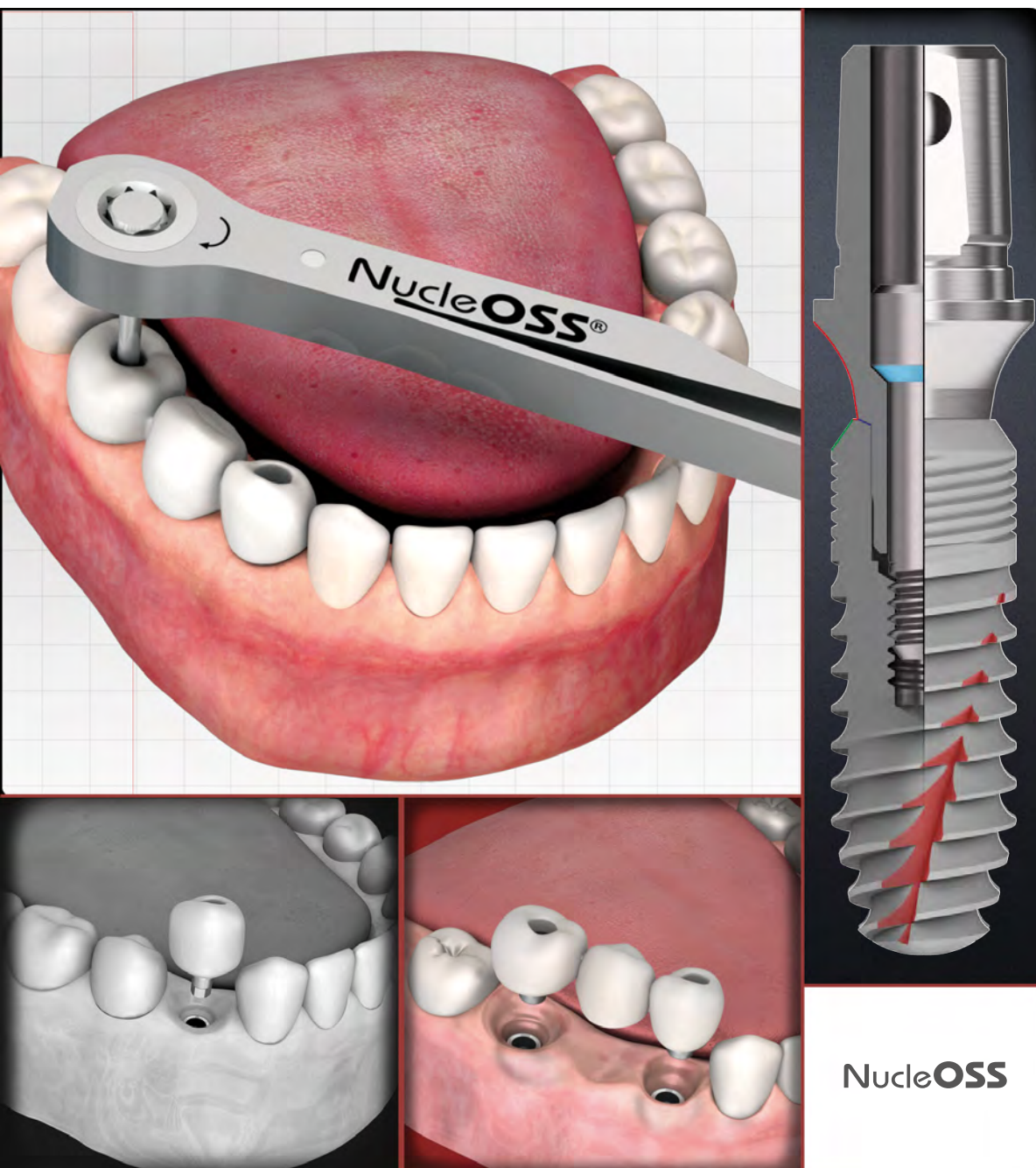


NucleOSS

Prosthetic Manual



Document Name : SM.05 Prosthetic Manual

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Revision No. : 00

Revision Date :

Dear Clinician

Şanlılar A.Ş. , the manufacturer of the NucleOSS brand, was established in Izmir in 2001 and produced Turkey's first dental implant. In the light of meticulous R&D studies and knowledge, we continue to produce more innovative and user-friendly products for you with the excitement of the first day, by adopting world-class sensitive production protocols. In order to increase the quality of the operation and to enable more comfortable treatment processes, we design and develop quality and innovative products, and offer them to you.

We established the TFI (Together for Implantology) academy in order to create a platform where dentists can share their ideas, studies and information about implants within an ethical framework and thus contribute to the development of the field of implantology. As NucleOSS, we adopt reliable, quality and customer-oriented production with transparent, ethical and principled management.

We work more and more every day within the framework of our open to change and innovative approach, which is the first condition of progress and growth. We design new products, constantly change and develop with our understanding of management and production that values people.

We are growing thanks to your support... We are enchanting...



Salih ŞANLI

PRESIDENT



PROSTHETIC MANUAL



www.nucleoss.com

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Clean Surface Certificate

The Only Turkish Implant Company



NucleOSS has been awarded the 'Clean Surface Certificate' by the Clean Implant Foundation. This certification confirms that our implants meet high hygiene standards.

MDR (EU) CERTIFICATE



NucleOSS has become the first domestic implant manufacturer to successfully complete the Mechanical Dentistry (MDR) certification process with its product range including implants, superstructures and surgical instruments.



Our Scientific Support



TFI is the research, development and training organization founded by NucleOSS implant. It aims to enable dentists to share their ideas, studies and information about implants within an ethical framework and to contribute to the development of the field of implantology.

It is a platform where clinicians who make dental implants, researchers in dental implants area and companies willing to work in this field can share their scientific, sectoral and clinical information and gain different perspectives from this sharing.



tFi
ACADEMY



CLEAN
IMPLANT



FDA





T6 bone level implant
designed with modern
and aesthetic details



Bone Level Implant

much more **implant**

► Cemented Solutions



► Threaded Solutions



► Overdenture Prosthesis Solutions



Common Superstructures

Common connection for all
T6 implant diameters...



Offers solutions for all indications with a wide range of
superstructure options...

► Digital CAD-CAM Solutions



► Customized Solutions



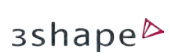
► Temporary Parts (PEEK+Titanium)



T6 bone level implant designed with modern and aesthetic details offers a comfortable surgical process
to the physician and the patient thanks to its safe surgical protocol
With its wide range of superstructures, it provides your patient with bold smiles. Its designs that make you smile,
its advanced strength renew your patient's self-confidence...



HEX ve NO-HEX



Digital libraries for ti-base and multi-unit ti-base
abutments, usable in CAD/CAM digital solutions,
are available in exocad,
3Shape, and dentalwings programs.

Hex options for single tooth treatments
No-Hex options for multiple tooth treatments

NO-HEX



HEX



STANDARD STRAIGHT ABUTMENT

Angled contact zone (20°):

It ensures that both lateral and vertical forces exerted on the abutment are evenly distributed throughout the implant body. Furthermore, it prevents abutment micromovement under lateral forces

Robust Lateral Walls

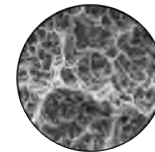
Bone-collecting area
extending along
the implant body

Screw-abutment interface
preventing screw loosening

Effective platform switching

Angled surface for enhanced
bone preservation

Microthreads

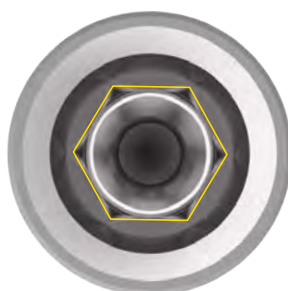


maxicell surface
A unique, validated clean
and hydrophilic surface

Due to the **double-thread** and **reverse buttress** thread pitch, the implant seats into the prepared osteotomy site **faster** and with **fewer rotations**.

Cutting edges

Rounded apex surface



Thanks to their hexagonal internal connection, dual component NucleOSS implants allow the superstructures to be placed in **6 different indexes** with **60° rotation**.

T6 Standard - Diameter and Length Options



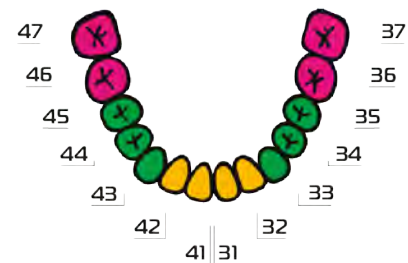
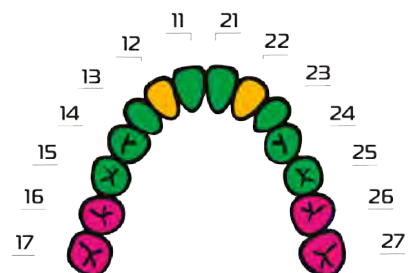
Cover Screw	>	T6 32150
Length		Product Code
8 mm	>	T6 3508
10 mm	>	T6 3510
12 mm	>	T6 3512
14 mm	>	T6 3514
17 mm	>	T6 3517



Cover Screw	>	T6 32151
Length		Product Code
6,5 mm	>	T6 41065
8 mm	>	T6 4108
10 mm	>	T6 4110
12 mm	>	T6 4112
14 mm	>	T6 4114
17 mm	>	T6 4117



Cover Screw	>	T6 32152
Length		Product Code
6,5 mm	>	T6 48065
8 mm	>	T6 4808
10 mm	>	T6 4810
12 mm	>	T6 4812
14 mm	>	T6 4814
17 mm	>	T6 4817



Diameter & Length Selection Suggestions:

The figure on the right shows the recommended areas of use according to the diameters of the T6 Bone Level Implant. In order to determine the treatment and select the implant, clinician should evaluate the patient, the case, and the intended final restoration prior to surgery. Using outside the specified areas is at the clinician's discretion and responsibility.

The NucleOSS implant system is a user-friendly system that aims to provide effective solutions with the principles of safe products, quality production and ease of use

T6 Standard - Implant Package Contents and Label



NucleOSS T6 Standard implants are supplied in a Tyvek sterile, leak-proof tube, including an cover screw.



Product Label Information



Product catalog number	REF T6 4112	Rev:025	Label revision number
Product Lot number	LOT 1234567		
	T6 Standard Implant / Implant Ø: 4.1 mm L: 12 mm		Implant diameter and length
Unique device identification system	UDI	CE 2975	CE logo and number belonging to the CE certification body.
	(01)0869938354019(10)12345678(17)203106		(01) Serial number (10) LOT number (17) Expiration date
Modal	# T6 ISO 5832-2 ISO 5832-3	2031/05	Expiration date
Authorized Representative	EU REP SLH Microtech GmbH Tiergartenstr.7b 64646 Heppenheim Bergstr. GERMANY Tel: 0049(0)6252 795 77 72 Fax: 0049(0)6252 795 77 73		Company Address

*Labels contain common information.

T6 Standard - Superstructure Package Content and Label



NucleOSS T6 Standard implant prosthetic components are supplied along with their auxiliary parts inside a sealed, sterile Tyvek package."



Product Label Specifications

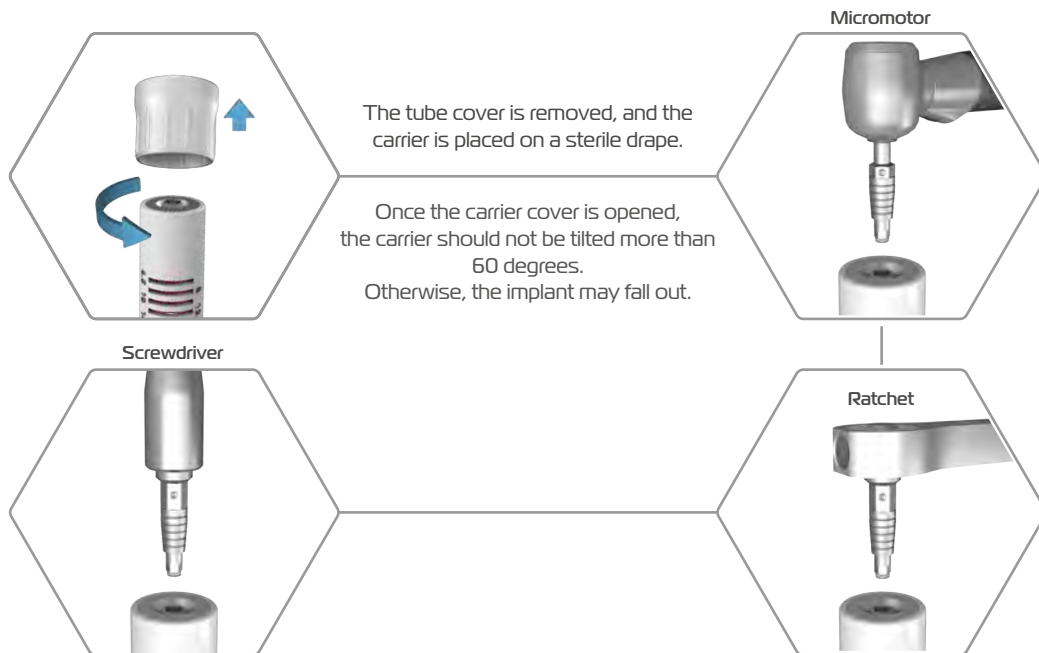


Product catalog number	REF T6 NR122	Rev:025	Label revision number
Unique device identification system	UDI	CE2975	CE logo and number belonging to the CE certification body.
Product Lot number	(01)08699383357645(10)2622058(11)202605	2622058	(01) Serial number (10) LOT number (11) Expiration date
Manufacturing Country and Production Date	T6 Açılı / Angled Abutment 15° Ø4.3 mm H: 3.0 mm	2026/05 #T6 ISO 5832-3	Abutment Name diameter and length
Authorized Representative	EU REP	SLH Microtech GmbH Tiergartenstr.7b 64646 Heppenheim Bergstr. GERMANY Tel: 0049(0)6252 795 77 72 Fax: 0049(0)6252 795 77 73	Company Address

*Labels contain common information.

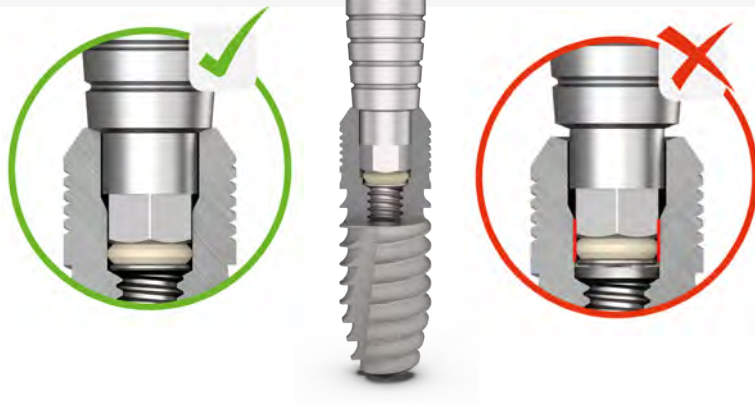
STERILE R Gamma sterilization	Instructions for use please read carefully	Legal Production	Don't reuse	MR MR Conditional	Don't reuse
MD Medical Device	Warnings	Do not re-sterilize	Rx only Prescription only	Double sterile barrier system	Humidity range Temperature range

T6 Standard - Transfer and Placement



Transfer and Fixation Attachment

To transfer the implant from the plastic carrier to the oral cavity, the implant insertion tool must be precisely positioned into the internal hex of the implant.



Transferring the cover screw

To transfer the cover screw from the tube, fully insert the hex driver into the cover screw and pull it straight back along the same axis.





Your new solution partner
for immediate and early
loading in all bone



Bone Level Implant

the recital **begins**

NucleOSS offers the T6 torq implant, specially developed with 20 years of R&D experience and the support of specialist physicians for immediate and early loading to the use of physicians. T6 Torq implant provides a strong mechanical attachment to the bone tissue thanks to its incisive and deep tooth profile.

It provides high ISQ values required for immediate and early loading in all bone types. Thanks to its common internal structure, it maintains its proven strength with the T6 Standard implant and uses all T6 superstructures in common.

► Cemented Solutions



► Threaded Solutions



► Overdenture Prosthesis Solutions



Common Superstructures

Common connection for all
T6 implant diameters....



Offers solutions for all indications with a wide range of superstructure options...

► Digital CAD-CAM Solutions



► Customized Solutions



► Temporary Parts (PEEK+Titanium)



Digital
Library

HEX ve NO-HEX

3shape

exocad

dental wings
A Straumann Group Brand

Hex options for single tooth treatments
No-Hex options for multiple tooth treatments

Digital libraries for ti-base and multi-unit ti-base abutments, usable in CAD/CAM digital solutions, are available in exocad, 3Shape, and dentalwings programs.

