INCLUSIVE®

MINI IMPLANT SYSTEM

Product Catalog & Procedure Guide

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800-407-3379
www.inclusivedental.com

GLIDEWELL DIRECT
CLINICAL AND LABORATORY PRODUCTS

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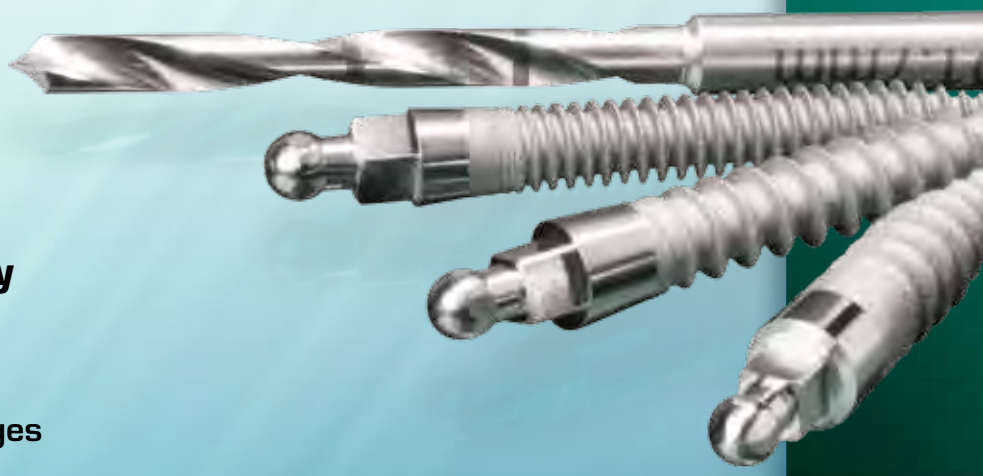
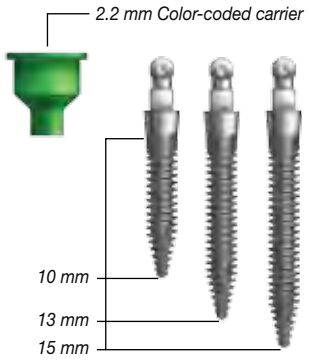


Mini Implant with O-ball Head

NOTE: Inclusive Mini Implants are for single use only, prior to the expiration date. Do not use implants if the packaging has been compromised or previously opened.

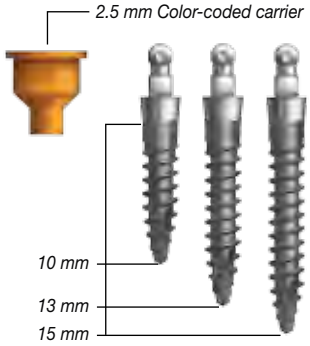
2.2 mm Diameter

The stated length (10 mm, 13 mm, or 15 mm) refers to the thread length (endosseous section) of the implant, which includes the micro-threaded base of the transgingival collar.



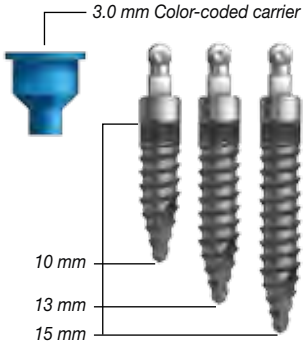
2.5 mm Diameter

The stated length (10 mm, 13 mm, or 15 mm) refers to the thread length (endosseous section) of the implant, which includes the micro-threaded base of the transgingival collar.



3.0 mm Diameter

The stated length (10 mm, 13 mm, or 15 mm) refers to the thread length (endosseous section) of the implant, which includes the micro-threaded base of the transgingival collar.

