# PROSTHETIC PROCEDURE TS SYSTEM



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# PROSTHETIC PROCEDURE TS SYSTEM

FOR
OSSTEM IMPLANT
SYSTEM



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# **Restoration Procedure**



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**01** Rigid Abutment

Abutment is not modified

· Abutment is modified



# 039

#### **02** Transfer Abutment

Abutment Level Impression taking + Cement Type prosthes
 Fixture Level impression taking + Cement Type prosthesis





# 053

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Fixture Level impression taking + Cement Type prosthesi



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· Screw Type prosthesis - Chair Side

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# 059

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Fixture Level impression taking + Cement Type prosthesis

Fixture Level impression taking + Combination Type prosthesis



# 119

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# 069

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· Fixture Level impression taking + Screw Type prosthesis



#### 12/

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Abutment Level Impression taking+ Screw Type prosthesis

Abutment Level Impression taking+ Overdenture



# 075

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· Fixture Level impression taking + Screw Type prosthesis



# 141

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# 083

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# 091

#### **08** Link Abutment

- Fixture Level impression taking + Cement Type prosthes
- ixture Level impression taking + Screw Type prosthesis



# 161

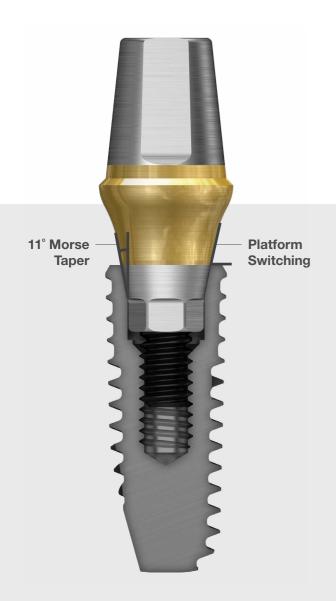
15 Locator /

Port (Angled) Abutment

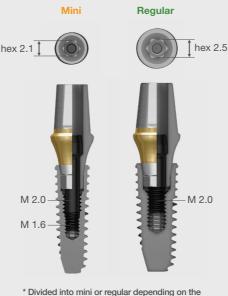
# TS SYSTEM

# Transcendent Solution

- · Submerged type fixture with internal hex and 11° morse taper structure
- · Internal 11° morse taper structure is stable against external force
- · Less bone resorption with platform switching and natural emergence profile
- · 1-stage (skip 2nd stage) is possible with healing abutment and 2-stage is also possible

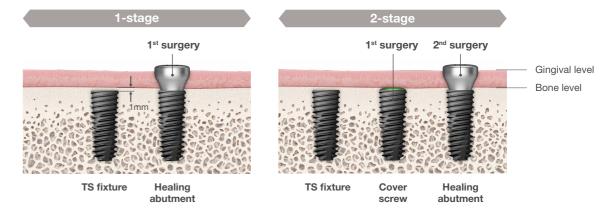


#### Platform (Internal Hex)



size of Hex and screw

#### Stage

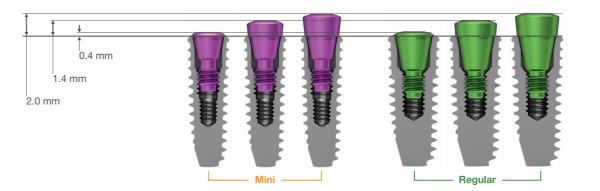


#### **Cover Screw**

- · Color coding (anodizing) for checking placement position in second surgery
- · Different specifications for different fixture placement depth
- · Connect with 1.2 hex driver by hand

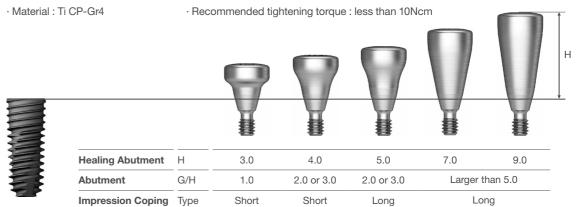
· Material : Ti CP-Gr4

· Recommended tightening torque : less than 10Ncm



#### **Healing Abutment**

- · Largely applicable and easy emergence profile formation
- · Check inter-occlusal space and select height with 1~2 mm exposure from gingiva
- · Same diameter as abutment
- · Connect with 1.2 hex driver by hand



# **TS Abutment Overview**

# Single / Bridge Case

						T								
	Rigid	Transfer	Angled	FreeForm ST	GoldCast	NP-Cast	SmartFit	Link	ZioCera	Temporary	Quick Temporary	Multi	Multi Angled	Convertible
	1-Piece			2-Piece					2-Piece				3-Piece	
Prosthetic Type														
Screw					•	•		•	•	•	•	•	•	•
Cement	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Combination		•	•	•	•	•	•	•	•	•	•	•	•	•
Impression Type														
Abutment Level	•	•										•	•	•
Fixture Level	-	•	•	•	•	•	•	•	•	•	•			

# **Overdenture Case**

	Multi	Multi Angled	Convertible	Stud	Locator	Port Angled
Prosthetic Type						
Retentive Anchor				•	•	•
Bar Frame	•	•	•			
Impression Type						
Abutment Level	•	•	•	•	•	•
Fixture Level						

#### Note.

1-piece	Rigid is standard, only cement type prosthesis is possible with abutment level impression
2-piece	Transfer is standard, both cement or combination type prosthesis is possible with fixture level impression (abutment level with rigid impression components is also possible)
	Angled / FreeForm ST: cement or combination type prosthesis is possible with fixture level impression, Can be customized depending on oral environment and prosthesis type
	GoldCast / NP-Cast / ZioCera : screw or cement or combination type prosthesis is possible with fixture
	level impression (need caution with casting, firing in screw type prosthesis fabrication)
	SmartFit / link : CAD/CAM product, fabricate customized abutment for patient using S/W in different oral environment and prosthesis type
3-piece	Multi / convertible: screw or cement or combination type prosthesis is possible with abutment level impression and effective in bridge case with unfavorable path

1-piece	Stud type o-ring / locator are standard, removable overdenture fabrication is possible with abutment level
	impression

**3-piece** Multi / convertible : effective in the fabrication of overdenture using bar frame in abutment level impression

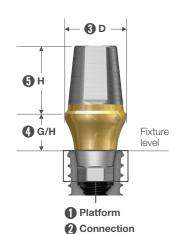
<sup>\*</sup> Contents above are general guideline from the company and products must be selected in consideration of oral environment, habits, fixture placement condition, clinical experience and aftermath.

# **Prosthetic Guide**

# **Abutment Selection**

Surgery procedure	Anterio	or Area	Posterior area			
2 Fixture placement	Position a	and Angle (space betwe	een adjacent and occlusal teeth)			
condition	Favorable	Unfavorable	Favorable	Unfavorable		
Single						
W COOO	Rigid Transfer Angled ZioCera SmartFit Link	Transfer FreeForm ST GoldCast NP-Cast SmartFit Link	Rigid Transfer SmartFit Link	Transfer FreeForm ST GoldCast NP-Cast SmartFit Link		
Bridge	Rigid Transfer Angled ZioCera SmartFit Link	Transfer FreeForm ST SmartFit Link Multi Multi Multi Angled Convertible	Rigid Transfer SmartFit Link	Transfer FreeForm ST SmartFit Link Multi Multi Multi Angled Convertible		
Overdenture	Solitary type	overdenture	Bar type overdenture			
	Loc	ud ator Angled	Multi A	ulti Angled ertible		

# **Abutment Specification Selection**



Order	Consideration	Select Option
1 Platform	Fixture platform	Mini / regular
2 Connection	Fixture Angle (path) / single, bridge selection	Hex / non-hex
<b>3</b> D	Space between adjacent teeth, Diameter of cervical area (Mesio-Distal, Bucco-lingual)	Ø 4.0 / 4.5 / 5.0 / 6.0 / 7.0
<b>4</b> G/H	Fixture Depth / margin position	1.0 / 2.0 / 3.0 / 4.0 / 5.0 mm
<b>5</b> H	Height of adjacent teeth, Distance to occlusal teeth	4.0 / 5.5 / 7.0 mm

#### Guide Tip.

#### **Emergence Profile Formation Tip**

- $\cdot$  Pre surgery planning is important since fixture depth decides abutment's G/H and H
- $\cdot$  It is important to select abutment diameter similar to natural tooth's cervical area

#### **Abutment Diameter Selection**

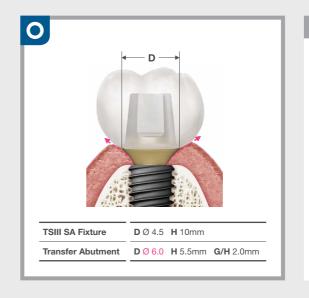
 ${\it \#Natural\ teeth\ cervical\ area\ mesial-distal\ /\ buccal-lingual:\ Based\ on\ smaller\ specification\ among\ standard\ specification}$ 



Diameter in cervical area

Abutment Diameter

- · When appropriate abutment specification for restoration was not selected
- · Impossible to create natural prosthesis contour like below





# **Tightening Torque**

Recommended to use the tightening torque below

(Need regular maintenance for the abrasion, damage and functionality of components such as driver, torque wrench etc)

Туре					Mini	Regular
Cover	Healing Abutment	Impression Coping	Bite Index	Protect Cap	Manual (5~8)	Manual (5~8)
Rigid Abutment	Convertible Abutment	Stud Abutment	Locator / Port Abutment	Multi Abutment	30	30
Transfer Abutment  ZioCera Abutment	Angled Abutment  ZioCera Angled Abutment	FreeForm ST Abutment  SmartFit Abutment	GoldCast Abutment  Link Abutment	NP-Cast Abutment  Multi Angled Abutment	20	30
Temporary Abutment	Quick Temporary Abutment				20	20
	vertible linder				20	20

# **Platform Color Coding**

Mini / regular both have laser marking and color coding (In regular platform, Ø 6.0 / 7.0 are called ultra-wide)

Туре	Mini	Regular
Fixture Diameter	Ø 3.5	Ø 4.0 / 4.5 / 5.0 (6.0 / 7.0)
Instrument	M	R
Fixture		
Mount		
Cover Screw		
Healing Abutment	Ø <sub>M</sub> 5 ≤	QA.5 R
Impression Coping		
Lab Analog		
Abutment		R
Abutment Screw		

**Prosthetic Type** 

#### **Screw**

- · Combined with abutment through casting and firing in fabrication process
- · Screw hole is exposed above occlusal surface, therefore esthetics and occlusion have to be considered
- · Prosthesis can easily be removed with screw, therefore there is no side effects from cement
- · Errors can occur in bridge fabrication in casting or firing process
- · Setting is affected severely by the fixture angle and adjacent teeth



#### Cement

- · Casted or fired separately from abutment in the fabrication process, and combined by cement
- $\cdot$  There is no screw hole, therefore esthetic surface can be created
- · Difficult to remove prosthesis
- · Cement is difficult to remove and has chances for inflammation
- $\cdot$  Passive fit in bridge is easy
- · Relatively easy setting, only affected by adjacent teeth



#### **Combination**

- · Casted or fired separately from abutment in the fabrication process, and combined by cement (same as cement type)
- · Screw hole is exposed above occlusal surface, therefore esthetics and occlusion have to be considered
- · Maintenance is easy because prosthesis can easily be removed with screw
- · After connecting prosthesis with cement, cement can be removed completely outside the mouth, so there is no side effect from cement
- · Passive fit in bridge is easy
- $\cdot$  Setting is affected by the fixture angle and adjacent teeth but relatively easy compared to screw type



# **Impression Type**

#### **Abutment Level Impression**

- · Similar impression taking as natural teeth
- · Bring abutment shape/position to working model (Impression taking is based on abutment information)
- · Prosthetic process is relatively easy and convenient
- · Close tray (ready made / stock tray) used
- · Exclusive impression coping for each abutment is recommended









Oral Model

**Impression Coping** 

Impression Body

Working Model

#### Fixture Level Impression Pick-up Type

- · Bring fixture's connection/position to working model (impression taking is based on fixture information)
- $\cdot$  Impression taking is relatively complicated but accuracy is better than transfer type
- · Impression coping moves as one body with impression body
- · Open tray (custom / individual tray) used









Impression Coping

Impression Taking

Impression Body

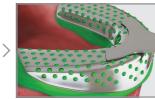
**Working Model** 

# Fixture Level Impression Transfer Type

- $\cdot \ Bring \ fixture's \ connection/position \ to \ working \ model \ (impression \ taking \ is \ based \ on \ fixture \ information)$
- · Convenient in posterior area with limited mouth opening
- · Impression coping moves separately from impression body
- · Close tray (ready made / stock tray) used







Impression Taking



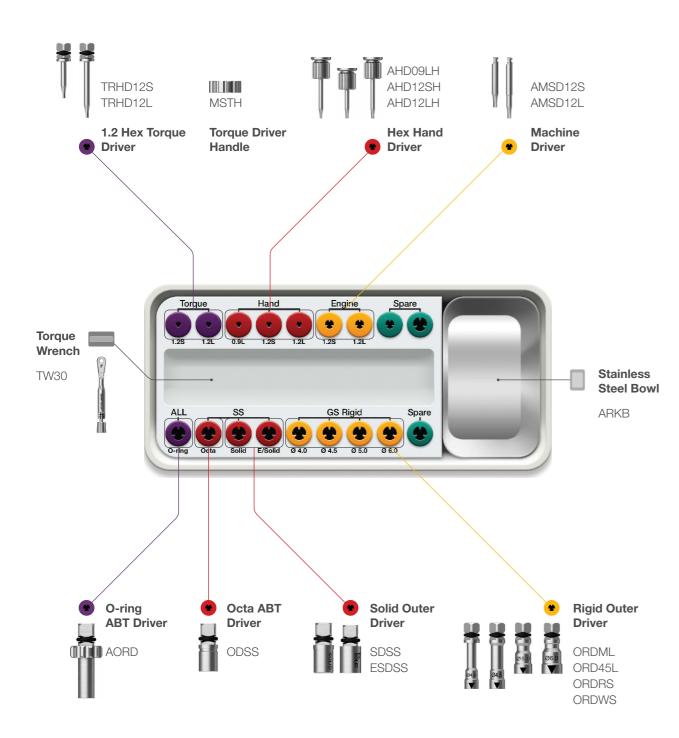
Impression Body



**Working Model** 

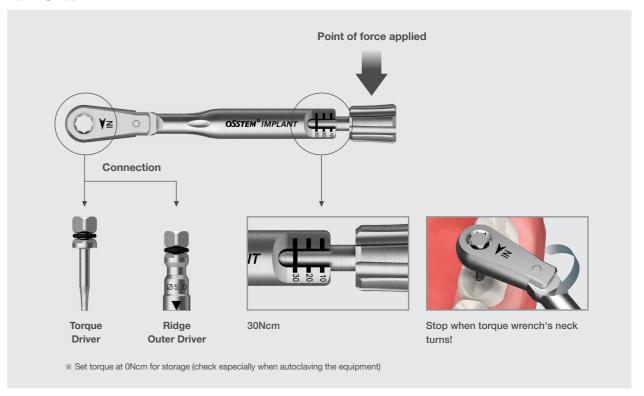
# **Component & Instrument**

# **Prosthetic KIT**

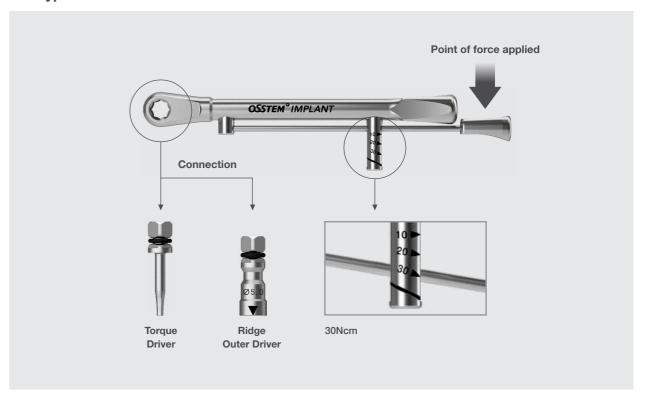


# **Torque Wrench**

#### **Spring Type**

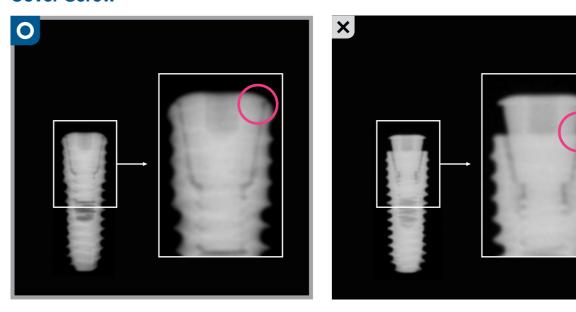


#### Bar Type



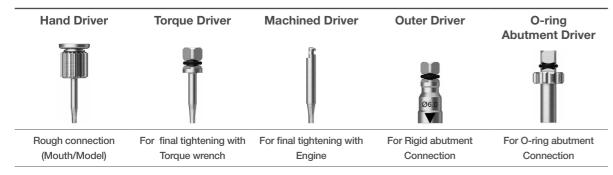
# **Right Connection Checking Guide**

#### **Cover Screw**



- $\cdot$  Misconnection happens by the bone near fixture or adjacent tissue and foreign substance
- · Check right connection after removing interfering area with bone profiler