NO-HEX



HEX



Features of the NucleOSS T6 TorQ Implant

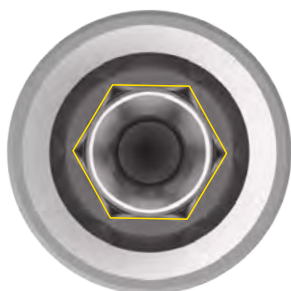
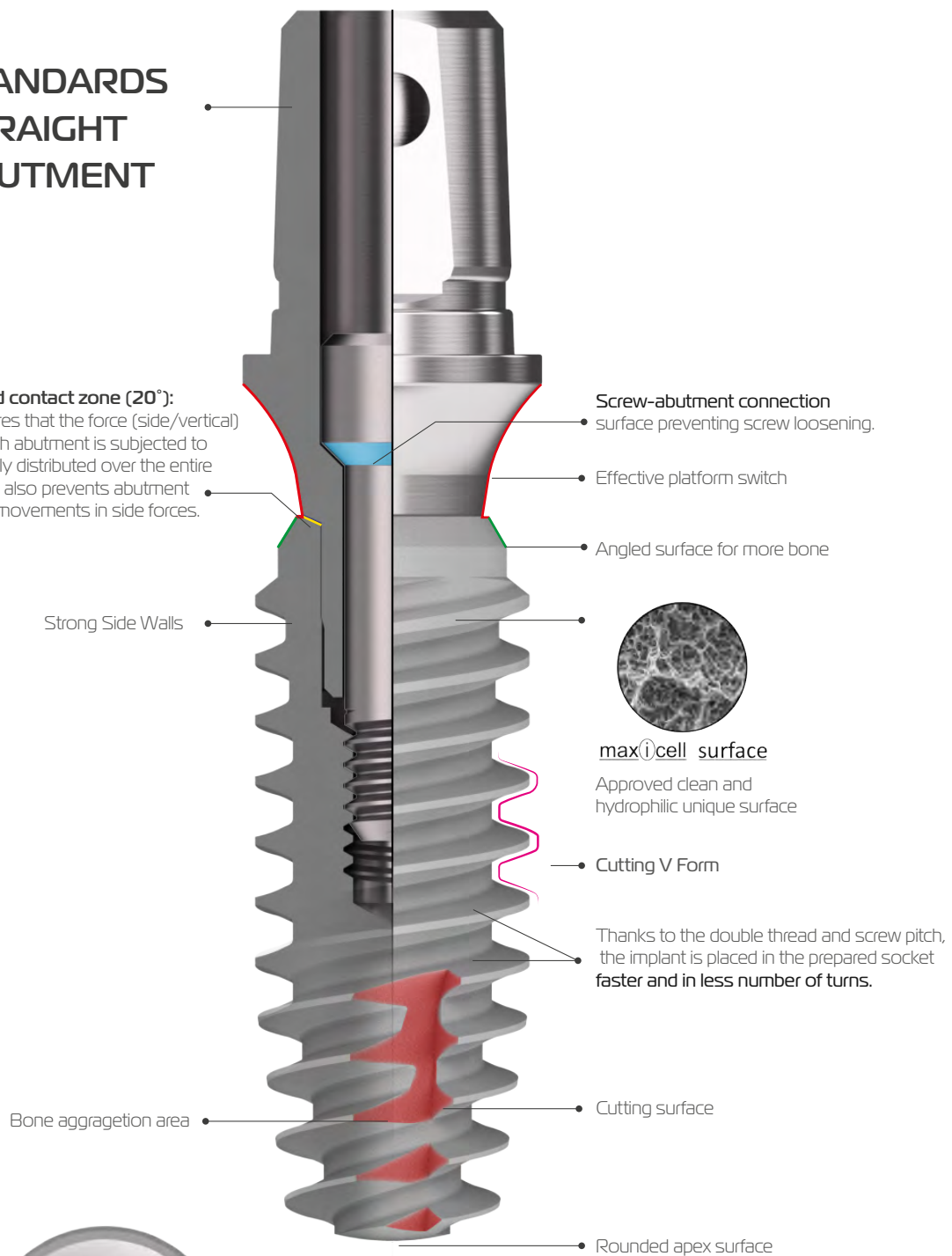


In addition, the approved Maxicell surface offers safe and high survival rate on T6 torq implants. Our unique surgical set meets all the needs of our physicians and supports the surgical and prosthetic processes in a sensitive, comfortable and trouble-free manner.

STANDARDS STRAIGHT ABUTMENT

Angled contact zone (20°):

It ensures that the force (side/vertical) to which abutment is subjected to is evenly distributed over the entire body. It also prevents abutment micro-movements in side forces.



Thanks to their hexagonal internal connection, dual component NucleOSS implants allow the superstructures to be placed in **6 different indexes with 60° rotation.**

T6 TorQ - Diameter and Length Options



Ø 3.5

	Cover Screw	>	T6 32150
	Length		Product Code
	8 mm	>	TRQ 3508
	10 mm	>	TRQ 3510
	12 mm	>	TRQ 3512
	14 mm	>	TRQ 3514
	17 mm	>	TRQ 3517

Ø 5.0

	Cover Screw	>	T6 32151
	Length		Product Code
	6.5 mm	>	TRQ 50065
	8 mm	>	TRQ 5008
	10 mm	>	TRQ 5010
	12 mm	>	TRQ 5012
	14 mm	>	TRQ 5014
	17 mm	>	TRQ 5017

Ø 4.0

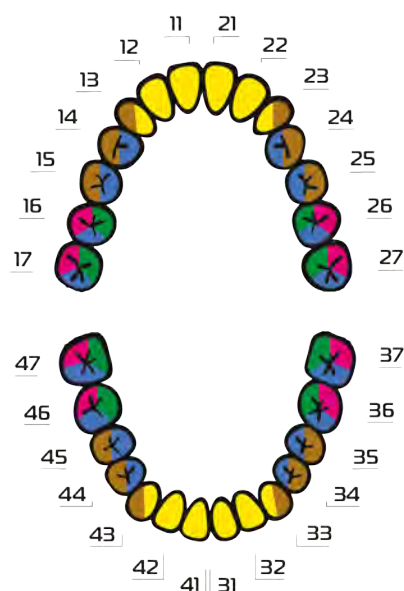
	Cover Screw	>	T6 32158
	Length		Product Code
	6.5 mm	>	TRQ 40065
	8 mm	>	TRQ 4008
	10 mm	>	TRQ 4010
	12 mm	>	TRQ 4012
	14 mm	>	TRQ 4014
	17 mm	>	TRQ 4017

Ø 6.0

	Cover Screw	>	T6 32152
	Length		Product Code
	6.5 mm	>	TRQ 60065
	8 mm	>	TRQ 6008
	10 mm	>	TRQ 6010
	12 mm	>	TRQ 6012

Ø 4.5

	Cover Screw	>	T6 32157
	Length		Product Code
	6.5 mm	>	TRQ 45065
	8 mm	>	TRQ 4508
	10 mm	>	TRQ 4510
	12 mm	>	TRQ 4512
	14 mm	>	TRQ 4514
	17 mm	>	TRQ 4517



Diameter & Length Selection Suggestions

The figure on the right shows the recommended areas of use according to the diameters of the T6 Bone Level Implant. In order to determine the treatment and select the implant, clinician should evaluate the patient, the case, and the intended final restoration prior to surgery. Using outside the specified areas is at the clinician's discretion and responsibility.

T6 TorQ - Implant Package Contents and Label



NucleOSS T6 TorQ implants are supplied in a Tyvek sterile, leak-proof tube, including a cover screw.



Product Label Informations



Product catalog number	REF TRQ 4512	Label revision number	Rev:015
Product Lot number	LOT 1234567	Implant diameter and length	T6 TorQ implant / Implant Ø: 4.5 mm L: 12 mm
Unique device identification system	UDI	CE logo and number belonging to the CE certification body.	CE 2975
Modal	# T6	(01) Serial number (10) LOT number (17) Expiration date	(01)08699383354019(10)12345678(17)203106
Authorized Representative	EU REP	Expiration date	2031/05
	SLH Microtech GmbH Tiergartenstr.7b 64646 Heppenheim Bergstr. GERMANY Tel: 0049(0)6252 795 77 72 Fax: 0049(0)6252 795 77 73	Company Address	

*Labels contain common information.

T6 TorQ - Superstructure Package Content and Label



NucleOSS T6 TorQ implant prosthetic components are supplied along with their auxiliary parts inside a sealed, sterile Tyvek package.



Product Label Specifications

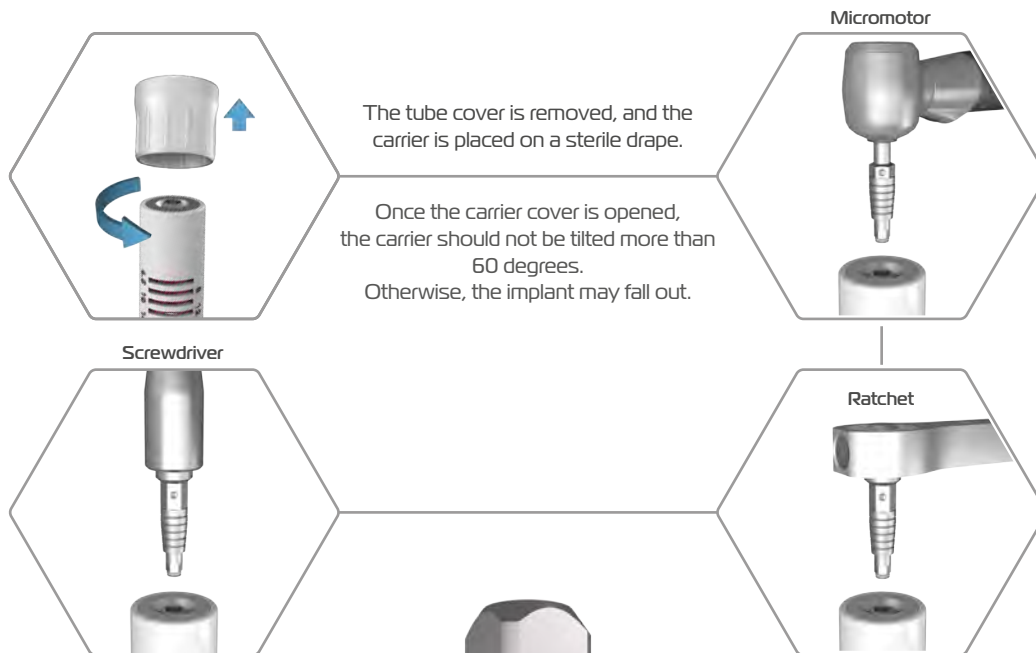


Product catalog number	REF T6 NR122 Rev:025	Label revision number
Unique device identification system	UDI (01)08699383357645(10)2622058(11)202605	CE logo and number belonging to the CE certification body.
Product Lot number	LOT 2622058	(01) Serial number (10) LOT number (11) Expiration date
Manufacturing Country and Production Date	T6 2026/05	Abutment Name diameter and length
Authorized Representative	EU REP SLH Microtech GmbH Tiergartenstr.7b 64646 Heppenheim Bergstr. GERMANY Tel: 0049(0)6252 795 77 72 Fax: 0049(0)6252 795 77 73	Company Address

*Labels contain common information.

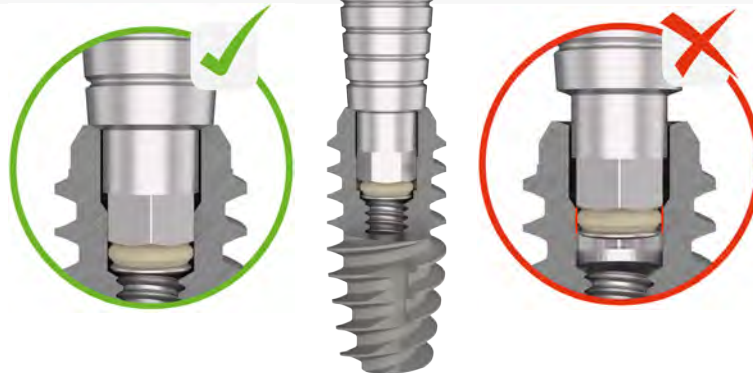
STERILE R Gamma sterilization	Instructions for use please read carefully	Legal Production	Don't reuse	MR MR Conditional	Don't reuse
MD Medical Device	Warnings	Do not re-sterilize	Rx only Prescription only	Double sterile barrier system	Humidity range Temperature range

T6 TorQ - Transfer and Placement



Transfer and Fixation Attachment

To transfer the implant from the plastic carrier to the oral cavity, the implant insertion tool must be precisely positioned into the internal hex of the implant.



Transferring the cover screw

To transfer the cover screw from the tube, fully insert the hex driver into the cover screw and pull it straight back along the same axis.



Pre-Operational Examination

General evaluation of the patient should be made with clinical and oral radiographic tests, and mucous membrane, jaw morphology, dental history, prosthetic history and oral dysfunctional signs should be carefully examined before the operation. Radiographic analyzes should be used in the examination of bone topography.

In addition to clinical examination, preliminary radiographic evaluations are a basis for determining the patient's suitability for implant treatment.

If the patient is found suitable for treatment, a more detailed clinical examination should be performed for the treatment area and the countervailing area. Any pathological condition detected in the jaw should be treated before the implant operation.

Pre-Operation Planning

While performing the planning before the operation, the final prosthetic treatment should be considered and planning should be done accordingly. First of all, the intended final prosthetic treatment should be planned, and the type and number of implants should be decided accordingly. The prosthetic material to be used should be chosen according to the region where the implant will be placed. While planning the treatment, all stages from the healing process to the final restoration should be evaluated with the intended final treatment in mind.

Articulator-mounted models provide information about the connection between the tooth and the jaw. Wax modeling from the edentulous area makes an important contribution to correct planning. The most appropriate treatment planning can be achieved by examining the occlusal picture and evaluating factors such as load distribution and preferred slots for implants.

The Transparent Radiographic Implant Guide, showing the magnified dimensions of the implants at different rates, will contribute to the most appropriate selection of the point, direction and length of implant.

During the surgical operation, factors such as the primary stability of the implant, single-stage or two-stage surgery, immediate implant placement after extraction, and expected recovery time before loading should be considered as well as the intended final treatment approach.

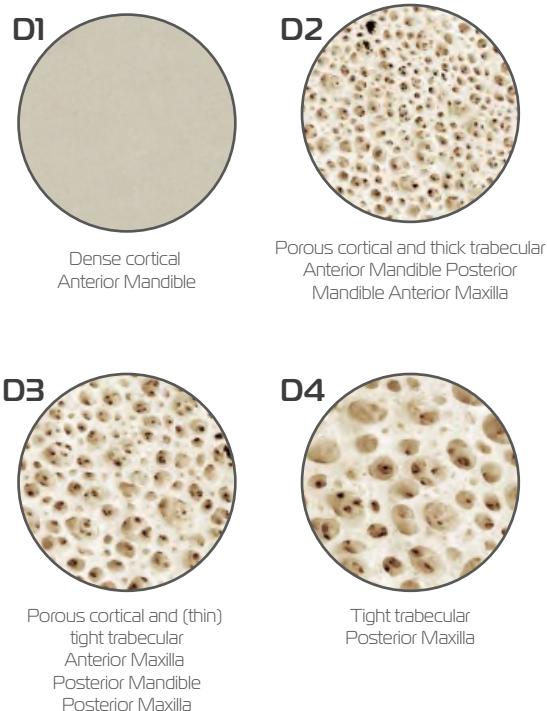
The recommended healing period before loading is 12 weeks, unless there is a different medical decision taken by the physician.

In each case, the loading time for each implant should be determined by the clinician by carefully examining bone quality, quantity, density, primary stability, restoration style, and loading conditions.

Before starting the treatment, hole process should be clearly explained to the patient by specifying the results of the examination performed before the operation, the required treatment method, the expected result after the treatment, the required care and possible risks.

Bone Classification

Since the thickness and density of the bones of every patient vary, implant placement and surgery also varies for each case. According to the case data identified at the examination, the appropriate route should be followed for loading and implant surgery. Therefore, the NucleOSS surgical set and protocol were prepared taking into account these functional needs.



The NucleOSS Dental Implant System has been developed considering the natural oral anatomy and the intended final prosthetic restoration.

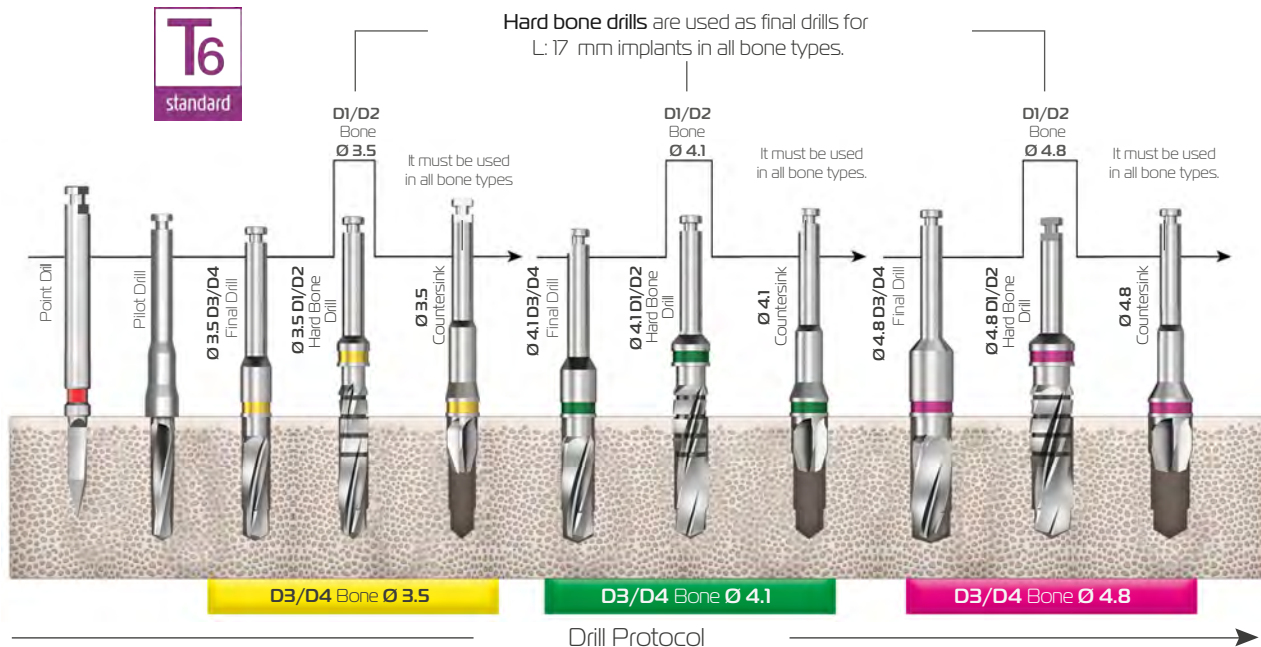
Positions of implants are recommended based on crown-implant compatibility. However, while deciding on the placement of the implant, the size and shape of the implant, soft tissue healing, support required for the intended final restoration, bone volume, and connection to the neighbor tooth should be considered.

Based on mechanical considerations, it is always recommended to use the largest diameter implant possible. This recommendation should be especially taken into account for the rear areas where the loading forces are higher.



Note: In all cases, loading conditions and the intended final prosthetic restoration should be considered when planning implant surgery and determining the number of implants.

Drill Protocol for T6 Standard Implants



Preparation of the Implant Socket

Step 1 : After planning the T6 torq implant or implants to be used in the patient's mouth, drilling is performed with a point drill to mark or to determine the drill slot axis.