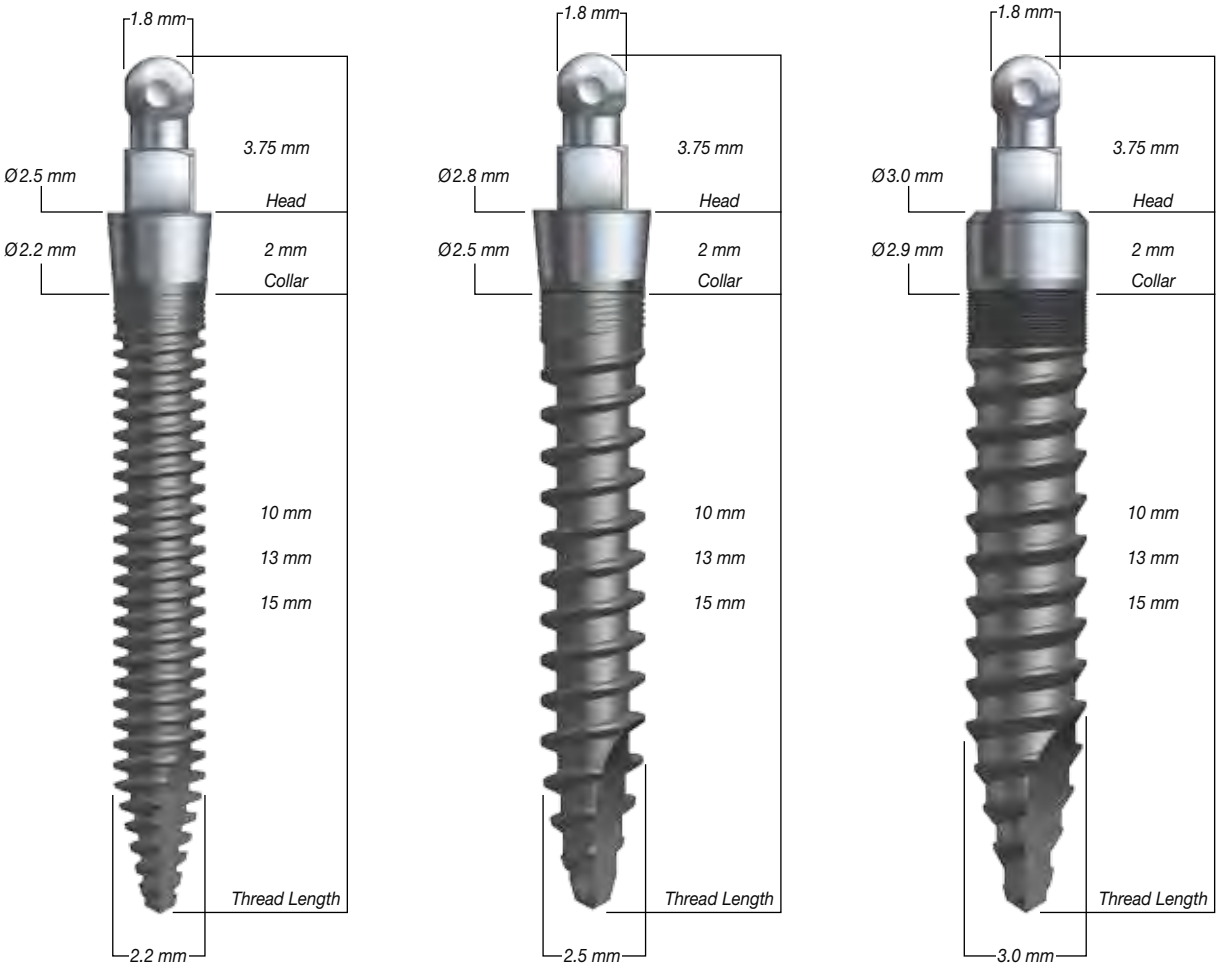


Features

- Self-advancing threaded body available in three diameters (2.2 mm, 2.5 mm, 3.0 mm) and three lengths (10 mm, 13 mm, 15 mm)
- Transgingival collar with micro-threaded base
- Squared neck for instrumentation
- O-ball prosthetic head
- Machined titanium alloy for superior strength
- Resorbable Blast Media (RBM) and acid-etched surface to enhance bone-to-implant contact
- Double-barrier, tamper-proof packaging (heat shrink-wrapped vial inside a robust heat-sealed plastic pouch)
- Implant suspender doubles as a carrier and initial insertion tool; color-coded by diameter (2.2 mm - Green, 2.5 mm - Orange, 3.0 mm - Blue)

Dimensional Overview

Below is an enhanced view of the Inclusive Mini Implant with O-ball Head, including a side-by-side comparison of the 2.2 mm diameter, 2.5 mm diameter, and 3.0 mm diameter implants.



Inclusive Mini Implant System

Indications for Use

Inclusive Mini Implants are self-tapping threaded titanium screws indicated for long-term applications. Inclusive Mini Implants may also be used for provisional applications. These devices will allow immediate loading and long-term stabilization of dentures and provisional stabilization of dentures while standard implants heal. The implants are to be used for immediate loading only in the presence of primary stability and appropriate occlusal loading.

Sterility

Inclusive Mini implants are shipped sterile. They are for single use only, prior to the expiration date. Do not use implants if the packaging has been compromised or previously opened.

Quality

Inclusive Mini Implants are manufactured in accordance with the strictest quality standards throughout their production process, from materials and design to final product and packaging. Their development represents a significant investment by a team of highly experienced engineers, programmers, machinists, QA technicians, and dentists with comprehensive clinical backgrounds. We ensure tight tolerances, precision machining, state-of-the-art processing and cleaning, and extensive validation testing—from fatigue strength assessment to packaging integrity analysis. The result is a value-rich product that is both affordable and reliable.

Insertion Protocol and Immediate Loading

The insertion protocol for Inclusive Mini Implants is considered minimally invasive, and should be strictly adhered to. Using the correct insertion protocol will allow Inclusive Mini Implants to be immediately loaded after placement, provided primary stability and appropriate occlusal loading are assured.

Contraindications

Patients should be evaluated before the time of surgery for factors that put them at risk from the implant placement procedure, or that may affect healing of bone or surrounding soft tissue. Implant placement in patients medically unfit for oral surgical procedures is contraindicated. Patients with systemic, localized or pharmaceutical treatment factors that compromise their ability to heal should be carefully evaluated. Do not place Inclusive Mini Implants if there is not adequate bone width or height to contain the implant.

