Dental Laboratory
Brånemark System®
NobelReplace™
NobelSpeedy™
NobelPerfect®
NobelDirect®
First from Nobel Biocare.
NobelPerfect®, (NP, RP, WP), NobelDirect® (NP, RP, WP), Brånemark System®, NobelReplace™ and NobelSpeedy™ Implants. A complete assortment with FDA clearance for Immediate Function™ in all single, partial and fully edentulous restorations in the mandible and maxilla.

Nobel Biocare AB and all production units are certified according to the Environmental Management System ISO 14001.

The procedures described herein must only be performed using components and instruments provided by Nobel Biocare.

Nobel Biocare reserves the right to make any necessary alterations to the methods and procedures stated in this manual.

Some products may not be available in all markets. Please contact your local Nobel Biocare office for current product assortment and availability.


For USA only: Federal law restricts this device to sale by or on the order of a licensed dentist or physician. All products are subject to change without notice.
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Welcome to Nobel Biocare

Nobel Biocare products are clinically well-proven dental implant systems with documented successful long-term results.

The implant-supported reconstruction is fabricated using specially developed and designed instruments and components of high precision and compatibility.

Also offered by Nobel Biocare are Procera® Personalized Esthetics, a highly esthetic product line designed for both implant and natural tooth preparation.

Product News

New Procera® Bridge Zirconia: bridge design within Ø 25 mm x L 60 mm. Precision milled with proven strength.

New Procera® Bridge Alumina: two to four unit bridges, especially appropriate as an esthetic solution in the anterior.

New Procera® Esthetic Abutment Selection Kit: the pre-designed Procera® Esthetic Abutment Zirconia are available for the anterior, pre-molar or molar region in either straight or angled designs and high or low emergence profiles.

New Procera® Implant Bridge: now available in zirconia for improved esthetics.

The focus of this manual is the laboratory procedures. For information on the clinical procedures, please see the Procedures & Products Nobel Esthetics™ including Procera®. Additional information on the prosthetic products is found in the NobelEsthetics™ Product Catalog.
**Temporary Abutments and Copings**

The Nobel Biocare Temporary Abutments and Copings used for the fabrication of provisional restorations are made of titanium or plastic.

Temporary Abutments Non-Engaging and Temporary Copings Multi-unit are used to fabricate splinted multiple-unit screw-retained restorations. Temporary Abutments Engaging are used to fabricate either single screw-retained restorations, or single or splinted cement-retained temporary restorations.

**Laboratory Procedure**

- Pour and fabricate a master model using appropriate replicas. Articulate the master model to the opposing jaw.
- Using a lab screw or guide pin, place and tighten the appropriate Temporary Abutment or Coping to the replica.
- Check for occlusal clearance for veneering material and mark the length of any posts that need to be reduced. When fabricating a splinted cement-retained temporary restoration some reduction in axial wall alignment may be required for bridge draw.
- Remove abutments or copings from model and attach suitable protection analogs. Make adjustments using disks and/or burs.
- If you are producing a cement-retained restoration, you have to block out any undercut grooves with suitable block-out material.
- If a metal framework is required to strengthen a temporary cement-retained bridge, a conventional crown and bridge technique can be processed on which temporary material is applied.
- Process the temporary restoration using conventional laboratory technique.
Immediate Provisional Implant
The Immediate Provisional Implant is placed between the permanent implants at the time of surgery. The provisional restoration is then cemented directly on these one-piece implants.

An implant level impression is made by “picking up” an Immediate Provisional Implant Coping.

- Snap an Immediate Provisional Implant Analog into each coping and pour the impression in hard stone.
- Transfer the copings from the impression to the analogs on the model.
- Mount the case in an articulator.
- Create a full contour wax-up or use denture teeth in the area that needs to be restored. The dentist will sometimes use the existing denture as a temporary prosthesis. This method is similar to a reline, but the flanges will have to be removed from the denture since the denture is to be cemented to the implants.
- Make a matrix and process the provisional bridge in acrylic.

For more detailed information on Immediate Provisional Implants, see the Immediate Provisional Implant Clinical Procedure & Product Catalog.
The objective of Nobel Biocare Procera® Personalized Esthetics is to provide customized prosthetic components for case selections demanding high esthetics and excellent fit.

Procera® Personalized Esthetics include:

- **Procera® Crown**: alumina or zirconia coping, customized but still industrially produced, ensuring predictable results.
- **Procera® Laminate**: alumina, the core is only 0.25 mm thick, yet able to mask discolored teeth.
- **Procera® Bridge Zirconia**: designed to fit into a cylinder of $\odot 25$ mm x length 60 mm precision milled, with proven strength.
- **Procera® Bridge Alumina**: two to four unit bridges, especially appropriate as an esthetic solution in the anterior.

It is essential to accurately document the color of the adjacent teeth according to the Vita shade guide, as this will provide the optimum match for the veneering porcelain that is best-suited to Procera® restorations.

Thereafter, the NobelRondo™ procedure is an ideal alternative that offers unlimited possibilities for achieving customized esthetics, e.g. in terms of the hue, chroma and value of the teeth.

6 steps of shade selection with NobelRondo™:
1. Selection of the NobelRondo™ shade group
2. Selection of the basic hue
3. Variations of color intensity
4. Inner structures of the tooth
5. Variations of lightness (value) and contrasts
6. Texture and shine of the tooth surface.

For more information see NobelRondo™ Manual.
Procera® Crown

Zirconia, Alumina

Indications
- Any position of the mouth – including the posterior.
- Procera® Crown Alumina (0.4 mm) is indicated for use in the esthetic region, premolar to premolar.
- Natural teeth and implant restorations.

For situations where you need to build up the coping for extra porcelain support, you should use the Procera® Crown CAD or Wax-up techniques. When using the wax-up technique to create your Procera® Crown, build up a wax outer layer with:
- Minimum thickness of 0.6 mm.
- Maximum dimensions of 8 mm x 15 mm.

1. Model
- A standard C&B impression is received.
- Pour the model in hard die stone or epoxy.

2. Create the Die
- Pin and die the model using standard laboratory techniques.
- Ensure the model height is sufficient (approximately 10 mm below the margin) so that scannable dies can be produced.
- Create an undercut no deeper than 0.5 mm under the margin. The length of the undercut should be a minimum of 1.5 mm to allow the scanner stylus tip to travel easily on the die.
- Make sure that no undercuts are present above the finish line.