Caution : The point drill makes a slot with a length of 14 mm and a diameter of Ø 2.10 mm.

Step 2 : Pilot drills are designed with stoppers for each implant size. The use of pilot drills in accordance with the implant size in the milling protocol provides a controlled surgery by preventing the other drills from going deeper.

Step 3 : The position and axis are checked and the drill protocol is continued according to the suitable socket implant diameter. Final drills are equipped with stoppers for all sizes.

The slot is opened up to the stopper by selecting the final drill suitable for the size of the implant to be slotted. The slot is gradually enlarged using the previous diameter drill until the final diameter of the selected implant is reached.

*According to the bone density (in D1/D2 type bones), the slot is enlarged with a hard bone drill.

Caution: The hard bone drill is used to expand the slot after the standard final drill, using it as a final just after the previous diameter drill may damage the bone and the drill.

Finally, the slot preparation is completed by using a countersink drill to prevent jamming in the neck area.

Drills should be operated with coolant at a maximum of 800 rpm.



The depth of the socket opened by the surgical drill in the bone is 0.7 mm longer than the implant length to increase healthy bone formation in the neck area

Note: For T6 standard short (L:6.5 mm) implants only, this depth is 0.5 mm longer than the implant length.

Bone level should be considered in surgical planning and practice.

Drill Protocol for T6 Standard Ø 3.5 Implants



T6 Standard Ø 3.5 mm implants

Cover Screw



T6 32150



T6 3508



T6 3510



T6 3512



T6 3514



T6 3517

Drill protocol for Ø 3.5 - 10 mm T6 Standard implants,

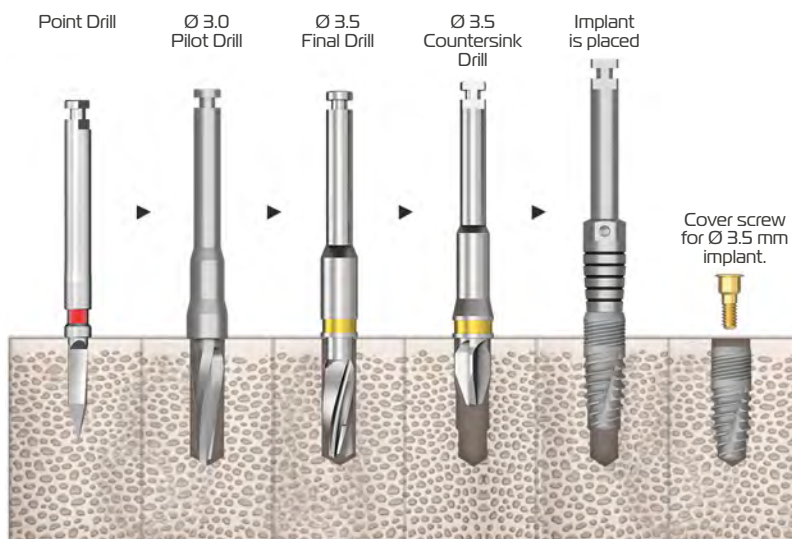
The following drill protocol shows the drilling procedure for T6 Standard Ø 3.5 implants according to soft and hard bone types.

For soft bone types, only the pilot and final drill lengths differ for 8, 10, 12, 14, and 17 mm implants. Implant socket preparation should be performed according to these drill protocols.

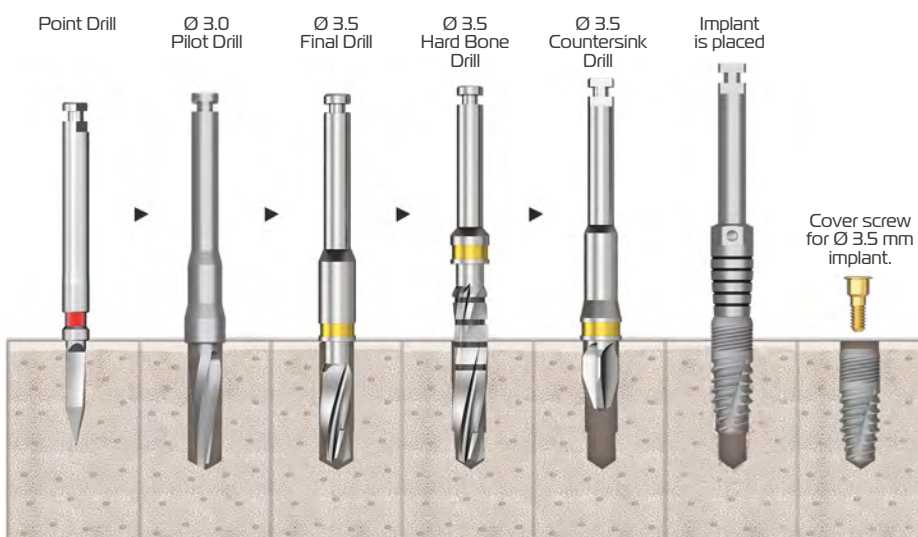
*The point mill is the first drill tool that must be used in all drill protocols.

*Implants should be placed into the implant socket with the help of a transfer&tightening parts.

*For 17 mm implants, a hard bone mill is used as the final milling tool for all bone types (D1/D2/D3/D4).



D2/D3/D4 bone types

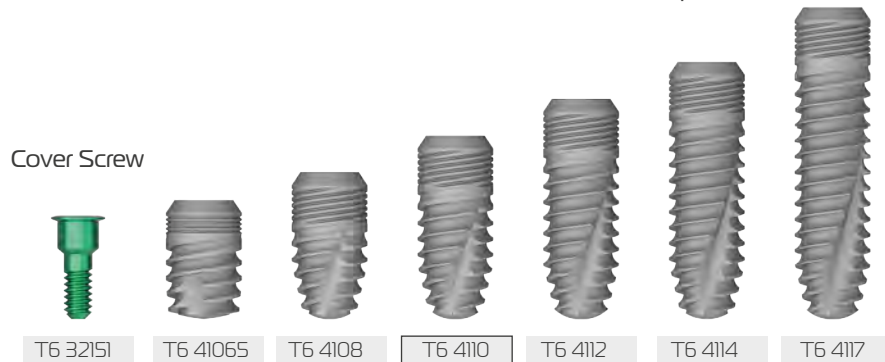


D1/D2 hard bone types

Drill Protocol for T6 Standard Ø 4.1 Implants



T6 Standard Ø 4.1 mm implants



Drill protocol for Ø 4.1 - 10 mm T6 Standard implants,

The following drill protocol shows the drilling procedure for T6 Standard Ø 4.1 implants according to soft and hard bone types.

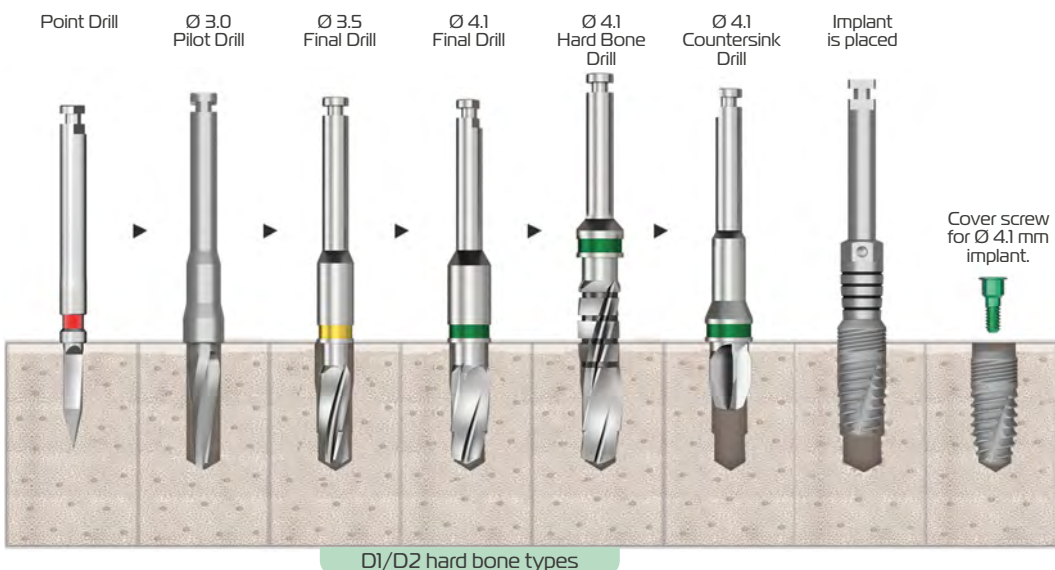
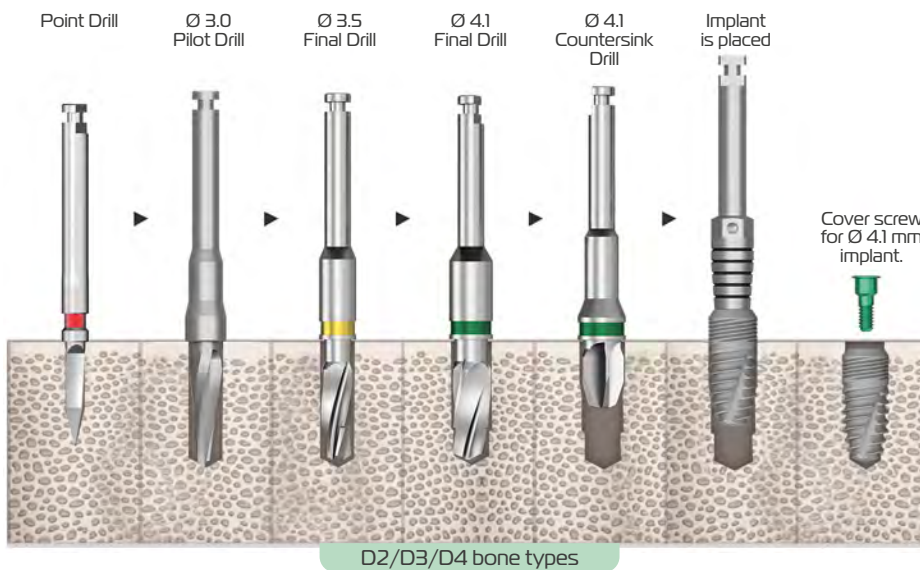
For soft bone types, only the pilot and final drill lengths differ for 8, 10, 12, 14, and 17 mm implants. Implant socket preparation should be performed according to these drill protocols.

*The point mill is the first drill tool that must be used in all drill protocols.

*Implants should be placed into the implant socket with the help of a transfer&tightening parts.

*For 17 mm implants, a hard bone mill is used as the final milling tool for all bone types (D1/D2/D3/D4).

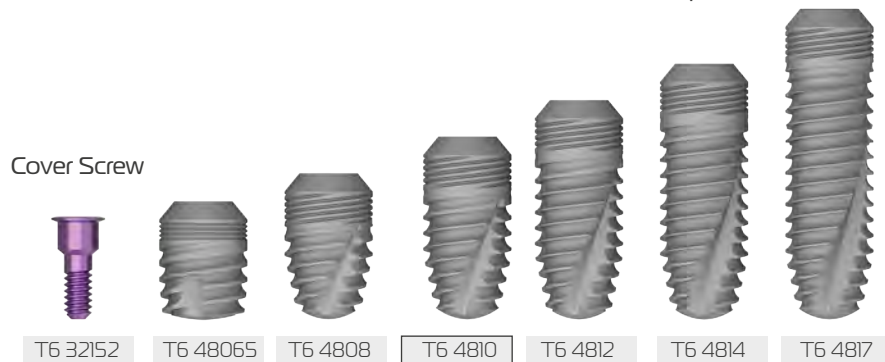
*The drill protocol is different for L: 6.5 mm implants.



Drill Protocol for T6 Standard Ø 4.8 Implants



T6 Standard Ø 4.8 mm implants

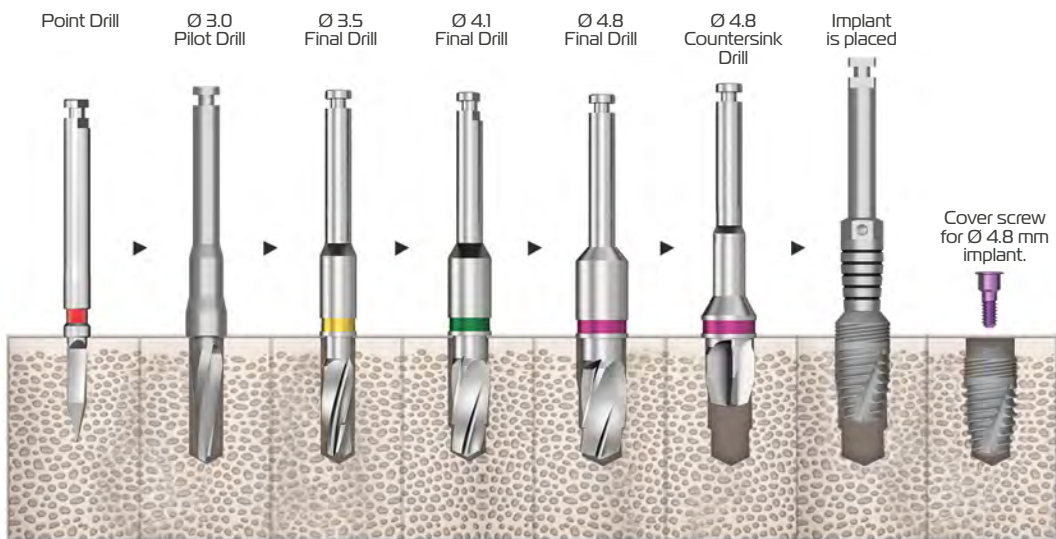


Drill protocol for Ø 4.8 - 10 mm T6 Standard implants,

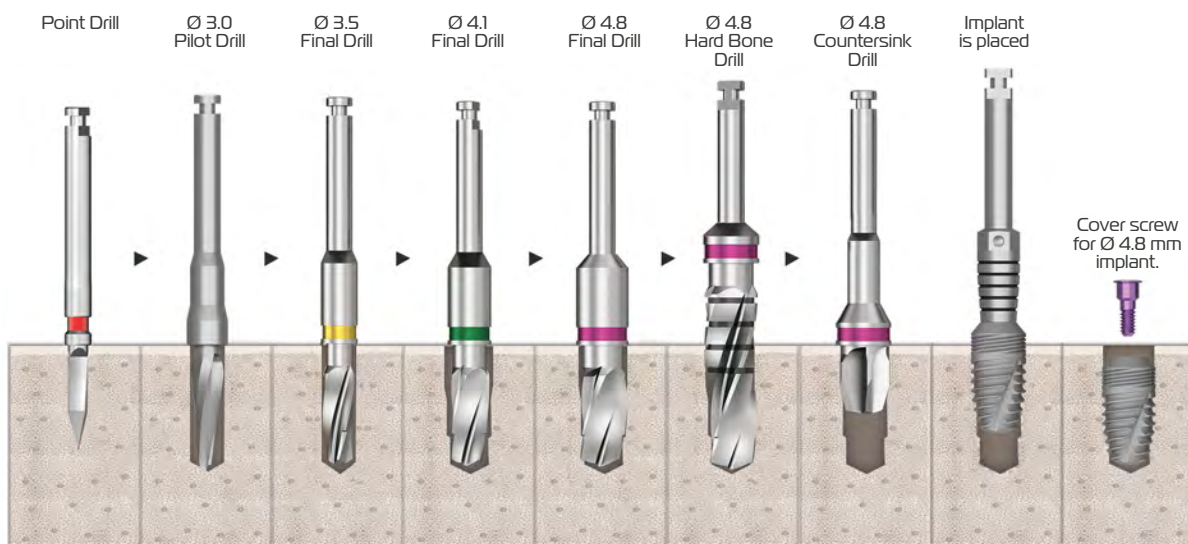
The following drill protocol shows the drilling procedure for T6 Standard Ø 4.8 implants according to soft and hard bone types.

For soft bone types, only the pilot and final drill lengths differ for 8, 10, 12, 14, and 17 mm implants. Implant socket preparation should be performed according to these drill protocols.

- *The point mill is the first drill tool that must be used in all drill protocols.
- *Implants should be placed into the implant socket with the help of a transfer&tightening parts.
- *For 17 mm implants, a hard bone mill is used as the final milling tool for all bone types (D1/D2/D3/D4).
- *The drill protocol is different for L: 6.5 mm implants.

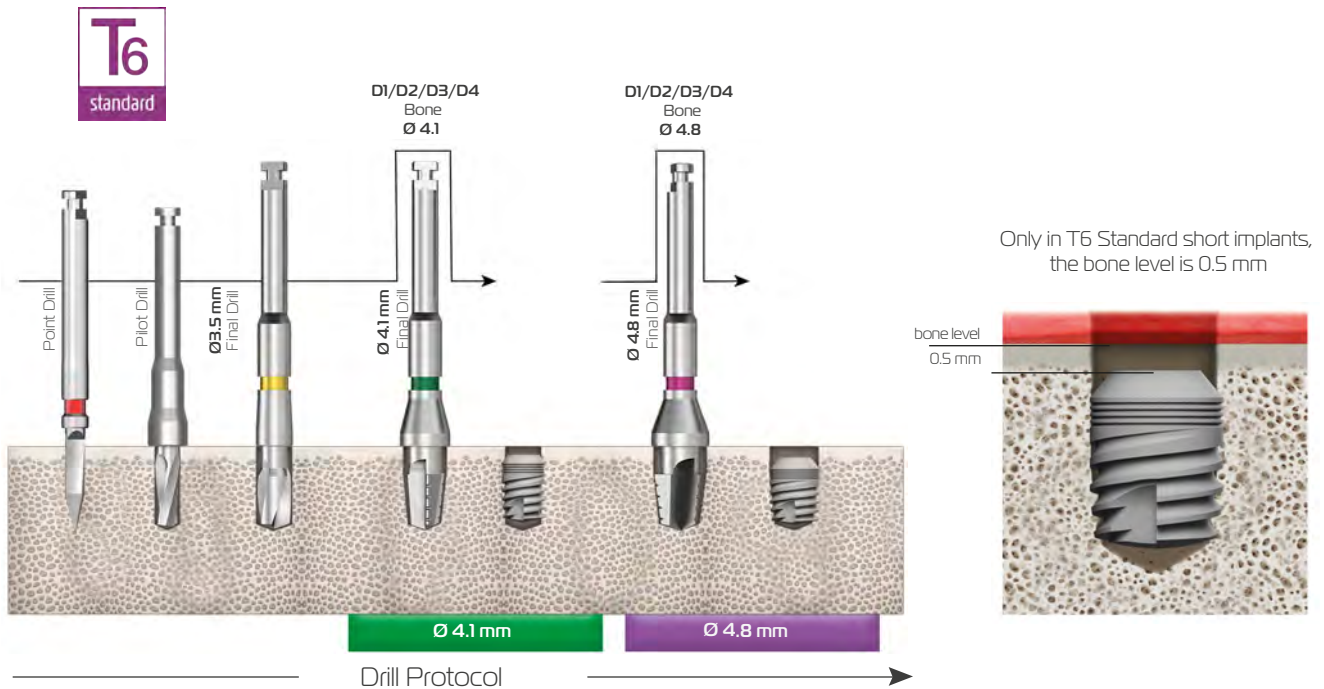


D2/D3/D4 bone type



D1/D2 hard bone type

Drill Protocol for T6 Standard Implants (L 6.5 mm)



Preparation of the Implant Socket

Step 1 : After planning the T6 Standard 6.5 mm implant or implants, drilling is performed with a point drill to mark and determine the drill slot axis.