Warnings

Inclusive Mini Implants may only be used for their intended purpose in accordance with general rules for dental/surgical treatment, occupational safety and accident prevention. They must only be used for dental procedures with the restorative components they were designed for. If the indications and use are not clearly specified, treatment should be suspended until these considerations have been clarified.

The following instructions are not sufficient to allow inexperienced clinicians to administer profes-

sional prosthetic dentistry. Inclusive Mini Implants, surgical and restorative components must only be used by dentists and surgeons with training and experience with oral surgery, prosthetics and biomechanical requirements, as well as diagnosis and pre-operative planning.

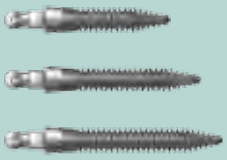
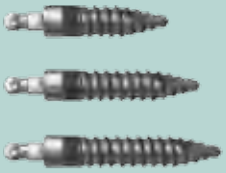
The implant site should be inspected for adequate bone by radiographs, palpations, and visual examination. Determine the location of nerves and other vital structures and their proximity to the implant site before any drilling to avoid potential injury, such as permanent numbness to the lower lip and chin. Prior to surgery, ensure that the needed components, instruments and materials are complete, functional and available in the correct amounts. Treatment of children is not recommended until growth is finished and epiphyseal closure has occurred.

Inclusive Mini Implants should always be used in sufficient quantity to prevent excessive stress on the implants—at least one pair in all cases.

Absolute success cannot be guaranteed. Factors such as infection, disease and inadequate bone quality and/or quantity can result in osseointegration failures following surgery or initial osseointegration. Prismatik Dentalcraft, Inc. is not liable for damages resulting from treatment outside of our control. The responsibility rests with the provider.

Components Chart

Component Name	Product ID	Description	Reference Image
Blockout Shims (25-pack)	SHIM	pg. 13	
Cortical Bone Dril, 1.5 mm Diameter	D1.5	pg. 8	
Cortical Bone Drill, 1.7 mm Diameter	D1.7	pg. 8	
Cortical Bone Drill, 2.4 mm Diameter	D2.4	pg. 8	
Drill Extender	DE	pg. 9	
Handpiece Mini Implant Driver, 13 mm	HMID13	pg. 9	
Handpiece Mini Implant Driver, 5 mm	HMID5	pg. 9	
Instrument Adaptor	IA	pg. 10	
Mini Implant Driver, 13 mm	MID13	pg. 9	
Mini Implant Driver, 5 mm	MID5	pg. 9	
Mini Implant Impression Coping 1.5 (4-pack)	MIC15	pg. 13	
Mini Implant Replica 1.5 (4-pack)	MIR15	pg. 13	

Component Name	Product ID	Description	Reference Image
Mini Implant Surgical Instrumentation Kit	MTRAYKIT	pg. 11	
Mini Implant with O-ball Head (Ø 2.2 mm) 10 mm 13 mm 15 mm	M2210 M2213 M2215	pg. 2	
Mini Implant with O-ball Head (Ø 2.5 mm) 10 mm 13 mm 15 mm	M2510 M2513 M2515	pg. 2	
Mini Implant with O-ball Head (Ø 3.0 mm) 10 mm 13 mm 15 mm	M3010 M3013 M3015	pg. 2	
O-ring Housing (includes O-ring)	OH	pg. 12	
O-rings, 3/16 x 1/16” (10-pack)	ORING3/16	pg. 12	
Round-Square Wrench Adaptor	RSWA	pg. 10	
Torque/Ratchet Wrench	TW	pg. 10	
Legacy Prosthetic Components			
Mini Implant Impression Coping (4-pack)	MIC	pg. 14	
Mini Implant Analog (4-pack)	MIA	pg. 14	

Instruments

All instruments associated with the Inclusive Mini Implant system are machined from high-quality, corrosion-resistant, surgical stainless steel, and feature standard ISO 1797 Type 1 latch connectivity, making them interchangeable with all common implant manufacturers' instrumentation.

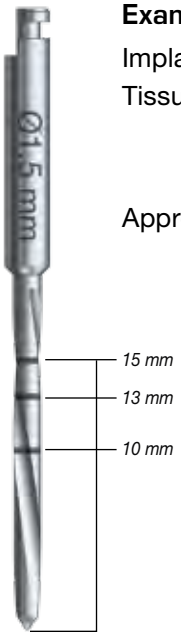
Cortical Bone Drill

The cortical bone drill is used to prepare the site of each Inclusive Mini Implant, by drilling a pilot hole through the cortical plate of the alveolar ridge approximately one-third (1/3) to one-half (1/2) the length of the implant to be seated. *It is not intended to drill a full-length osteotomy*, as this may inhibit stability of the mini implant, which relies heavily on the self-threading aspect of the mini implant itself.