Note: If you see undesirable elements (divots, cavities, sharp edges, etc.), block them out with wax to avoid damaging the stylus.
- Use die hardener, but not die spacer, since the Procera® process already compensates for the cement space.
3. Scan the die
- Open the Procera® Software and follow the instructions in the tutorial for:
  - Creating an open order.
- Scan the die using the Procera® Scanner according to the tutorial found within the software.
- Follow instructions in the tutorial for:
  - Using the Procera® Software CAD Design Application.
  - Dispatching an order.

4. Concluding Procedure
After delivery of the Procera® Crown from the Nobel Biocare production facility:
- If necessary, make minor adjustments with diamond impregnated finishing tools with fine grit size under low pressure and using copious water irrigation.
- If necessary, sandblast using two to four bars of pressure utilizing aluminum oxide at an approximate distance of 10 mm:
  - 110 µm – 250 µm for zirconia crowns.
  - 50 µm – 110 µm for alumina crowns.
- Apply appropriate NobelRondo™ dental ceramic (see the NobelRondo™ Ceramic Concept and Procedures CD or manual).
- Clean in an ultrasonic bath before sending the finished product to the clinic.
Procera® Laminate

Alumina

Indications

• Any position of the mouth where the preparation requirements can be respected.

1. Model

• A standard C&B impression is received.
• Pour the model in hard die stone or epoxy.

2. Create the Die

• Pin and die the model using standard laboratory techniques.
• Ensure the model height is sufficient (approximately 10 mm below the margin) so that scannable dies can be produced.
• Create an undercut no deeper than 0.5 mm under the margin. The length of the undercut should be a minimum of 1.5 mm to allow the scanner stylus tip to travel more easily on the die.
• Make sure that no undercuts are present above the finish line.
• Wax should be used to build up the die on the lingual side to allow the scanner probe tip to travel easier on the die.

Note: If you see undesirable elements (divots, cavities, sharp edges, etc.), block them out with wax to avoid damaging the stylus.

• Use die hardener, but not die spacer, since the Procera® process already compensates for the cement space.
3. **Scan the die**
- Open the Procera® Software and follow the instructions in the tutorial for:
  - Creating an open order.
- Scan the die using the Procera® Scanner according to the tutorial found within the software.
- Follow instructions in the tutorial for:
  - Using the Procera® Software CAD Design Application.
  - Dispatching an order.

4. **Concluding Procedure**
After delivery of the Procera® Laminate from the Nobel Biocare production facility:
- Apply NobelRondo™ Alumina dental ceramic (see the NobelRondo™ Ceramic Concept and Procedures CD or manual).
- The optimal surface for bonding is the originally delivered surface from Procera® production.
  If contaminated or modified, the surface can be re-conditioned by sandblasting for maximum 15 seconds at two to four bars of pressure with 110 micron grit alumina sand at an approximate distance of 10 mm.
- Clean in an ultrasonic bath before sending the finished product to the clinic.
Procera® Bridge

Zirconia, Alumina

Indications

*Procera® Bridge Zirconia*
- Indicated for all positions in the mouth.
- A bridge designed to fit into a cylinder of $\varnothing$ 25 mm x L 60 mm.
- Requires a minimum of 3 x 2 mm connector between units.
  (Height x Width) and a minimum cross-sectional area of 6.0 mm².
- Natural teeth and implant restorations.

*Procera® Bridge Alumina*
- Indicated for use in the esthetic region, premolar to premolar.
- Two-to-four unit bridges.
- Requires a minimum of 3 x 2 mm connector between units.
  (Height x Width) and a minimum cross-sectional area of 6.0 mm².

Contraindications

*Procera® Bridge Zirconia*
- Cases where the anterior/posterior cantilevers have a length of more than one unit.
- Cases with more than two pontics between supporting teeth/abutments.
- Bruxism.

*Procera® Bridge Alumina*
- No cantilevers and maximum one pontic between supporting teeth/abutments.
- Bruxism.

1. Model
- A standard impression is received.
- Pour the model in hard die stone or epoxy.

2. Create the Die
- Pin and die the model using standard laboratory techniques.
- Ensure the model height is sufficient
  (approximately 10 mm below the margin) so that scannable dies can be produced.
- Create an undercut no deeper than 0.5 mm under the margin. The length of the undercut should be a minimum of 1.5 mm to allow the scanner stylus tip to travel easily on the die.

Continued next page.
2. Create the Die – cont.
• Make sure that no undercuts are present above the finish line.

**Note:** If you see undesirable elements (divots, cavities, sharp edges, etc.), block them out with wax to avoid damaging the stylus.

• Use die hardener, but not die spacer, since the Procera® process already compensates for the cement space.
• If you decide to use a bite index, make this of a hard material, e.g. light-cured resin.

3. Scan the Dies
• Open the Procera® Software and follow the instructions in the tutorial for:
  – Creating an open order.
• Scan the die using the Procera® Forte Scanner according to the tutorial found within the software.
• Follow instructions in the tutorial for:
  – Using the Procera® Software CAD Design Application.
  – Dispatching an order.

4. Concluding Procedure
After delivery of the Procera® Bridge from the Nobel Biocare production facility:
• If necessary, make minor adjustments with diamond impregnated finishing tools with fine grit size under low pressure and using copious water irrigation.
• Sandblast using two to four bars of pressure utilizing aluminum oxide at an approximate distance of 10 mm:
  110 – 250 µm for zirconia bridges
  50 – 110 µm for alumina bridges.
• Apply appropriate NobelRondo™ dental ceramic (see the NobelRondo™ Ceramic Concept and Procedures CD or manual).
Permanent Implant Restorations

With simple and predictable clinical procedures as outlined in the following pages, excellent esthetic results and improved long-term performance can be achieved.

The Procera® Systems provides completely individualized prosthetics with unbeatably precise fit for abutments and bridges. By combining the Procera® manufacturing technique with Alumina and Zirconia ceramics, an unrivalled combination of biocompatibility, beauty and strength is guaranteed. Both Alumina and Zirconia refract and transmit light in much the same way as a natural tooth, thereby giving the restoration a natural looking appearance. In fact, the end result is often an improvement on nature.

Our vast range of pre-produced prosthetics offers easy and beautiful esthetics for all indications whether it is single tooth, several teeth or overdenture solutions, cement-retained or screw-retained.

### Cement-Retained

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<thead>
<tr>
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<th>Multiple</th>
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<td>GoldAdapt Eng</td>
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Procera® Esthetic Abutment

Zirconia

Indications
- Single tooth or multiple unit implant restorations.
- Single use only.
- Cement-retained.