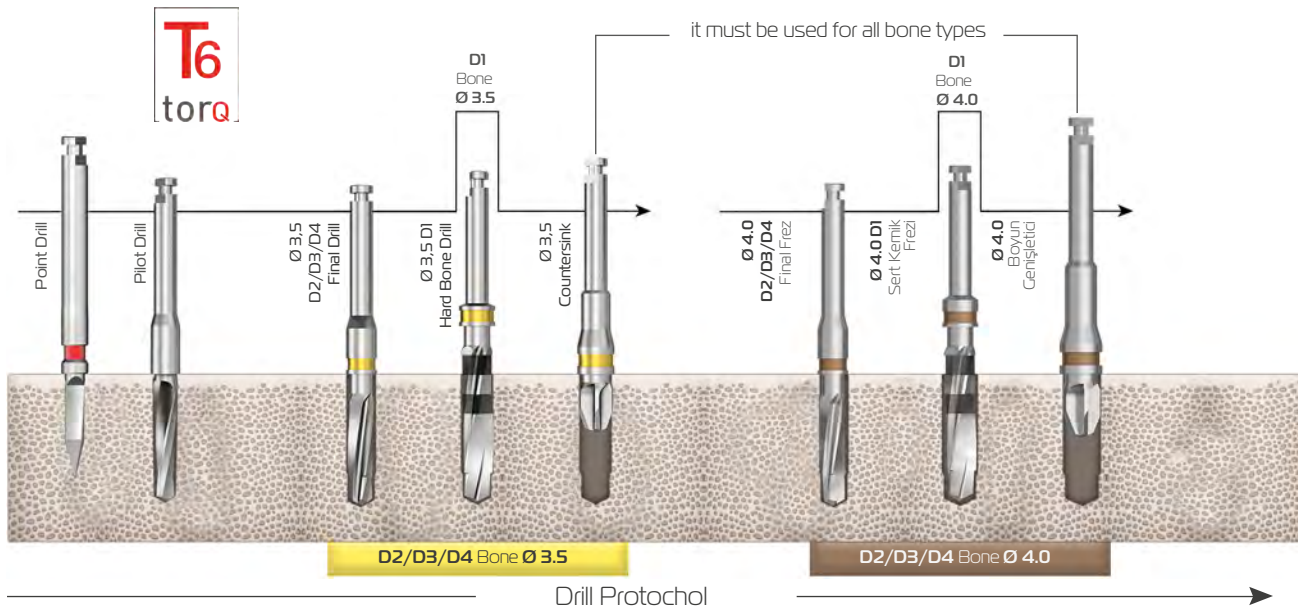
Caution : The point drill makes a slot with a length of 14 mm and a diameter of Ø 2.10 mm.

Step 2 : The final drills for T6 Standard 6.5 mm implants are the 6.5 mm short implant drills included in the T6 Standard surgical set. The drills are with stoppers and there are separate drills for each implant diameter.

The slot is gradually enlarged by using other diameter drills and the preparation is completed until the final diameter of the selected implant is reached in the slot opened with a point drill.

The drills should be operated with coolant at a maximum of 800 rpm.

Drill Protocol for T6 TorQ Implants



Preparation of the Implant Socket

Step 1 : After planning the T6 torq implant or implants to be used in the patient's mouth, drilling is performed with a point drill to mark or to determine the drill slot axis.

Caution : The point drill makes a slot with a length of 14 mm and a diameter of Ø 2.10 mm.

Step 2 : Pilot drills are designed with stoppers for each implant size. The use of pilot burs in accordance with the implant size in the milling protocol provides a controlled surgery by preventing the other burs from going deeper.

Step 3 : The position and axis are checked and the drill protocol is continued according to the suitable socket implant diameter. Final drills are equipped with stoppers for all sizes.

The slot is opened up to the stopper by selecting the final bur suitable for the size of the implant to be slotted. The slot is gradually enlarged using the previous diameter drill until the final diameter of the selected implant is reached.

*According to the bone density (in D1/D2 type bones), the slot is enlarged with a hard bone drill.

Caution: The hard bone drill is used to expand the slot after the standard final drill, using it as a final just after the previous diameter drill may damage the bone and the drill.

Finally, the slot preparation is completed by using a countersink drill to prevent jamming in the neck area.

Burs should be operated with coolant at a maximum of 800 rpm.

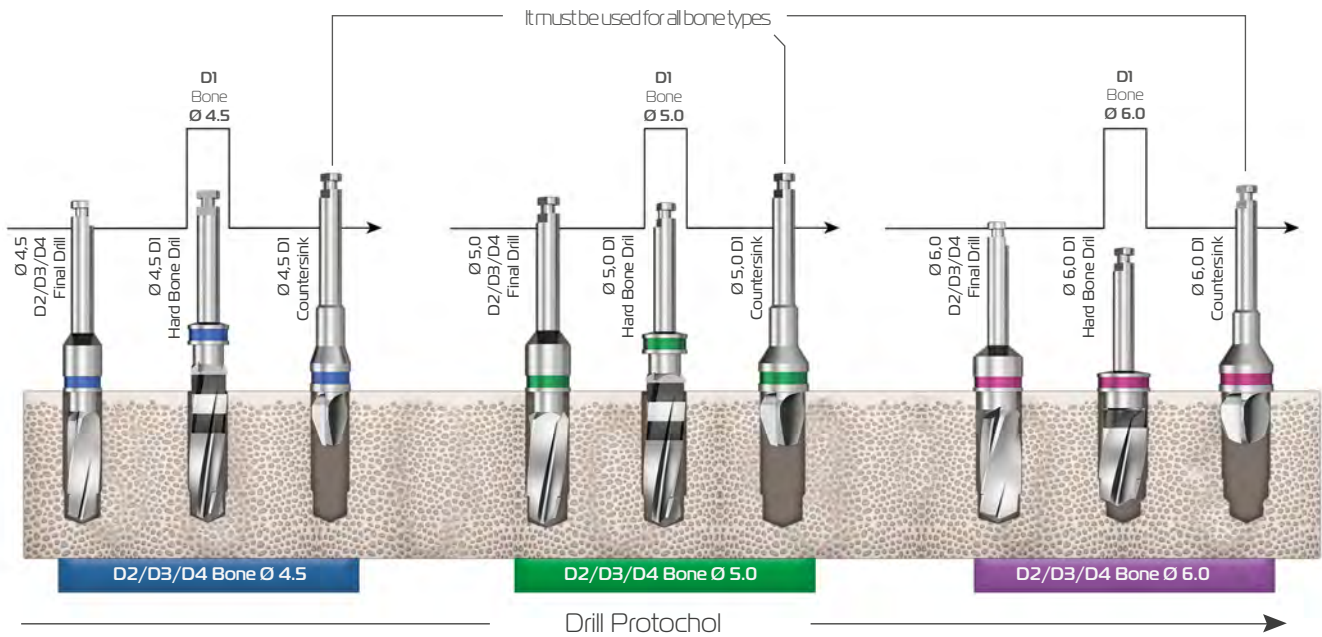


The depth of the socket opened by the surgical bur in the bone is 0.7 mm longer than the implant length to increase healthy bone formation in the neck area

Note: For T6 standard short (L:6.5 mm) implants only, this depth is 0.5 mm longer than the implant length

Bone level should be considered in surgical planning and practice.

Drill Protocol for T6 TorQ Implants



Drill Protocol for T6 TorQ Ø 3.5 Implants



Drill protocol for Ø 3.5 - 10 mm T6 TorQ implants,

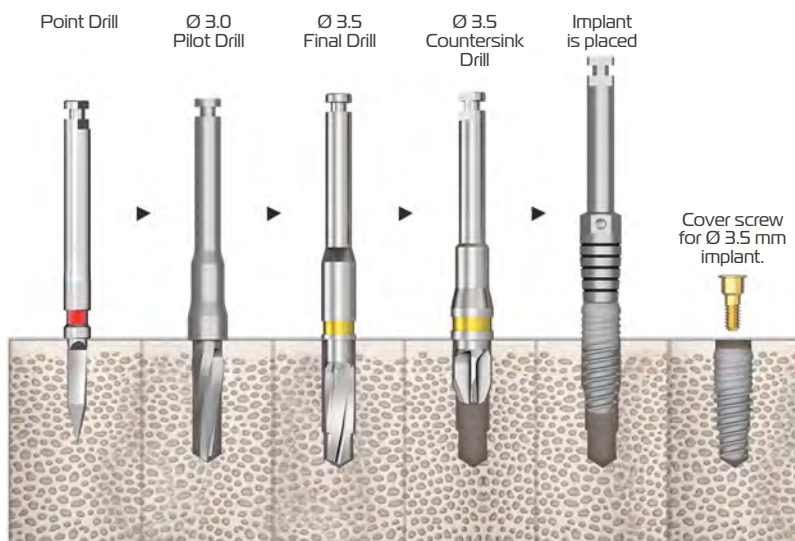
The following drill protocol shows the drilling procedure for T6 TorQ Ø 3.5 implants according to soft and hard bone types.

For soft bone types, only the pilot and final drill lengths differ for 8, 10, 12, 14, and 17 mm implants. Implant socket preparation should be performed according to these drill protocols.

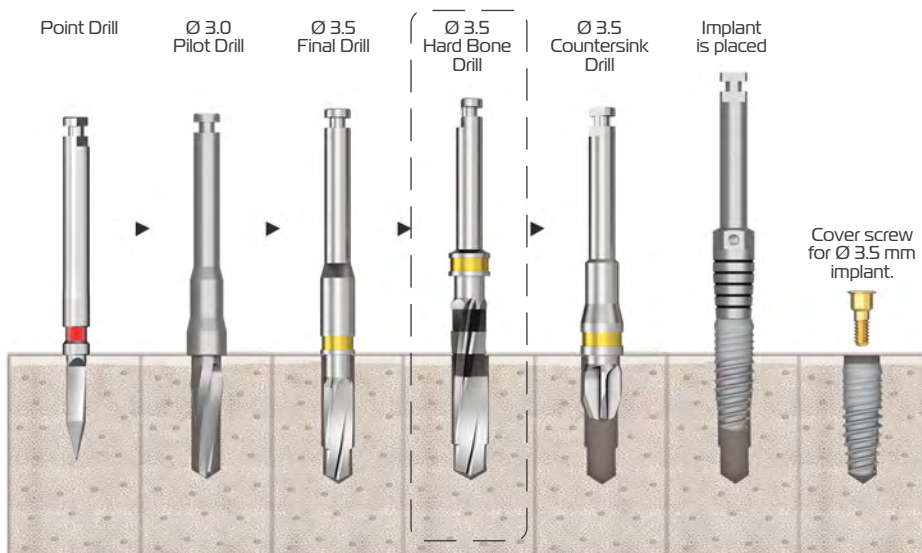
*The point mill is the first drill tool that must be used in all drill protocols.

*Implants should be placed into the implant socket with the help of a transfer&tightening parts.

*For 17 mm implants, a hard bone mill is used as the final milling tool for all bone types (D1/D2/D3/D4).



D2/D3/D4 bone types

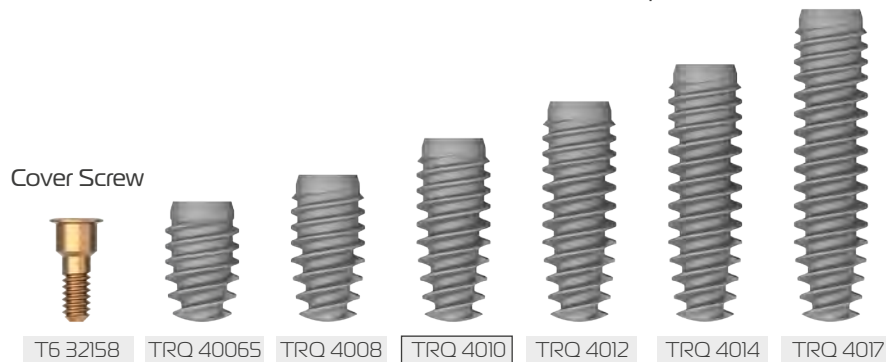


D1/D2 hard bone types

Drill Protocol for T6 TorQ Ø 4.0 Implants



T6 TorQ Ø 4.0 mm implants



Drill protocol for Ø 4.0 - 10 mm T6 TorQ implants,

The following drill protocol shows the drilling procedure for T6 TorQ Ø 4.1 implants according to soft and hard bone types.

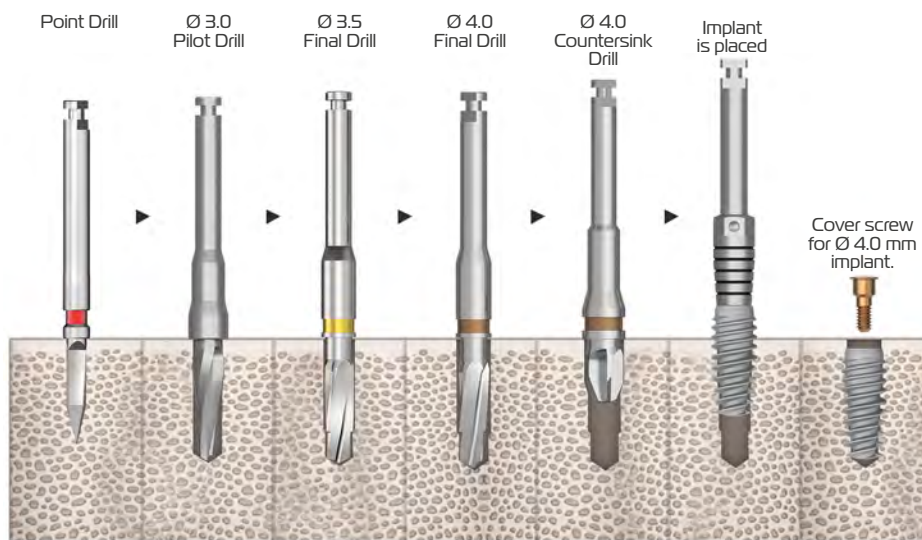
For soft bone types, only the pilot and final drill lengths differ for 8, 10, 12, 14, and 17 mm implants.
Implant socket preparation should be performed according to these drill protocols.

*The point mill is the first drill tool that must be used in all drill protocols.

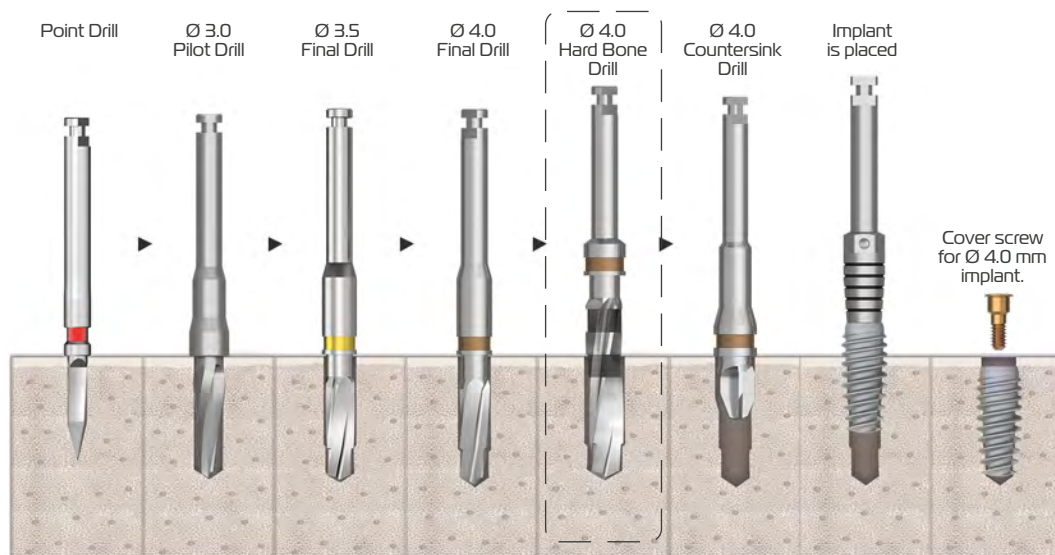
*Implants should be placed into the implant socket with the help of a transfer&tightening parts.

*For 17 mm implants, a hard bone mill is used as the final milling tool for all bone types (D1/D2/D3/D4).

*The drill protocol is different for L: 6.5 mm implants.