The drill is available in three (3) diameters: 1.5 mm, 1.7 mm, and 2.4 mm. Proper treatment planning should be used to determine the appropriate-sized drill for each implant site. In standard cases, the appropriate drill diameter is associated with one of the available Inclusive Mini Implant diameters, as follows:

- Ø1.5 mm (for use with the 2.2 mm diameter Inclusive Mini Implant; dependent on bone density)
- Ø1.7 mm (for use with the 2.5 mm diameter Inclusive Mini Implant; dependent on bone density)
- Ø2.4 mm (for use with the 3.0 mm diameter Inclusive Mini Implant; dependent on bone density)

Each drill includes laser-etched depth marks at 10 mm, 13 mm, and 15 mm of length, measured from the apical tip. Procedural depth will be determined by clinical factors such as bone height and density. As a general guideline, however, the formula used to determine approximate drilling depth is one-half (1/2) the length of the implant, plus tissue depth.



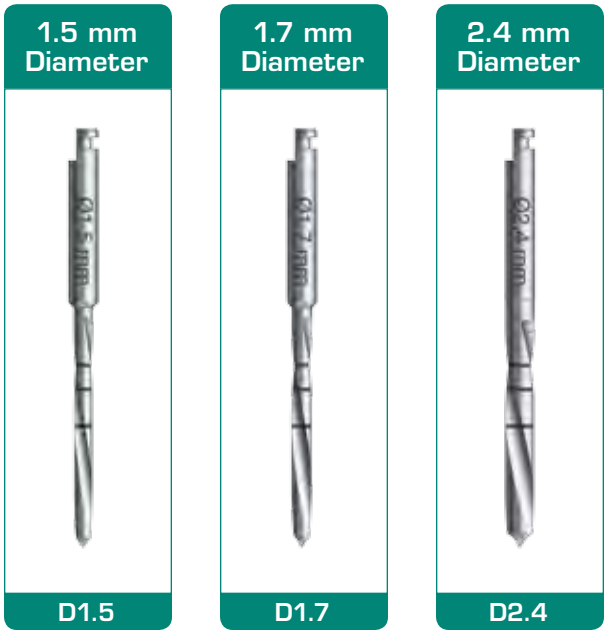
Example:

Implant Length = 13 mm

Tissue Depth = 2 mm

(13 x ½) + 2 = 8.5

Approx. Drilling Depth = 8.5 mm



Drill Extender

The Drill Extender is an ISO-latch attachment used to increase the length of the cortical bone drill, providing additional vertical reach when required. A friction-retentive PEEK ring offers a tactile "snap-in" fit for attachments to the female end.

DE

Mini Implant Driver

The Mini Implant Driver is used to insert Inclusive Mini Implants via manual or mechanical force. The tip of the driver attaches to the head of the implant. This friction-fit tip provides an implant-carrying feature to allow sterile delivery of the implant to the host site.

For clinical adaptability, the driver comes in two (2) different lengths:

- 13 mm (for use in ample anterior space)
- 5 mm (for use in limited posterior space)

13 mm

MID13

5 mm

MID5

The head of the driver is designed for optimal control and tactile feedback. Its rounded top provides improved cleanability and low friction. It also helps to ensure lateral stability during application, diminishing cantilever forces that may adversely affect angulation and final alignment of the implant.

The driver also accommodates both round and square torque/ratchet tools, with friction-fit connectivity.

Handpiece Mini Implant Driver

The Handpiece Mini Implant Driver is used when inserting Inclusive Mini Implants with the aid of a handpiece. It attaches to the handpiece using ISO-latch connectivity, and to the head of the implant with the same friction-fit tip as the Mini Implant Driver.

For clinical adaptability, the handpiece driver comes in two (2) different lengths:

- 13 mm (for use in ample anterior space)
- 5 mm (for use in limited posterior space)

13 mm

HMID13

5 mm

HMID5

Torque/Ratchet Wrench

The Torque/Ratchet Wrench is used for final seating of Inclusive Mini Implants. It features smooth ratchet action and variable torque settings via manual flexion bar, with easy-to-read markings at 15, 20, and 35 Ncm.*

TW

Additional features include:

- Small head for improved access to tight spaces
- Simple design comprised of fewer moving parts
- Easy disassembly for full cleaning/sterilization
- Interchangeable with common implant manufacturers' instrumentation
- Less frequent calibration required
- For use with a wide array of friction-fit rotary instruments†

**Cortical resistance of 35 Ncm at proper gingival depth is necessary to suggest primary stability. Applying torque forces greater than 35 Ncm during placement increases the risk of damage to the implant site or the implant itself.*

†CAUTION: Friction-fit rotary instruments do not lock into the ratchet. If the ratchet lifts free of the attached instrument during use, be sure to remove the rotary instrument separately

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Round-Square Wrench Adaptor

The Round-Square Wrench Adaptor is used to convert round-style wrenches to fit legacy square-style parts (e.g. allows an IMTEC® driver to fit an Inclusive Torque/Ratchet Wrench). Simply slide the adaptor into place within the circular ratchet head (7 mm).

RSWA

IMTEC is a registered trademark of 3M Corporation.