#### **Driver**

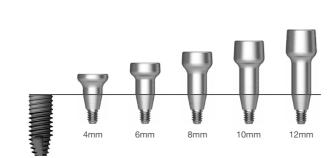


<sup>\*</sup> Normally, perform rough connection with hand driver first and tighten in final torque with torque driver

#### **Bite Index**

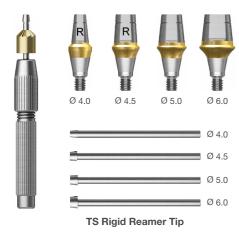
- · Bite can be taken after fixture level impression taking
- · Additional jig fabrication not needed with Bite
- $\cdot$  Easy connection regardless of gingiva limitation
- · 4, 6, 8, 10, 12mm : applicable for various situations







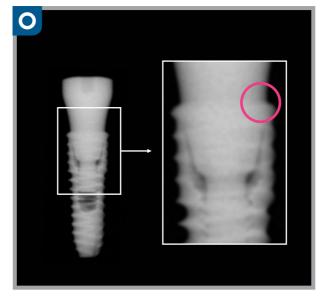
#### Reamer

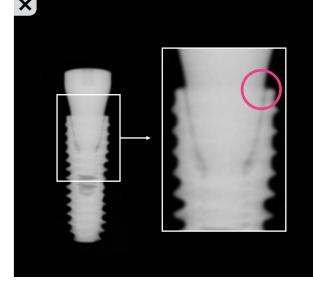




- 1. Prepare reamer tip with same diameter as abutment
- 2. Fix reamer tip to the prosthesis and turn reamer bite to blade direction and remove tip
- 3. Perform reaming until the tip of casting body is removed completely.
- \* Reamer cannot be used for non-precious metal, therefore remove tip with bur and rubber point

## **Healing Abutment**

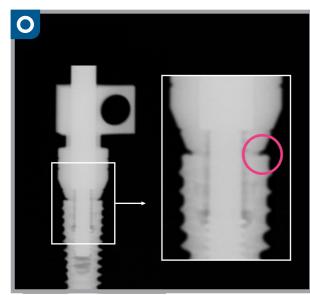


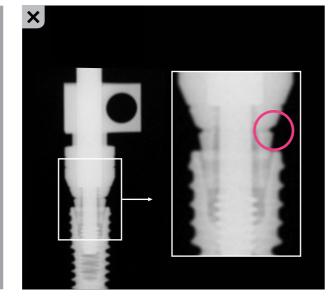


- · If healing abutment and fixture has right connection, there is sealing on the top of taper area inside
- · Misconnection happens by the bone near fixture or adjacent tissue and foreign substance
- $\cdot$  Fixture failure can happen with plague and bacteria proliferation in gap
- · Check right connection after removing interfering area with bone profiler

# **Impression Coping**

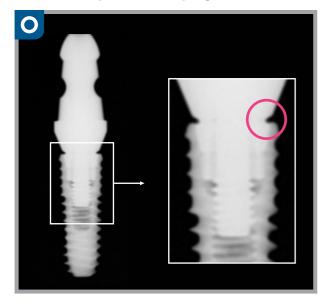
#### **Pick-up Impression Coping**

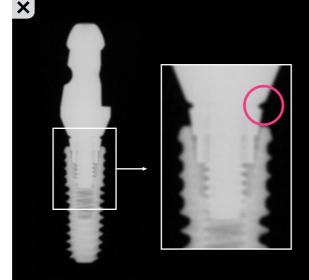




- · Misconnection occurs when fixture and hex do not connect accurately, or with interference from bone and tissue around fixture
- · Check right connection by checking if coping body notch(A) matches with top of fixture or if there is gap inside the 11° taper area

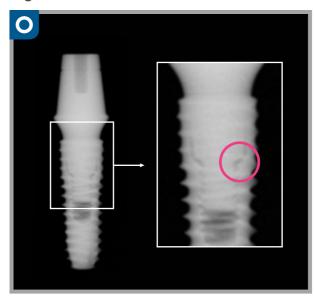
#### **Transfer Impression Coping**

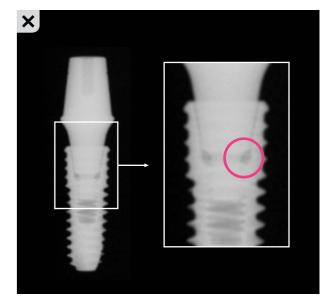




· Check right connection by checking if coping body notch(A) matches with top of fixture or if there is gap inside the 11° taper area \*\* Transfer impression coping: Guide pin will not be connected without accurately setting the hex, therefore reduce errors from users **Abutment** 

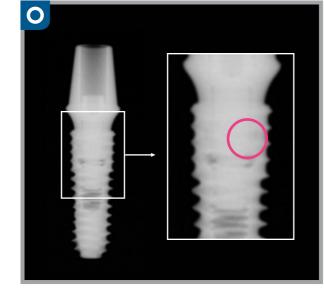
#### **Rigid Abutment**

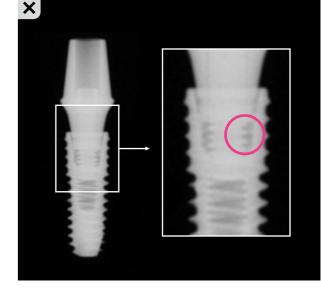




- · Misconnection occurs when fixture and hex do not connect accurately, or with interference from bone and tissue around fixture
- · Use bone profiler to remove interfering area and check right connection
- · For Convertible, multi, stud abutment, before connecting prosthesis, check right connection with x-ray like above

#### Transfer Abutment





- · Misconnection occurs when fixture and hex do not connect accurately, or with interference from bone and tissue around fixture
- $\cdot \ \text{Modify wrong hex setting with x-ray or use Bone profiler to remove interfering area and check right connection}$
- · Angled, GoldCast, FreeForm ST, ZioCera abutment: before connecting prosthesis, check right connection with x-ray like above

# Platform Compatibility Guide

For stable connection and long-term stability, use abutment that has same platform as fixture (check platform – mini, regular for the same diameter as well)

# 1-Piece Abutment Rigid Abutment



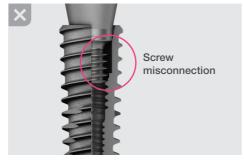
Mini abutment + Mini fixture



Mini abutment + Regular fixture



Regular abutment + Regular fixture

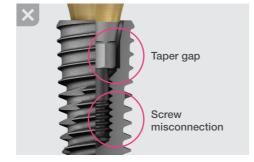


Regular abutment + Mini fixture

#### **2-Piece Abutment** Transfer Abutment



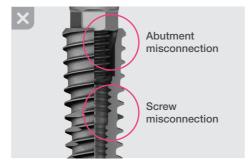
Mini abutment + Mini fixture



Mini abutment + Regular fixture



Regular abutment + Regular fixture



Regular abutment + Mini fixture



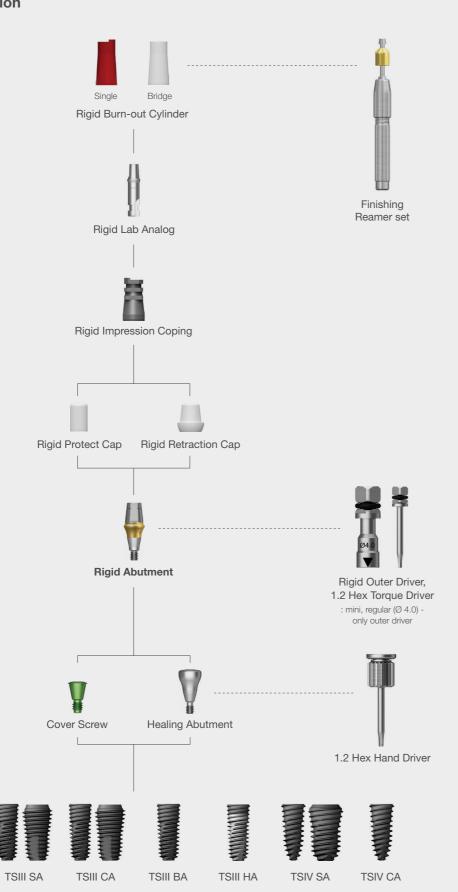
020

# **Prosthetic Flow Diagram**

TSII CA

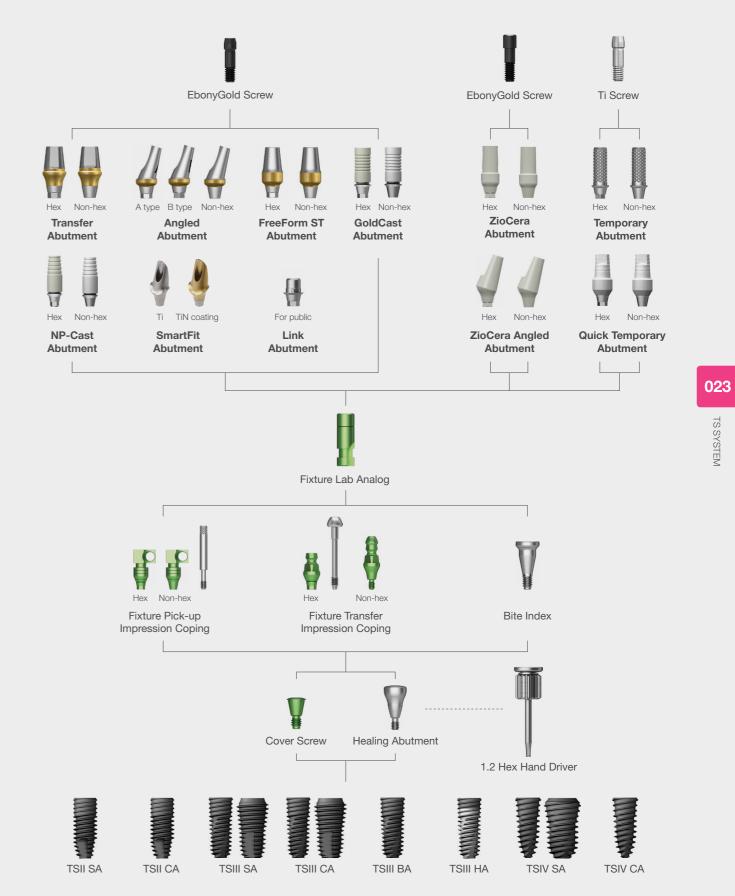
#### **1-Piece Abutment**

#### **Abutment Level Impression**



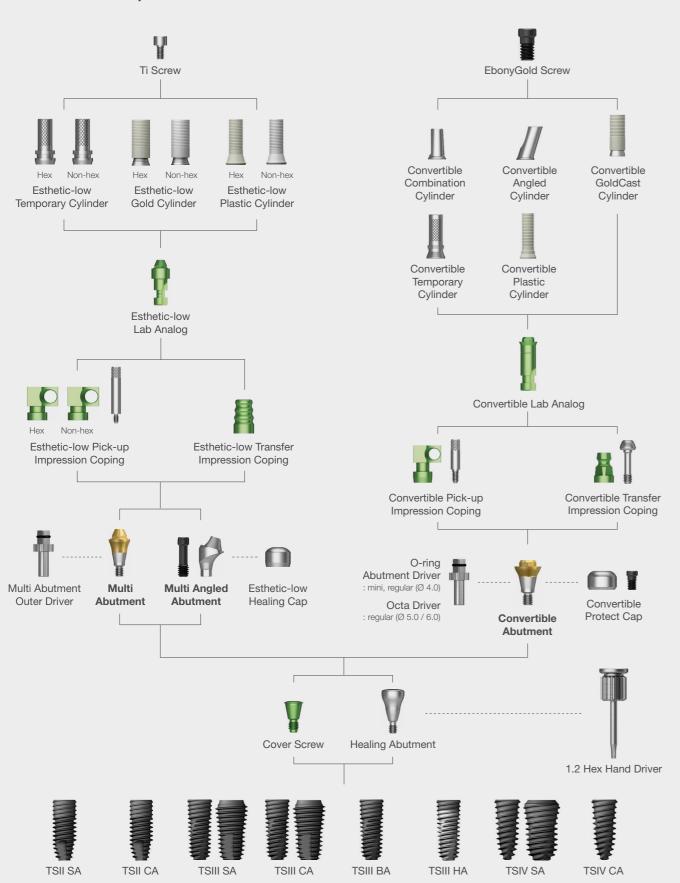
#### 2-Piece Abutment

#### **Fixture Level Impression**



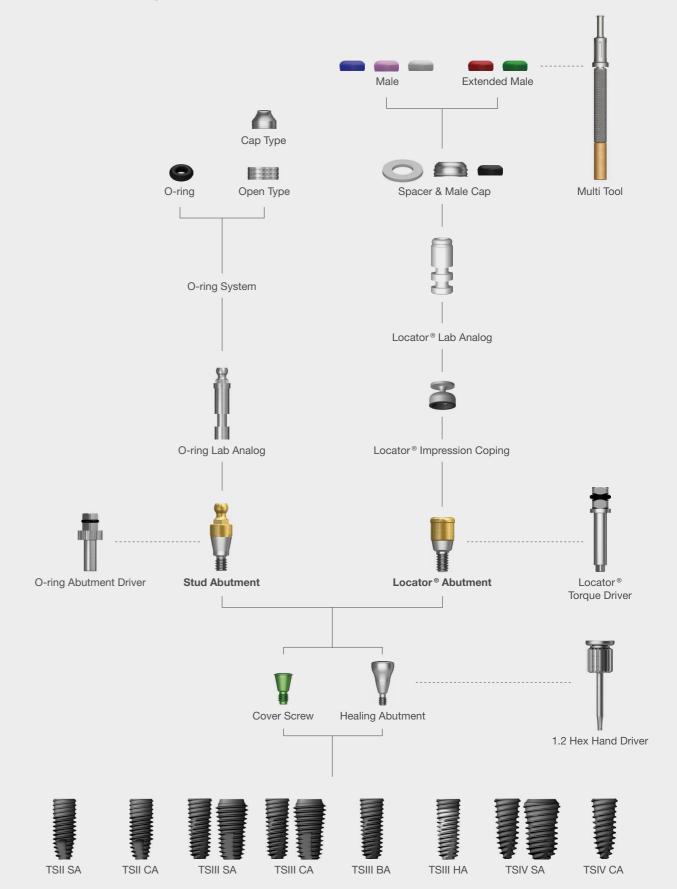
#### **3-Piece Abutment**

#### **Abutment Level Impression**

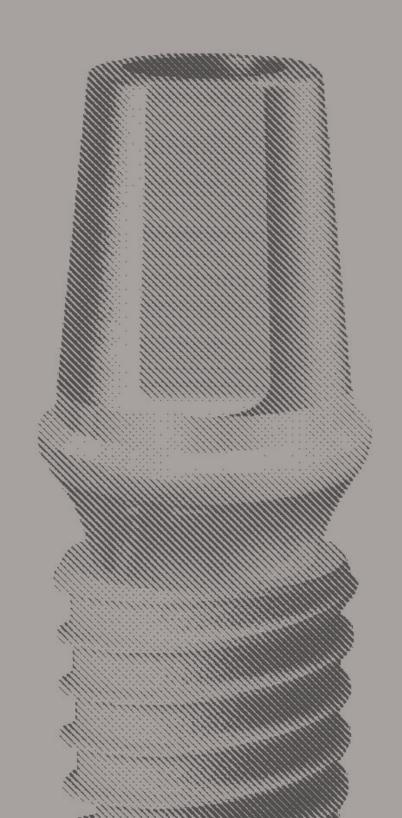


#### **Overdenture**

#### **Abutment Level Impression**



# RESTORATION PROCEDURE



Restoration **Procedure** 

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Rigid **Abutment** 

02 Transfer **Abutment** 

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03 Angled **Abutment** 

04 FreeForm ST Abutment

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GoldCast **Abutment** 

**NP-Cast Abutment**  07 SmartFit **Abutment**  80 Link Abutment

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ZioCera

(Angled)