Procera® Esthetic Abutments are available for the anterior, pre-molar or molar region in either straight or angled designs and high or low emergence profiles.

1. Model
   - A standard C&B impression is received.
   - Pour the model in hard die stone or epoxy.
   - Pin and die the model using standard laboratory techniques.

Prosthetic Alternatives
- Procera® Crown
- Procera® Bridge Zirconia
- Standard C&B restoration (See below)

2. Restoration
   - Fabricate the restoration framework using standard C&B techniques.
   - Complete the restoration with ceramic and return to the dentist for final delivery.

Note: If modifying a Procera® Esthetic Abutment, make sure that the thickness of the ceramic material is at least 0.8 mm. This thickness limit is applicable up to a height of 3 mm above implant level.
Procera® Abutment

Zirconia, Titanium

Indications
- Single tooth or multiple unit implant restorations.
- Cement-retained.

1. Model
- An implant level impression is received with an implant replica.
- Confirm the position of the implant level impression coping and implant replica assembly in the impression.
- Pour and fabricate a soft tissue master model.

2a. Regarding Procera® Abutment Wax-up
- Create the abutment in a pattern resin or a hard wax. Use a temporary component (engaging) as a foundation for the abutment pattern.
- You must respect certain dimensions in the waxed framework depending on which Procera® product you wish to fabricate:
  - For ceramic abutments NP – maximum dimensions are 4 mm x 12 mm radius x height (r x h).
  - For ceramic abutments RP/WP – maximum dimensions are 5 mm x 15 mm (r x h).
  - For titanium abutments NP – maximum dimensions are 5 mm x 12 mm (r x h).
  - For titanium abutments RP/WP – maximum dimensions are 7.5 mm x 15 mm (r x h).

2b. Regarding Procera® Abutment CAD
To facilitate correct abutment angulation and measurements, insert a Guide Pin and T-bar into the replica. These are contained in the Procera® Abutment 3D CAD Kit and will help you to feed correct data into the Procera® Software 3D CAD Design application.
3. Scanning
Note that the scanning procedure is only necessary for Procera® Abutment Wax-up.

- Open the Procera® Software and follow the instructions in the tutorial for:
  - Creating an open order.
- Scan the die using the Procera® Scanner according to the tutorial found within the software.
- Follow instructions in the tutorial for:
  - Using the Procera® Software CAD Design Application.
  - Dispatching an order.

4. Concluding Procedure
After delivery of the Procera® Abutment from the Nobel Biocare production facility:

Ceramic Abutments
- If necessary, make minor adjustments with diamond bur or flex disc with fine grit size under low pressure and with copious water irrigation.
- When designing/preparing Procera® Abutment Zirconia, make sure that the thickness of the ceramic material is at least 0.8 mm. This thickness limit is applicable up to a height of 3 mm above implant level.
- Sandblast using two to four bars of pressure utilizing 110 µm – 250 µm aluminum oxide, at an approximate distance of 10 mm.
- Clean in an ultrasonic unit.

Titanium Abutments
- If necessary, make minor adjustments, with a carbide bur. Rubber wheels are used for the collar part.
- Clean in an ultrasonic unit.
Procera® Abutments for other implant systems
Procera® Abutments are available in both zirconia and titanium for;

- Straumann® Regular Neck 4.8 mm implants.
- Camlog® Implant Systems 3.3, 3.8, 4.3, 5.0, 6.0 mm.

Procera® Abutments are available in titanium for;
- Astra Tech® Implant System 3.5ST, 4.0ST, 4.5ST, 5.0ST mm.
- Follow the laboratory procedures for Procera® Abutment and the clinical procedures for each respective implant system.
Snappy Abutment™

Titanium

Indications
- Single tooth or multiple unit implant restorations ideal for posterior restorations.
- Cement-retained.

The NobelDirect® Posterior Implant has an integrated abutment portion, which is identical to the Snappy Abutment™ and thus uses the same prosthetic products.

1. Model
- The impression is received with the embedded Snappy Abutment™ Impression Coping and an Abutment Replica Snappy Abutment™.
- Confirm the placement of the replica in the impression coping, ensuring correct alignment of the three grooves.
- Pour and fabricate a soft tissue master model.

Prosthetic Alternatives
Procera® Crown.
Procera® Bridge.
Plastic/Temporary Coping Snappy Abutment™ (See below).
2. Restoration

- Place the plastic/temporary coping on the abutment. For single tooth restorations, use the engaging plastic/ temporary coping. For multiple unit restorations, use the non-engaging plastic/ temporary coping.

- Wax the framework around the plastic coping.

- Fabricate the restoration framework using standard C&B techniques.

- Complete the restoration with ceramic and return to the dentist for final delivery.
Esthetic Abutment

Titanium

Indications
- Single tooth or multiple unit implant restoration.
- Cement-retained.

The Esthetic Abutment is designed with a scalloped collar that profiles natural soft tissue contours with various collar heights available depending on the implant platform and system. The following description is based on straight Esthetic Abutments. The same procedures are used for the 15° Esthetic Abutments.

1. Model
- A standard C&B impression is received.
- Pour the model in hard die stone or epoxy.
- Pin and die the model using standard laboratory techniques.

Prosthetic Alternatives
Procera® Crown
Procera® Bridge
Plastic/Temporary Coping Esthetic Abutment (See below)
2. **Restoration**
- Place the plastic/temporary coping on the abutment.

- Wax the framework around the plastic/temporary coping.

- Fabricate the restoration framework using standard C&B techniques.

- Complete the restoration with ceramic and return to the dentist for final delivery.
Multi-unit Abutment

Titanium

Indications
- Multiple unit restorations.
- Desire for greater ease of retrievability.
- Screw-retained.

Straight Multi-unit Abutment
The Multi-unit Abutment extends straight up from the implant when no angulations correction is necessary. Straight Zygoma Multi-unit Abutments are available for Brånemark System® Zygoma Implants.

17° or 30° Multi-unit Abutment
The angled Multi-Unit Abutment is intended for use when the axial alignment of the implant is unfavourable in relation to the desired position of the screw channel.

Available for the NP and RP implants are 17° angled Multi-unit Abutments and additional 30° angled Multi-unit Abutments are available for RP implants. 17° Zygoma Multi-unit Abutments are available for Brånemark System® Zygoma Implants.

Note: Use the same laboratory components for Zygoma Multi-unit Abutments as for ordinary Multi-unit Abutments.