Instrument Adaptor

The Instrument Adaptor is used to convert any handpiece ISO 1797 Type 1 latch implement into a hand-driven instrument. Its rounded top provides improved cleanability and low friction. It also helps to ensure lateral stability during application. Its viewport allows for easy cleaning/sterilization of the tool interior.

IA

Mini Implant Surgical Instrumentation Kit

This “all-in-one” starter kit includes the following packaged components:

- Sterilization Tray (with Lid)
- Cortical Bone Drill 1.5 mm
- Cortical Bone Drill 1.7 mm
- Cortical Bone Drill 2.4 mm
- Drill Extender
- Torque/Ratchet Wrench
- Mini Implant Driver (13 mm)
- Mini Implant Driver (5 mm)
- Handpiece Mini Implant Driver (13 mm)
- Handpiece Mini Implant Driver (5 mm)
- Round-Square Wrench Adaptor
- Instrument Adaptor
- Blockout Shims (25-pack)

MTRAYKIT

For sterilization purposes, it is recommended that the surgical tray be steam-sterilized for twenty (20) minutes at a minimum temperature of 132°C/270°F.

General Cleaning Tips:

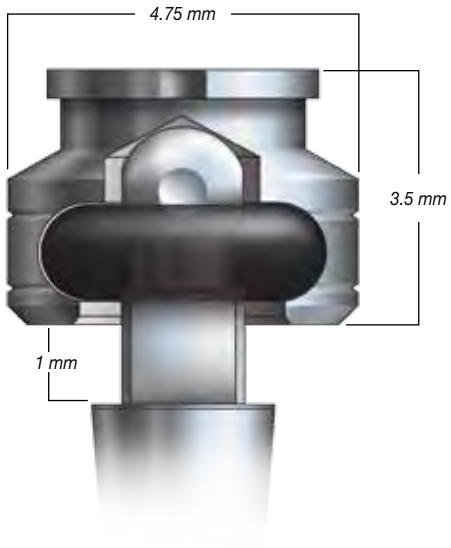
- Observe universal precautions for the handling of contaminated or biohazardous materials.
- Clean promptly after each use, to prevent biological fluids and tissues from drying on the instruments.
- When applicable, disassemble parts and instruments prior to cleaning.
- Preliminary cleaning should consist of wiping parts, soaking them in a lukewarm enzymatic solution for a minimum of twenty (20) minutes, and rinsing them with running water.
- Routine cleaning should consist of (a) washing parts using a broad spectrum cleaning solution, followed by thorough rinsing and drying; and (b) sonicate parts fully submerged in cleaning solution for at least ten (10) minutes at 45-50 kHz, followed by thorough rinsing and drying.

Prosthetic Components

O-ring Housing

The O-ring Housing serves as the retention cap for each Inclusive Mini Implant that is placed. The housing is picked up by the patient's prosthesis using a hard reline of the new or existing denture. These loading procedures can typically be performed immediately after placement of the Inclusive Mini Implants, provided primary stability and appropriate occlusal loading are assured.

OH



The housing is 3.5 mm in height, and 4.75 mm in diameter. The same housing is used regardless of the diameter or length of the selected Inclusive Mini Implant. A vertical space of approximately 1 mm between the crest of the implant collar and the mouth of the housing provides for up to 30 degrees of angular divergence between seated implants.

Each housing comes packaged with one 3/16 x 1/16" O-ring pre-seated, plus one replacement O-ring.

O-rings

3/16" x 1/16" (10-pack)

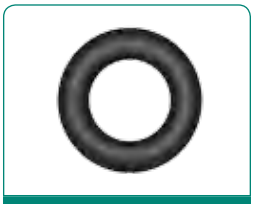
These O-rings are placed inside the metal O-ring Housings that fit over the implant heads. Replacing worn O-rings will result in increased retention strength of the prosthesis.

These O-rings may also be used to replace the O-ring found on the friction-fit tip of the Mini Implant Driver or the Handpiece Mini Implant Driver.

ORING3/16

2.5 x 1 mm (5-pack; replacement O-rings for instruments)

These O-rings may be used to replace the O-ring found on the head of the Mini Implant Driver or the Handpiece Mini Implant Driver, which provides friction-fit connectivity with square-type ratchets/torque wrenches.



ORING2.5

Blockout Shims (25-pack)

Blockout Shims are used during a denture reline to mask the exposed neck of each Inclusive Mini Implant beneath the O-ball head. This is critical to prevent pick-up material from curing to the underside of the O-ball, which may cause trauma to the implant site when the prosthesis is removed during the pick-up procedure. The shims come in lengths of 9 mm, but may be trimmed to the desired length.

SHIM

Mini Implant Impression Coping 1.5 (4-pack)

A Mini Implant Impression Coping is attached to the head of each Inclusive Mini Implant during the impression process, and picked up by the impression material, to represent the O-ring Housing that will be seated in the final prosthesis. The snap-fit design helps to ensure proper seating, and also provides retention as required for impressions.

MIC15

Mini Implant Replica 1.5 (4-pack)

The Mini Implant Replica is used to represent an Inclusive Mini Implant seated in the patient's mouth, as an aid in the design of the patient's prosthesis. Each replica is machined to precise tolerances, to ensure proper fit between actual implants and the final restoration.