D2/D3/D4 bone types

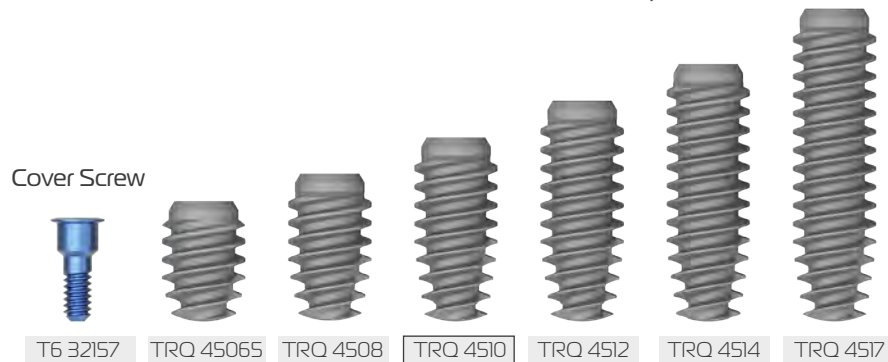


D1/D2 hard bone types

Drill Protocol for T6 TorQ Ø 4.5 Implants



T6 TorQ Ø 4.5 mm implants



Drill protocol for Ø 4.5 - 10 mm T6 TorQ implants,

The following drill protocol shows the drilling procedure for T6 TorQ Ø 4.5 implants according to soft and hard bone types.

For soft bone types, only the pilot and final drill lengths differ for 8, 10, 12, 14, and 17 mm implants.

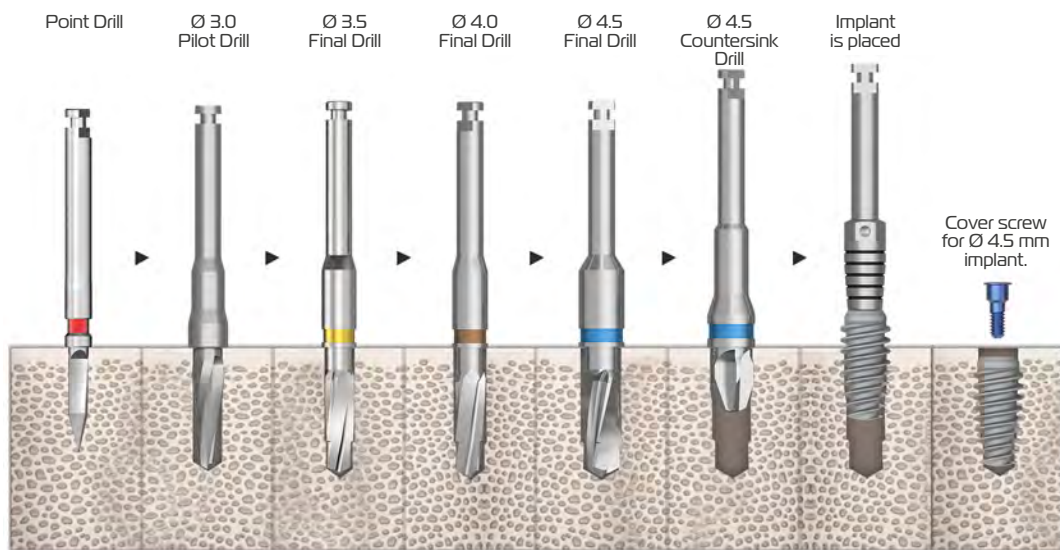
Implant socket preparation should be performed according to these drill protocols.

*The point mill is the first drill tool that must be used in all drill protocols.

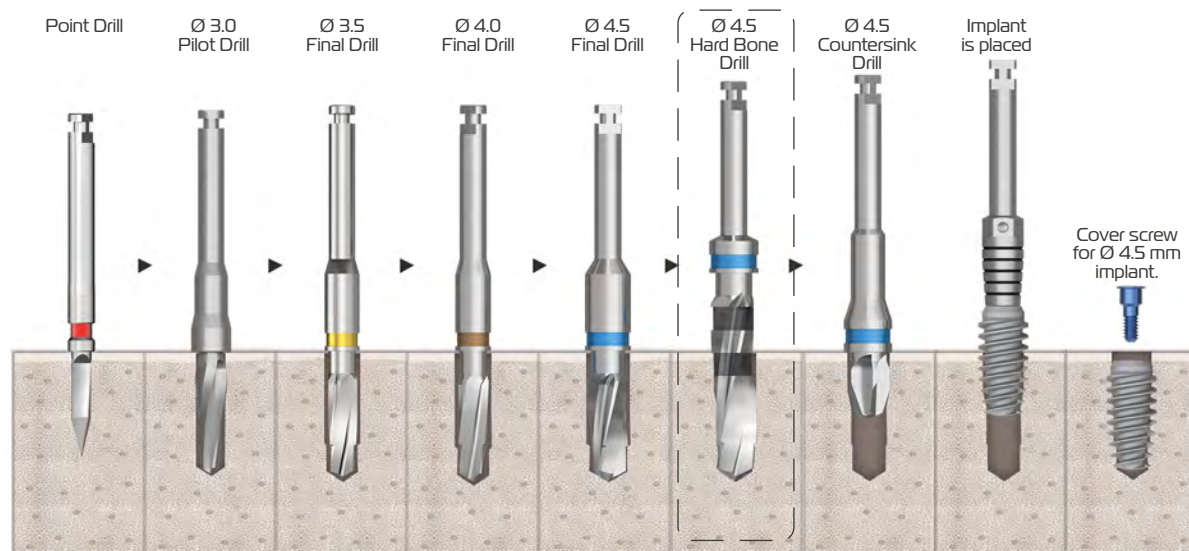
*Implants should be placed into the implant socket with the help of a transfer&tightening parts.

*For 17 mm implants, a hard bone mill is used as the final milling tool for all bone types (D1/D2/D3/D4).

*The drill protocol is different for L: 6.5 mm implants.



D2/D3/D4 bone types



D1/D2 hard bone types

Drill Protocol for T6 TorQ Ø 5.0 Implants



T6 TorQ Ø 5.0 mm implants



Drill protocol for Ø 5.0 - 10 mm T6 TorQ implants,

The following drill protocol shows the drilling procedure for T6 TorQ Ø 5.0 implants according to soft and hard bone types.

For soft bone types, only the pilot and final drill lengths differ for 8, 10, 12, 14, and 17 mm implants.

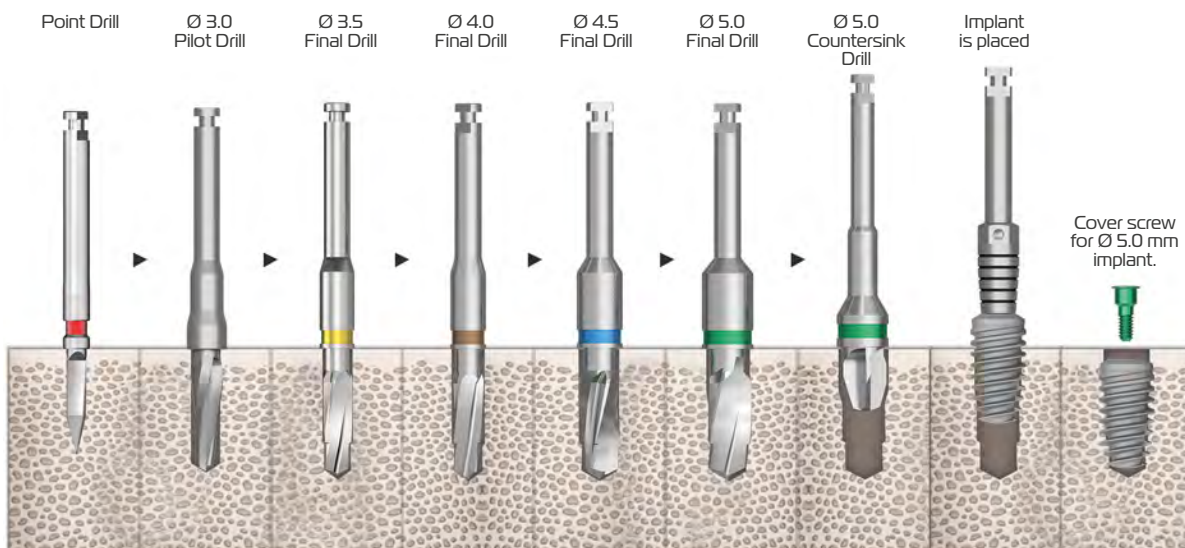
Implant socket preparation should be performed according to these drill protocols.

*The point mill is the first drill tool that must be used in all drill protocols.

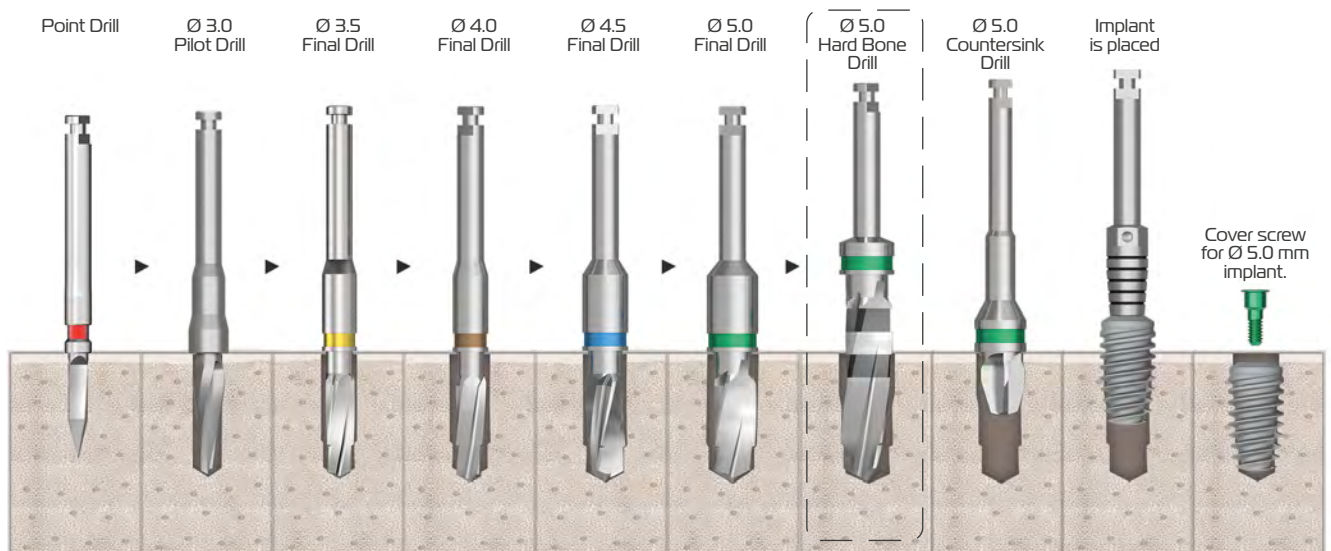
*Implants should be placed into the implant socket with the help of a transfer&tightening parts.

*For 17 mm implants, a hard bone mill is used as the final milling tool for all bone types (D1/D2/D3/D4).

*The drill protocol is different for L: 6.5 mm implants.



D2/D3/D4 bone types



D1/D2 hard bone types

Drill Protocol for T6 TorQ Ø 6.0 Implants

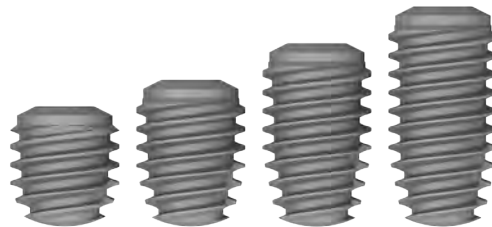


T6 TorQ Ø 6.0 mm implants

Cover Screw



T6 32152



TRQ 60065

TRQ 6008

TRQ 6010

TRQ 6012

Drill protocol for Ø 6.0 - 10 mm T6 TorQ implants,

The following drill protocol shows the drilling procedure for T6 TorQ Ø 6.0 implants according to soft and hard bone types.

For soft bone types, only the pilot and final drill lengths differ for 8, 10, 12, 14, and 17 mm implants.

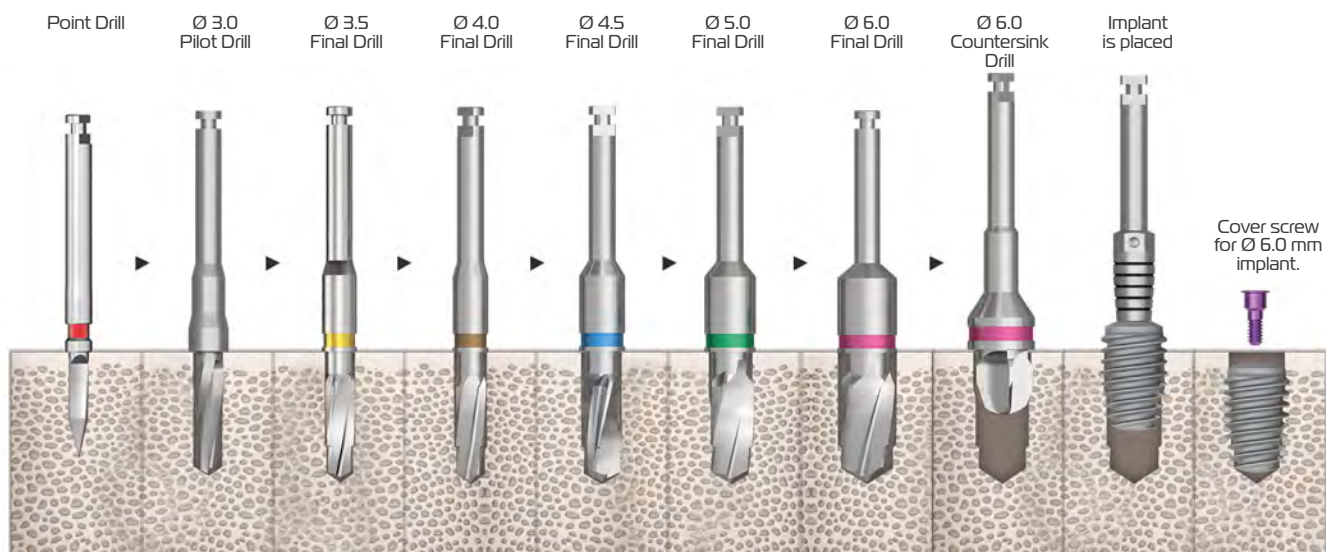
Implant socket preparation should be performed according to these drill protocols.

*The point mill is the first drill tool that must be used in all drill protocols.

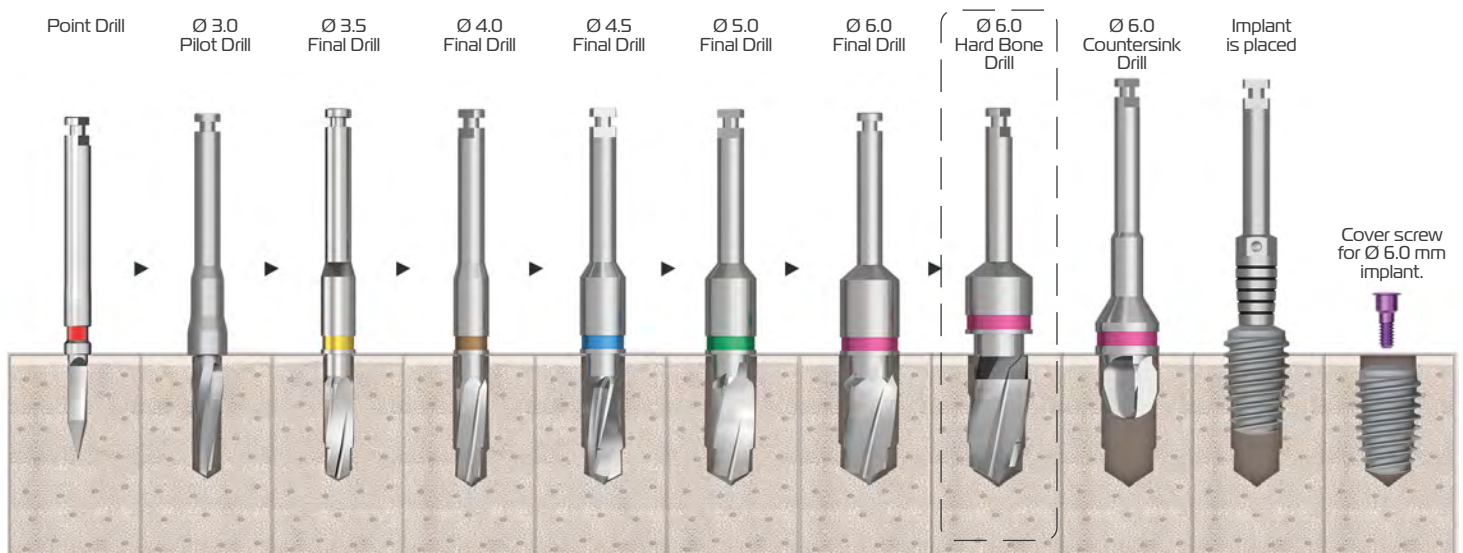
*Implants should be placed into the implant socket with the help of a transfer&tightening parts.

*For 17 mm implants, a hard bone mill is used as the final milling tool for all bone types (D1/D2/D3/D4).

*The drill protocol is different for L: 6.5 mm implants.