**Abutment** 

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**Temporary Abutment** 

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Quick **Temporary Abutment** 

12 Multi (Angled) **Abutment** 

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13 Convertible Abutment

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14 Stud Abutment (O-ring System)

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15 Locator / Port (Angled) **Abutment** 





· Cement retained prosthesis

· Single / bridge / full arch restorations / all position (Not recommended : misalignment bridge or over angulated case)

· Abutment level impression

· Gold coloring for margin's esthetics

 $\cdot$  Use components with color coding for different height (4mm : yellow / 5.5mm : gray / 7mm : blue)

· Material : Ti-6Al-4V

· Ø 4.0 uses outer driver for Connection (code: ORDML / ORDMS)

 $\cdot$  Ø 4.5 / 5.0 / 6.0 use outer driver or 1.2 hex driver for Connection

 $\cdot$  Ø 7.0 uses 1.2 hex torque driver for Connection

· Recommended Tightening Torque: 30Ncm

D	Ø 4.0 / 4.5 / 5.0 / 6.0 / 7.0 mm				
Н	4.0 / 5.5 / 7.0 mm				
G/H	1.0 / 2.0 / 3.0 / 4.0 / 5.0 mm				

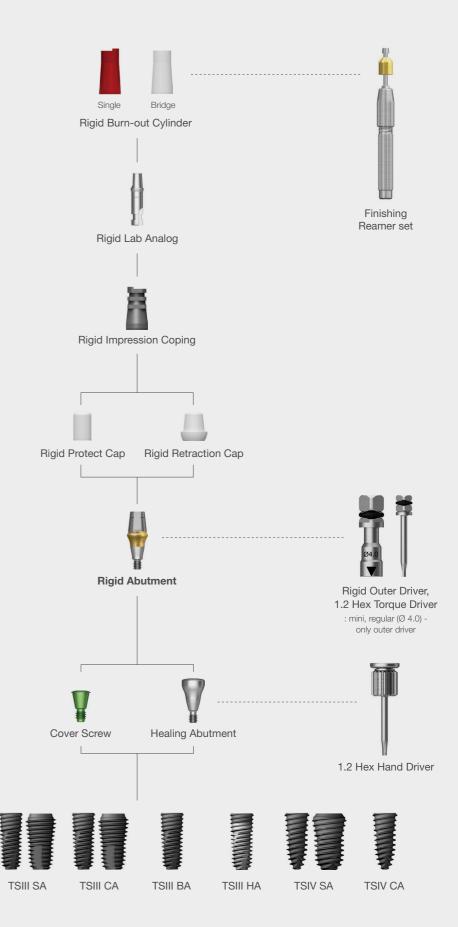
#### **Abutment Diameter Selection**



# **Prosthetic Flow Diagram**

TSII SA

TSII CA



#### **Abutment is not Modified**

01

#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand





#### Abutment selection and connection

- · Select abutment specification by oral condition and final prosthesis
- · Connection(30Ncm) with 1.2 hex or outer
- · Check right connection with X-ray









#### Abutment level impression

- · Connect impression coping that matches abutment height (4.0 / 5.5 / 7.0mm) by hand
- · Take impression using ready-made







#### **Rigid Impression Coping**

Torque Wrench





#### Protect cap selection and connection

- · Connect protect cap to protect abutment after impression taking and before final prosthesis fabrication
- · Possible to fabricate temporary prosthesis by customizing protect cap, depending on cases





#### Rigid Protect Cap





Abutment H 4.0



# 05 Lab Side

Working model fabrication

- · Check impression coping color inside the impression body, and connect lab analog that matches abutment specification
- · Apply separator around analog and Impression body, and reproduce gingiva area with special material
- · Fabricate working model in normal way by pouring stone inside the Impression body









#### Burn-out cylinder connection and wax up

- · Using burn-out cylinder can skip fabrication of resin cap
- · Connect correct burn-out cylinder by hand on the lab analog in the working
- · After modification, wax up in normal way





#### Rigid Burn-out Cylinder



Single Bridge



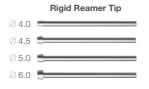
033

#### Casting

- · If necessary, modify for resin facing
- · Connect sprue in normal way and casting
- · Ream the margin of the casted body using reamer tip with same diameter as abutment









08 Lab Side

034

#### Polishing and finishing

- · Polishing procedure in normal way
- · Finish by resin facing, and check prosthesis in the working model





#### Connect final prosthesis

- · Check delivered prosthesis from the lab
- · Remove temporary prosthesis or protect cap from the mouth
- · Connect prosthesis by cementation, and remove remaining cement



#### **Abutment is modified**



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand







#### Abutment selection and connection

- · Select abutment specification by oral environment and final prosthesis
- · Connection(30Ncm) with 1.2 hex or outer driver
- · Check correct connection using x-ray









Short Long



Short Long



#### Modifying abutment

- $\cdot$  When minor abutment milling is needed for different path
- ① Careful not to damage driver hole where 1.2 hex driver is connected
- Careful not to damage groove and anti-rotation surface where outer driver is connected
- · If it is difficult to follow the above precautions, use 2-piece type products (ex. transfer / FreeForm ST abutment)





#### Impression

- · Insert gingival cord or use retraction cap for margin area
- · Take direct impression taking using ready-made tray





036

#### Protect cap connection and fabrication of temporary prosthesis

- · Connect protect cap to protect abutment after impression taking and before final prosthesis fabrication
- · Possible to fabricate temporary prosthesis by customizing protect cap, depending on cases





#### Rigid Protect Cap







06 Lab Side





#### Additional modifying and wax up

- $\cdot$  Check working model, and fabricate guide cap using pattern resin after additional modifying
- $\cdot$  To transfer information of modified area, keep guide cap separately
- · Wax up in normal way









#### Casting

- $\cdot$  Connect sprue in normal way and casting
- $\cdot$  Post-treatment for casted body and check fit





#### Porcelain build up

- · Porcelain build up on casted body and firing
- · Polishing procedure in normal way
- · Check prosthesis in the working model



#### **Connect final prosthesis**

- · Check delivered prosthesis from the lab
- $\cdot$  rRemove temporary prosthesis or protect cap inside mouth
- If lab abutment is milled additionally, connect guide cap from lab and modify accordingly
- · Connect prosthesis by cementation and remove remaining cement



# **Transfer**Abutment



#### **Feature**

- · Cement / combination retained prosthesis
- Single / bridge / full arch restorations / all position (Not recommended: when abutment needs to be modified excessively)
- · Abutment / fixture level impression
- · Gold coloring for margin's esthetics
- · Easy repair and maintenance compared to rigid abutment
- · Abutment design that reduces customizing
- · Material : Ti-6Al-4V
- · Connect using 1.2 hex torque driver
- · Recommended tightening torque : mini 20Ncm / regular 30Ncm

D	Ø 4.0 / 4.5 / 5.0 / 6.0 / 7.0 mm
Н	4.0 / 5.5 / 7.0 mm
G/H	1.0 / 2.0 / 3.0 / 4.0 / 5.0 mm

#### **Abutment Diameter Selection**



#### **Fixture Level Impression**

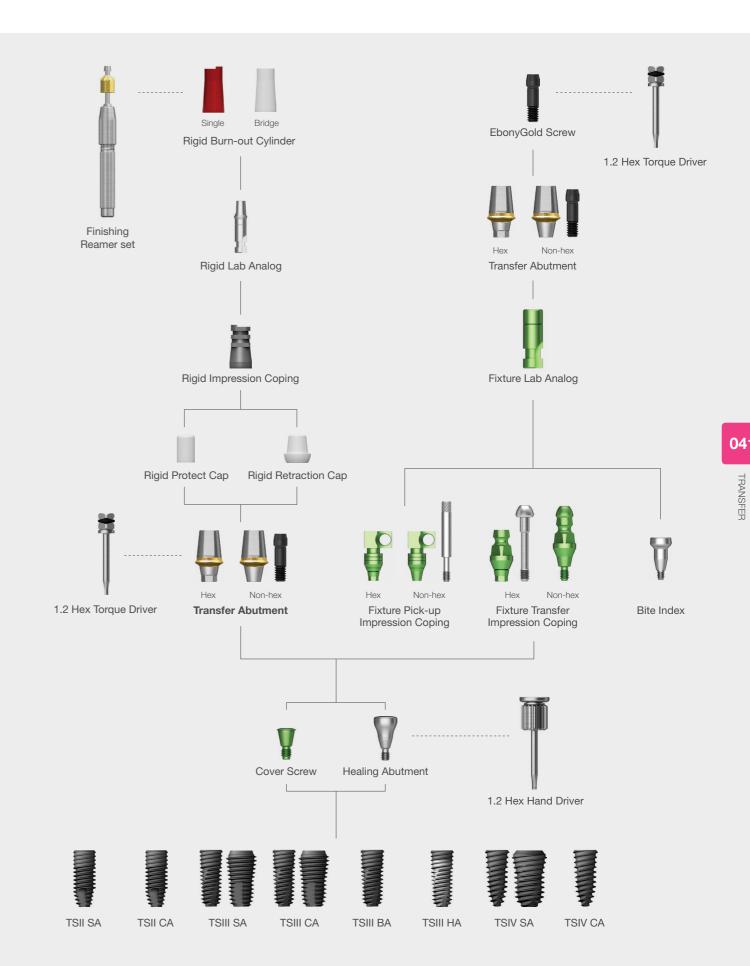


#### **Abutment Level Impression**

- · Same sequence as rigid abutment (same margin top shape)
- · Same components for impression (excluding Ø 4.0)



# **Prosthetic Flow Diagram**



# **Abutment Level Impression** Cement Type prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand







#### Abutment selection and connection

- · Select abutment specification by oral condition and final prosthesis
- · Connect in recommended tightening torque using 1.2 hex torque driver
- · Check right connection with X-ray







# 03

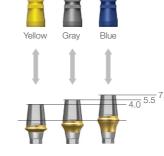
#### Impression

- · Connect impression coping that matches abutment height (4.0 / 5.5 / 7.0mm) by hand
- · Take impression using ready-made tray





# Rigid Impression Coping Abutment H 4.0



# 04

#### Protect cap connection or fabrication of temporary prosthesis

- · Connect protect cap to protect abutment after impression taking and before final prosthesis fabrication
- · Possible to fabricate temporary prosthesis by customizing protect cap, depending on cases





#### Rigid Protect Cap





#### Fabricate working model

- · Check impression coping color inside the impression body, and connect lab analog that matches abutment specification
- · Apply separator around analog and Impression body, and reproduce gingiva area with special material
- · Pour stone in normal way in the impression body and fabricate working model







# 06 Lab Side

#### Burn-out cylinder connection and wax up

- · Using burn-out cylinder can skip fabrication of resin cap
- $\cdot$  Connect correct burn-out cylinder by hand on the lab analog in the working
- · After modification, wax up in normal way





#### Rigid Burn-out Cylinder

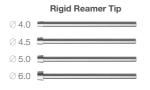


Single Bridge

- · Connect sprue in normal way and casting
- · Ream the margin of the casted body using reamer tip with same diameter as abutment and check prosthesis fit









#### Polishing and finishing

- · Polishing procedure in normal way
- · Finish by resin facing, and check prosthesis in the working model





#### Connect final prosthesis

- · Check delivered prosthesis from the lab
- · Remove temporary prosthesis or protect cap from mouth
- · Connect prosthesis by cementation and remove remaining cement



# Fixture Level Impression Cement Type prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand



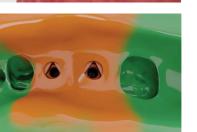




#### Impression

- · Select abutment diameter and type(hex/ non-hex) by oral environment and final prosthesis
- · Select impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by hand
- · Block out driver hole in the transfer impression coping
- · Perform peri apical X-ray to check correct connection
- · Take impression by applying impression material around impression coping first
- · Check tri-circular structure in the impression body











#### Healing abutment connection or fabrication of temporary prosthesis

- · Remove impression coping from mouth after impression taking
- · Connect healing abutment to protect abutment until fabrication of final prosthesis
- · Fabricate temporary prosthesis depending on case (ex. temporary abutment)





# 04

#### Lab Side

#### Fabricate working model

- · Connect impression coping to fixture lab analog with same platform
- · Connect impression coping (connected to lab analog) by matching tri-circular structure in the impression body
- · Fabricate working model in normal way by pouring stone inside the Impression body









#### Lab Side

#### **Abutment selection and Connection**

- · Select abutment specification by oral condition and final prosthesis
- · Connect using 1.2 hex hand driver





#### Lab Side

#### **Burn-out cylinder Connection and** wax up

- · Using burn-out cylinder can skip fabrication of resin cap
- $\cdot$  Connect correct burn-out cylinder by hand on the lab analog in the working model
- $\cdot$  After modification, wax up in normal way







#### Casting

- $\cdot$  Connect sprue in normal way and casting
- $\cdot$  Ream the margin of the casted body using reamer tip with same diameter as abutment





#### Porcelain build up

- $\cdot$  Porcelain build up on casted body and firing
- · Polishing procedure in normal way
- $\cdot$  Check prosthesis in the working model



- · Check delivered prosthesis from the lab
- · Remove healing abutment or temporary prosthesis from mouth
- · Position abutment from working model to mouth
- · Connect using 1.2 hex torque driver (mini 20Ncm / regular 30Ncm)
- · Check right connection using x-ray





10

#### **Connect final prosthesis**

- · Abutment screw hole block out
- · Connect prosthesis by cementation and remove cement completely



048

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# Fixture Level Impression Combination Type Prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand





1.2 Hex Hand Driver

Short Long



#### Impression

- · Consider abutment diameter and type (hex/non-hex)
- · Select Impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by hand
- · Block out driver hole of transfer impression coping
- · Perform peri apical X-ray to check correct connection
- · Take impression by applying impression material around impression coping first









# Healing abutment connection or fabrication of temporary prosthesis

- · Remove impression coping from mouth after impression taking
- Connect healing abutment to protect abutment until fabrication of final prosthesis
- · Fabricate temporary prosthesis depending on case (ex. temporary abutment)







#### Lab Side

#### Fabricate working model

- · Connect fixture lab analog with same platform to impression body
- · Fabricate working model in normal way by pouring stone inside the Impression body





05

#### Lab Side

#### Abutment selection and connection

- · Select abutment specification by oral condition and final prosthesis
- · Connect using 1.2 hex hand driver
- · Perform abutment milling considering fixture placement angle and path of insertion of prosthesis











#### Lab Side 06

#### Wax up

- · Wax up in normal way after abutment customizing
- · Extend screw hole to the top of occlusal surface using waxing screw, guide pin for abutment screw hole





#### Lab Side

#### Casting

- $\cdot$  Connect sprue in normal way and casting
- · Post-treatment for casted body and check





#### Lab Side

#### Porcelain build up

- $\cdot$  Porcelain build up on casted body and
- $\cdot \ \text{Polishing procedure in normal way} \\$
- $\cdot$  Check prosthesis in the working model





#### Lab Side

#### Make transfer jig

 $\cdot$  Make transfer jig with pattern resin to transfer the position of abutment from working model to mouth correctly





#### Abutment connection

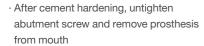
- $\cdot$  Check delivered prosthesis from the lab
- · Remove healing abutment or temporary prosthesis from mouth
- · Make transfer jig with pattern resin to transfer the position of abutment from working model to mouth correctly
- $\cdot$  Connect using 1.2 hex torque driver (mini 20Ncm / regular 30Ncm)
- · Check right connection with x-ray











- · Remove cement completely from the margin of prosthesis
- · Connect prosthesis back inside the mouth
- · Connect using 1.2 hex torque driver (mini 20Ncm / regular 30Ncm)
- · Block out screw hole with resin









#### **Feature**

- $\cdot$  Cement / combination retained prosthesis
- $\cdot$  single / bridge restoration that requires path modification (Not recommended: when only angled abutment is used in posterior single / bridge case)
- · Fixture level impression
- · Gold coloring for margin's esthe
- · Compensates fixture angle up to 23° without modificatio
- · 2 hex type to minimize milling (A / B)
- · Material : Ti-6Al-4VV
- · Connect using 1.2 hex torque driver
- · Recommended tightening torque : mini 20Ncm / regular 30Ncm