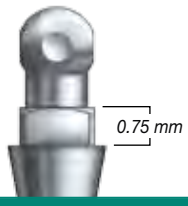
Replicas should be inserted by the clinician or lab technician into a corresponding impression coping prior to model fabrication.

MIR15

Legacy Prosthetic Components

The original Inclusive Mini Implant design featured a 0.75 mm “short” neck, compared to the 1.5 mm “tall” neck featured in current Inclusive Mini Implant designs. The neck is the instrumentation square located directly above the transgingival collar. The components below are for use during the restorative phase of cases utilizing the original “short” neck (0.75 mm) design.

Current Design
1.5 mm “Tall” Neck



Original Design
0.75 mm “Short” Neck

Mini Implant Impression Coping (4-pack)

A Mini Implant Impression Coping is attached to the head of each Inclusive Mini Implant during the impression process, and picked up by the impression material, to represent the O-ring Housing that will be seated in the final prosthesis. The snap-fit design helps to ensure proper seating, and also provides retention as required for impressions.

For use with “short” neck (0.75 mm) Inclusive Mini Implants (2210, 2213, 2215, 2510, 2513, 2515, 3010, 3013, 3015).

MIC

Mini Implant Analog (4-pack)

The Mini Implant Analog is used to represent an Inclusive Mini Implant seated in the patient’s mouth, as an aid in the design of the patient’s prosthesis. Each analog is machined to precise tolerances, to ensure proper fit between actual implants and the final restoration.

Analogs should be inserted by the clinician or lab technician into a corresponding impression coping prior to model fabrication.

For use with “short” neck (0.75 mm) Inclusive Mini Implants (2210, 2213, 2215, 2510, 2513, 2515, 3010, 3013, 3015).

MIA

Surgical Guide

Introduction

The insertion protocol for Inclusive Mini Implants is considered minimally invasive, and should be strictly adhered to. Using the correct insertion protocol will allow Inclusive Mini Implants to be immediately loaded after placement, provided primary stability and appropriate occlusal loading are assured.

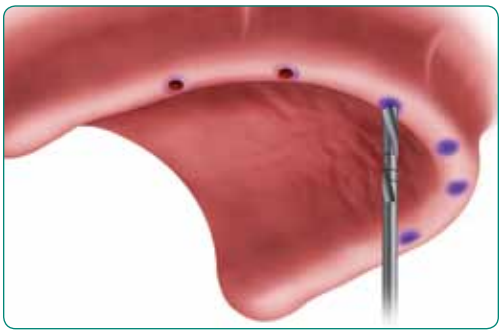
Precautions

Minimizing tissue damage is crucial to successful implant osseointegration. In particular, care should be taken to eliminate sources of infection, contaminants, surgical and thermal trauma. Risk of osseointegration failure increases as tissue trauma increases. All drilling procedures should be performed at 1200 RPM or less under continual, copious irrigation. All surgical instruments used must be in good condition, and should be used carefully to avoid damage to implants or other components. Inclusive Mini Implants are for single use only, prior to the expiration date. Do not use implants if the packaging has been compromised or previously opened. Implants should be placed with sufficient stability (35 Ncm recommended); however, insertion torque greater than 45 Ncm may result in implant fracture, or fracture or necrosis of the implant site. The proper surgical protocol should be strictly adhered to. Since implant components and their instruments are very small, precautions should be taken to ensure that they are not swallowed or aspirated by the patient.

Case Planning

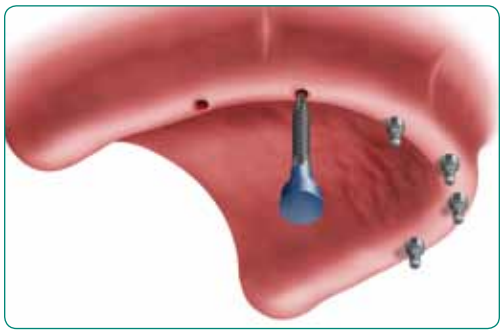
When patient evaluation is complete, including clinical and radiographic examinations, establish the number of Inclusive Mini Implants required for denture stabilization and identify the appropriate implant sites. Mini implants should be placed with approximately 6–8 mm space between implants, to accommodate the size of the O-ring housings. It is recommended that four (4) mini implants be used in edentulous mandible cases, placed at least 7 mm anterior to the mental foramina. In maxillary cases, six (6) mini implants are typically placed anterior to the maxillary sinuses. Coarsely threaded and/or wider implants are preferred for softer bone types. Prescribed implant length and diameter should take into account crestal width, cortical thickness, bone density, and other relevant factors.

Step 1: Drilling Protocol



Mark each implant site on the patient's tissue. Select the appropriate cortical bone drill (1.5 mm, 1.7 mm, or 2.4 mm), as determined by the patient's bone density and the diameter of the implant to be placed. Carefully place the drill directly above the implant site and gently drill through the tissue and alveolar crest using an in-and-out motion and copious, sterile irrigation to a depth of one-third (1/3) to one-half (1/2) the length of the implant threads. If placing 3.0 mm diameter Inclusive Mini Implants, continue drilling to a depth of at least two-thirds (2/3) the length of the implant threads. For the majority of implant sites, this is the extent of the drilling that is required. However, in dense bone, the drilling depth may need to be greater. The goal is to achieve high primary stability with an insertion torque of approximately 35 Ncm, taking care not to exceed the recommended maximum of 45 Ncm.