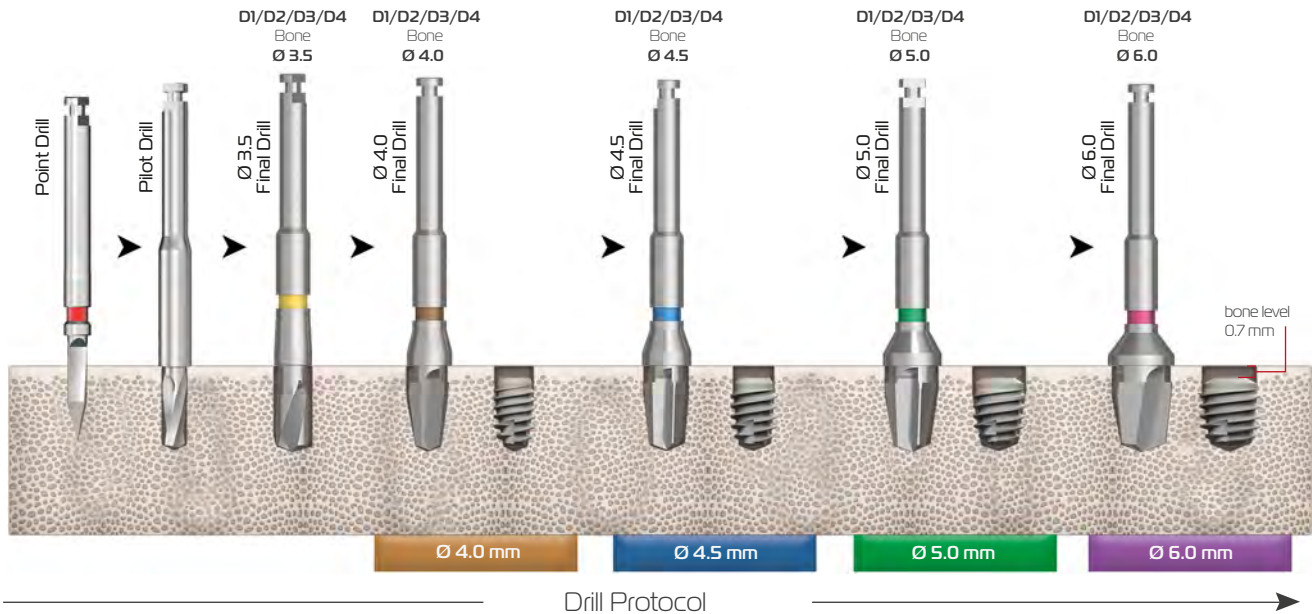


D2/D3/D4 bone types



D1/D2 hard bone types

Drill Protocol for T6 TorQ Implants (L 6.5 mm)



Preparation of the Implant Socket

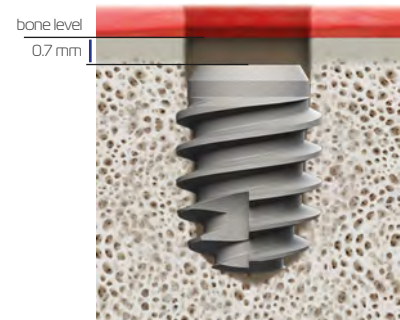
Step 1: After planning the T6 torq 6.5 mm implant or implants, drilling is performed with a point bur to mark and determine the drill slot axis.

Caution: The point drill makes a slot with a length of 14 mm and a diameter of Ø 2.10 mm.

Step 2: The final drills for T6 TorQ 6.5 mm implants are the 6.5 mm short implant drills included in the T6 TorQ surgical set. The drills are with stoppers and there are separate drills for each implant diameter.

The slot is gradually enlarged by using other diameter burs and the preparation is completed until the final diameter of the selected implant is reached in the slot opened with a point drill.

The drills should be operated with coolant at a maximum of 800 rpm.



notes

Handwriting practice lines consisting of multiple horizontal dashed lines.



Auxiliary Prosthetic Parts



Auxiliary Prosthetic Parts



Cover Screws



It prevents any substance from entering the implant during the osteointegration process.

Sinus Cover



Prevents the implant from advancing beyond the planned length.

Gingiva Formers



It enables the formation of the gingiva in the desired shape and form.

Temporary Gingiva Formers



It can be utilized by performing conservative and optional preparation.

Standard and Multi Unit Analogs

Standard Analog



They are the parts used instead of implants in plaster models.

Multi Unit Analogs



Digital Analogs

Standard Digital Analog



Multi Unit Digital Analog



Digital Analog Screw



Digital analogs are used in dental models designed on digital platforms.

Overdenture Prosthetic Analogs

Ball Analog



Equator Analog



They are the parts used instead of implant and removable abutment assembly in the plaster model.

Impression Posts

Impression Posts for Implant



Open Tray



Close Tray (with cap)



Close Tray (without cap)



Standard Analog



Impression Posts for Standard Straight Abutments



Plastic Impression Caps



Standard Analog



Note: Plastic impression caps are only used with standard straight abutments.

Impression Posts for Multi Unit Abutments



Open Tray



Close Tray (with cap)



Close Tray (without cap)



Multi Unit Analogs



Note: Hex impression posts should be used in multi unit abutments for single tooth treatments and No-Hex impression posts should be used in multi dental treatments.

Impression Posts for Ball Abutments



Impression Posts



Ball Analog



Impression Posts for Equator Abutments



Impression Posts



Equator Analog



Cover Screws

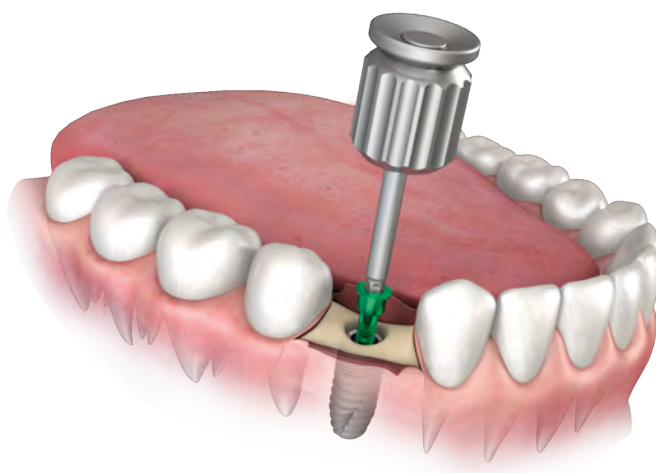
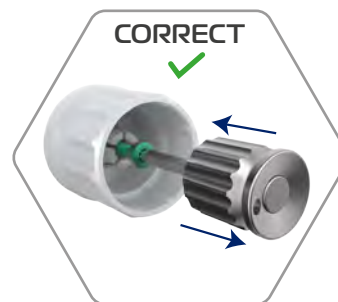


Cover Screws Color Codes



Caution!

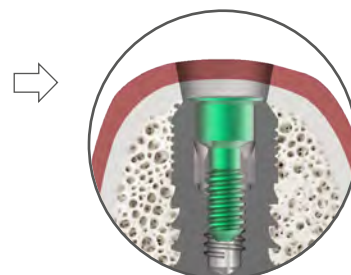
When taking the cover screw from the hanger, the hex driver is fully inserted into the cover and retracted on the same axis without turning it left or right.



Cover screws prevent any substance from entering into the implant during the osteointegration process.

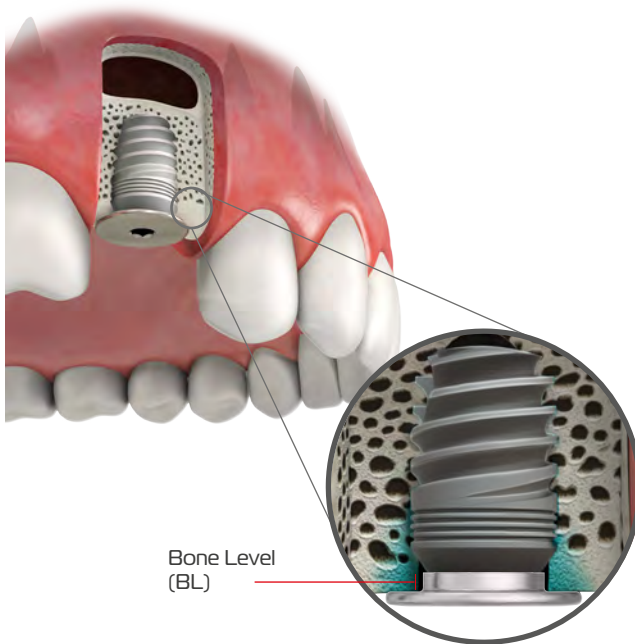
It is produced from titanium Gr5 material.

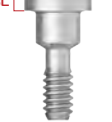
It has a connection structure compatible with T6 Standard and T6 TorQ implants.

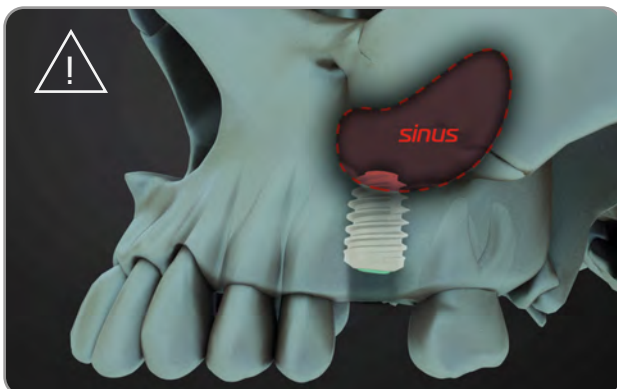




- NucleOSS sinus covers are manufactured from Grade 23 titanium alloy.
- They feature a connection interface compatible with NucleOSS T6 Standard and T6 TorQ implants.
- Different **platform diameter (Ø)** and **bone level (BL)** options are available depending on the clinical application sites.

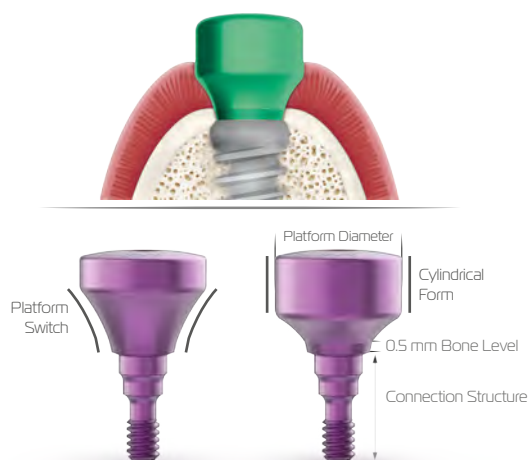


Bone Level BL (mm)	Prosthetic Platform Diameter Ø (mm)	
	5.5 mm	6.5 mm
0 mm	 T6 32155	 T6 32159
0.5 mm	 T6 32154	 T6 32160
1.0 mm	 T6 32156	 T6 32161



- It relies on the bone surface at the neck region to prevent the implant from advancing into the sinus cavity and to inhibit micromovement until the osseointegration process is complete, particularly for implants placed adjacent to narrow or short zones.

Gingiva Formers



Gingiva former are designed in different forms and sizes so that the gingiva takes the most correct shape during the osseointegration process.

Platform Switch provides a comfortable prosthesis process by providing soft tissue healing in accordance with the anatomy of the selected abutment.

All gingiva formers have a 0.5 mm margin for bone level.

Cylindrical Form enables a cylindrical soft tissue formation with the same diameter as the superstructure prosthetic platform diameter.

It is color coded to identify platform diameter.

It is produced from titanium Gr5 material.

It has a connection structure compatible with T6 Standard implants.

Diameter and Length Options

There are different diameter and gingival height options according to the regions where the abutment is used.



Product code	Prosthetic Platform Diameter Ø (mm)	Gingival Height GH (mm)	Description
T6 NR501	● 4.3	2.0	Platform Switch
T6 NR502		4.0	Platform Switch
T6 NR503		6.0	Platform Switch
T6 SD504	● 5.0	2.0	Platform Switch
T6 SD505		4.0	Platform Switch
T6 SD506		6.0	Platform Switch
T6 WD507	● 6.0	2.0	Platform Switch
T6 WD508		4.0	Platform Switch
T6 WD509		6.0	Platform Switch
T6 NR512	● 4.3	2.0	Cylindrical Form
T6 NR513		4.0	Cylindrical Form
T6 NR514		6.0	Cylindrical Form
T6 SD515	● 5.0	2.0	Cylindrical Form
T6 SD516		4.0	Cylindrical Form
T6 SD517		6.0	Cylindrical Form
T6 WD518	● 6.0	2.0	Cylindrical Form
T6 WD519		4.0	Cylindrical Form
T6 WD520		6.0	Cylindrical Form

Gingiva Formers

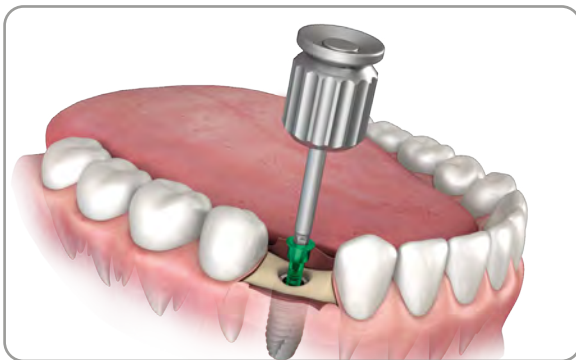


Abutment Compatible Gingiva Former Selection Table

The gingival height of the abutment to be used in the treatment procedures should be shorter than the gingival height of the gingiva former.

If the same or longer abutment is preferred, problems such as gingival crushing or compression may occur during the placement of the abutment on the implant.

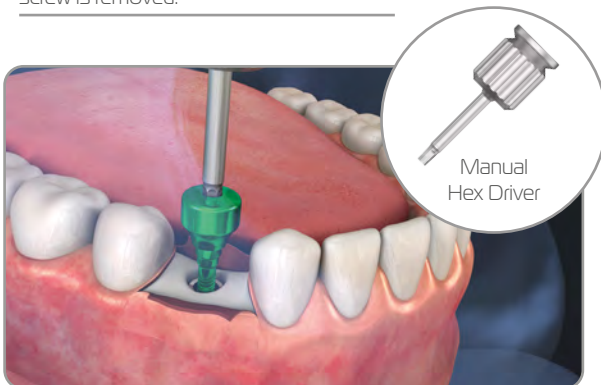
Abutment (GH)	Gingiva Former (GH)
1,0 mm	2,0 mm
2,0/3,0 mm	4,0 mm
4,0/5,0 mm	6,0 mm



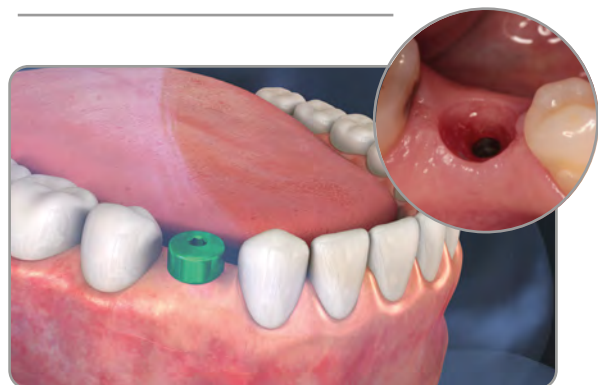
After the osseointegration process of the implant placed in the patient's mouth is completed, the cover screw is removed.



If the gingiva former is placed on the implant with a ratchet it should be torqued to a **maximum of 10 Ncm**.



The gingiva former is placed on the implant with the help of a hex driver.



Finally, the process is completed by closing the gingiva. The gingiva former remains in the patient's mouth until the gingiva heals. After the healing process is over, the gingiva takes the desired form or shape.

Gingiva formers, are supplied as single pack.



Package Content

Temporary Gingiva Former



T6 32034
Temporary Gingiva
Former



T6 16000
Abutment
Screw

Temporary gingiva former is used to manufacture a patient-specific gingiva former with hand tools.

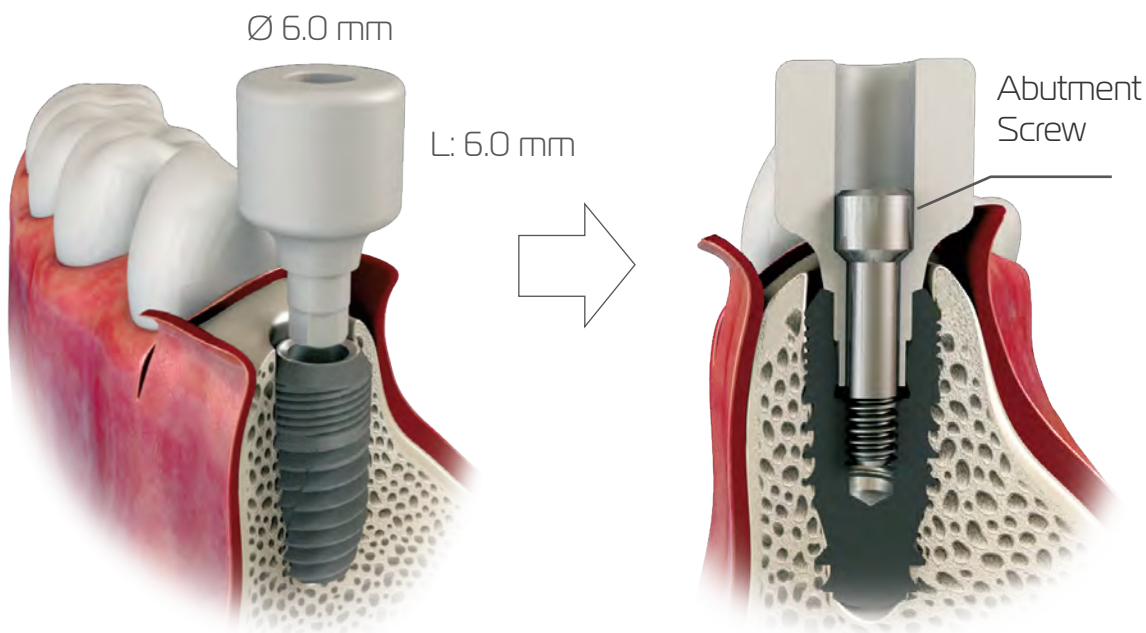
It has a connection structure that is compatible with T6 Standard and T6 Torq implants.

It is recommended that temporary gingiva former be used in cases where the use of irregular or standard gingiva former is insufficient.

It has a diameter of approximately 6.0 mm and a gingival height of 6.0 mm. Since it is a temporary material, it can be shaped according to the patient's gingival level and form.

PEEK gingiva former is carefully placed on the implant so that the hex surfaces fit, and fixed with the abutment screw.

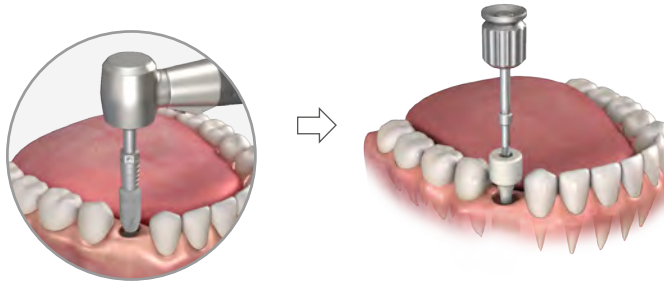
Note: Abutment screws placed on PEEK materials should be tightened to max. 10 Ncm torque.