D	Ø 4.0 / 4.5 / 5.0 / 6.0 mm
G/H	2.0 / 4.0 mm
Type	Hex A / Hex B / Non-Hex

#### **Path Modification**

- · 17° axial angle and 6° taper body structure
- · Modifies path for anatomical structure such as maxillary anterior area and compensates misalignment path in bridge crown

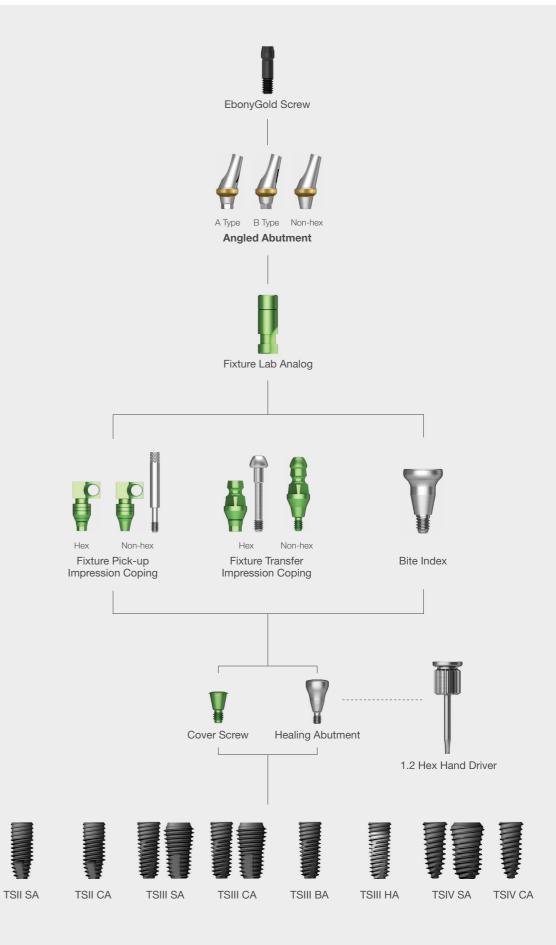
Angle	10°	17°	23°
Design concept	Posterior 1° milling	No undercut	No undercut

#### **Angled Abutment Selector**

Choose hex type (A/B) with selector before deciding angled abutment



# **Prosthetic Flow Diagram**



# Fixture Level Impression Cement Type Prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand







#### Impression

- · Consider abutment diameter and type (hex/non-hex)
- · Select impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by hand
- · Block out driver hole of transfer impression coping
- · Perform peri apical x-ray to check correct connection
- · Take impression by applying impression material around impression coping first
- · Check tri-circular structure in the impression body





#### **Fixture Transfer Impression Coping**







# 03

#### Healing abutment connection or fabrication of temporary prosthesis

- · Remove impression coping from mouth after impression taking
- · Connect healing abutment to protect abutment until fabrication of final prosthesis
- · Fabricate temporary prosthesis depending on Case (ex. temporary abutment)





# 04

#### Lab Side

#### Fabricate working model

05 Lab Side

- · Connect impression coping to fixture lab analog with same platform
- · Connect impression coping (connected to lab analog) by matching tri-circular structure in the impression body
- · Fabricate working model in normal way by pouring stone inside the Impression

Abutment selection and connection

· Decide abutment type with abutment

selector in working model





#### Fixture Lab Analog





Regular

#### 1.2 Hex Hand Driver



**Angled Abutment** 















057

#### Wax up, casting, porcelain build up

- $\cdot$  Modify abutment using disc, wheel, bur
- · Wax up in normal way, casting, porcelain build up







#### Abutment connection

- · Check delivered prosthesis from the lab
- · Remove healing abutment or temporary prosthesis from mouth
- Position abutment from working model to mouth
- · Connect using 1.2 hex torque driver (mini 20Ncm / regular 30Ncm)
- · Check right connection with X-ray









#### Connect final prosthesis

- $\cdot \, \mathsf{Abutment} \, \mathsf{screw} \, \mathsf{hole} \, \mathsf{block} \, \mathsf{out} \,$
- · Connect prosthesis by cementation and remove cement completely





# Abutment



#### **Feature**

- · Cement / combination retained prosthesis
- $\cdot$  Single / bridge restorations / all position
- · Fixture level impression
- · Gold coloring for margin's esthetics
- · Easy to acquire support area by customizing the large volume
- · Material : Ti-6Al-4V
- · Connect using 1.2 hex torque driver
- · Recommended tightening torque : mini 20Ncm / regular 30Ncm

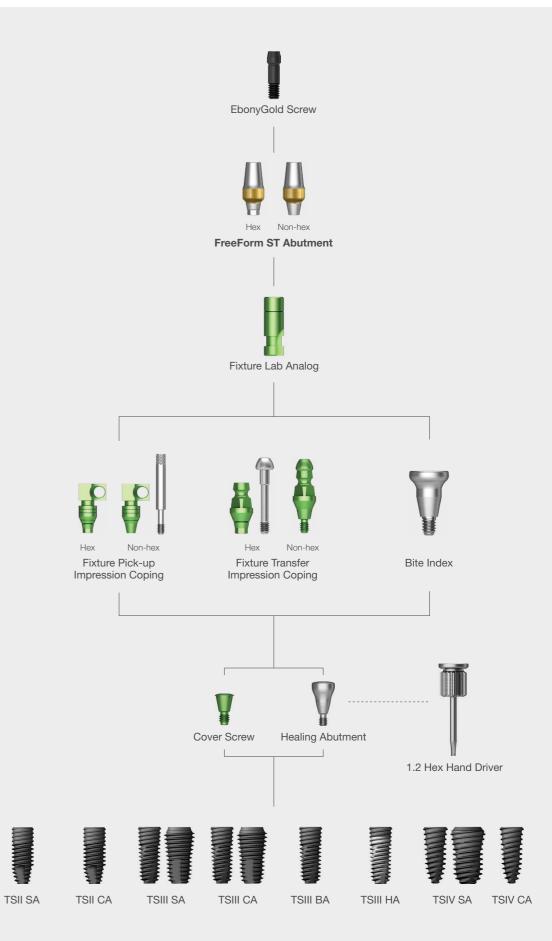
D	Ø 4.0 / 5.0 / 6.0 / 7.0 mm
G/H	1.5 / 3.5 mm
Туре	Hex / Non-Hex

#### **Application**

- · Reproduce scallop shape, compensate misalignment path, and used for single crown with large volume
- $\cdot$  Use Ø 4.0 for narrow interdental area such as mandibular anterior area



# **Prosthetic Flow Diagram**



063

# **Prosthetic Process**

## Fixture Level Impression Cement Type Prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand







#### Impression

- · Consider abutment diameter and type (hex/non-hex)
- · Select impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by
- · Block out driver hole of Transfer impression coping
- · Perform peri apical X-ray to check correct connection
- · Take impression by applying impression material around impression coping first











#### Healing abutment connection or fabrication of temporary prosthesis

- · Remove impression coping from mouth after impression taking
- · Connect healing abutment to protect abutment until fabrication of final prosthesis
- · Fabricate temporary prosthesis depending on case (ex. temporary abutment)







#### Lab Side

#### Fabricate working model

- · Connect fixture lab analog with same platform to impression body
- · Fabricate working model in normal way by pouring stone inside the Impression body







#### Abutment selection and connection

- · Select abutment specification by oral condition and final prosthesis
- · Connect using 1.2 hex hand driver
- · Abutment milling by fixture angle and path of prosthesis
- · Make transfer jig with pattern resin to transfer the position of abutment from working model to mouth correctl













Non-Hex Type



06

#### Lab Side

#### Wax up

· Wax up in normal way





#### Lab Side

#### Casting

- · If necessary, modify for resin facing
- · Connect sprue in normal way and casting
- · Post-treatment for casted body and check fit





# Lab Side

#### Polishing and finishing

- · Polishing procedure in normal way
- · Finish by resin facing, and check prosthesis in the working model





#### **Abutment connection**

- · Check delivered prosthesis from the lab
- · Remove healing abutment or temporary prosthesis from mouth
- · Re position abutment from working model to mouth correctly using transfer jig
- · Connect with 1.2 hex driver (mini 20Ncm / regular 30Ncm)
- · Check right connection with X-ray





#### **Connect final prosthesis**

- · Abutment screw hole block out
- · Connect prosthesis by cementation and remove cement completely



# Fixture Level Impression Combination Type Prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand







#### Impression

- · Consider abutment diameter and type(hex/non-hex)
- · Select impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by hand
- · Block out driver hole of transfer impression coping
- · Perform peri apical x-ray to check correct connection
- $\cdot$  Take impression by applying impression material around impression coping first











#### Healing abutment connection or fabrication of temporary prosthesis

- · Remove impression coping from mouth after impression taking
- · Connect healing abutment to protect abutment until fabrication of final prosthesis
- · Fabricate temporary prosthesis depending on case (ex. temporary abutment)





04

Lab Side

#### Fabricate working model

- · Connect impression coping to fixture lab analog with same platform
- · Fabricate working model in normal way by pouring stone inside the Impression body





Lab Side

066

#### Abutment selection and connection

- · Select abutment specification by oral condition and final prosthesis
- · Connect using 1.2 hex hand driver
- · Abutment milling by fixture angle and path of prosthesis















Ø4.0 Ø5.0 Ø6.0 Ø7.0

06

Lab Side

#### Wax up

- $\cdot \ \text{Wax up in normal way after abutment} \\$ customizing
- · Extend screw hole to the top of occlusal surface using waxing screw, guide pin for abutment screw hole





#### Lab Side

#### Casting

- $\cdot$  Connect sprue in normal way and casting
- $\cdot$  Post-treatment for casted body and check fit





#### Lab Side

#### Porcelain build up

- $\cdot$  Porcelain build up on casted body and firing
- · Polishing procedure in normal way
- $\cdot$  Check prosthesis in the working model





#### Lab Side

#### Make transfer jig

 $\cdot$  Make transfer jig with pattern resin to transfer the position of abutment from working model to mouth correctly





#### **Abutment Connection**

- $\cdot$  Check delivered prosthesis from the lab
- $\cdot \ \text{Remove healing abutment or temporary} \\$ prosthesis from mouth
- · Re position abutment from working model to mouth correctly using transfer jig
- $\cdot$  Connect using 1.2 hex torque driver (mini 20Ncm / regular 30Ncm)
- · Check right connection with x-ray









#### **Connect final prosthesis**

- · Block out abutment screw hole and connect prosthesis with cement
- · After cement hardening, untighten abutment screw and remove prosthesis from mouth
- · Remove cement completely from the margin of prosthesis



- · Re position prosthesis in mouth
- · Connect using 1.2 hex torque driver (mini 20Ncm / regular 30Ncm)
- · Block out screw hole with resin







# GoldCast Abutment



#### **Feature**

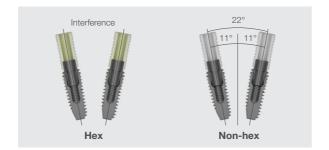
- · Cement / screw / combination retained prosthesis
- · Single / bridge restorations / all position (Not recommended : non precious alloy casting)
- $\cdot \, \text{Fixture level impression} \\$
- · Free customizing, easy casting with gold alloy
- · Material : Au-Pt alloy + POM
- · Abutment melting point: 1400~1450°C
- · Connect using 1.2 hex torque driver
- · Recommended tightening torque : mini 20Ncm / regular 30Ncm

D	Ø 4.0 / 4.5 mm
G/H	1.0 / 3.0 mm
Туре	Hex / Non-Hex

#### **Screw Retained Restoration**



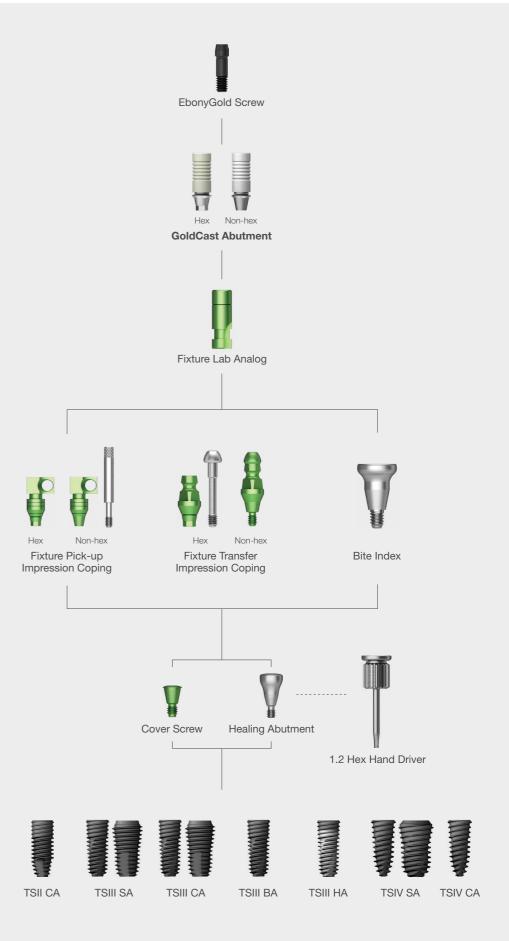
When modifying plastic area, need at least 3mm from abutment margin



- Use non-hex in bridge case with inclined path and must check passive fit with x-ray (using hex type will not allow passive fit or prosthesis connection)
- · If path error is higher than 22°, consider convertible abutment

# **Prosthetic Flow Diagram**

TSII SA



**Prosthetic Process** 





1.2 Hex Hand Driver

Short Long

072

#### Impression

- · Consider abutment diameter and type (hex/non-hex)
- · Select impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by
- · Block out driver hole of Transfer impression coping
- · Perform peri apical X-ray to check correct connection
- · Take impression by applying impression material around impression coping first









#### Healing abutment connection or fabrication of temporary prosthesis

- · Remove impression coping from mouth after impression takin
- · Connect healing abutment to protect abutment until fabrication of final prosthesis
- · Fabricate temporary prosthesis depending on case (ex. temporary abutment)





04

### Lab Side

#### Fabricate working model

- · Connect impression coping to fixture lab analog with same platform
- · Fabricate working model in normal way by pouring stone inside the impression body







#### Abutment selection and connection

- · Select abutment specification by oral condition and final prosthesis
- · Connect using 1.2 hex hand driver
- · Abutment milling by fixture angle and path of prosthesis







06

Lab Side

#### Wax up

- $\cdot$  Wax up in normal way after abutment customizing
- · Extend screw hole to the top of occlusal surface using waxing screw, guide pin for abutment screw hole



#### Casting

- · Connect sprue in normal way, perform casting with precious metal appropriate for gold crown and PFG
- · Casting with non-precious metal is not allowed(abutment change or damage)
- · Post-treatment for casted body and check fit





#### Lab Side

#### Polishing and finishing

- · Porcelain build up on casted body and firing
- · Polishing procedure in normal way
- · Check prosthesis in the working model





### Connect final prosthesis

- $\cdot$  Check delivered prosthesis from the lab
- · Remove healing abutment or temporary prosthesis from mouth
- · Connect using 1.2 hex torque driver (mini 20Ncm / regular 30Ncm)
- · Check right connection with x-ray









- · Cement / screw / combination retained prosthesis
- · Single / bridge restorations / all position (Not recommended : non precious alloy casting)
- · Fixture level impression
- $\cdot$  Free customizing, casting with non-precious (Ni-Cr) alloy
- · Affordable and has long-term prosthesis stability with excellent mechanical strength compared to GoldCast
- · Material : Co-Cr-Mo alloy + POM
- · Abutment melting point : 1400~1450℃
- · Connect using 1.2 hex torque driver
- · Recommended tightening torque : mini 20Ncm / regular 30Ncm