Step 2: Implant Placement



Open the Inclusive Mini Implant vial. Grasping the plastic carrier, remove the implant from the vial, taking care not to touch the sterilized implant body. Transport the implant to the implant site, and insert into the pilot hole. Rotate clockwise with applied pressure to engage the self-tapping threads. Avoid lateral forces, which can affect the angulation and final alignment of the implant. The plastic carrier will separate from the implant head upon reaching a torque threshold of approximately 15 Ncm. Alternately, locking titanium forceps may be used to hold the implant body while the plastic carrier is removed and the implant driver is securely attached to the implant head. The forceps may then be removed and the implant advanced in its proper site using the implant driver.

Step 3: Final Insertion

With the implant threaded securely in its proper site, slide the torque/ratchet wrench fully into place over the implant driver (utilizing the round-square wrench adaptor, if necessary). Turn the wrench clockwise in increments of approximately 90 degrees, pausing between rotations to allow the bone to expand. Avoid lateral forces, which can affect the final alignment of the implant. Optimal final insertion of the implant leaves the implant head fully exposed, while the collar is embedded in the gingiva with no threads visible. For immediate loading of the implant, final torque at seating should be 35 Ncm minimum. Exceeding 45 Ncm torque during implant placement is not recommended.

NOTE: If the implant cannot be fully seated using the recommended torque, a shorter implant may be required. For positive long-term prognosis, solid resistance must be met during final insertion. Inadequate resistance contraindicates primary stability and loading. In such instances, an implant of wider diameter and/or greater length should be placed, or a new implant site determined.

Prosthetic Guide

Precautions

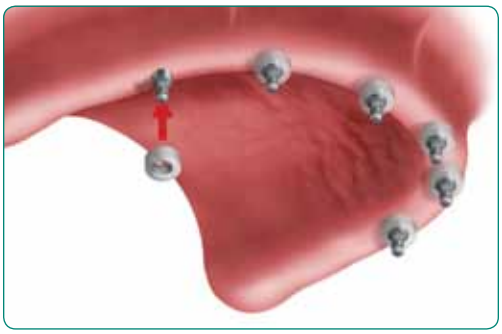
Following successful placement of Inclusive Mini Implants, verify primary stability and appropriate occlusal loading before proceeding with the placement of a permanent or provisional prosthesis. All components that are used intra-orally should be secured to prevent aspiration or swallowing. Distribution of stress is an important consideration. Care should be taken to avoid excessive loads significantly transverse to the implant axes.

Impression Procedure

An impression procedure is required whenever a new removable prosthesis is going to be fabricated. Based on the clinician's preference, the O-ring housings can be processed into the denture, or space made and the housings picked up chairside.

1. **Masking the Implants**

   Use Blockout Shims to completely mask the exposed neck of each Inclusive Mini Implant beneath the O-ball head. This prevents impression material from flowing under the O-ball.

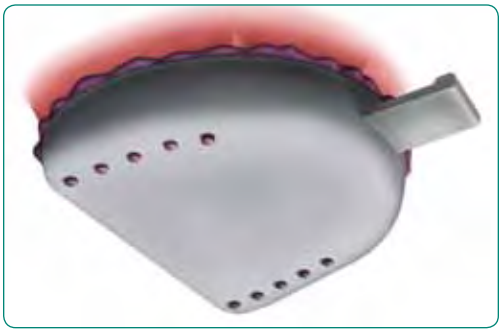


2. **Seating the Copings**

   Snap a Mini Implant Impression Coping onto the head of each Inclusive Mini Implant. If gingival tissue prevents full engagement of a coping onto an implant, take an impression of the mini implant without the use of impression copings, or trim the tissue.

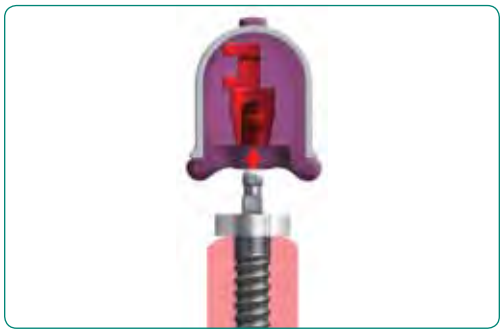
3. **Seating the Impression**

   Standard impression techniques are used to pick up the impression copings, recording each implant's position easily and accurately.



4. Removing the Impression

Once the impression has fully set, carefully remove the tray from the patient's mouth and verify that all impression copings have been captured accurately in the impression.

