internal impression

quick reference guide

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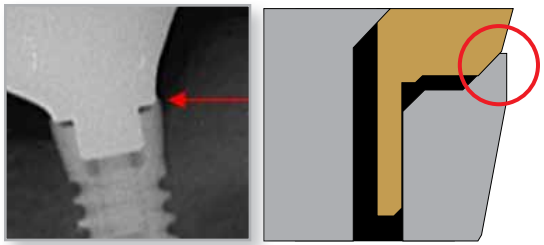
IMPRESSION TECHNIQUE OVERVIEW

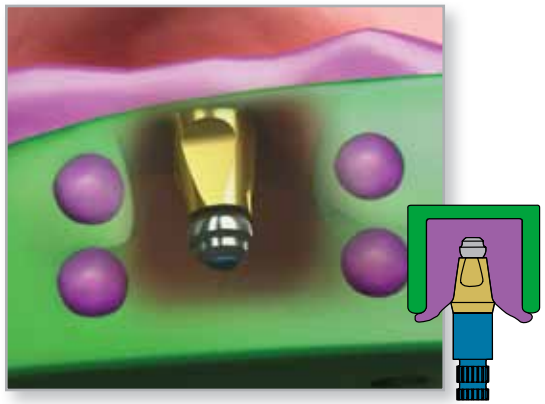
Procedure Objective: This guide provides you with 3 of the most common impression techniques using the BioHorizons Tapered Internal & Internal implant systems. These techniques record the soft tissue profile and implant position. Additional impression techniques can be found in the BioHorizons Internal Prosthetic Manual, available for downloading from www.biohorizons.com or by contacting us at 888-246-8338.

Important Note:



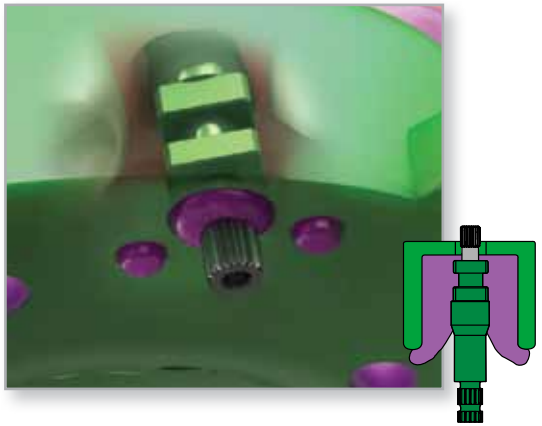
Verify proper seating of abutment or coping

For all BioHorizons internal connection implants, look for the biologic seal at the outermost portion of the connection and verify the abutment and implant are in contact (see diagram). It is normal to see spaces both on the floor of the connection and at the inner aspect of the bevel. This allows for machining tolerances. If these areas were designed to be in contact, a micro-gap could be created on the outer edge. This design minimizes the micro-gap.



Closed Tray (Indirect) Transfer

The internal hex orientation is transferred using the 3inOne abutment with a ball-top screw or any of the indirect, hexed (closed tray) copings. The 3inOne abutment or transfer coping remains in place after the impression is removed. The coping is then removed and the healing abutment or provisional is immediately replaced to avoid collapse of the soft tissue.



Open Tray (Direct) Pick-up

The internal hex orientation is transferred when using the direct pick-up hexed (open tray) copings. A custom tray or modified stock tray with a screw access hole in the area above the implant is required. After the material sets, the direct coping screw is removed through the access hole. The impression is removed with the direct pick-up coping embedded in the impression and the healing abutment or provisional is immediately replaced to avoid collapse of the soft tissue.

INDIRECT TRANSFER WITH THE 3INONE ABUTMENT / BALL-TOP SCREW

This procedure makes an impression for fabrication of a working cast utilizing a closed-tray, indirect transfer method when a regular emergence healing abutment was used. The procedure creates a working cast that represents the soft tissue profile, implant position and hex orientation.

① Remove healing abutment

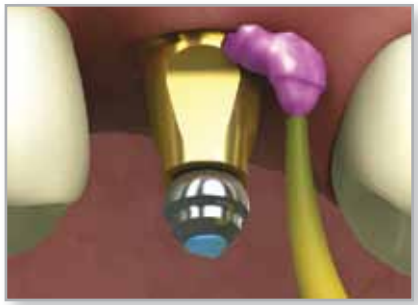
Remove the regular emergence healing abutment with the .050" (1.25mm) hex driver. Confirm that the prosthetic platform is free of bone or soft tissue.