D	Ø 4.0 / 4.5 mm
G/H	1.0 / 3.0 mm
Туре	Hex / Non-Hex

### **Screw Retained Restoration**

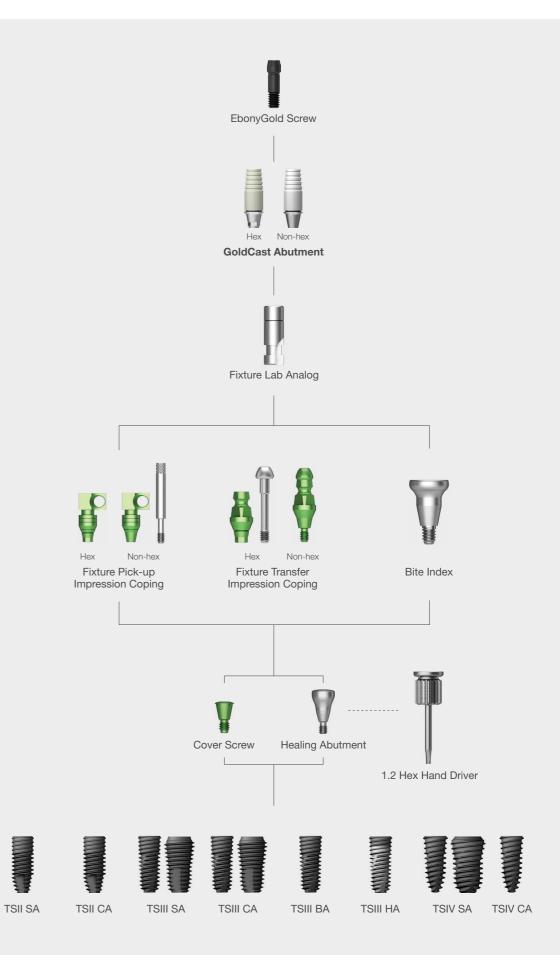


When modifying plastic area, need at least 3mm from abutment margin



- Screw type prosthesis in bridge case with inclined path is not recommended due to chances of misconnection from casting shrinkage
- When using combination type prosthesis with inclined path in bridge case, must check passive fit with x-ray (using hex type will not allow passive fit or prosthesis connection)
- Consider cement type or convertible abutment when path error is severe

# **Prosthetic Flow Diagram**



NP-CAST

# Fixture Level Impression Screw Type Prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand



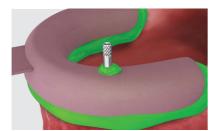




#### Impression

- · Consider abutment diameter and type (hex/non-hex)
- · Select Impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by
- · Block out driver hole of transfer impression coping
- · Perform peri apical x-ray to check correct connection
- · Take impression by applying impression material around impression coping first











#### Healing abutment connection or fabrication of temporary prosthesis

- · Remove impression coping from mouth after impression taking
- · Connect healing abutment to protect abutment until fabrication of final prosthesis
- · Fabricate temporary prosthesis depending on case (ex. temporary abutment)





04

### Lab Side

#### Fabricate working model

- · Connect fixture lab analog with same platform to impression body
- · Fabricate working model in normal way by pouring stone inside the Impression body







#### Abutment selection and connection

- · Select abutment specification by oral condition and final prosthesis
- · Connect using 1.2 hex hand driver
- · Abutment milling by fixture angle and path of prosthesis







079

06

Lab Side

#### Wax up

- $\cdot$  Wax up in normal way after abutment customizing
- · Extend screw hole to the top of occlusal surface using waxing screw, guide pin for abutment screw hole



- · Apply sufficient wax to area near abutment metal part
- · Ni-Cr alloy for casting is recommended
- · Co-Cr metal alloy is not allowed(excessive oxide layer and casting shrinkage)
- · NP-Cast abutment has disadvantage in casting compared to goldcast, and creates oxide layer on metal part



Lab Side

#### Porcelain build up

- · Porcelain build up on casted body and firing
- · Polishing procedure in normal way
- · Check prosthesis in the working model



09

Lab Side

#### Remove oxide layer

- · Remove oxide layer created during casting or porcelain firing
- Block out areas other than the metal part with oxide layer with utility wax
- Remove oxide layer primarily by blasting with 4~6 bar glass bead
   rubber wheel / point not allowed (Damage in connection area)





- Remove blocked out area:
  Remove oxide layer completely by high polishing with rouge applied in cotton
- Clean by ultrasonic or steam after high polishing





10

#### Connect final prosthesis

- · Check delivered prosthesis from the lab
- · Remove healing abutment or temporary prosthesis from mouth
- · Connect with 1.2 hex driver (mini 20Ncm / regular 30Ncm)
- · Check right connection with X-ray
- · Block out Screw hole with resin













# **Prosthetic Flow Diagram**





#### **Feature**

- $\cdot \, \textbf{Cement / combination retained prosthesis} \\$
- · Single / bridge full arch restorations / all position
- · Case with deviated implant position and angle (Max 30°)
- · Multiple case that requires consistent path and stable
- · Case with irregular or too deep gingiva (Not recommended: Implant placement angle exceeds 30°, Occlusion and mastication problem, bruxism, insufficient vertical space)
- · Fixture level impression
- · Custom abutment fabricated by CAD/CAM
- · Fabrication Time (Based on working day)
- · Titanium : 5days titanium + gold color : 7days Material: Ti-6Al-4V
- · Connect using 1.2 hex torque driver
- · Recommended tightening torque: mini 20Ncm / regular 30Ncm

### **Advantage**

- · Reproduce optimal design for patient's oral environment based on working model or scan file
- · Various fabrication option for patient's CAD/CAM system

Customized design that allows fabrication of natural prosthesis (→ Pre-fabricated abutments)





SmartFit abutment Stock abutment

SmartFit abutment Stock abutment

Has similar shape as natural tooth, therefore distributes mastication force and maintains crown well

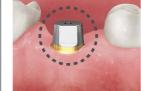




Support & retention area

#### **Clinical Case**





SmartFit abutment

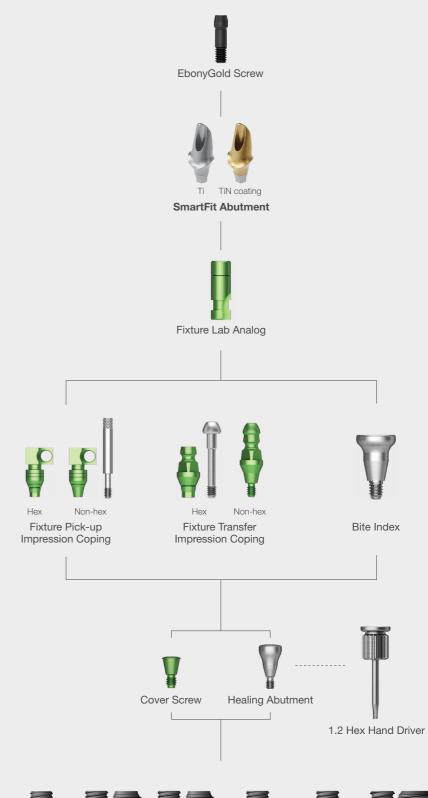




SmartFit abutment

Stock abutment





# **Prosthetic Process**

## Fixture Level Impression Cement Type Prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand







#### Impression

- · Consider abutment diameter and type (hex/non-hex)
- · Select impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by
- · Block out driver hole of Transfer impression coping
- · Perform peri apical x-ray to check correct connection
- · Take impression by applying impression material around impression coping first











### Healing abutment connection or fabrication of temporary prosthesis

- · Remove impression coping from mouth after impression taking
- · Connect healing abutment to protect abutment until fabrication of final prosthesis
- · Fabricate temporary prosthesis depending on case (ex. temporary abutment)







#### Fill out ordering form and send impression body(or working model)

- · Fill out ordering form information and requirements
- · Send impression body(or working model) and lab analog
- · Sending additional data such as bite or diagnostic wax up allows better result







### Osstem Process

#### Scan

· Form digital data through scanning by connecting scan body to the working model

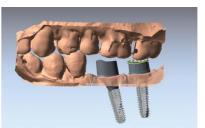




### **Osstem Process**

#### Design

 $\cdot$  Open scan file in S/W, match data, and design abutment based on ordering form





#### **Osstem Process**

#### Design confirm and milling

· Final modification and milling with doctor's confirmation



# SmartFit abutment connection

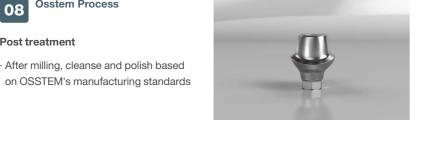
Remove healing abutment

(or temporary prosthesis)

hand driver by hand

Remove healing abutment with 1.2 hex

- · Check SmartFit abutment sent from OSSTEM
- · Move abutment to the right position using transfer jig
- · Connect using 1.2 hex torque driver (mini 20Ncm / regular 30Ncm)
- · Check right connection with x-ray





**Osstem Process** 

Post treatment

**Osstem Process** 

· After milling, cleanse and polish based

#### **Packing**

09

- · Pack impression body, working model, transfer jig, SmartFit abutment separately and send
- \* Depending on CAD/CAM system of clinic or dental lab, scan file or final design file can be sent instead of impression body (However, OSSTEM scan body must be used)











1.2 Hex Torque Driver



#### Impression

- $\cdot$  Insert gingival cord around margin area
- $\cdot$  Take direct impression in normal way by using ready-made tray
- · Fabricating combination prosthesis is easy when taking impression after connecting waxing screw or guide pin to abutment screw hole and exposing them above occlusal surface





### Fabricate working model

 $\cdot$  Fabricate working model in normal way by pouring stone in the impression body





#### Wax up

 $\cdot \, \text{Wax up in normal way}$ 





#### Casting

- $\cdot$  If necessary, modify for resin facing
- $\cdot$  Connect sprue in normal way and casting
- $\cdot$  Post-treatment for casted body and check fit



# 16 Lab Side

### Polishing and finishing

- · Polishing procedure in normal way
- · Finish by Resin facing, and check prosthesis in the working model





#### Connect final prosthesis

- · Check delivered prosthesis from the
- · Remove temporary prosthesis or protect cap from the mouth
- · Connect prosthesis by cementation and remove cement completely

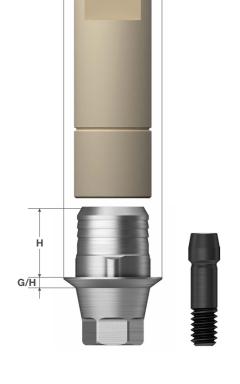






TS IMPLANT SYSTEM 08 LINK





### **Feature**

- · Cement / screw / combination retained prosthesis
- $\cdot$  Single / bridge full arch restorations / all position
- · Case that has anterior gingival retraction that would require esthetic design and color
- Case that can expose metal color of abutment due to thin gingiva (Not recommended: Implant angle is higher than 30°, Mal occlusion or mastication, bruxism, Insufficient vertical space, case with too high vertical space)
- · Fixture level impression
- · Ti + Zr custom abutment (hybrid) fabricated by CAD/DAM
- · Use OSSTEM's exclusive implant library
- $\cdot$  Material : abutment Ti-6Al-4V / scan body medical PEEK
- · Connect using 1.2 hex torque driver
- · Recommended tightening torque: mini 20Ncm / regular 30Ncm

D	Ø 4.0 / 4.5 mm
Н	3.0 / 5.0 mm
G/H	1.0 / 2.0 mm
Туре	Hex / Non-Hex

### Advantage

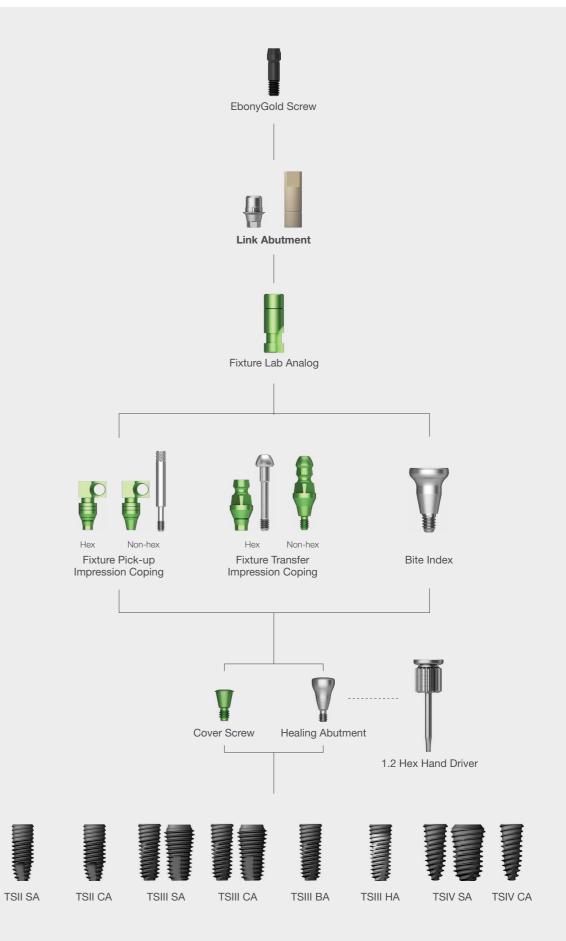
Customer him/herself perform scanning, designing of zirconia body, and milling (Freely select material and color)







# **Prosthetic Flow Diagram**



# Fixture Level Impression Cement Type Prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand







#### Impression

- · Consider abutment diameter and type (hex/non-hex)
- · Select impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by
- · Block out driver hole of transfer impression coping
- · Perform peri apical x-ray to check correct connection
- · Take impression by applying impression material around impression coping first
- · Check tri-circular structure in the impression body





#### **Fixture Transfer Impression Coping**









#### **Fabricate working model**

- · Check impression body
- · Fabricate working model in normal way by pouring stone





#### Lab Side

#### Scan

- · link abutment connection
- · In working model
- $\cdot$  Connect exclusive scan body and form digital data by scanning







#### Design

- · Match scan file in S/W and design abutment based on ordering sheet
- $\cdot$  Design coping with the shape of final prosthesis in mind for cement type prosthesis





#### Confirm design and milling

· Check final design or file and milling





094



#### Sintering and post treatment

- · Sintering of milled zirconia body
- · Sand blast only the cementation area of link abutment





08 Lab Side

096

### Bonding and finish abutment

· Bonding of cleaned link abutment with zirconia coping body









### Final prosthesis fabrication

 $\cdot \, \text{After completion of hybrid abutment,} \\$ fabricate prosthesis in normal way and set it in the mouth



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand





1.2 Hex Hand Driver

Short Long

#### Impression

- · Consider abutment diameter and type (hex/non-hex)
- · Select Impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by
- · Block out driver hole of transfer impression coping
- · Perform peri apical x-ray to check correct connection
- · Take impression by applying impression material around impression coping first









Lab Side

#### Fabricate working model

- · Check impression body
- · Fabricate working model in normal way and pour stone





### Lab Side

#### Scan

- · Connect link abutment in working model
- · Connect exlusive scan body and form digital data by scanning







#### Design

- · Match scan file in S/W and design abutment based on ordering sheet
- $\cdot$  Design coping with the shape of final prosthesis in mind for cement type prosthesis





# 06 Lab Side

#### Confirm design and milling

· Check final design or file and milling









#### Sintering and post treatment

- · Sintering of milled zirconia body
- · Sand blast only the cementation area of link abutment







#### Bonding and finish abutment

· Bonding of cleaned link abutment with zirconia coping body









#### Final prosthesis fabrication

· Fabricate prosthesis in normal way and set it in mouth









### **Feature**

- · Cement / screw / combination retained prosthesis
- $\cdot$  Single / bridge restoration / anterior area (Not recommended : posterior area case)
- · Fixture level impression
- · Zirconia material appropriate for all ceramic prosthesis fabrication
- · Natural dentin color abutment shade
- · Bio friendly and excellent strength
- · 2 types : better surgery convenience (straight / 17° angeld)
- · Use exclusive abutment screw
- · Material : zirconia (non coating) / Ti-6Al-4V (WCC coating)
- · Connect using 1.2 hex torque driver
- · Recommended tightening torque: mini 20Ncm / regular 30Ncm

#### Straight

D	Ø 4.5 / 5.5 / 6.5 mm	D	Ø 5.5 / 6.5 mm
G/H	3.5 / 5.0 mm	G/H	3.0 / 4.0 mm
Туре	Hex / Non-Hex	Туре	Hex / Non-Hex

Angled

### **Cement Retained Restoration**

- · Cement retained type of all ceramic prosthesis fabrication is recommended for ZioCera abutment
- · Use zirconium exclusive bur for modifying abutment, and use irrigation















Ceramic coping

Porcelain build up

#### **Screw Retained Restoration**

- · Screw retained type prosthesis fabrication is possible with direct build up
- $\cdot$  Use zirconium exclusive bur for modifying abutment, and use irrigation
- · Fabrication of esthetic implant prosthesis is possible with exclusive porcelain powder build up