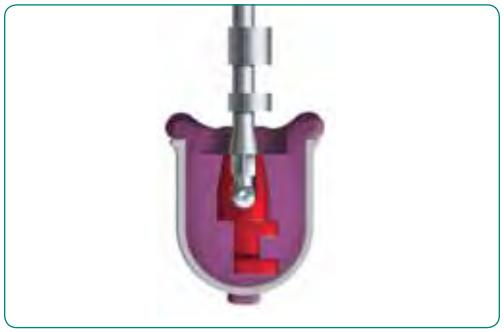


5. Inserting the Analogs

This step can be performed in the clinic or at the dental laboratory. Align the squared neck of a Mini Implant Analog with the squared opening at the base of the impression coping. Press the analog into the coping until it snaps into proper position. Insert a lab analog into each coping and prepare the impression to be used to fabricate a stone model.

6. Fabrication of the Model

Use standard laboratory procedure to fabricate a soft tissue model.



Soft Denture Reline

A soft denture reline procedure is used when immediate loading with the O-rings is contraindicated, as in the case of a transitional prosthesis, or whenever the Inclusive Mini Implants are placed in soft bone (such as the maxilla or a Type III mandible). Approximately four to six (4-6) months after a soft reline, the soft inner liner can be replaced with a hard pick-up of the O-ring housings to increase the level of retention.

1. Preparing the Denture

a) Relieve the patient's existing denture to make room for the implant heads. The positions of the implants can be identified using a color transfer applicator, or by lining the intaglio surface of the denture with impression or bite registration material. An acrylic bur can then be used to relieve the denture.

b) Lightly roughen the tissue-facing surface of the denture with an acrylic bur, and degrease the surface with isopropyl alcohol.

2. Lining the Denture

a) Apply the selected soft reline material onto the tissue-facing surface of the denture.

b) Seat the denture in the patient's mouth. Instruct the patient to close with normal pressure into centric occlusion.

c) Allow the soft reline material to set.

3. Final Preparation

a) Remove the denture from the patient's mouth and trim excess material with fine scissors or a surgical blade. Do not remove the palate of a maxillary denture during this stage.

b) Instruct the patient to keep the denture in place for the first 48 hours following placement, to prevent gingival overgrowth.

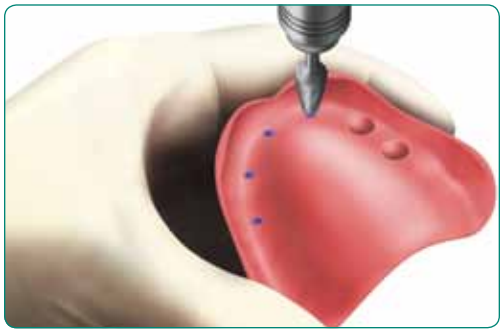
Hard Denture Reline

A hard denture reline procedure is used to incorporate the retention caps (O-ring Housings) that cover the Inclusive Mini Implants in the patient's final prosthesis. This loading procedure can typically be performed immediately after placement of the Inclusive Mini Implants, provided primary stability and appropriate occlusal loading are assured. Primary stability is generally indicated when 35 Ncm of torque resistance is achieved, with implants seated at the appropriate gingival depth.

1. Preparing the Denture

a) Mark the location of the implants on the intaglio surface of the patient's existing denture. This can be done using a color transfer applicator, or by lining the intaglio surface of the denture with impression or bite registration material.

b) Relieve the denture to make room for the O-ring housings. This can be done by creating a space for each housing where marked (or by burring a full trough).



2. Blocking out the Implant Heads

a) Trim the blockout shims to the appropriate length in order to completely mask the exposed neck of each implant beneath the O-ball head. This is critical to prevent pick-up material from flowing under the O-ball.

b) Place an O-ring housing on each mini implant, checking for passive fit over the blockout shims.

c) Place the denture in the patient's mouth, checking for passive fit over implants and housings.

3. Lining the Denture

a) Apply a thin layer of adhesive on the intaglio surface of the denture.

b) Place hard pick-up material directly onto the O-ring housings and into the housing spaces (or trough) in the denture.

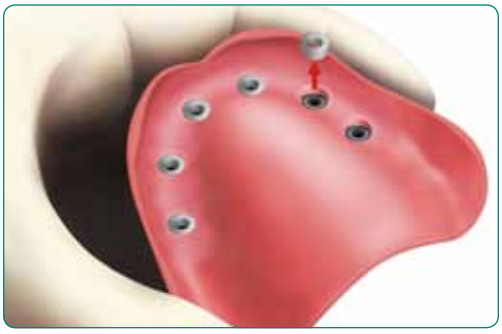
c) Seat the denture in the patient's mouth. Instruct the patient to close with normal pressure into centric occlusion.

d) Allow the hard pick-up material to set.

4. Final Preparation

a) Remove the denture and all blockout shims. Trim and polish.

b) Instruct the patient to keep the denture in place for the first 48 hours following implant placement, to prevent gingival overgrowth.



Parts Index

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- In order to receive credit, equipment must be returned complete and in saleable condition within 30 days of invoice date.
- Shipping charges are the responsibility of the customer and will not be credited.

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We reserve the right to modify or discontinue products or change pricing at any time without incurring any obligation and without prior notice.

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