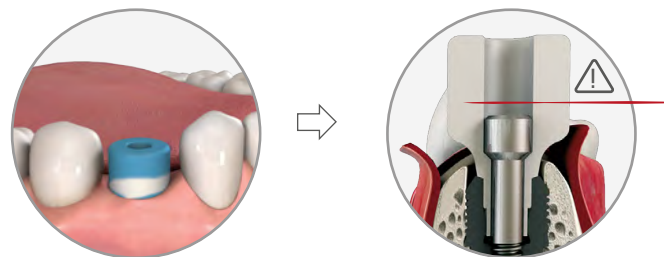
Package Content

Temporary gingiva formers are supplied in the same package with abutment screw.

1. Placing Temporary Gingiva Former on the Implant, and Shaping



The implant is placed in the opened slot.
Temporary gingiva former is placed on the implant.

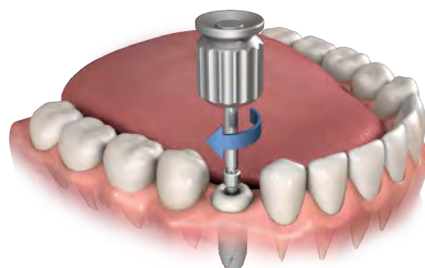


The top of the temporary gingiva former and the surfaces that press the gingiva are painted.

While the cap is shaping, attention should be paid to the abutment screw and the cutting process should be done over the screw.

It is possible to fabricate a temporary prosthesis using the layering technique.

2. Placing the Shaped Temporary Gingiva Former on the Implant



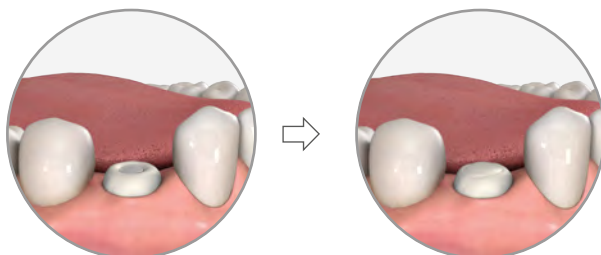
The temporary gingiva former is removed from the patient's mouth, the painted areas are cut or shaped by sculpting.



The temporary gingiva former is placed back on the implant in the patient's mouth and checked.

If there is no problem, the temporary gingiva former is placed on the implant with the help of abutment screw and Hex driver.

Note: Abutment screws placed on PEEK materials should be tightened to max. 10 Ncm torque.



Since the temporary gingiva former will be removed again, it is covered with a temporary filling.

Note: Please refer to "Tightening - Torque Values" to learn the torque values of other abutment screws.



Impression Posts and Techniques



In the impression process; A Using silicone impression material and putty and flowable materials, by mixing twice at a time. Impression can be taken, or impressions can be taken one at a time using the polyether impression material.

The images in the guide show the impression process using polyether impression material.
(*3M Espe Impregum polyether was used as impression material.)

Impression Posts



Impression Posts for Implant Open Tray Close Tray (with cap) Close Tray (without cap) Standard Analog



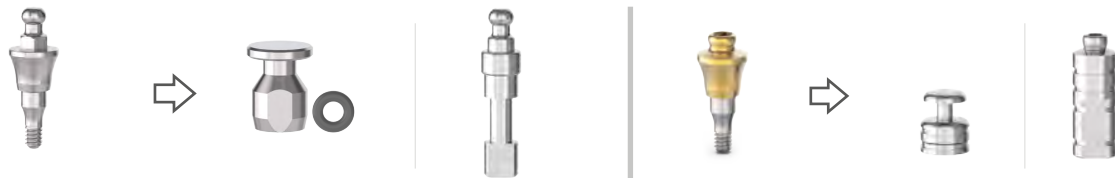
Impression Posts for Standard Straight Abutments Plastic Impression Caps Standard Analog



Impression Posts for Multi Unit Abutments Open Tray Close Tray (with cap) Close Tray (without cap) Multi Unit Analogs

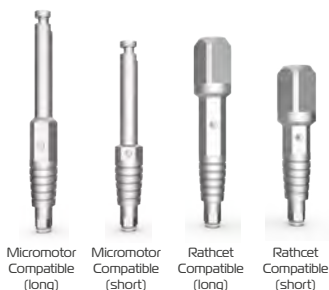


Impression Posts for Ball Abutments Impression Posts Ball Analog Impression Posts for Equator Abutments Impression Posts Equator Analog



Contribution of the Position of the Implant in the Socket to the Impression Process

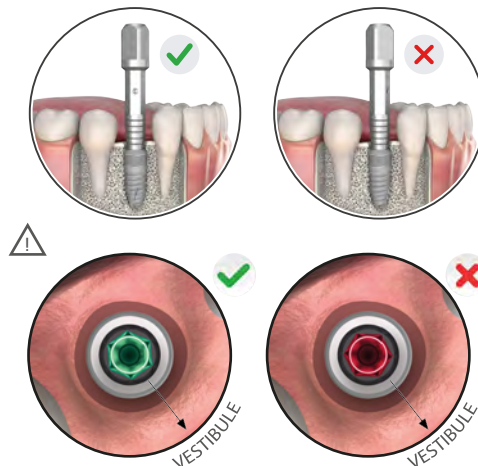
T6 Implant Carrying and Tightening Parts



The dots on the parts indicates the flat surface of the Hex structure, which forms the internal structure of the implant.

T6 implants are placed in implant sockets with carrying-tightening parts.

The parts are compatible with ratchet and micromotor, and available in short and long options.



In order for standard abutments to be positioned correctly, the dots of the carrying and tightening part must face the vestibule direction of the teeth when placing T6 implants. Thus, the flat surface of the Hex structure will be in the vestibule direction of the teeth.

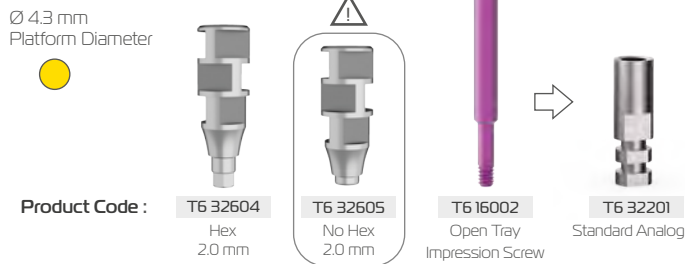
In addition, it is used to determine the angle direction in angled abutments. Implant hex direction is important because the hex flat surface faces the angle axis.

If the dots on the carrying and tightening parts are not taken into consideration, the Hex plane of the implant will face the mesial or distal direction of the teeth, and will cause the standard abutment to be positioned incorrectly

Open Tray Impression Techniques



Over-Implant | Open Tray Impression Posts



Open tray impression posts are used in the dental laboratory to transfer the location and direction of the dental implant or abutment from the edentulous or partially edentulous jaw of the patient to the plaster mold by using the closed tray impression technique.

The open tray technique is recommended to be used in single tooth treatments where the implant axis differs, or in treatments where there are multiple dental implants with different axis.

Over-Multi Unit Abutment | Open Tray Impression Posts



It is suitable for situations that require precise impression

The open tray impression screw is tightened with a hex driver or by hand.

There are Hex impression posts for single tooth treatments and No Hex impression posts for multiple tooth treatments.

Open tray impression posts options are available for over-implant and over-multi unit abutment.



All open tray impression posts are made of titanium Cr5 material.

For impressions taken with an open tray impression posts(No-Hex) , a No Hex abutment must be used.

Note: All impression posts must be used once per patient to ensure optimum fit and impression accuracy.

Usage of Open Tray Impression Post - Single Tooth Treatment

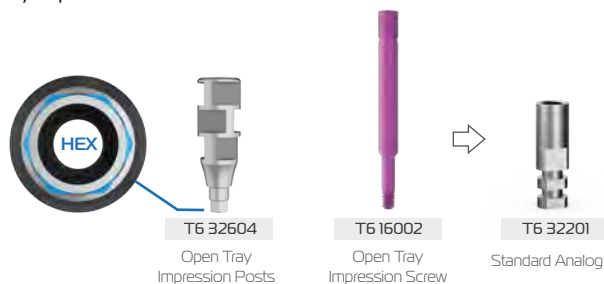
1. Clinical Case



In this document, creations of a plaster model using an open tray impression post is explained.

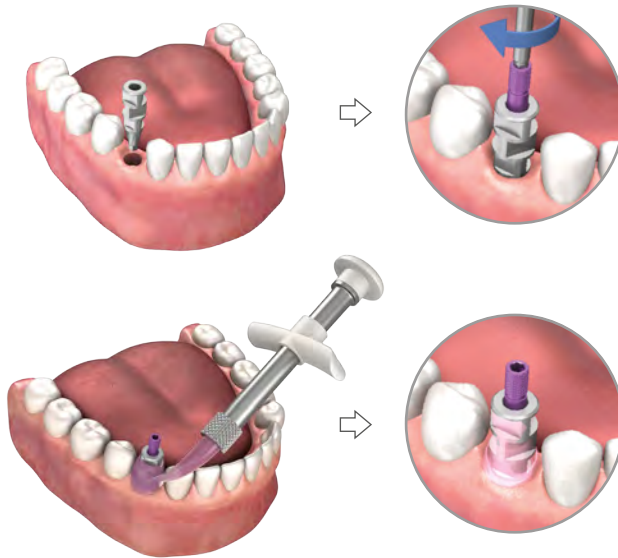
In the clinical case here, the patient has a single missing tooth in the anterior left mandibular region.

In this clinical case, since there is a single missing tooth, an implant-over open tray impression post with a **Hex connection structure** and an **open tray impression connection screw** should be used.



The gingiva former is carefully removed with the hex driver. Ensure adequate accessibility to avoid gingival compression during insertion of the impression post the sulcus may collapse rapidly when the gingiva former is removed. Care should be taken against this situation.

2. Placing the Impression Post into the Patient's Mouth



If there are blood and tissue particles inside the implant, they should be removed with vacuum first.

The open tray impression post is carefully placed inside the implant.

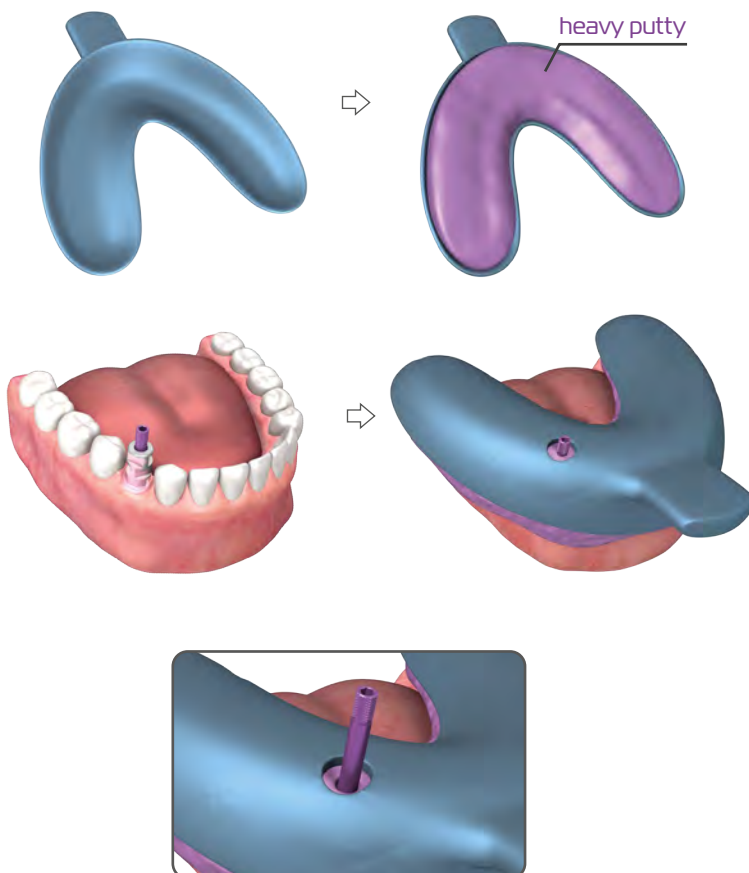
Open tray impression screw should be used to fix the impression post to the implant. The impression screw can be inserted into the impression post by hand or with manual hex drivers.

Note: At this stage, it should be ensured that the passive seating of the impression post is ensured. Otherwise, it may cause incorrect impression.

In order to take a more precise impression, fluid silicone is applied around the impression post.

Note: It should be ensured that the impression post is placed correctly on the implant hex socket. The impression post should not turn to the right or left.

3. Impression Taking Process



A special tray is used in the open tray impression technique. The physician makes a hole in the tray at the point where the impression post coincides. This hole is necessary for the screw to be unscrewed.

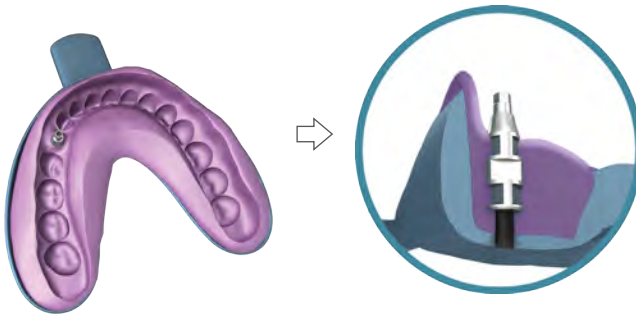
The prepared special tray is tested in the patient's mouth without using any impression material and it is checked whether it is suitable for impression. If the tray is not suitable, necessary adjustments are made to make it suitable.

Dense silicone, putty material, is placed in the tray, then it is placed into the patient's mouth. At this stage, excess materials are removed around the screw in order to easily reach the open tray impression screw.

When the heavy putty has cured and hardened, the open tray impression screw is loosened and removed with the hex driver.

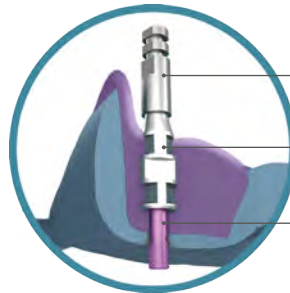
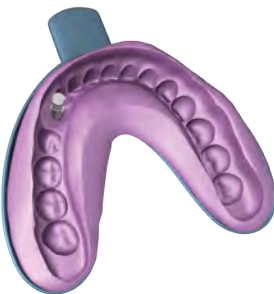
Note: Due to its low tensile strength, hydrocolloid material is not used in this application.

4. Placing the Analog on the Impression Tray



The impression tray is removed from the patient's mouth. The open tray impression post remains in the putty material.

Standard analog (T6 32201) is carefully placed on the impression post in the impression tray. Standard analog is fixed to the impression screw with the help of the open tray impression screw,



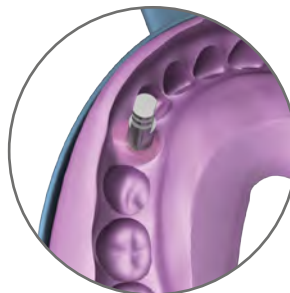
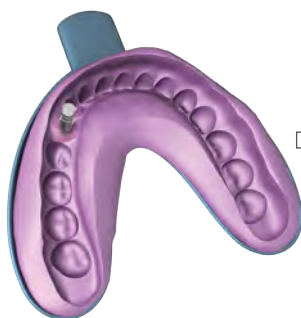
T6 32201
Standard
Analog

T6 32604
Open Tray Impression
Post (HEX)

T6 16002
Open Tray
Impression Screw

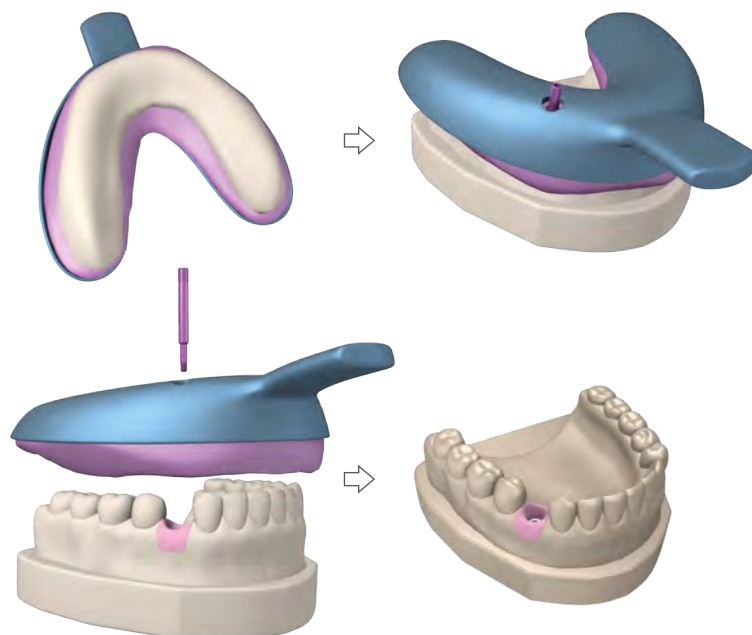
Silicone remover is sprayed on standard analog.

Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around standard analog in the tray to determine the position and shape of the gingiva.



Note: It should be ensured that the impression post is properly seated on the hex housing in standard analog. A mistake that may be made at this stage will cause a difference between the patient's mouth and the model, therefore attention must be paid.

5. Creating a Plaster Model

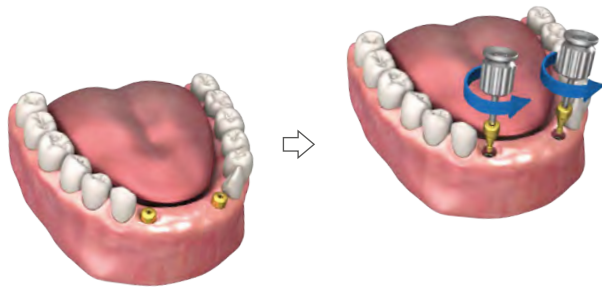


Flowable plaster is poured into the impression tray, air bubbles are removed with a vibration device and insoles are placed.

After the plaster has set, the open tray impression screw is removed and the impression tray is removed, and the process is completed.

The burrs on the prepared plaster model are cleaned and the prosthesis is made.