② Place 3inOne abutment

Seat the 3inOne abutment and secure it with a ball-top screw (hand-tighten). If practical, orient the long flat side of the abutment to the facial for easier indexing. Radiographically verify correct seating of the abutment.

③ Block out hex hole

Block out the hex-hole on top of the ball-top screw with a material of choice.



④ Make full-arch impression

Syringe and completely cover the coping assembly with medium or heavy body impression material and record a full arch impression. Remove the tray and 3inOne abutment. Replace the healing abutment immediately to prevent soft tissue collapse.

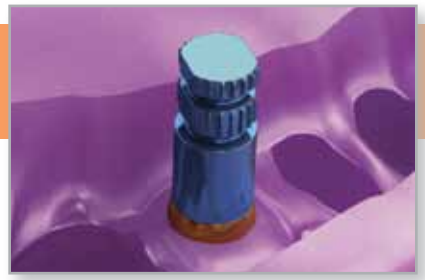
Send to Lab:

- **Impression**
- **Implant Analog**
- **Bite Registration**
- **3inOne/Ball-top Screw combo**
- **Abutment Screw** (comes with 3inOne)
- **Opposing model or impression**
- **Shade selection**

Lab Steps

① Assemble coping and analog

Use the ball-top screw to assemble the 3inOne abutment with the corresponding implant analog.



② Index coping into impression

Insert the coping assembly into the corresponding location in the impression, ensuring that the long flat of the abutment aligns with the corresponding indice within the impression.

③ Create soft tissue model

Verify analog seating and apply lubricant where soft tissue replica material is to be applied. Syringe a soft tissue replica material around the analog.

④ Fabricate working cast

Fabricate a working cast and articulate according to standard laboratory procedures.

INDIRECT TRANSFER WITH THE INDIRECT TRANSFER COPING

This procedure makes an impression for fabrication of a working cast utilizing a closed-tray, indirect transfer method when a regular emergence healing abutment was used. The working cast that represents the soft tissue profile, implant position and hex orientation.

① Remove healing abutment

Remove the healing abutment with the .050" (1.25mm) hex driver. Confirm that the implant prosthetic platform is free of bone or soft tissue. *The emergence (narrow, regular or wide) of the impression coping should match the emergence of the healing abutment and the final abutment. Custom cast emergence will be determined by the lab.*

② Place indirect transfer coping

Seat the indirect transfer coping and secure it with the coping screw (hand-tighten). Radiographically verify correct seating of the abutment.

③ Block out hex hole

Block out the hex hole of the coping screw with a material of choice.

④ Make full-arch impression

Syringe and completely cover the coping assembly with medium or heavy body impression material and record a full arch impression. Remove the coping assembly after the tray has been removed. Replace the healing abutment immediately to prevent soft tissue collapse.

Send to Lab:

- **Impression**
- **Implant Analog**
- **Bite Registration**
- **Indirect Transfer Coping w/Coping Screw**
- **Abutment and Screw (if selected)**
- **Opposing model or impression**
- **Shade selection**

Lab Steps

① Assemble coping and analog

Using the coping screw, assemble the indirect transfer coping with the appropriate diameter analog.

② Index coping into impression

Insert the scoop coping assembly into the corresponding location in the impression, ensuring that the grooves of the coping align with the corresponding indice within the impression.

③ Create soft tissue model

Verify analog seating and apply lubricant where soft tissue replica material is to be applied. Syringe a soft tissue replica material around the analog.

④ Fabricate working cast

Fabricate a working cast and articulate according to standard laboratory procedures.

DIRECT PICK-UP

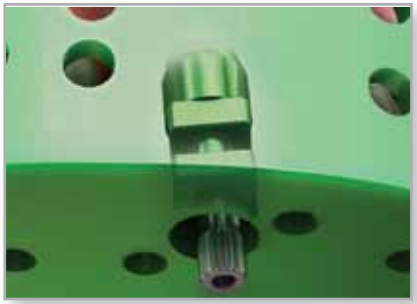
This procedure makes an impression for fabrication of a working cast utilizing an open-tray, direct pick-up method. The procedure creates a cast that represents the soft tissue profile and implant position. Using hexed copings to capture the hex orientation enables the lab to fabricate ANY type of restoration.

① Remove healing abutment

Remove the healing abutment with the .050" (1.25mm) hex driver. Confirm that the implant prosthetic platform is free of bone or soft tissue. *The emergence (narrow, regular or wide) of the impression coping should match the emergence of the healing abutment and the final abutment. Custom cast emergence will be determined by the lab.*

② Place pick-up coping

Place the direct pick-up coping and hand tighten the direct pick-up coping screw. Radiographically verify correct seating of the coping.