1. Model
- An abutment level impression is received with Abutment Replicas Multi-unit.
- Confirm the placement of the abutment replicas in the impression copings.
- Pour and fabricate a soft tissue master model.

Prosthetic Alternatives
Procera® Implant Bridge
Gold Coping Multi-unit (See below)
2. Restoration

- Attach the gold copings to the abutment replicas using guide pins or lab screws.
- Reduce the height or axial wall of the plastic sleeves as desired. They can be shortened all the way down to the gold copings if needed.
- Wax the framework around the gold copings.

**Note:** The gold coping is made from a non-oxidizing alloy. Cracking of porcelain may occur if it is applied directly to the gold coping. Make sure the wax covers the gold coping with a minimum wax thickness of 0.5 mm. A reduction to 0.3 mm can be made after casting.

- If needed, remove framework from model, attach protection analogs using lab screws, and carefully wax around base of gold copings for adequate coverage.
- Fabricate the restoration framework using standard C&B techniques.
- Complete the framework with ceramic and return to dentist for final delivery.

### Alloy Recommendations Gold Coping:

**Melting range:** 1400–1490°C/2550–2720°F.

**Coefficient of thermal expansion:** 12µm/m°C.

**Recommended casting alloys:**

- **Conventional gold alloys:** High gold content (min75% Au + Pt metal) alloys, standard ISO 1562 type 4.
- **Ceramic bonding alloys:** High gold content (min 75% Au) alloys, standard ISO/DIS 9693, NIOM type A.

Soldering in the range of 800 – 890°C/1472 – 1634°F.
Abutment NobelPerfect®

Titanium

Indications
- The Abutment NobelPerfect® is used in esthetically demanding areas from premolar to premolar.
- Single tooth or multiple unit implant restorations.
- Cement-retained.

1. Model
- An implant level impression is received with an implant replica.
- Confirm the position of the implant level impression coping and implant replica assembly in the impression.
- Pour and fabricate a soft tissue model.
- Attach a straight Abutment NobelPerfect® or a 10° Abutment NobelPerfect® to the implant replica and secure it with a lab screw.

Prosthetic Alternatives
- Procera® Crown
- Ceramic Coping NobelPerfect® (See below)
- Plastic Coping NobelPerfect® (See below)

2a. Restoration with Ceramic Coping NobelPerfect®
- Complete the restoration with NobelRondo™ ceramic and return to the dentist for final delivery.

2b. Restoration with Plastic Coping NobelPerfect®
- Wax the framework around the plastic coping.
- Fabricate the restoration framework using standard C&B techniques.
- Complete the restoration with ceramic and return to the dentist for final delivery.
Procera® Implant Bridge Zirconia

**Indications**
- Implant level only.
- Multiple unit restorations.
- Indicated for all positions in the mouth.
- Screw-retained.
- A bridge designed to fit into a cylinder of $\varnothing$ 30 mm x L 60 mm.
- Requires a minimum of 4 x 2.5 mm connector between units (Height x Width) with a minimum cross-sectional area of 8 mm².

**Contraindications**
- Cases where the mesial/distal cantilevers have a length of more than one unit.
- Cases with more than two pontics between supporting implants.
- Bruxism.

**Platform Options**
- NobelReplace™ (NP, RP, WP, 6.0).
- Brånemark System® (NP, RP, WP).
- 3i® 3.75.
- Lifecore® Biomedical Restore 3.75.
- Zimmer® Dental Taper-Lock 4.0.
- Sterngold Implamed® 3.75.

**Prosthetic Options**
- NobelRondo™ Zirconia dental ceramic.

### 1. Model
- An implant level impression with implant replicas is received.
- Confirm the position of the implant impression copings and replicas assemblies in the impression.
- Pour and fabricate a master model with soft tissue.
- The soft tissue must be at least 2 mm thick so that the implant replicas will stick up at least 2 mm from the plaster model.

### 2. Create the Framework and Index
- Make a tooth set-up.
- Make a silicone index of the tooth set-up.
- Make an acrylic framework using non-engaging temporary abutments. Wax should not be used.
- Reduce the acrylic framework to the desired shape.
3. Scan the Model and Framework
The following instructions mimic the Design Tab flow in the Procera® Software:

• Tighten the Position Locators Model firmly on the steamcleaned master model and attach the model firmly to the bridge holder. Make sure that the implant replicas and locators are free from wax or dust, since the precision will otherwise be compromised. For example, one hair is about 70 µm, +/- 30µm, thick, and even this small distance can compromise the result.

• Scan the position of the Position Locators on the model.

• In the Procera® Software, define what interfaces should be used for each implant position.

• Mount the acrylic framework into the Procera® Implant Bridge holder.
  a. Drill holes in the end points of the framework.
  b. Attach 20 mm guide pins, in the Holder Procera® Implant Bridge. The guide pins need to protrude from the holder enough, so they can be scanned by the stylus.
  c. Adjust the holder so that the guide pins will fit into the holes in the framework.
  d. Attach the guide pins to the framework with self-curing acrylic. Make sure that the framework lies as flat as possible. Don’t move the framework and pins until the acrylic is hard.

Continued on next page.
- Install Position Locators Bridge into the framework and scan their position. Make sure that the framework and the locators are free from wax or dust, since the precision will otherwise be compromised.
- Remove the Position Locators from the framework and fill out the screw holes with wax.
- Scan the underside of the framework.
- Flip the framework holder to expose the topside of the framework.
- Scan the topside of the framework.
- The scans are fused together in the Procera® Software and the resulting scanned Procera® Implant Bridge is viewed.
- View, approve and send the Procera® Implant Bridge file to the Procera® production facility.

Note: Narrow spaces and small irregularities that the 2.5 mm stylus can’t reach will not be defined in the milled bridge, but have to be adjusted after delivery from the Nobel Biocare production facility.

4. Concluding Procedure
After delivery of the Procera® Implant Bridge from the Nobel Biocare production facility:
- If necessary, make minor adjustments using diamond impregnated finishing tools with fine grit size, under low pressure and using copious water irrigation.
- Sandblast using two to four bars of pressure utilizing 110 – 250 µm aluminum oxide, at a distance of approximately 10 mm.
- Apply NobelRondo™ Zirconia and Gingiva dental ceramic (see the NobelRondo™ Ceramic Concept and Procedures CD or manual).

