the excess material before it sets.

Once the resin has set, remove the casting cylinder to check the interior copy of the form and the abutment planes.

Replace the casting cylinder over the abutment.

For all other drillable abutments:

Perform waxing directly over the abutment after it is modelled using the corresponding drill (if indicated) before applying the suitable separator.

Model the casting structure in wax or resin.

Perform the casting in metal.

Extract the structure cast in the cylinder.

Check and adjust the shoulder.

Ceramise without glazing, if applicable.

Create a guide key for the position of the drillable abutment in the mouth on the model.

Remove the drillable abutment from the model.

## IN THE CLINIC

## STRUCTURE TEST

Remove the healing abutment from the implant.

Place the abutment(s) in the acrylic resin guide key created in the laboratory.

Secure the abutment to the implant using the acrylic resin positioning guide and thread the retention screw until the abutment is seated, gently tightening it by hand.

Mount the prosthesis structure in the mouth over the abutment.

Check the fit of the structure:

Implant-abutment shoulder fastening.

Passivity.

Relation to the gum.

Contact points.

Occlusion.

Remove the structure from the mouth and re-mount it in the working model.

Replace the healing abutment.

## FINISHING OF THE STRUCTURE

Finish ceramising and glazing.

## PLACEMENT OF THE DRILLABLE ABUTMENT

Remove the healing abutment from the implant.

Place the abutment(s) in the acrylic resin guide key created in the laboratory.

Secure the abutment to the implant using the acrylic resin positioning guide and thread the retention screw until the abutment is seated, gently tightening it by hand.

Tighten the retention screw using the 1.25 mm screwdriver tip and the dynamometric wrench to a torque of 35N·cm.

## PLACEMENT OF THE PROSTHESIS

Mount the prosthesis structure in the mouth over the abutment.

Check the fit of the structure:

Implant-abutment shoulder fastening.

Passivity.

Relation to the gum.

Contact points.

Occlusion.

Fill the entry hole for the retention screw using a temporary filler material.

Cement the prosthesis. If you plan to remove the prosthesis for maintenance, use a temporary cement.- Wait for it to set and remove the excess cement.



Final restorations.  
Overdenture on Phibo TSA® & TSA® ADVANCE implants

#### ADVANTAGES

Simpler treatment.  
Less working time.  
Improves quality of life for elderly patients with significant bone resorption.

#### DISADVANTAGES

Requires considerable precision in the impression registrations.  
Precise fitting to soft tissues.  
Maintenance of the prosthesis and fixations to the bar structure of ball abutment.

#### ABUTMENT OPTIONS AND INDICATIONS FOR PROUNIC PLUS™, PROUNIC® ADVANCE AND TRANSGINGIVAL ABUTMENTS

Removable total restorations by means of an implant-gingival-supported overdenture on a bar fixed to implants, 2-4 in the mandibular zone and 4-6 in the maxillar zone, manufactured with the conventional technique of a non-hexed casting cylinder and waxing.

Applicable procedures  
Indirect immediate loading.  
Standard.

#### PROUNIC® AESTHETIC NON-HEXED ABUTMENT

Removable total restorations by means of an implant-gingival-supported overdenture on a bar fixed to implants, 2-4 in the mandibular zone and 4-6 in the maxillar zone, using the casting cylinder technique for waxing and casting.

Applicable procedures  
Indirect immediate loading.  
Standard.  
Applicable procedures  
Standard.

Final restorations with bar retention.  
ProUnic Plus® abutment

#### ACCESSORIES AND MATERIAL

##### IN THE CLINIC

ProUnic Plus™ and/or transgingival abutments for the Phibo® TSA® & TSA® ADVANCE implant.  
ProUnic Plus™ abutment mounter for the Phibo® TSA® & TSA® ADVANCE implant.  
ProUnic Plus™ impression transfer for the Phibo® TSA® & TSA® ADVANCE implant.  
ProUnic Plus™ Healing cap for the Phibo® TSA® & TSA® ADVANCE implant.  
Phibo® 1.25 mm screwdriver.  
Phibo® dynamometric wrench.  
\*Impression registration over implant:  
\*Impression material.