③ Verify screw/tray clearance

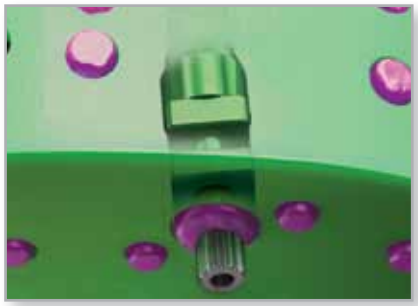
A stock impression tray may be modified for this procedure, or a custom tray may be fabricated using a tray material of choice. A window is cut out of the tray to allow clearance for the long coping screw. Try in the impression tray to verify that the coping screw protrudes through it without interference.

④ Make full-arch impression

Syringe around the coping assembly with medium or heavy body impression material and record a full arch impression.

Send to Lab:

- **Opposing model or impression**
- **Coping Screw**
- **Shade selection**
- **Impression with Coping inside**
- **Abutment and Screw (if selected)**
- **Implant Analog**
- **Bite Registration**



⑤ Remove impression from mouth

After the impression material has set, remove the coping screw followed by the tray. Verify that the impression material is completely adapted around the pick-up copings. Replace the healing abutment immediately to prevent soft tissue collapse.

Lab Steps

① Attach analog to coping

Assemble the appropriate diameter implant analog to the direct pick-up coping with the coping screw.

② Create soft tissue model

Verify analog seating and apply lubricant where soft tissue replica material is to be applied. Syringe a soft tissue replica material around the analog.

③ Fabricate working cast

Fabricate a working cast and articulate according to standard laboratory procedures.

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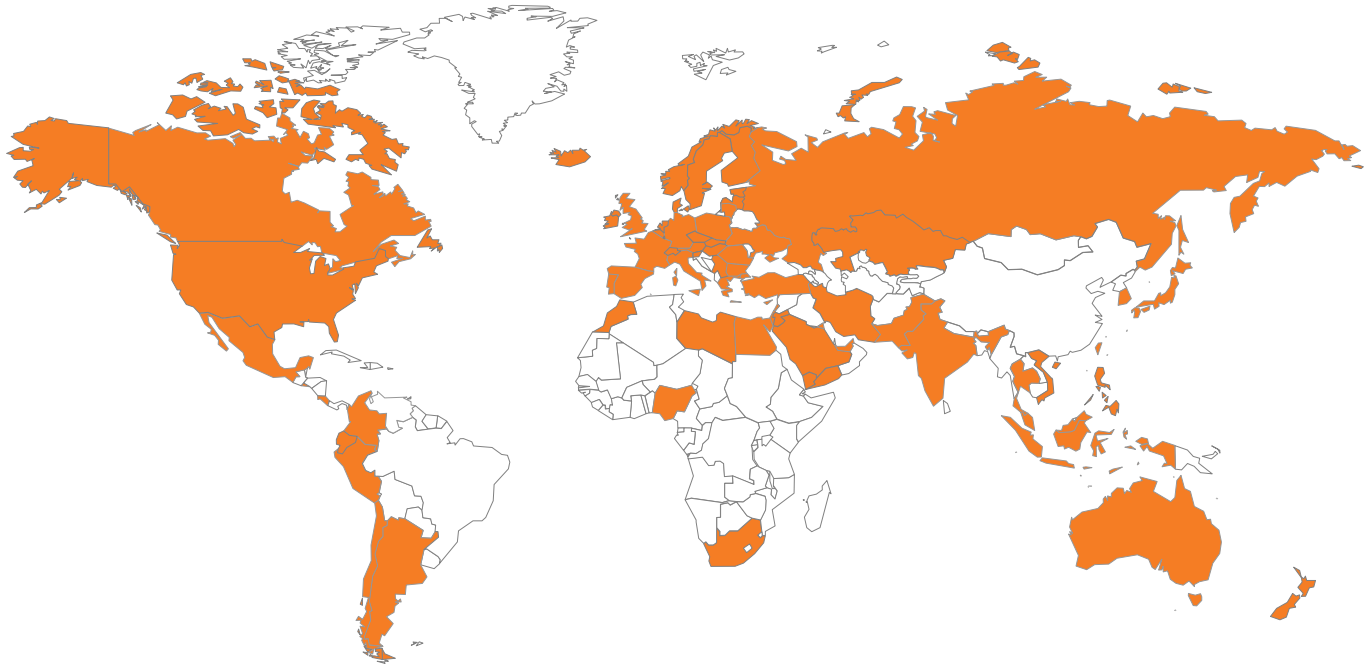

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