Note: Abutment screws are not included.
2. Create the Framework and Index
- Make a tooth set-up.
- Make a silicone index of the tooth set-up.
- Make an acrylic framework using non-engaging temporary abutments/cylinder. Wax should not be used.
- Reduce the acrylic framework to the desired shape.

Design limitations in the Procera® Software
- The minimum space between two Position Locators is 2 mm.

Procera® Implant Bridge Titanium

Indications
- Implant level or abutment level.
- Multiple unit restorations.
- Screw-retained.

Platform Options
- NobelReplace™ (NP, RP, WP, 6.0).
- Brånemark System® (NP, RP, WP).
- Straumann® Dental Implant System Regular Neck 4.8 (implant level).
- Straumann® Dental Implant System Wide Neck 6.5 (implant level).
- 3i® 3.75 (implant level).
- Lifecore® Biomedical Restore 3.75 (implant level).
- Zimmer® Dental Taper-Lock 4.0 (implant level).
- Sterngold Implamed® 3.75 (implant level).
- Ankylos® Implant System 3.5, 4.5, 5.5, 7.0 (abutment level).
- Astra Tech® Implant System 3.5ST, 4.0ST, 4.5ST, 5.0ST (abutment level).
- Camlog® Implant System 3.3, 3.8, 4.3, 5.0, 6.0 (abutment level).

Prosthetic Options
- Wrap-around.
- Traditional acrylic.
- Ti-dental ceramic.

Model
- An implant or abutment level impression with replicas is received.
- Confirm that the impression copings and the replicas are put together and positioned correctly in the impression.
- Pour and fabricate a master model with soft tissue.
- The soft tissue must be at least 2 mm thick so that the replicas stick up at least 2 mm from the plaster model.
3. Scan the Model and Framework

The following instructions mimics the Design Tab flow in the Procera® Software:

- Tighten the Position Locators Model firmly on the steamcleaned master model and attach the model firmly to the bridge holder. Make sure that the replicas and locators are free from wax or dust, since the precision will otherwise be compromised. For example, one hair is about 70 µm, +/- 30µm, thick, and even this small distance can compromise the result.

- Scan the position of the Position Locators on the model.

- In the Procera® Software, define what interfaces should be used for each implant/abutment position.

- Mount the acrylic framework into the Holder Procera® Implant Bridge.
  a. Drill holes in the end points of the framework.
  b. Attach 20 mm guide pins, in the Holder Procera® Implant Bridge. The guide pins need to protrude from the holder enough, so they can be scanned by the stylus.
  c. Adjust the holder so that the guide pins will fit into the holes in the framework.
  d. Attach the guide pins to the framework with self-curing acrylic. Make sure that the framework lies as flat as possible. Don’t move the framework and pins until the acrylic is hard.

- Install Position Locators Bridge into the framework and scan their position, make sure that the framework and the locators are free from wax or dust, since the precision will otherwise be compromised.

- Remove the Position Locators from the framework and fill out the screw holes with wax.

- Scan the underside of the framework.

- Flip the framework holder to expose the topside of the framework.

- Scan the topside of the framework.
- The scans are fused together in the Procera® Software and the resulting scanned Procera® Implant Bridge is viewed.
- View, approve and send the Procera® Implant Bridge file to the Procera® production facility.

Note: Narrow spaces and small irregularities that the 2.5 mm stylus can’t reach will not be defined in the milled bridge, but have to be adjusted after delivery from the Nobel Biocare production facility. For the Procera® Implant Bridge Titanium, the model and framework may still be sent to the production facility for scanning.

4. Concluding Procedure
After delivery of the Procera® Implant Bridge from the Nobel Biocare production facility:
- Grind the titanium framework with hard metal burs only in one direction.
- Sandblast using 2.5 bars of pressure utilizing 110 – 250 µm aluminum oxide, at a 45º angle.
- Clean in an ultrasonic unit with distilled water for 5 minutes.
- Let the framework dry in room temperature 10–30 min before applying the bonding material.
- Apply porcelain following the instructions of the porcelain manufacturer.

Note: Abutment screws/Prosthetic screws are not included.

Note: Follow the normal laboratory procedure for Procera® Implant Bridge, by using Abutment Replicas Multi-Unit in the model.
Single Tooth Abutment

Titanium

Indications
• Single tooth implant restoration with limited interdental space.
• Cement-retained.

1. Model
• An implant level impression is received with an implant replica.
• Confirm the position of the implant level impression coping and implant replica assembly in the impression.
• Pour and fabricate a soft tissue master model.
• Attach the Single Tooth Abutment to the implant replica and secure it with a lab screw.

Prosthetic Alternatives
Procera® Crown
Standard C&B restoration (see below)

2. Restoration
• Use an aluminum oxide grinding instrument to modify the Single Tooth Abutment. Use a protection analog to protect the margin of the abutment. A matrix/template can be fabricated using a pattern resin to aid the restorative dentist in properly placing the modified abutment in the mouth.
• Fabricate the restoration framework using standard C&B techniques.
• Complete the restoration with ceramic and return to the dentist for final delivery.
Easy Abutment™

Titanium

Indications
- Single tooth or multiple unit implant restorations ideal for posterior restorations.
- Cement-retained.

1a. Model with the Abutment Replica Easy Abutment™
(Applicable if the Easy Abutment™ has not been modified.)
- The impression is received with the embedded Easy Abutment™ Impression Coping and an Abutment Replica Easy Abutment™.
- Confirm the placement of the replica in the impression coping, ensuring correct alignment of the three grooves.
- Pour and fabricate a soft tissue master model.

1b. Model with stone dies
(Applicable if the Easy Abutment™ has been modified.)
- A standard C&B impression is received.
- Pour the model in hard die stone or epoxy.
- Pin and die the model using standard laboratory techniques.
Prosthetic Alternatives
Procera® Crown
Procera® Bridge
Ceramic Coping Easy Abutment™ (see below)
Plastic Coping Easy Abutment™ (see below)

2a. Restoration with Ceramic Coping Easy Abutment™
• Complete the restoration with NobelRondo™ ceramic and return to dentist for final delivery.

2b. Restoration with Plastic Coping Easy Abutment™
• Place the plastic coping on the abutment. For single tooth restorations, use the engaging plastic coping. For multiple unit restorations, use the non-engaging plastic coping.

• Wax the framework around the plastic coping or stone die.

• Fabricate the restoration framework using standard C&B techniques.