Porcelain build up

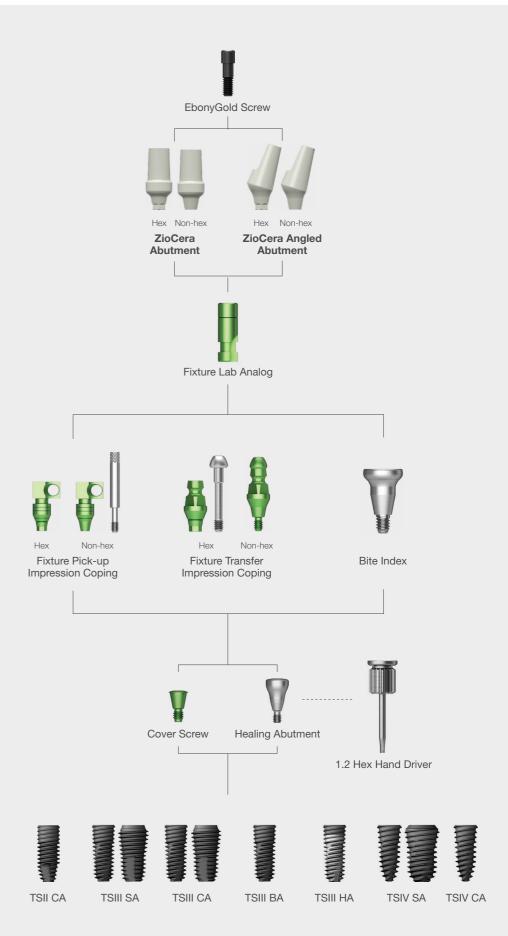




Screw retained

# **Prosthetic Flow Diagram**

TSII SA



# **Prosthetic Process**

## Fixture Level Impression Cement Type Prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand







#### Impression

- · Consider abutment diameter and type (hex/non-hex)
- · Select impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by hand
- · Block out driver hole of transfer impression coping
- · Perform peri apical x-ray to check correct connection
- · Take impression by applying impression material around impression coping first





#### **Fixture Transfer Impression Coping**









# Fabricate working model

03

Lab Side

- · Check impression body
- · Fabricate working model in normal way and pour stone
- · Connect Ziocera abutment and modify path and customize shape
- · Use Zirconia exclusive bur
- · Must use irrigation while modifying (High heat generated while modifying can break abutment)







### Lab Side

#### Fabricate ceramic coping

· Fabricate ceramic coping in normal way





#### Porcelain build up

- $\cdot$  Porcelain build up and firing on ceramic coping
- · Polishing procedure in normal way
- · Check prosthesis in the working model







### Lab Side

#### Abutment connection

- $\cdot$  Check delivered prosthesis from the lab
- · Remove healing abutment or temporary prosthesis from mouth
- · Connect using 1.2 hex torque driver (mini 20Ncm / regular 30Ncm)
- · Check right connection with x-ray







1.2 Hex Torque Driver



#### Lab Side

#### **Connect final prosthesis**

- · Abutment screw hole block out
- · Connect prosthesis by cementation and remove cement completely



# Fixture Level Impression Screw Type Prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand









### Impression

- · Consider abutment diameter and type (hex/non-hex)
- · Select impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by hand
- · Block out driver hole of transfer impression coping
- · Perform peri apical x-ray to check correct connection
- · Take impression by applying impression material around impression coping first













#### Lab Side

### Fabricate working model

- · Check impression body
- · Fabricate working model in normal way and pour stone
- · Connect Ziocera abutment and modify path and customize shape
- · Use Zirconia exclusive bur
- · Must use irrigation while modifying (High heat generated while modifying can break abutment)





# 04

### Lab Side

#### Porcelain build up and firing

- · Porcelain build up with Zirconia exclusive powder
- · Easy to form screw hole using waxing screw for lab
- · To prevent change of mechanical property, limit firing to 5 times
- · Polishing procedure in normal way
- · Check prosthesis in the working model









#### Connect final prosthesis

- · Check delivered prosthesis from the lab
- · Remove healing abutment or temporary prosthesis from mouth
- · Connect using 1.2 hex torque driver (mini 20Ncm / regular 30Ncm)
- · Check right connection with x-ray
- · Block out Screw hole with resin



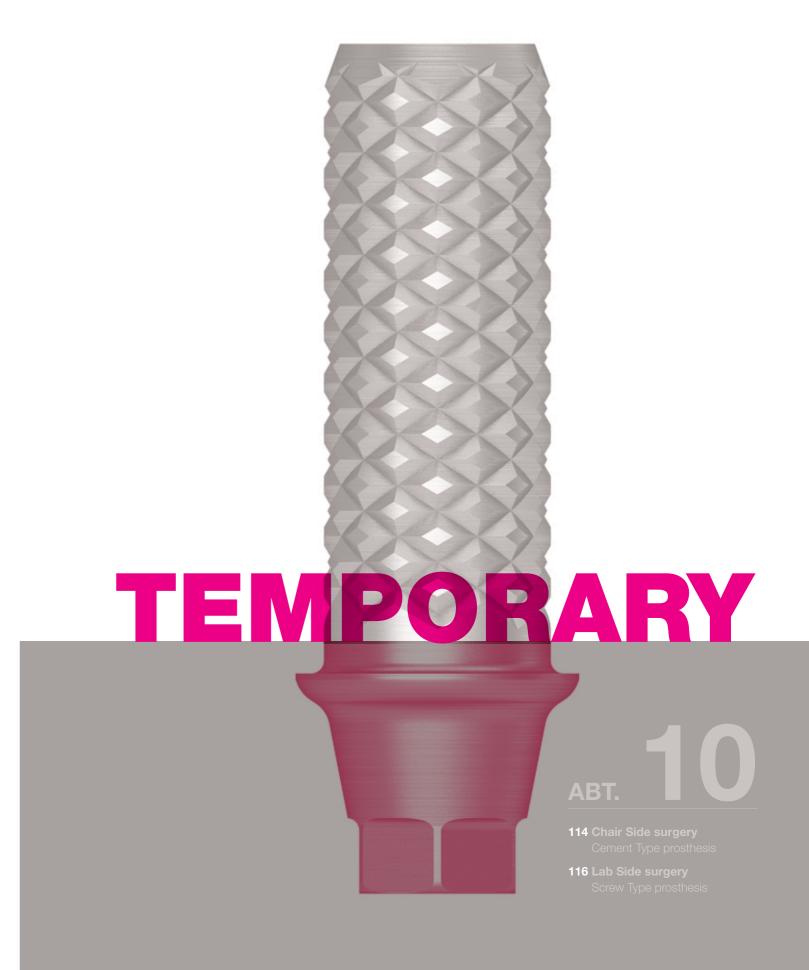


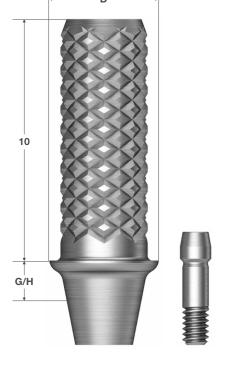


#### **\* Cautions for Zirconia abutment Use**

- ① Use Zirconia exclusive bur
- ② Must irrigate while milling to prevent overheating
- 3 Apply round shape to edge or corner to prevent fracture
- 4 Use zirconia exclusive power for build up







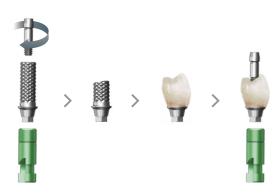
#### **Feature**

- · Screw retained prosthesis
- Case that requires temporary prosthesis
   (Not recommended : Posterior area or case that has high mastication force)
- · Fixture level impression
- · Gr3 material with easy modification
- · Used for up to 180 days in mouth (Using more than 180 days not allowed)
- · Fabricate temporary crown with no occlusion
- · Material : Ti CP-Gr
- · Connect using 1.2 hex torque driver
- $\cdot \ \mathsf{Recommended} \ \mathsf{tightening} \ \mathsf{torque} : \mathsf{mini} \ \mathsf{/} \ \mathsf{regular} \ \mathsf{20Ncm}$

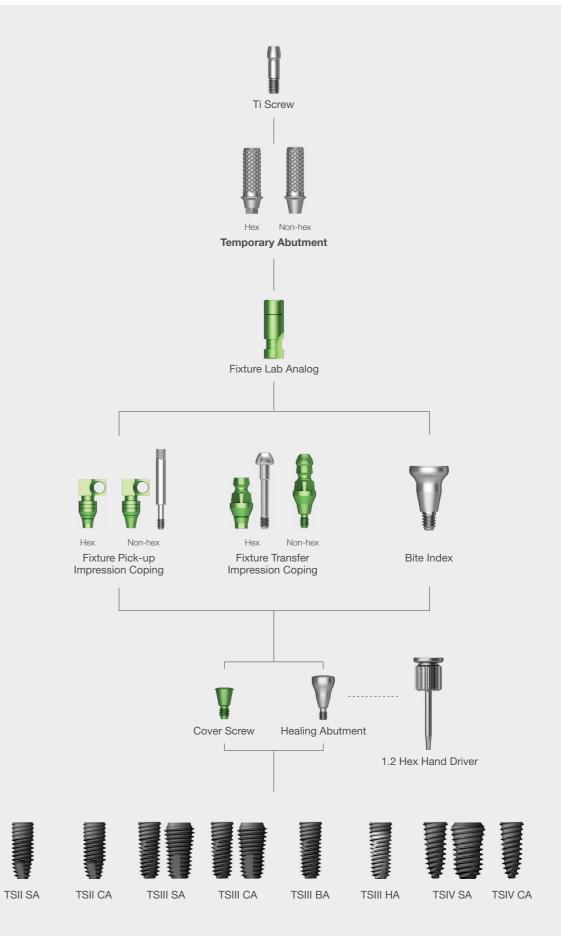
D	Ø 4.0 / 4.5 mm
G/H	1.0 / 3.0 mm
Туре	Hex / Non-Hex

#### **Screw Retained Restoration**

- $\cdot \ Connect \ to \ mouth \ or \ working \ model \ and \ mark \ modification \ part \ considering \ occlusal \ and \ adjacent \ teeth$
- · Connect to lab analog or to exclusive holder and modify shape
- · Use ready-made resin crown or fabricate temporary crown with temporary resin applied on the modified abutment



# **Prosthetic Flow Diagram**



# **Prosthetic Process**

# **Chair Side Surgery** Screw Type Prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand





#### Abutment selection and connection

- · Select abutment specification considering oral environment and temporary prosthesis
- · Connect using 1.2 hex hand driver
- · Mark modification area considering occlusal and adjacent teeth
- · Keep at least 3mm post height after modification







#### Modifying abutment

- · Separate abutment and modify modification area with bur
- · Re position the modified abutment in mouth







#### Connect pre-fabricated resin temporary crown

- · Form screw hole in pre-fabricated resin temporary crown
- · Connect waxing screw or guide pin in the screw hole and expose it





#### Resin filling

 $\cdot$  Connect abutment after resin filling inside the temporary crown





#### Remove resin

- · After hardening, remove abutment outside the mouth
- $\cdot$  After removing remaining resin, polish in normal way





#### Connect temporary prosthesis

- · Connect using 1.2 hex torque driver (mini / regular 20Ncm)
- · Check right connection with x-ray
- · Block out screw hole with resin







Short Long

# **Lab Side Surgery** SurgeryScrew Type Prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand







#### Impression

· Take fixture level impression in normal way

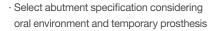


03

#### Lab Side

#### Fabricate working model

· After checking impression body, fabricate working model in normal way



· Connect using 1.2 hex hand driver





### Lab Side

#### Modifying abutment

- · Mark modification area considering occlusal and adjacent teeth
- · Keep at least 3mm post height after modification
- · Re position the modified abutment in mouth







#### Temporary crown fabrication

- · Connect waxing screw or guide pin in the screw hole and expose it
- · Fabricate crown using temporary resin





#### Resin contouring

- $\cdot \, \text{After hardening, remove abutment} \\$ outside the mouth
- · Add and shape uncompleted temporary crown using resin
- · Polishing procedure in normal way



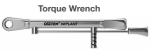


#### Connect temporary prosthesis

- · Connect using 1.2 hex torque driver (mini / regular 20Ncm)
- · Check right connection with x-ray
- · Block out screw hole with resin







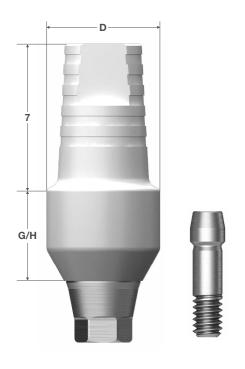




# UICK TEMPO

# **Quick Temporary**

# Abutment



#### **Feature**

- · Cement / screw retained prosthesis
- · Anterior area immediate case
- Case that needs to reproduce gingiva emergence profile (Customized abutment), case that requires long-term temporary prosthesis
   (Not recommended : posterior area or case that has too high mastication force)
- · Fixture level impression
- · Medical plastic area at top is easy to modify
- · Titanium at bottom provides accuracy and stability with fixture
- · Usable for up to 180 days (More than 180 days not allowed)
- · Fabricate temporary crown with no occlusion
- · When modifying, refrain from using a bur with too much abrasion
- · Material : Ti-6Al-4V + medical PEEK
- · Connect using 1.2 hex torque driver
- · Recommended tightening torque : mini / regular 20Ncm

D	Ø 4.0 / 4.5 mm
G/H	1.0 / 3.0 mm
Туре	Hex / Non-Hex

#### **Cement Retained Restoration**

- · Connect to mouth or working model and mark margin on the plastic according to gingival shape
- $\cdot$  Connect to lab analog or exclusive holder and modify shape
- · Fabricate temporary crown by applying separator such as vaseline on the abutment surface

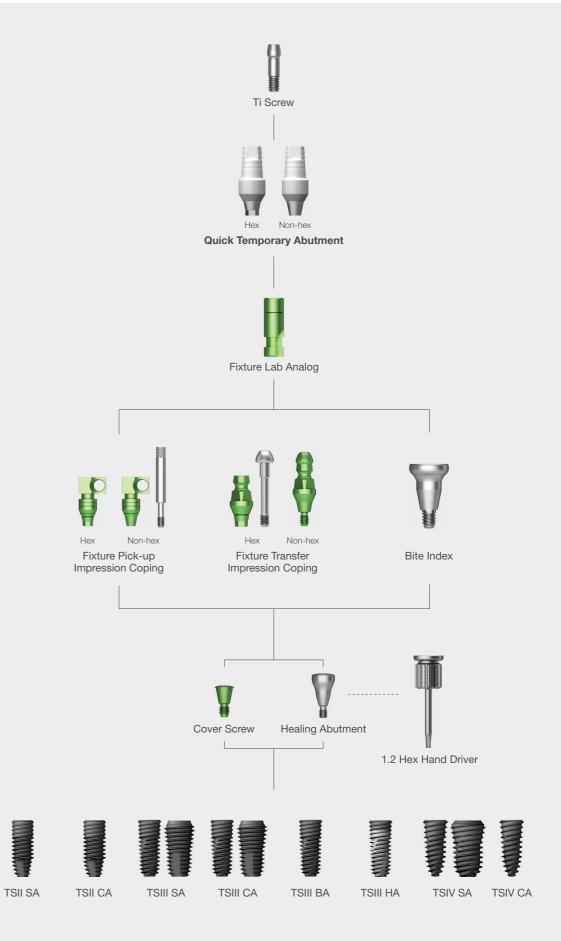


#### **Screw Retained Restoration**

- · Connect to mouth or working model and mark margin on the plastic according to gingival shape
- $\cdot$  Connect to lab analog or exclusive holder and modify shape
- $\cdot$  Apply groove to abutment surface before applying resin, and fabricate temporary crown



# **Prosthetic Flow Diagram**



# **Prosthetic Process**

# **Chair Side Surgery** Cement Type Prosthesis



#### Remove healing abutment

Remove healing abutment with 1.2 hex hand driver by hand







#### Abutment selection and connection

- · Select abutment specification considering oral environment and temporary prosthesis
- · Connect using 1.2 hex hand driver
- Mark modification area considering occlusal and adjacent teeth
- Keep at least 4mm post height after modification







#### Modifying abutment

- · Separate abutment, and modify modification part outside mouth using bur
- · Re position the modified abutment in mouth
- Connect using 1.2 hex torque driver (mini / regular 20Ncm)











# Connect pre-fabricated resin temporary crown

- · Connect pre-fabricated resin temporary crown on abutment
- · Check adjacent teeth or occlusion and modify





#### Screw hole block out

- · Bock out screw access hole with cotton
- · Apply resin separator around abutment





#### Resin filling and resin removal

- · Fill resin inside temporary crown and connect to abutment
- · After hardening, remove temporary crown from abutment
- · Remove excessive resin, and polishing





#### Connect temporary prosthesis

- · Apply temporary cement to prosthesis and set it in mouth
- · Completely remove remaining cement



