

# conventional crown and bridge impression technique



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## conventional crown and bridge impression technique

Use this technique if you have prepared and seated an abutment chair-side or if the patient presents to you with a modified abutment in place.

### component options

- .050" (1.25mm) hex driver
- torque wrench
- abutment clamp

#### 1 Tighten the abutment screw

Tighten the abutment screw to 30 Ncm using a calibrated torque wrench and an .050" (1.25mm) hex driver. Counter-torque may be applied by grasping the abutment using an abutment clamp or hemostat.



#### 2 Block out the screw hole

Place a resilient material of choice (gutta-percha, silicone or temporary filling material) into the screw access hole and fill the remaining channel with composite or another material of choice. This allows for easy access to the abutment screw in the future.



#### 3 Make a full-arch impression

Make a full-arch impression using conventional crown and bridge impression techniques.

If the margin is subgingival, retraction cord may be necessary.

If the abutment has a zone of Laser-Lok, placing an appropriately sized, non-impregnated retraction cord below the margin before making an impression or cementing a restoration will minimize the risk of either material from contaminating the Laser-Lok zone.





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### 4 Make a temporary

Fabricate a temporary restoration using the technique and a material of choice.

### 5 Cement the temporary

Place the temporary restoration onto the abutment prior to cementation. Check the occlusion and contacts. There should only be light contact in centric occlusion and no contact in lateral excursions. Modify as necessary and polish after making adjustments.



**Important:**  
Cement the temporary following the [crown cementation technique](#) module.

Take an x-ray for temporary prosthesis delivery records.



### send to lab

- impression
- bite registration
- opposing model or impression
- prescription with lab instructions

### 6 Lab step - Fabricate the stone model

Fabricate a working model in minimal-expansion, high-hardness die stone. Articulate according to normal laboratory procedures.



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