• Complete the restoration with ceramic and return to the dentist for final delivery.
GoldAdapt Engaging

Gold base/pre-attached waxing sleeve

Indications
- Screw-retained single tooth.
- Cement-retained single tooth and multiple unit restorations.
- Screw access hole location through occlusal surface of posterior teeth or cingulum of anterior teeth without angle correction.
- Limited interocclusal and/or interdental space.

The GoldAdapt Engaging engages the implant’s antirotational feature and can be used in two ways:
- Custom abutment for cement-retained restorations, see below.
- Single screw-retained restoration, see page 38.

Cement retained restorations

1. Model
   - An implant level impression is received with an implant replica.
   - Confirm the position of the implant level impression coping and implant replica assembly in the impression.
   - Pour and fabricate a soft tissue master model.
   - Attach the GoldAdapt to the implant replica and secure with a lab screw.

Prosthetic Alternatives
- Procera® Crown
- Standard C&B restoration

Product illustrations are not to scale
2. Restoration

- Reduce the height of the plastic sleeve as desired. For best result, use a double-sided diamond disk.
- Wax-up the framework around the GoldAdapt so that it ensures optimum esthetics and retention of the restoration. If the restoration will be splinted, check abutments for parallelism.
- Fabricate the final abutment using standard C&B techniques.
- Finalize abutment with finishing stones and rubber wheels, and return to the dentist. See picture for finalized abutment.

Note: If the abutment will be scanned to fabricate a Procera® Crown, make sure contours and finish line are smooth.

Alloy Recommendations

GoldAdapt:
Melting range: 1400–1490°C/2550–2720°F.
Coefficient of thermal expansion: 12µm/m°K.

Recommended casting alloys:
Conventional gold alloys: High gold content (min 75% Au + Pt metal) alloys, standard ISO 1562 type 4. Soldering in the range of 800 – 890°C/1472 – 1634°F.

Ceramic bonding alloys: High gold content (min 75% Au) alloys, standard ISO/DIS 9693, NIOM type A. Soldering in the range of 800 – 890°C/1472 – 1634°F.
Single screw-retained restoration

1. Model
   - An implant level impression is received with an implant replica.
   - Confirm the position of the implant impression coping and implant replica assembly in the impression.
   - Pour and fabricate a soft tissue master model.
   - Attach the GoldAdapt to the implant replica and secure with a lab screw.

2. Restoration
   - Reduce the height of the plastic sleeve as desired. For best result use a double-sided diamond disk.
   - Wax the framework around the GoldAdapt.

Note: The gold base is made from a non-oxidizing alloy. Cracking of porcelain may occur if it is applied directly to the gold base. Make sure the wax covers the gold base with a minimum wax thickness of 0.5 mm. A reduction to 0.3 mm can be made after casting.
2. Restoration – cont.

- Fabricate the restoration framework using standard C&B techniques.

- Complete the restoration with ceramic and return to the dentist for final delivery.

Alloy Recommendations

**GoldAdapt:**

**Melting range:** 1400–1490°C/2550–2720°F.

**Coefficient of thermal expansion:** 12µm/m*°K.

**Recommended casting alloys:**

- **Conventional gold alloys:** High gold content (min 75% Au + Pt metal) alloys, standard ISO 1562 type 4. Soldering in the range of 800 – 890°C/1472 – 1634°F.

- **Ceramic bonding alloys:** High gold content (min 75% Au) alloys, standard ISO/DIS 9693, NIOM type A. Soldering in the range of 800 – 890°C/1472 – 1634°F.
GoldAdapt Non-Engaging

Gold base/pre-attached waxing sleeve

Indications
- Multiple unit implant restoration.
- Limited interocclusal space.
- Screw access hole location through occlusal surface of posterior teeth or cingulum of anterior teeth without angle correction.
- Implants with less than 40° overall divergence to allow path of insertion.
- Screw-retained.

1. Model
- An implant level impression is received with implant replicas.
- Confirm the position of the impression coping and implant replica assembly in the impression.
- Pour and fabricate a soft tissue master model.
- Attach the GoldAdapt to the implant replica and secure with a lab screw.

2. Restoration
- Reduce the height of the plastic sleeve as desired. For best result use a double-sided diamond disk.
- Wax the framework around the GoldAdapt.

Note: The gold base is made from a non-oxidizing alloy. Cracking of porcelain may occur if it is applied directly to the gold base. Make sure the wax covers the gold base with a minimum wax thickness of 0.5 mm. A reduction to 0.3 mm can be made after casting.
Restoration cont.
• Fabricate the restoration framework using standard C&B techniques.
• Complete the restoration with ceramic and return to the dentist for final delivery.

Alloy Recommendations

GoldAdapt:
Melting range: 1400–1490°C/2550–2720°F.
Coefficient of thermal expansion: 12µm/m°K.

Recommended casting alloys:
Conventional gold alloys: High gold content (min75% Au +Pt metal) alloys, standard ISO 1562 type 4. Soldering in the range of 800 – 890°C/1472 – 1634°F.

Ceramic bonding alloys: High gold content (min 75% Au) alloys, standard ISO/DIS 9693, NIOM type A. Soldering in the range of 800 – 890°C/1472 – 1634°F.
**Gold Abutment Bar/Gold Coping Bar**

**Indications**
- Fully edentulous arch.
- Extensive bone or soft tissue loss.
- Compromised patient manual dexterity.
- Necessity for soft tissue support.
- Phonetic concerns.

A bar-retained overdenture is a conventional acrylic denture retained by attachments to an implant-supported cast. The denture can be either tissue supported or implant supported.

1. **Model**
   - An implant level or abutment level impression is received with replicas.
   - Confirm the position of the impression coping and replica assembly in the impression.
   - Fabricate a master model.
   - Attach the gold abutments/copings to the replicas and tighten them using lab screws or guide pins. Make an occlusal rim, incorporate the gold abutments/copings and send to the dentist for a record of the jaw relationship.

2. **Restoration**
   - Attach a bar to the abutments/copings with wax or resin material. Tighten replicas to the gold abutments/copings and embed them into soldering investment.
   - Solder the bar to the gold abutments/copings.
   - Block out the bar and prepare a wax try-in of the tooth set-up. Send to the dentist for try-in.
3. Concluding Procedure

- Block underneath the bar and around the gold abutments/copings. Process the attachments into the overdenture.
- Complete and finish denture using standard denture procedures. Return to the dentist for final delivery.