# **Chair Side Surgery** Screw Type Prosthesis

01

#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand







#### Abutment selection and connection

- · Select abutment specification considering oral environment and temporary prosthesis
- · Connect using 1.2 hex hand driver
- · Mark modification area considering occlusal and adjacent teeth
- · Keep at least 4mm post height after modification







### Modifying abutment

- · Separate abutment, and modify modification part outside mouth using bur
- · Re position the modified abutment in mouth







#### Connect pre-fabricated resin temporary crown

- · Form screw hole in pre-fabricated resin temporary crown
- · Connect waxing screw or guide pin in the screw hole and expose it





#### Resin filling

· Fill resin inside temporary crown and connect to abutment





#### Remove resin

- · After hardening, remove temporary crown from abutment
- · Remove excessive resin. polishing in normal way





#### Connect temporary prosthesis

- · Connect using 1.2 hex torque driver (mini / regular 20Ncm)
- · Check right connection with x-ray
- · Block out screw hole with resin







1.2 Hex Torque Driver

OSSTEM<sup>6</sup>
IMPLANT



# **Prosthetic Flow Diagram**







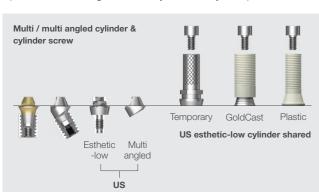
### **Feature**

- · Cement / screw / combination retained prosthesis, overdenture
- $\cdot$  Single / bridge full arch restorations / all position multiple case (Not recommended: implant angle is higher than 30°, mal occlusion or mastication, bruxism, insufficient vertical space, case with too high vertical space)
- · Abutment level impression
- · 3-piece abutment (abutment + cylinder + cylinder screw)
- · Multi abutment can compensate placement angle up to 48°, angled type up to 108
- · Material : Ti-6Al-4V
- · Connect using 1.2 hex torque driver
- · Recommended tightening torque : straight type - mini / regular 30Ncm angled type - mini 20Ncm / regular 30Ncm

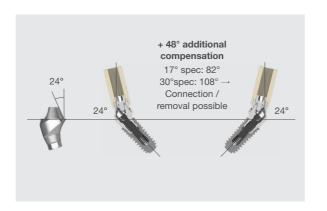
Straight		Angled	
D	Ø 4.8 mm	D	Ø 4.8 mm
G/H	1.0 / 2.0 / 3.0 / 4.0 /	G/H	2.5 / 3.0 / 4.0 mm
	5.0 mm	Angle	17° / 30°

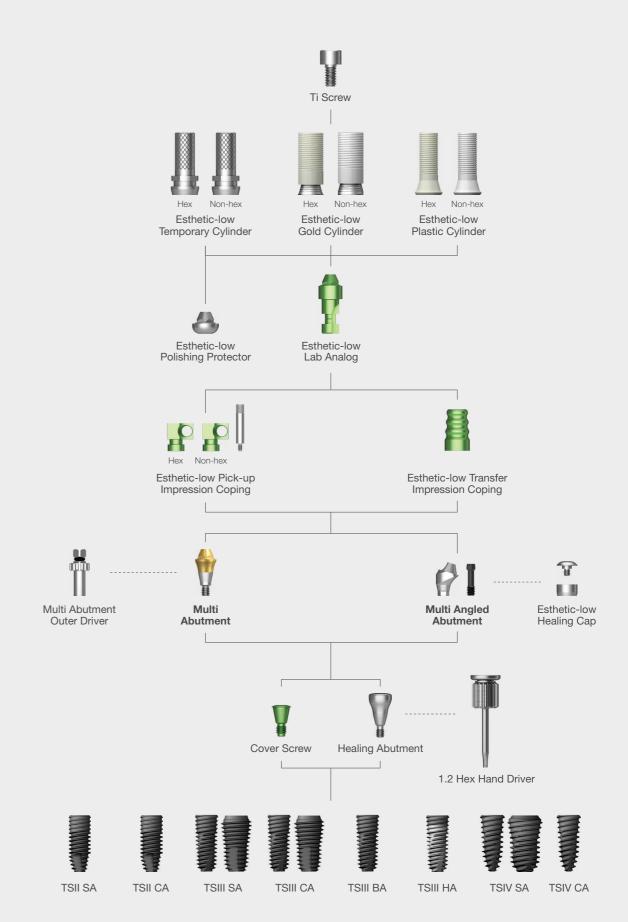
### **Advantage**

· Can share cylinder and components with identical platform (However, multi angled uses only non-hex cylinder)



· In multiple case, can compensate fixture angle up to 108°





## **Abutment Level Impression** Screw Type Prosthesis



#### Remove healing abutment and abutment connection

- · Remove healing abutment using 1.2 hex hand driver by hand
- · Select abutment specification by oral condition and final prosthesis
- · Connection(30Ncm) with 1.2 hex or outer
- · Check right connection with x-ray





#### Int. Hex Torque Driver



# 02

#### Impression

- · Consider abutment diameter and type (hex/non-hex)
- · Select impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by hand
- · Block out driver hole of transfer impression coping
- · Perform peri apical x-ray to check correct connection
- · Take impression by applying impression material around impression coping first





Esthetic-low Pick-up Impression Coping



Esthetic-low Transfer Impression Coping



# 03

### Lab Side

#### Fabricate working model and cylinder connection

- · After impression taking, connect exclusive healing cap to exposed abutment
- · Fabricate working model in normal way by pouring stone to impression body
- · Select cylinder based on oral environment and final prosthesis
- · Cylinder connection and customizing











**Esthetic-low Healing Cap** 



#### Wax up

- · Wax up in normal way after abutment customizing
- · Extend screw hole to the top of occlusal surface using waxing screw, guide pin for abutment screw hole





#### Casting

- · Connect sprue in normal way and perform casting with precious metal for gold crown, PFG
- · Casting with non-precious metal not allowed(abutment change or damage)
- · Post-treatment for casted body and check fit



firing

Lab Side

Porcelain build up

· Check delivered prosthesis from the lab

· Porcelain build up on casted body and

· Polishing procedure in normal way

· Check prosthesis in working model

- · Remove healing abutment or temporary prosthesis from mouth
- · Connect using 1.2 hex torque driver (mini 20Ncm / regular 30Ncm)
- · Check right connection with x-ray
- · Block out screw hole with resin

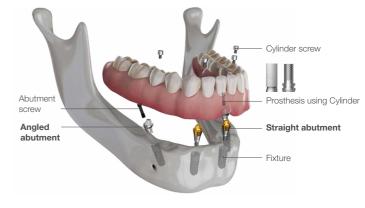




# **Overdenture Related Sequence and Prosthesis**

### **\* One Day Implant**

- · Fabricate full mouth prosthesis with minimum implants
- · Set temporary prosthesis along with surgery to minimize patient's inconvenience in mastication and esthetics



- · Various implant system can be selected based on patient bone condition and surgery plan
- · Using single abutment allows easy prosthesis and can compensate path in multiple case



### **Fabricate Temporary Prosthesis**



#### Fabricate temporary denture

· Fabricate temporary denture in normal way before surgery (If the denture used by patient is in good condition with no functional problem in terms of adaptability to soft tissue, occlusion, this denture can be utilized)





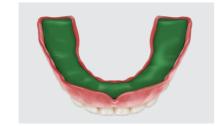
### Abutment connection

- · Connect abutment after checking fixture position
- $\cdot$  Connect healing cap on the abutment in mouth



#### First trial

- · Apply impression material to temporary denture and lightly set in mouth
- · Convey healing cap position
- · Check healing cap position
- · Modify above area up to denture base using bur
- · Remove applied impression material
- Re position in mouth and check interference and interrupting factors







#### Second trial

- · After injecting impression material on temporary denture, and set it in mouth by pressing with hand
- · Convey healing cap position again







#### Create penetration hole

- · Create penetrating hole to denture base using bur
- · Remove applied impression material





#### Temporary cylinder connection

- · Remove healing cap from abutment
- · Temporary cylinder connection





#### Third trial

- · Set modified temporary denture
- Check if temporary cylinder is exposed well near penetrating hole, and check interference







#### Apply resin

- $\cdot \ \mathsf{Block} \ \mathsf{out} \ \mathsf{screw} \ \mathsf{hole} \ \mathsf{of} \ \mathsf{cylinder}$
- · Place rubber dam between tissue and temporary denture to protect surgery area
- · Inject self-curing resin around temporary cylinder inside penetrating hole





#### Remove temporary denture

· After resin hardening, loosen cylinder screw and remove along with temporary denture from mouth



- · Mill temporary cylinder that is exposed outside temporary denture using bur
- · Polish surrounding area such as excessive resin



### Modify temporary denture

· Modify and polish excessive cantilever area in Palatal, buccal / lingual flange, distal area



#### Complete screw type temporary denture

- · Remove border for oral hygiene
- · Complete by polishing







#### Setting in mouth and completion

- · Set completed temporary denture
- · Connect cylinder screw using 1.2 hex torque driver(mini / regular 20Ncm)
- · Block out screw hole with resin, final check and adjust occlusion if necessary



### **Final Prosthesis Fabrication**



#### Impression

Remove healing cap using 1.2 hex hand driver by hand

- · Consider abutment diameter and type (hex/non-hex)
- · Select impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by hand
- · Block out driver hole of transfer impression coping
- · Perform peri apical x-ray to check correct connection
- $\cdot$  Take impression by applying impression material around impression coping first





#### Lab Side

#### Fabricate working model

- · Check impression coping color inside impression body, and connect lab analog that matches abutment specification
- · Reproduce gingiva area with exclusive material after applying separator around Analog and Impression body
- · Fabricate working model in normal way by pouring stone to Impression body





03 Lab Side

# Make Wax rim and arrange artificial teeth

- · Make wax rim in normal way
- · After arrangement of artificial teeth, try it in patient's mouth, check and modify







#### Lab Side

#### Take index and wax wash

- Make index about buccal/lingual shape of wax denture and arranged teeth using putty
- · Remove wax with wax wash and prepare cylinder for fabrication of final prosthesis





#### Lab Side

#### Select cylinder

- $\cdot$  Select and connect appropriate cylinder
- $\cdot \, \text{Modify cylinder based on Index} \\$
- Penetrate screw hole above index so it gets exposed





#### Lab Sid

#### Wax up

- Fabricate framework considering cylinder position and the arrangement of artificial teeth conveyed on index
- · Fabricate 2.0~2.5mm above for easy oral hygiene maintenance
- · Form the area facing the tissue round at the bottom







### Lab Side

#### Casting

- · Casting by connecting sprue in normal way
- · Post-treatment for casted body and check fit
- · In post treatment such as sand blasting or polishing, connect lab analog (or polishing protector), and protect inner connection area of cylilnder





Lab Side

#### Fabricate wax denture

- · Connect casted body to working model
- · Make framework and try it in patient's mouth
- $\cdot$  Re form gingiva and re arrange artificial teeth using index





09 Lab Side

#### Fabricate resin denture

- · Flasking, wax wash, apply resin in normal way
- · Polishing and finishing
- · Check prosthesis in working model



#### Connect final prosthesis and completion

- · Check delivered prosthesis from the lab
- · Connect in mouth, and check occlusion and shape
- · Connect using 1.2 hex torque driver (mini / regular 20Ncm)
- · Check right connection with X-ray
- · Block out Screw hole with resin





13 CONVERTIBLE



# **Convertible** Abutment



#### **Feature**

- · Cement / screw / combination retained prosthesis, overdenture
- · Single / bridge full arch restorations / all position
- · Bridge case with inclined path as multiple case
- · Bar type overdenture framework
- · Abutment level impression
- · 3-piece abutment (abutment + cylinder + cylinder screw)
- Compensate fixture angle up to 60° (Based on 2 fixtures)
- · Gold coloring for margin's esthetics
- · Material : Ti-6Al-4V
- Connect using exclusive outer driver Ø 4.0 : o-ring abutment driver (code : AORD)

Ø 5.0 / 6.0 : octa abutment driver (code : ODSL / ODSS)

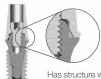
Recommended tightening torque: mini / regular 30Ncm

Ø 4.0 / 5.0 / 6.0 mm

1.0 / 2.0 / 3.0 / 4.0 / 5.0 mm

#### Connection

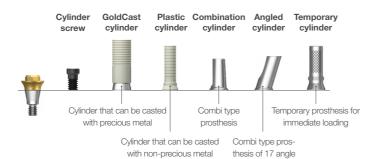
· When there are too many prosthesis or there is excessive path error, able to fabricate prosthesis that has passive fit up to 60°



Has structure works for both octa / non-octa (Ø 4.0 specification has hex / non-hex separately)



### **Cylinder Types**



Combination / angled cylinder : Ti CP-Gr3

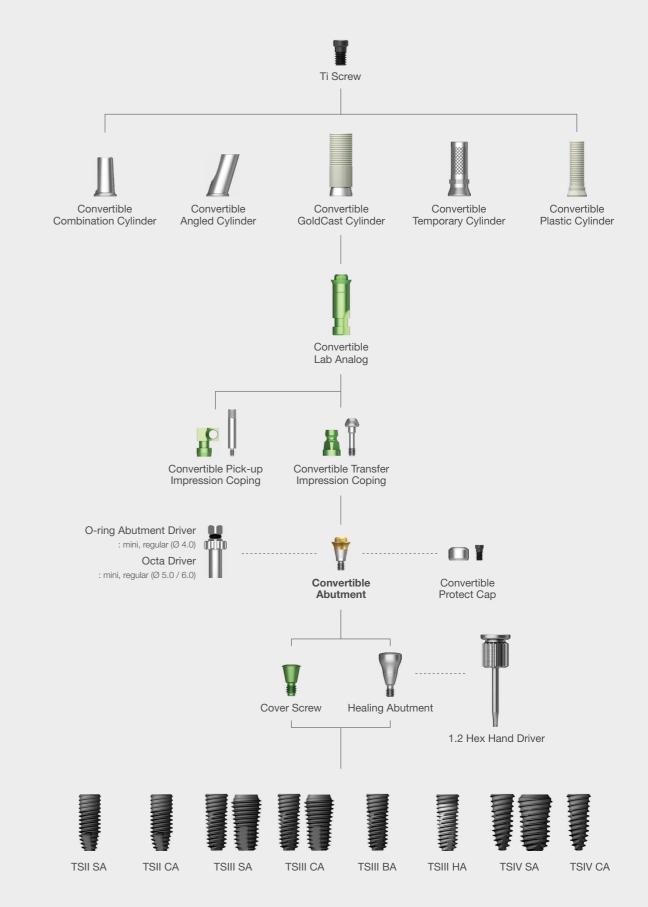
GoldCast cylinder : Au-Pt alloy Plastic cylinder: POM

**Recommended Tightening Torque** 

Mini / regular 20Ncm

**Cylinder Material** 

# **Prosthetic Flow Diagram**



### **Prosthetic Process**

### **Abutment Level Impression** Combination Type Prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand





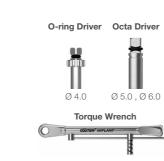


#### Select abutment

- · Select abutment specification by oral condition and final prosthesis
- · Connect abutment to fixture with carrier
- · Connect Ø 4.0 with o-ring driver, Ø 4.8 / 6.0 with octa driver(30Ncm)
- · Check right connection with x-ray











- type(hex/non-hex)
- · Select Impression coping
- · Connect using 1.2 hex hand driver
- · Block out driver hole of transfer impression coping
- correct connection
- impression coping first





#### Convertible Pick-up Impression Coping









Ø 6.0

Convertible Lab Analog







#### Protect cap connection and fabrication of temporary prosthesis

- · Remove impression coping from mouth after impression taking
- · Connect protect cap to protect abutment until prosthesis completion
- · Fabricate temporary prosthesis using temporary cylinder depending on cases







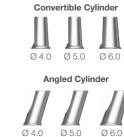
cylinder

### Fabricate working model and Select

- · Fabricate working model in normal way by pouring stone to impression
- · Check path with guide pin of pick-up impression coping
- · Select cylinder considering oral environment and final prosthesis
- · Cylinder connection and customizing









#### Wax up

- · Wax up in normal way after cylinder customizing
- · Extend screw hole to the top of occlusal surface using waxing screw, guide pin for abutment screw hole





### Impression

- · Consider abutment diameter and
- specification (pick-up / transfer type)
- by hand
- · Perform peri apical x-ray to check
- · Take impression by applying impression material around



#### Lab Side

#### Casting

- · Casting after connecting sprue in normal way
- · Post-treatment for casted body and check fit