##### LABORATORY

ProUnic Plus™ analogue for the Phibo® TSA® & TSA® ADVANCE implant.  
TSA® & TSA® ADVANCE implant analogue + ProUnic Plus™ Duplit™ for the Phibo® TSA® & TSA® ADVANCE implant.  
Non-hexed casting cylinder for the Phibo® TSA® & TSA® ADVANCE bridge or screwed bar.  
Phibo® TSA® & TSA® ADVANCE clinical screw.  
Phibo® 1.25 mm screwdriver.

## INSTRUCTIONS FOR USE IN THE CLINIC

### PLACEMENT OF THE PROUNIC PLUS™ OR TRANSGINGIVAL ABUTMENT ON THE IMPLANT

Remove the healing abutment.

Select the corresponding ProUnic Plus™ abutment. Use the abutment Duplits™ to choose the one suitable for the thickness of the gingival tissue and occlusal emergence plane.

Secure the retention screw of the ProUnic™ Plus with a manual 1.25 mm screwdriver and pass it through the coronal opening on the abutment until it protrudes on the other side.

Insert the unit into the ProUnic Plus™ abutment mounter; pressing it gently will secure it by mechanical friction retention.

Position the ProUnic Plus™ abutment on the implant, seating the hexes and adjusting them with small turns. Tighten the screw manually.

Remove the ProUnic Plus™ abutment mounter.

Tighten the ProUnic Plus™ abutment screw, applying a torque of 25 N-cm using the dynamometric wrench and the 1.25 mm wrenchdriver tip.

If you do not take an impression in the same clinical session, secure the ProUnic™ abutment healing cap using occlusive-gingival pressure and rotating it to synchronise the hexes until you note the click of the NonStop™ System. Verify the fit with the external cone of the implant.

### TAKING THE IMPRESSION AND PREPARING THE WORKING MODEL

See the procedure for the ProUnic Plus™ impression transfer. IN THE LABORATORY

### CREATION OF THE PROSTHESIS

Conventional prosthesis over the casting cylinder.

Place the casting cylinder over the ProUnic Plus™ analogue or Duplit™ + TSA & TSA ADVANCE® implant analogue in the working model. Gently secure it using the laboratory screw.

Check the soft tissue fit from the implant shoulder to the free gingival margin for selecting the suitable transgingival abutment.

Model the structure in wax or resin for casting the casting cylinder.

Model the bar in wax or secure pre-fabricated plastic bars to the casting cylinder models.

Cast the casting cylinders.

Extract the cast structure. Check implant shoulder support with the reamer.

Create the structure of the overdenture over the bar and its fixation.

## CLINIC

### STRUCTURE TEST

Remove the provisional healing cap from the ProUnic Plus™ abutment or transgingival abutment or the provisional prosthesis.

Secure the bar to the implants using manual torque.

Secure the overdenture over the bar in the mouth.

Check the fit of the structure:

Occlusion.

Adjustments and seatings in the support zones.

Remove the structure from the mouth and the bar.

Replace the healing cap.

### FINISHING OF THE STRUCTURE

Modify the overdenture or the bar suitably.

### PLACEMENT OF ABUTMENTS AND THE FINAL PROSTHESIS.

Remove the healing cap from the ProUnic Plus™ or transgingival abutment or the provisional prosthesis.

Secure the bar to the implants using the 1.25 mm screwdriver.

Screw in the bar using the 1.25 mm screwdriver tip and the dynamometric wrench to a torque of 35N-cm.

Secure the overdenture over the bar in the mouth.

Perform the necessary adjustments.

Final restorations with bar retention. ProUnic® Aesthetic non-hexed abutment

## ACCESSORIES AND MATERIAL

### CLINIC

ProUnic® Aesthetic non-hexed abutment for the Phibo® TSA® & TSA® ADVANCE implant.  
Metal or Dual-Press™ impression transfer for the Phibo® TSA® & TSA® ADVANCE implant.  
Phibo® 1.25 mm screwdriver.  
Phibo® 1.0 mm mechanical or manual screwdriver  
Phibo® dynamometric wrench.  
\*Impression registration over implant:  
\*Impression material.