Gold Abutment Bar/Gold Coping Bar:
Soldering in the range of 800 – 890°C/1472–1634°F.
Ball Abutment Titanium

**Indications**
- Fully edentulous arch.
- Extensive bone or soft tissue loss.
- Compromised patient manual dexterity.
- Necessity for soft tissue support.
- Phonetic concerns.
- Implant placed too far posterior to connect with a bar.
- Allows for misalignment up to 30° between implants.

A Ball Abutment overdenture is a tissue supported conventional overdenture retained by abutments, which are threaded directly into the implants.

1. **Model**
   - An abutment level impression is received with Abutment Replicas Ball Abutment.
   - Confirm the placement of the replicas in the impression.
   - Pour the model in hard die stone or epoxy.
   - Block the abutment replicas and prepare an occlusal rim. Send to the dentist for a record of the jaw relationship.

2. **Restoration**
   - Prepare a wax try-in of the tooth set-up.
3. Concluding Procedure

- Place the Gold Caps Ball Abutment onto the replicas, block out inside of gold cap with rubber separator or silicone to prevent acrylic entering during processing. If additional retention is necessary, adjust by turning the lamellae retention insert clockwise (increasing) or counterclockwise (decreasing) using the Screwdriver/Activator.

**Note:** *Do not turn more than one turn.*

- Position the Gold Caps so that they are parallel to each other in a horizontal/vertical plane. Use clear acrylic to prevent tipping of Gold Cap. Block out from the bottom of the cap to the ridge.

- Process the denture using standard techniques.

**Note:** *If the dentist will process a Gold Cap, use the red processing cap and process in the same manner.*

- Complete and finish the denture using standard denture procedures. Return to the dentist for final delivery.
Terms you need to know – Glossary

**Abutment** – A component screwed to the top of the implant that serves as a support and retention for the temporary or final prosthetic restoration.

**Abutment level impression** – An impression taken on the abutment, using conventional techniques or using an abutment level impression coping. Used to transfer the position of the abutment from the patient's mouth to a master model.

**Abutment Screw** – A screw that secures the abutment to the implant and torqued to a final position. In laboratories a Lab screw is used to avoid damaging of the abutment screw.

**Cement retained restorations** – A restoration cemented over the abutment.

**External connection** – External hexagonal implant/abutment interface

**Immediate loading** – Immediate occlusal loading.

**Immediate Function™** – Temporary or permanent prosthetic solution delivered immediately at surgery. The procedure is clinically documented.
**Implant level impression** – An impression taken on the implant. Used to transfer the position of the implant from the patient’s mouth to a master model.

**Internal connection** – Internal tri-channel implant/abutment interface.

**Impression Coping** – A device used to register the position of the implant or abutment when taking an impression. It stays in the impression or must be removed from the oral cavity and repositioned in the impression.

**Manual Torque Wrench Prosthetic** – A torque wrench used to tighten abutments and restorations to the desired torque measurement.

**Permanent abutments** – Abutments designed to remain permanently in the patient’s mouth.

**Procera® Software** – A software from Nobel Biocare used to order the unique, on-demand and customized Procera® abutments, laminates, crowns and bridges. Used also together with the NobelGuide™ Concept.
Replica (abutment or implant) – A replica of the abutment or implant attached to the impression coping after taking an impression to help make an accurate model.

Prosthetic Screw (1) – A screw that secures the restoration to the abutment and torqued to a final position. In laboratories a Lab screw is used to avoid damaging of the abutment screw.

Screwdriver Machine/Manual Unigrip™ (2) – A screwdriver used to retain screws for abutments and restorations.

Screw-retained restorations (3) – A restoration retained by screws through the crown and threads into the abutment.

Temporary Abutments and copings – Abutments and copings used for making temporary restorations. They are removed prior to securing the final restoration.

Try-in Abutments – Used to help select the proper size and shape abutment for the patient. Made of plastic, these abutments can be reused.
Our products are organized according to a “platform concept”, which facilitates treatment planning.

**Narrow Platform** (NP) for situations in which there is limited inter-dental space or a narrow crest.

**Regular Platform** (RP) for cases ranging from single anterior tooth loss to complete edentulism.

**Wide Platform** (WP) where additional loading can be expected or whenever a wider diameter implant/abutment is considered preferable.

**6.0 Platform** (6.0) where additional loading can be expected or whenever an even wider diameter implant/abutment is considered preferable.

### External Connection
- Brånemark System® Mk III Groovy*
- NobelSpeedy™ Groovy**
- Brånemark System® Mk III*
- Brånemark System® Mk IV
- Brånemark System® Zygoma TiUnite®
- Brånemark System® Zygoma

### Internal Connection
- NobelReplace™ Tapered Groovy
- NobelReplace™ Straight Groovy
- NobelSpeedy™ Replace
- Replace® Select Tapered
- Replace® Select Straight

### Internal Connection NobelPerfect®
- NP Ø 4.3 mm interface
- RP Ø 5.0 mm interface
- WP Ø 5.75 mm interface

### NobelDirect® Posterior
- RP Ø 4.3 mm
- WP Ø 5.0 mm
- 6.0 Ø 6.0 mm

*For RP Ø 3.75 and RP Ø 4 implants, use RP prosthetic components.
** For WP Ø 5 and WP Ø 6 implants, use WP prosthetic components.
***Use prosthetic components for Snappy Abutment*.
Abutment Selection

If the final restoration is to meet the esthetic and functional demands of the dentist and patient, selecting the proper abutment is crucial. In some cases, the dentist makes the abutment selection and sends an abutment level impression to the laboratory. However, in many cases, the dentist takes an impression at implant level to facilitate the abutment choice.

When selecting abutments, there are a few things to look at, such as:

**Platform/System**
Different brands have different platform systems. The platform of the abutment must be correspondent to the implant platform. For further information see on page 49.

**Tissue/Cuff Height**
To determine the right cuff height, measure the soft tissue depth around the implant replica. The cuff height can be chosen either depending on the importance of esthetics or hygiene.

**Vertical Space**
In addition to the height of the selected abutment, an additional 1.5 to 2 mm of space must be available over the prosthetic components to allow for casting and/or veneering material.

**Interdental Space**
The available interdental space and desired emergence profile also help determine the choice of abutment and collar height.

**Angulation**
The angulation of each implant will determine which abutment can be used, straight or angled, or whether a customized abutment is needed.

**Type of Restoration**
Some of the abutments in the Nobel Biocare Implant System are specifically designed for either single tooth or multiple-unit restorations.
Cement-retained
Cement-retained restorations on implants follow the same basic protocol as tooth-supported crowns and fixed partial denture restorations. While the abutments are screw-retained in to the implants, the restoration is cemented over the abutments. The use of temporary cement is recommended for ease of retrievability.