### 08 Lab Side

#### Porcelain build up

- · Porcelain build up on casted body and firing
- · Polishing procedure in normal way
- · Check prosthesis in the working model



## 09 Lab Side

#### Make transfer jig

· Make transfer jig with pattern resin to transfer the position of abutment from working model to mouth correctly

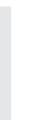


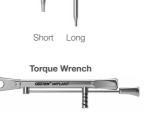


#### Cylinder connection

- · Check delivered prosthesis from the lab and remove protect cap or temporary prosthesis in mouth
- · Re position cylinder in the working model to the correct position in mouth using transfer jig
- · Connect using 1.2 hex torque driver (mini / regular 20Ncm)
- $\cdot \ \text{Check right connection with x-ray}$







1.2 Hex Torque Driver



#### Connect final prosthesis

- · Cylinder screw hole block out
- $\cdot$  Set prosthesis with cement
- · After cement hardening, loosen cylinder screw and remove prosthesis from mouth
- · Remove cement completely from the margin of prosthesis



- · Re set prosthesis in mouth
- · Connect with 1.2 hex driver (mini / regular 20Ncm)
- · Block out screw hole with resin



### **Abutment Level Impression** Screw Type Prosthesis



#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand







#### **Abutment selection**

- · Select abutment specification by oral condition and final prosthesis
- · Connect abutment to fixture with carrier
- · Connect Ø 4.0 with o-ring driver, Ø 4.8 / 6.0 with octa driver(30Ncm)
- · Check right connection with x-ray











#### Impression

- · Consider abutment diameter and type(hex/non-hex)
- · Select impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by hand
- · Block out driver hole of transfer impression coping
- · Perform peri apical x-ray to check correct connection
- · Take impression by applying impression material around impression coping first





#### Convertible Pick-up Impression Coping







Ø 6.0

#### Convertible Lab Analog





Ø 5.0



### 04

#### Lab Side

#### Protect cap connection and fabrication of temporary prosthesis

- · Remove impression coping from mouth after impression taking
- · Connect protect cap to protect abutment until prosthesis completion
- · Fabricate temporary prosthesis using temporary cylinder depending on cases





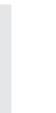


#### Fabricate working model and select cylinder

- · Fabricate working model in normal way by pouring stone to impression
- · Check path with guide pin of pick-up impression coping
- · Select cylinder considering oral environment and final prosthesis
- · Cylinder Connection and customizing









GoldCast Cylinder







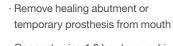
### Lab Side

#### Wax up

- · Wax up in normal way after cylinder customizing
- · Extend screw hole to the top of occlusal surface using waxing screw, guide pin for abutment screw hole







Connect final prosthesis



· Check delivered prosthesis from the

- · Check right connection with x-ray
- · Block out screw hole with resin



1.2 Hex Torque Driver

Short Long

**Torque Wrench** 







## Lab Side

Lab Side

for gold crown and PFG

· Connect sprue in normal way, perform

· Casting with non-precious metal not allowed(abutment change or damage) · Post-treatment for casted body and

07

Casting

check fit

08

#### Porcelain build up

- · Porcelain build up on casted body and
- · Polishing and glossing
- · Check prosthesis in the working model



**Abutment Level Impression** Overdenture Bar Frame Fabrication

### 01

#### Remove healing abutment

· Remove healing abutment with 1.2 hex hand driver by hand







#### Abutment selection

- · Select abutment specification by oral condition and final prosthesis
- · Connect abutment to fixture with carrier
- · Connect Ø 4.0 with O-ring driver, Ø 4.8 / 6.0 with octa driver(30Ncm)
- · Check right connection with x-ray





Convertible Abutment





Regular

03

#### Impression

- · Consider abutment diameter and type (hex/non-hex)
- · Select impression coping specification (pick-up / transfer type)
- · Connect using 1.2 hex hand driver by hand
- · Block out driver hole of transfer impression coping
- · Perform peri apical X-ray to check correct connection
- · Take impression by applying impression material around impression coping first





#### Convertible Pick-up Impression Coping







Convertible Lab Analog







- · Remove impression coping from mouth after impression taking
- · Connect protect cap to protect abutment until prosthesis completion
- · Fabricate temporary prosthesis using temporary cylinder depending on cases



05 La

#### Lab Side

Fabricate working model and Select cylinder

- · Fabricate working model in normal way by pouring stone to impression body
- · Check path with guide pin of pick-up impression coping
- · Select cylinder considering oral environment and final prosthesis
- · Cylinder connection and customizing











06

#### Lab Side

### Wax up

· Make framework considering cylinder position, arrangement of artificial teeth and prosthesis shape





#### Lab Side

#### Casting

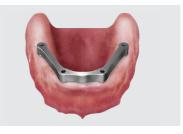
- · Connect sprue in normal way and casting
- · Post-treatment for casted body and check fit
- · Able to fabricate gold bar frame with high accuracy using gold cast cylinder
- · Able to fabricate non-precious bar frame using plastic cylinder
- · Frame shape can change due to casting shrinkage. Must check fit in working model





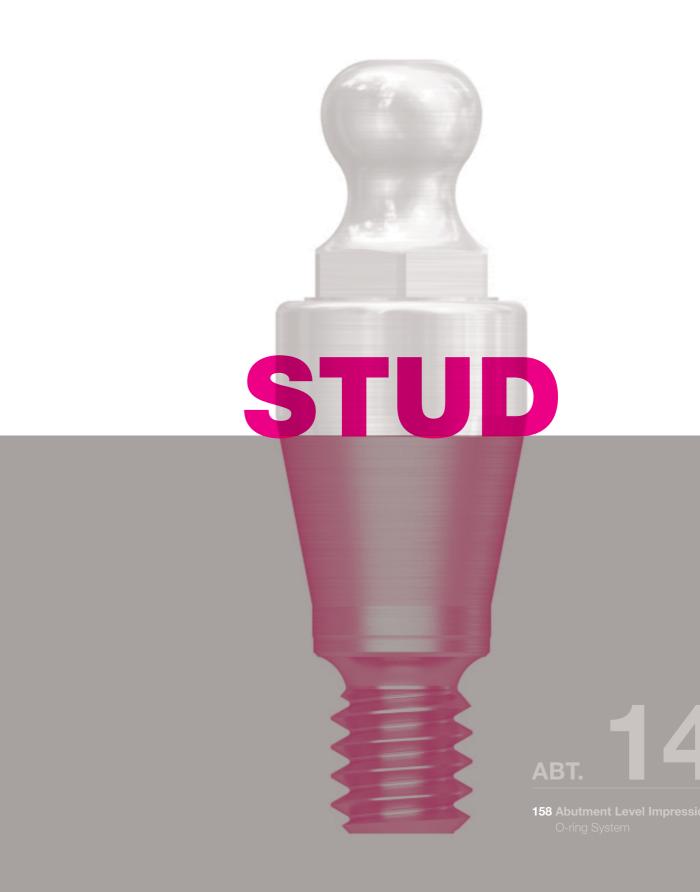
#### Completed bar frame

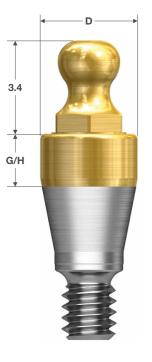
- · Connect casted body to working model
- · Make framework and try it in patient's mouth



 $<sup>\</sup>hbox{\it \% Perform standard overdenture fabrication such as reproduction of gingiva and arrangement of artificial teeth}$ 

OSSTEM<sup>6</sup>
IMPLANT





### **Feature**

- · Overdenture
- Stud type overdenture
   (Not recommended : path error larger than 20° / implant supported overdenture)
- · Abutment level impression
- · Compensate fixture angle up to 20°(Based on 2 fixtures)
- · Fabricate functional overdenture with a few implants placed
- · O-ring system
- · Esthetic effect with gold coloring
- · Material : Ti-6Al-4V
- · Connect using exclusive outer driver (code : AORD)
- · Recommended tightening torque : mini / regular 30Ncm

D	Ø 3.5 mm
G/H	1.0 / 2.0 / 3.0 / 4.0 / 5.0 / 6.0 mm

### **O-ring System**

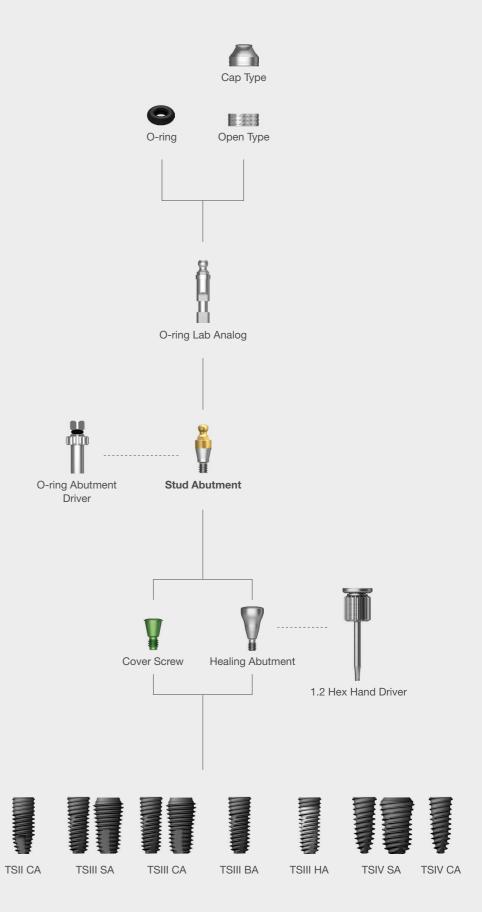
- · 2 types of retainer and o-ring
- · Uses retainer cap that's easily removed
- · Using retainer in limited vertical space can reduce 1.5mm of vertical height
- · If retention falls, replacement of o-ring can restore retention
- $\cdot$  O-ring system compensates path up to 20°
- The larger the inclination, the shorter the replacement period of o-ring becomes.
   Be cautious of path in fixture placement

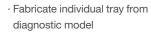




## **Prosthetic Flow Diagram**

TSII SA





· Remove healing abutment using





1.2 hex hand driver by hand





1.2 Hex Hand Driver

02

#### Abutment selection

- · Select abutment specification by oral condition and final prosthesis
- · Connect using exclusive o-ring driver (30Ncm)
- · Check right connection with x-ray





Stud Abutment



O-ring Driver



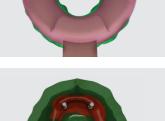
03

#### Impression

- · Denture impression taking in normal way using pre-fabricated individual tray
- · Direct impression taking by injecting impression material around abutment
- · Connect lab analog using abutment's hex structure conveyed inside impression body
- · Fabricate working model in normal way by pouring stone to impression body









Stud Lab Analog



159

## 04 Lab Side

#### **Denture fabrication**

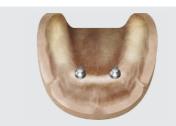
· Denture fabrication in normal way by wax denture, curing, polishing



05 Lab Side

#### Retainer cap connection

- · Connect retainer cap (including o-ring) in working model
- · Block out undercut area





O-ring System







#### Lab Side

#### Connect denture and retainer cap

- $\cdot$  Create hole inside fabricated denture for setting of retainer cap
- · Connect in working model, and check interference to retainer cap
- · Apply resin around cap and remove after hardening
- · Check fixation of retainer cap inside denture and remove excessive resin



### 07

#### **Connect final prosthesis**

- · Check delivered prosthesis from the lab
- · Connect in mouth, and check occlusion and shape
- · Connect new o-ring, and set denture in mouth







## **Prosthetic Flow Diagram**

# Locator Abutment



G/H

#### **Feature**

#### **Locator Abutment**

- Overdenture
- · Stud type overdenture (Not recommended : path error larger than 40° / implant supported overdenture)
- · Abutment level impression
- · Compensate fixture angle up to 40° (Based on 2 fixtures)
- · Fabricate functional overdenture with a few implants placed
- · Various attachment with stable retention
- $\cdot$  Excellent durability and 1.5mm of low vertical height
- · Esthetic effect with gold coloring
- · Material : Ti-6Al-4V
- · Connect using exclusive outer driver (code : TWLDLK / TWLDLSK)
- · Recommended tightening torque : mini / regular 30Ncm

D	Ø 3.7 mm
G/H	1.0 / 2.0 / 3.0 / 4.0 / 5.0 mm



- $\cdot$  Case that needs path compensation in overdenture
- · Compensate fixture angle up to 60° (Based on 2 fixtures)
- · Connect abutment using 1.2 hex torque driver
- · Connect head area using exclusive outer driver (code: TWLDLK / TWLDLSK)
- · Recommended tightening torque: mini 20Ncm / regular 30Ncm (Head area 20Ncm)

D	Ø 4.6 mm
G/H	4.0 / 5.0 mm

#### Fixture: examples of different placement angle

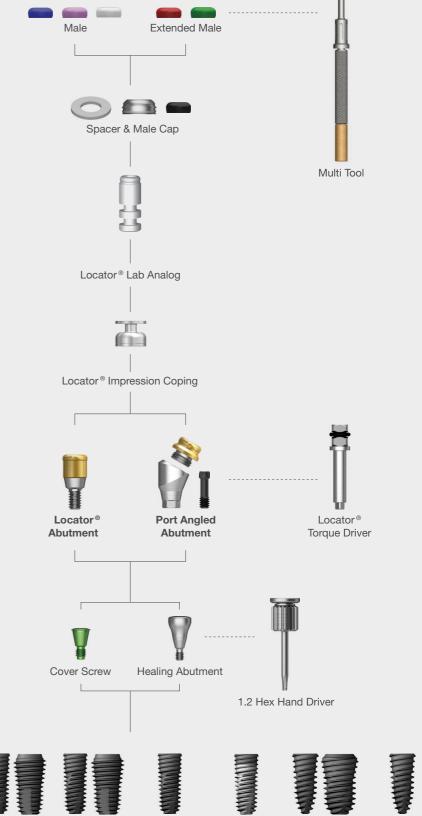


Due to angle of placed fixture, passive removal of denture is not possible





Fixture angled is resolved and passive removal of denture is possible









TSIII SA











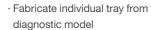
### **Abutment Level Impression**

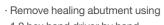
01

Lab Side

#### Remove healing abutment

· Fabricate diagnostic model using preliminary impression













1.2 Hex Hand Driver



02

#### Abutment selection

- · Select abutment specification by oral condition and final prosthesis
- · Use specification that matches gingiva height or 1mm higher, considering space for denture cap connection
- · Connect using exclusive locator driver
- · Check right connection with x-ray









O-ring Driver





#### Impression

- · Impression coping connection
- $\cdot$  Denture impression taking in normal way using pre-fabricated individual tray
- · Direct impression taking by injecting impression material around abutment
- · Connect lab analog to impression body



· Fabricate working model in normal way by pouring stone inside the impression



Locator® Impression Coping



Locator® Lab Analog





Denture Cap Block out Spacer





04 Lab Side

denture cap

Denture cap connection

· Place block out spacer and set

· Check if block out is appropriate

#### **Denture fabrication**

· Denture fabrication in normal way by wax denture, curing, polishing





#### Connect final prosthesis

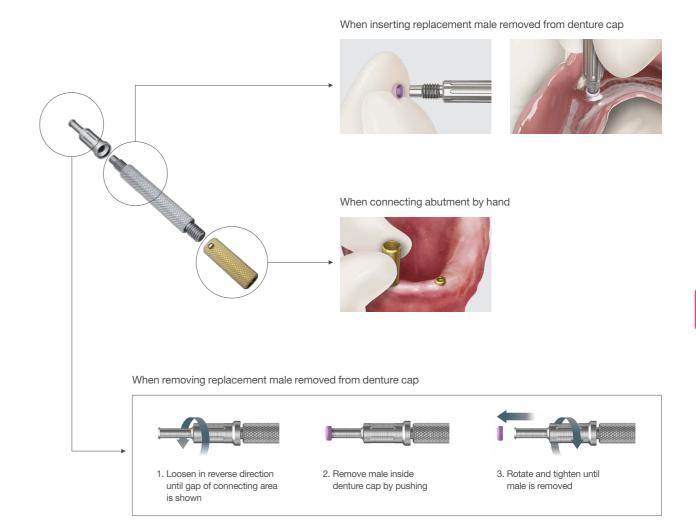
- · Check delivered prosthesis from the lab
- · Connect inside mouth, and check occlusion and shape
- · Remove black processing male (For lab) with core tool
- · Connect replacement male and set denture in mouth







#### **\* Locator core tool instruction**



#### **TS Prosthetic Manual**

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