### LABORATORY

TSA® & TSA® ADVANCE implant analogue + Duplit™ ProUnic® Aesthetic non-hexed.  
Non-hexed casting cylinder for the Phibo® TSA® & TSA® ADVANCE bridge or screwed bar.  
Phibo® TSA® & TSA® ADVANCE clinical screw.  
Phibo® 1.25 mm screwdriver.  
Phibo® 1.0 mm screwdriver.

## INSTRUCTIONS FOR USE

### IN THE CLINIC

#### TAKING AN IMPRESSION AND MAKING A CAST

See the procedure for taking impressions with metal or Dual-Press™ accessories over the TSA® & TSA® ADVANCE implant.

#### CREATION OF THE PROSTHESIS IN THE LABORATORY

Conventional prosthesis over the casting cylinder.  
Position the casting cylinder for the ProUnic Plus™ Aesthetic non-hexed abutment over the Duplit™ + TSA® & TSA® ADVANCE implant analogue in the working model. Gently secure it using the laboratory screw.  
Check the soft tissue fit from the implant shoulder to the free gingival margin for creating the restoration emergence profile.  
Model the structure in wax or resin for casting the casting cylinder.  
Model the bar in wax or secure pre-fabricated plastic bars to the casting cylinder models.  
Cast the casting cylinders.  
Extract the cast structure. Check implant shoulder support with the reamer.  
Create the structure of the overdenture over the bar and its fixation.

### IN THE CLINIC

#### STRUCTURE TEST

Secure the final ProUnic® Aesthetic non-hexed abutment or the Duplit™ ProUnic® Aesthetic.  
Place the bar over the implants and secure the bar using manual torque.  
Secure the overdenture over the bar in the mouth.  
Check the fit of the structure:  
Occlusion.  
Adjustments and seatings in the support zones.  
Remove the structure from the mouth and the bar.  
Replace the healing cap.

#### FINISHING OF THE STRUCTURE

Modify the overdenture or the bar suitably.

#### PLACEMENT OF ABUTMENTS AND THE FINAL PROSTHESIS.

Secure the final ProUnic® Aesthetic abutment to the implant.

Place the bar over the implants and secure the bar to the implants using the 1.00 mm screwdriver.

Secure the bar to the implants using the 1.00 mm screwdriver.

Tighten the bar using the 1.00 mm screwdriver tip and the dynamometric wrench to a torque of 25N·cm.

Secure the overdenture over the bar in the mouth.

Perform the necessary adjustments.

#### Final restorations, overdentures over PROUNIC® ADVANCE ACCESSORIES AND MATERIAL

##### CLINIC

ProUnic® ADVANCE abutment and/or transgingival abutments for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic ADVANCE™ abutment mounter for the Phibo® TSA® & TSA® ADVANCE implant.

ProUnic ADVANCE™ Duplit for the Phibo® TSA® & TSA® ADVANCE implant.

Phibo® TSA® & TSA® ADVANCE final clinical screw.

TSA® & TSA® ADVANCE impression transfer.

Phibo® 1.25 mm screwdriver.

Phibo® 1.25 mm wrenchdriver tip.

Phibo® dynamometric wrench.

##### LABORATORY

Analogue for the TSA® & TSA® ADVANCE implant.

ProUnic® ADVANCE Duplit for the Phibo® TSA® & TSA® ADVANCE implant.

Hexed/non-hexed screwed casting cylinders ProUnic® ADVANCE.

ProUnic ADVANCE™ laboratory screw

#### INSTRUCTIONS FOR USE

##### IN THE CLINIC

##### TAKING THE IMPRESSION AND PREPARING THE WORKING MODEL

See impression procedure using the Dual-Press™ abutment or conventional metal transfer.

##### IN THE LABORATORY

CREATION OF THE PROSTHESIS IN THE LABORATORY Conventional prosthesis over the casting cylinder.

Place the casting cylinder over the Duplit™ + implant analogue in the working model. Gently secure it using the laboratory screw.

Check the soft tissue fit from the implant shoulder to the free gingival margin for creating the restoration emergence profile.

Model the structure in wax or resin for casting the casting cylinder.

Cast the casting cylinder.

Extract the cast structure. Check the implant shoulder support.

Check the metal structure, ceramise without glazing to check the anatomical properties, colour and occlusion, or finish the prosthesis if appropriate.