Note: Do not use temporary cement for Procera® Crowns or Procera® Bridge Zirconia and Alumina.

Screw-retained
A screw-retained restoration is retained by screws that enter through the occlusal or cingulum area of the restoration. The screw passes through the crown and threads into the abutment. The restoration is retrievable by the dentist.

Try-in Abutments
In order to facilitate the abutment selection there are now plastic Try-in Abutments available with internal or external connections. These are intended to be placed into an implant (intra-orally) or implant replica (dental laboratory) to aid making the selection of an appropriate shape and size abutment.

The Try-in Abutments are available for Snappy Abutments™, straight and angled Esthetic Abutments and angled Multi-unit Abutments. A soft tissue measuring tool is included along with the Try-in Abutments.

The Try-in Abutments are reusable and indicated for partially or fully edentulous cases.
Model Techniques

Identifying Type of Impression
Several impression techniques are used in Implant Dentistry; Conventional C&B impression, or a “Closed” or “Open” Tray Impression made at either implant or abutment level.

Familiarizing yourself with these techniques and the components and materials used in fabricating an accurate soft tissue master model is essential. The first step is to identify the technique and impression type sent to the lab. The second step is to determine the required product(s) needed before the impression can be poured.

Implant Level Impression
Transfers the position of the implant from the patient’s mouth to a master model so that an appropriate abutment can be selected for the case.

Abutment Level Impression
An abutment is pre-selected by the dentist, placed and torqued onto the implant. An appropriate abutment level impression coping is used to transfer the position of the abutment from the patient’s mouth to a model. The restoration is fabricated to fit on top of the abutment.

Conventional C&B Impression
This technique is used when a one-piece implant is placed or an abutment for a cement-retained crown or bridge is chosen and modified by the dentist.

The abutment is torqued on the implant and prepared like a natural tooth. An impression is taken of the abutment(s) capturing the abutment margin (retraction cord may be used). The impression is treated as a standard C&B impression, i.e. poured with die stone, pin and die model is fabricated, etc.
Closed Tray Technique
Also known as the “transfer” or “reseat” method this technique is best used when there are a limited number of implants that are fairly parallel.

- The laboratory receives both the impression and the impression coping.
- Tighten a corresponding implant or abutment replica onto the impression coping and re-position this assembly back into the impression.
- Pour the impression with soft tissue material and hard die stone.

Product List

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<th>Internal Connection</th>
<th>Internal Connection NobelPerfect®</th>
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<tr>
<td>Implant Replica</td>
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<td><img src="image15.png" alt="Image" /></td>
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</tbody>
</table>
**Snappy Abutment™ Impression**

The Impression Coping Snappy Abutment™ is embedded in the impression. The impression may be recording a Snappy Abutment™ tightened to an implant or a NobelDirect® Posterior Implant. The impression coping has an integrated plastic finger that fits into the abutment replica. The Abutment Replica Snappy Abutment™ is needed and the impression is poured out using soft tissue material and hard die stone.

**Easy Abutment™ Impression**

The Impression Coping Easy Abutment™ is embedded in the impression. The Abutment Replica Easy Abutment™ is required.

**Note:** If the dentist has modified the Easy Abutment™, a standard C&B impression is taken and poured out with die stone.

**Ball Abutment Impression**

A direct impression of the Ball Abutment Titanium is received. An Abutment Replica Ball Abutment is required.
Open Tray Technique
Also known as the “pick-up” method this technique is suitable for cases with many implants where the lack of parallelism would make tray removal difficult using the closed tray technique. A limitation may be where there is limited vertical space.

• The laboratory receives the impression with the impression coping inside.

**Note:** Do not remove the impression coping from the impression.

• Tighten a corresponding implant replica or abutment replica to the coping using the guide pin.

**Note:** Keep a firm grip on the replica while tightening the guide pin so that no forces are transferred to the impression coping and dislocating it from its reference point. Do not over tighten the guide pin.

• Pour the impression with soft tissue material and hard die stone.

### Product List

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*Product illustrations are not to scale*
**Soft Tissue Application**

Soft tissue material is used to simulate the clinical soft tissue contours.

The material is a self-hardening silicone and is applied around each coping/replica assembly before the impression is poured with stone.

The flexible material facilitates placement of various abutments onto a sub-gingivally placed replica. It also makes it easier to build out the emergence profile of the restoration without damaging the tissue contour.

The soft tissue material can also be removed from the stone model to confirm that the abutments are fully seated on the replicas.

**Note:** With full arch C&B cases the soft tissue can be applied along the entire ridge. For tissue supported overdentures soft tissue material should only be applied around the implant/abutment replicas.
Prosthetic Instruments & Screwdriver Selection Guide

Prosthetic Instruments
Handle for Machine Instruments
Screwdriver/Activator for Gold Cap Ball Abutment
Manual Torque Wrench Adapter Prosthetic
Handle for Protection Analog

Screwdriver Selection Guide

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Guide Pins
Multi-unit

Prosthetic Screws
Multi-unit

Lab Screws
Multi-unit
Multi-unit Angled
Implant Level

Multi-unit Abutment Screwdrivers (internal hexagon)

NobelPerfect® NP/RP
NobelReplace™

Manual 25 mm
Machine 21 mm
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### Impression Coping

#### Easy Abutment™
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## Proceras® Forte parts

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Achievements

- Inheritors and developers of the work of Professor Brånemark – founder of modern implantology. World leaders in the field
- Providers of the most comprehensive and flexible crown, bridge and implant solutions in the world
- Creators of unique biocompatible material TiUnite® for optimal osseointegration, Immediate Function™ and Soft Tissue Integration™
- Creators of unique Procera® System and CAD/CAM dentistry

Quality

- Zero non-conformities in 2004
- FDA inspection of Nobel Biocare production units in Göteborg, Karlskoga and Stockholm

Research

- Formal collaboration with over 50 academic institutions and 600 independent scientists around the world
- More clinical studies on immediate or early loading than all other competitors combined (Medline Feb 2005)
- More prospective clinical studies with at least 5-year follow-up than all other competitors combined (Berglund et al 2002)

Support

- 250,000 customers trained in 40 countries during 2005
- Own sales organizations with local Nobel Biocare staff in 30 countries

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Cust. support: +1-800-322-5001

Nobel Biocare cares about the environment and all production units are certified according to Environmental Management System ISO 14001

www.nobelbiocare.com