##### IN THE CLINIC

##### STRUCTURE TEST

Remove the healing abutment.

Mount the ProUnic ADVANCE™ abutment Duplit™ in the mouth and position the structure.- Check the fit of the structure:

Implant-abutment shoulder fastening.

Passivity.

Relation to the gum.

Contact points.

Occlusion.  
Check fit with X-ray.  
Remove the structure.  
Remove the Duplit™ of the ProUnic ADVANCE™ abutment  
Replace the healing abutment.

#### FINISHING OF THE STRUCTURE

Finish ceramising and glazing.

#### PLACING THE PROUNIC ADVANCE™ ABUTMENT ON THE IMPLANT

Remove the healing abutment.  
Position the ProUnic ADVANCE™ abutment with the mounter, fitting the hexes together and adjusting them with small turns.  
The abutment is retained in the implant by primary fixation.  
Remove the ProUnic ADVANCE™ abutment mounter, applying a half turn anti-clockwise.  
If the ProUnic ADVANCE™ abutment requires extraction, insert the mounter and apply a half turn clockwise. This leaves the mounter fixed to the abutment. Apply the force needed to remove the abutment.  
Place the final structure over the ProUnic ADVANCE™ abutment.  
Screw in the structure using the final clinical screw with the dynamometric wrench, applying a torque of 35 N cm.  
Check the fit of the structure:  
Implant-abutment shoulder fastening.  
Passivity.  
Relation to the gum.  
Contact points.  
Occlusion.  
Check fit with X-ray.  
Fill in the screw hole using cotton wool and temporary filler material.

Final retained restorations. Ball abutments.

#### ACCESSORIES AND MATERIAL

##### CLINIC

Phibo® 1.25 mm screwdriver.  
Phibo® dynamometric wrench.  
\*Impression registration over implant:  
\*Impression material.

##### LABORATORY

TSA® & TSA® ADVANCE® implant analogue.  
Phibo® TSA® & TSA® ADVANCE ball abutment.  
Metal sleeve with an o-ring seal for the Phibo® TSA® & TSA® ADVANCE ball abutment.  
Phibo® 1.25 mm screwdriver.

#### INSTRUCTIONS FOR USE IN THE CLINIC

##### TAKING AN IMPRESSION AND MAKING A CAST

See the procedure for taking impressions using metal or Dual-Press™ accessories on TSA® & TSA® ADVANCE® implants.

## IN THE LABORATORY

### SELECTION AND PLACEMENT OF BALL ABUTMENTS

Choose the transgingival zone height of the ball abutment that is most suitable for construction.  
Place the selected abutment on the TSA<sup>®</sup> & TSA<sup>®</sup> ADVANCE implant analogue.  
Check the height of the abutment in relation to the antagonist arch and the space for creation of the overdenture.

### CREATION OF THE PROSTHESIS

Model the overdenture structure.  
Secure the metal sleeve with the O-ring seal to the overdenture using a temporary material.

## IN THE CLINIC

### STRUCTURE TEST

Remove the healing abutments.  
Mount the structure over the abutments.  
Check the fit of the structure:  
Implant-abutment shoulder fastening.  
Passivity.  
Relation to the gum.  
Contact points.  
Occlusion.  
Remove the structure and the abutments from the mouth.  
Place the healing abutments.

### FINISHING OF THE STRUCTURE

Modify the shape of the structure if necessary.  
Extract the sleeves and the temporary cement.  
Secure the sleeves permanently using acrylic resin.

### PLACEMENT OF THE BALL ABUTMENT AND PROSTHESIS

Remove the healing abutment.  
Secure the abutment using the 1.25 mm screwdriver and the dynamometric wrench to a torque of 35 N-cm.  
Mount the overdenture over the abutments in the mouth.  
Make the necessary adjustments to occlusion and soft tissues.  
Important:  
This requires periodic replacement of the O-ring retaining element.  
It requires more frequent monitoring of the adaptation of the overdenture to the tissues to avoid premature wear of the O-ring.  
\*Material not supplied by Phibo<sup>®</sup>.

This document was reviewed and approved on 2013/05/24

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Prosthetic Procedure  
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