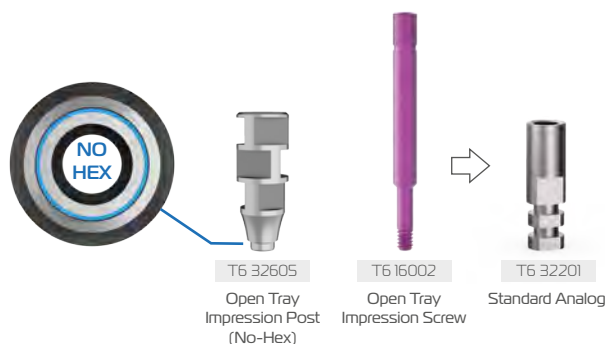
1. Clinical Case - Open Tray Impression Technique in Multiple Teeth



In the clinical case here, the patient has missing 4 incisors in the anterior mandibular region.

In this document, the creation of a plaster model using open tray impression posts for over-implant.

The gingiva former is carefully removed with the hex driver.

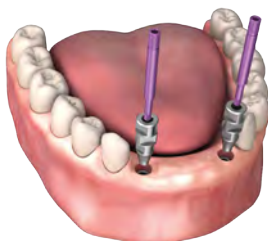


Ensure adequate accessibility to avoid gingival compression during insertion of the impression posts.

The sulcus may collapse rapidly when the gingiva former is removed. Care should be taken against this situation.

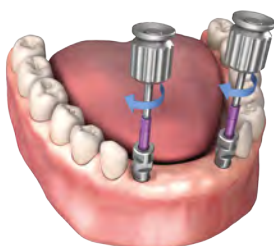
Since there is multiple missing teeth in the clinical case here, open tray impression posts and open tray impression screw should be used.

2. Placing the Impression Post into the Patient's Mouth



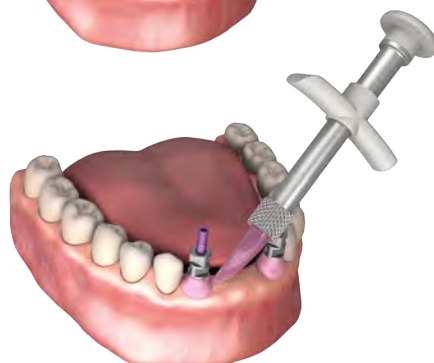
If there are blood and tissue particles inside the implant, they should be removed with vacuum first.

The open tray impression post is carefully placed inside the implant.



Open tray impression screws should be used to fix the impression posts to the implant.

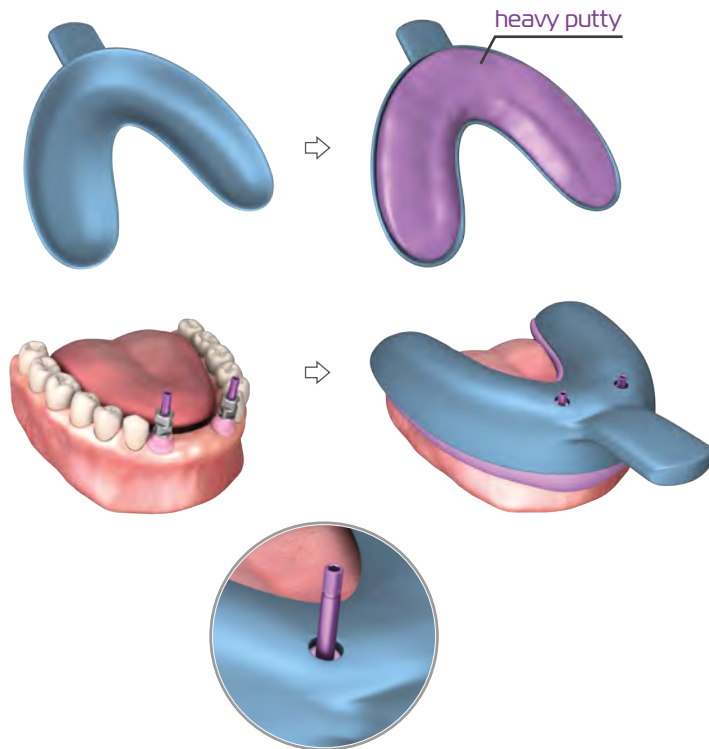
The screw can be inserted into the impression post by hand or with manual hex driver.



Note: At this stage, it should be ensured that the passive seating of the impression posts is achieved. Otherwise, it may cause incorrect impression.

In order to take a more precise impression, fluid silicone is applied around the impression post.

3. Impression Taking Process



A special tray is used in the open tray impression technique. The dentist makes a hole in the tray at the point where the impression post coincides. This hole is necessary for the screw to be unscrewed.

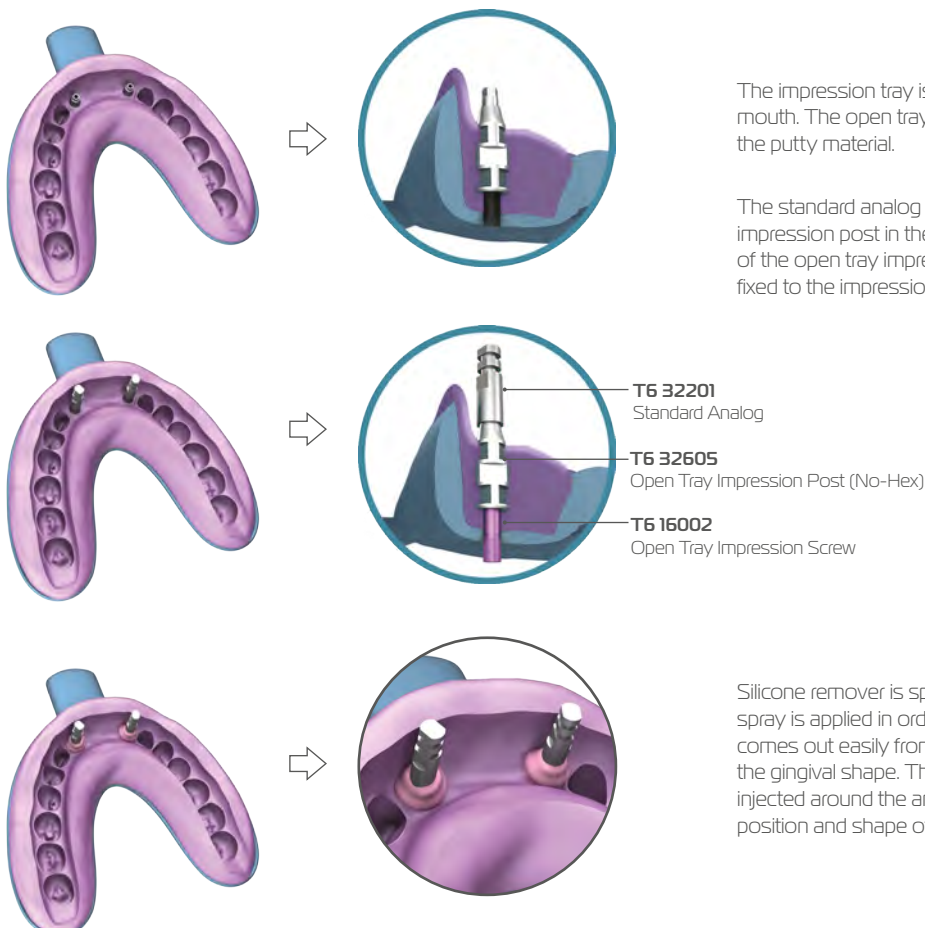
The prepared special tray is tested in the patient's mouth without using the impression material and it is checked whether it is suitable for impression process. If the tray is not suitable, necessary adjustments are made to make it suitable.

Dense silicone, heavy putty material, is placed in the tray, then it is placed into the patient's mouth. At this stage, excess materials are removed around the screw in order to easily reach the open tray impression screw.

When the putty material has cured and hardened, the open tray impression screws are loosened with a manual hex driver and manually removed.

Note: Due to its low tensile strength, hydrocolloid material is not used in this application.

4. Placing the Analog on the impression Tray

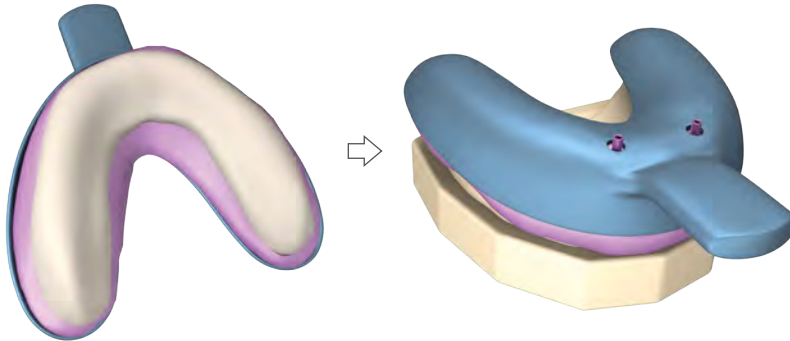


The impression tray is removed from the patient's mouth. The open tray impression post remains in the putty material.

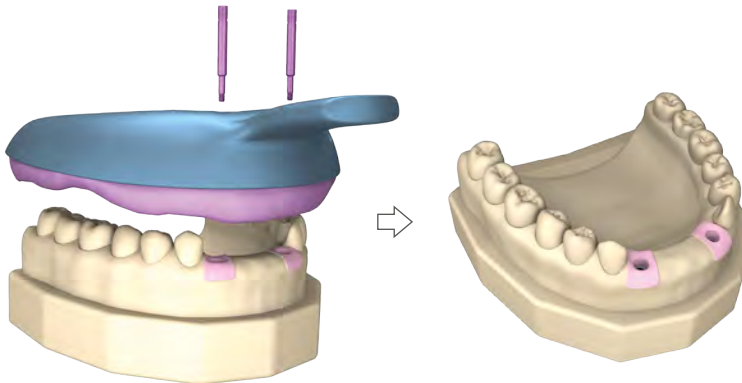
The standard analog is carefully placed on the impression post in the impression tray. With the help of the open tray impression screw, the analog is fixed to the impression post.

Silicone remover is sprayed on the analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around the analog in the tray to determine the position and shape of the gingiva.

5. Creating a Plaster Model



Neat plaster is poured into the impression tray and ground sill is placed.



After the plaster has set, the open tray impression screw is removed, the impression tray is removed, and the process is completed.

The burrs on the prepared plaster model are cleaned and it is sent for prosthesis. production.

Closed Tray Impression Techniques (with cap)



Over-Implant |

Closed Tray(with cap) Impression Posts and Auxiliary Parts

Ø 4.3 mm
Platform Diameter



Product Code : **T6 32618** Hex (GH: 2.0 mm) **T6 16000** Abutment Screw **T0 32912** Yellow Impression Cap **T6 32201** Standard Analog

Closed tray impression posts are used in the dental laboratory to transfer the location and direction of the dental implant or abutment from the edentulous or partially edentulous jaw of the patient to the plaster mold by using the closed tray impression technique.

The closed tray impression technique is recommended for patients with less mouth opening, for cases with restricted access areas, and for patients with an extremely sensitive gag reflex.

Over-Multi Unit Abutment |

Closed Tray(with cap) Impression Posts and Auxiliary Parts

Ø 4.8 mm
Platform Diameter



Product Code : **T6 32617** Hex **T6 16009** Occlusal Screw **T0 32912** Yellow Impression Cap **T6 32208** Multi Unit Analog

All closed tray impression posts are made of titanium Gr5 material, and the yellow impression cap is made of plastic material.

The impression screws are tightened with hex driver.

It can be used in cases where the gap between two teeth is narrow.

In multi unit abutments, Hex impression posts are available for single tooth treatments, and No-Hex impression posts for multiple tooth treatments.

Ø 4.8 mm
Platform Diameter



No Hex



Product Code : **T6 32614** No Hex **T6 16009** Occlusal Screw **T0 32912** Yellow Impression Cap **T6 32207** Multi Unit Analog

Over-Implant and over-multi unit abutment closed tray impression posts options are available.

Note: Impression posts must be used once per patient to ensure optimum fit and impression accuracy.

Usage of Closed Tray Impression Post (with cap) - Single Tooth Treatment

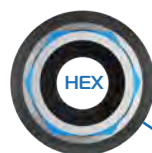
1. Clinical Case - Single Tooth Treatment



In the clinical case here, the patient has a single missing tooth in the right mandibular region.

In this document, the creation of a plaster model closed tray impression posts for over-implant.

Closed tray impression post, abutment screw, yellow impression cap and standard analog are prepared.

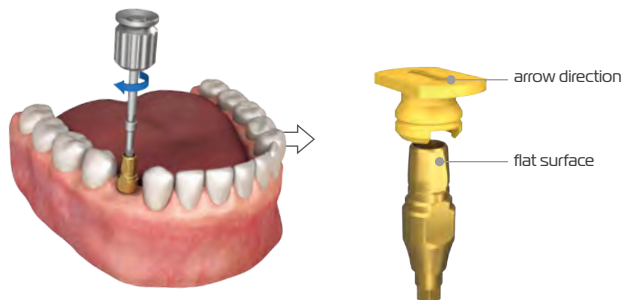


T6 32618 Closed Tray Impression Post (Hex) **T6 16000** Abutment Screw **T0 32912** Yellow Impression Cap **T6 32201** Standard Analog

The gingiva formers are carefully removed with the hex driver. Ensure adequate accessibility to avoid gingival ompression during insertion of the impression post.

The sulcus may collapse rapidly when the gingiva former is removed. Care should be taken against this situation.

2. Placing the Impression Posts into the Patient's Mouth

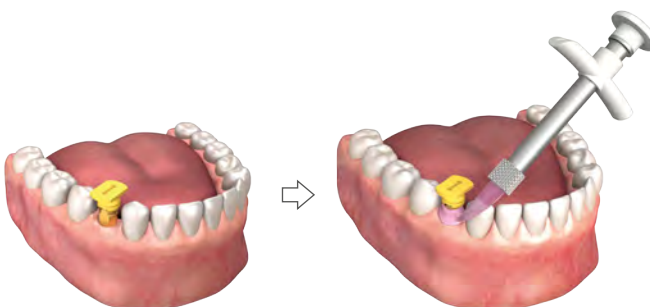


If there are blood and tissue particles inside the implant, they should be removed with vacuum first.

The closed tray impression post is carefully placed inside the implant. After making sure that the passive seating is achieved, the standard abutment screw is fixed to the implant with the help of a manual hex driver.

It is torqued to a maximum of 10 Ncm with a torque ratchet.

Check if the impression post is in contact with neighboring teeth. X-ray may be performed to confirm that the impression post has been placed correctly.



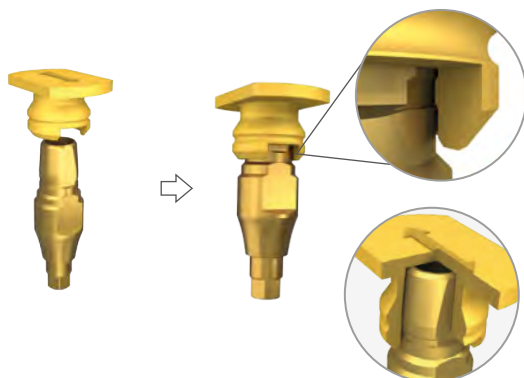
At this stage, it should be ensured that the passive seating of the impression post is achieved. Otherwise, it may cause incorrect impression.

The yellow impression cap is placed on the fixed impression post. The direction of the arrow seen on the cap must face the flat face of the impression post. The cap is pressed in the apical direction until it sits into place.

The cap will make a clicking sound when it sits into place.

Impression material (polyether) is injected around the open tray impression post in order to take a more precise impression.

3. Features of Yellow Impression Cap



Yellow impression caps are produced from flexible material. It is used in closed tray (with cap) impression techniques.

The protrusion in the cap ensures that the cap is firmly attached to the impression post.

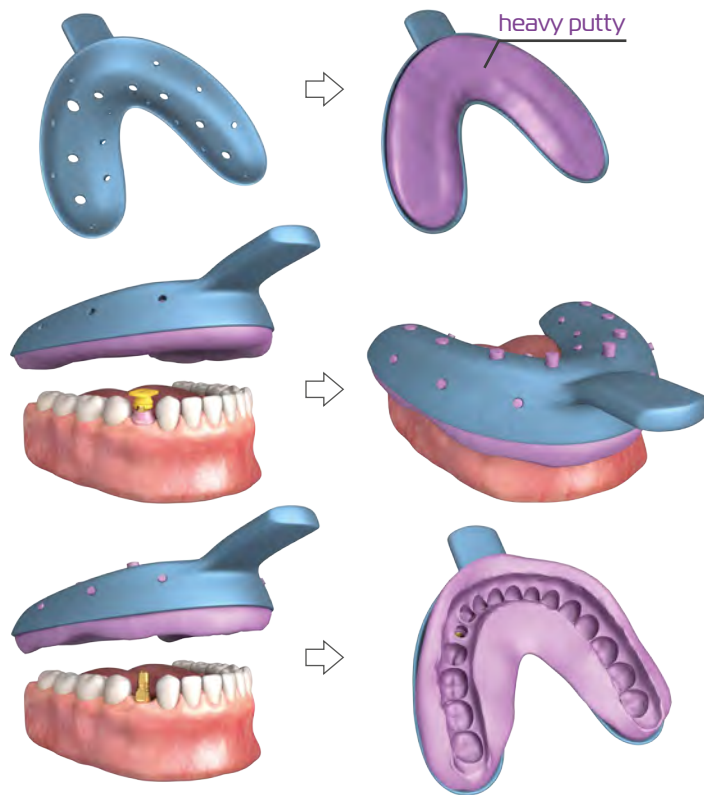
When attaching the cap to the impression post, it should be mounted so that the arrow direction on it faces the flat surface of the impression post.

Otherwise, problems such as falling of the cap and incorrect impression may occur during the impression process.

In cases where there is not enough space for the use of the yellow impression cap, the closed tray impression post can be fixed with the closed tray impression screw. In this case, the impression cap does not need to be used.



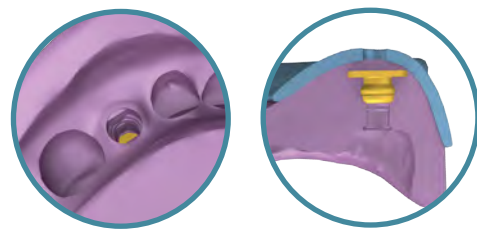
4. Impression Process



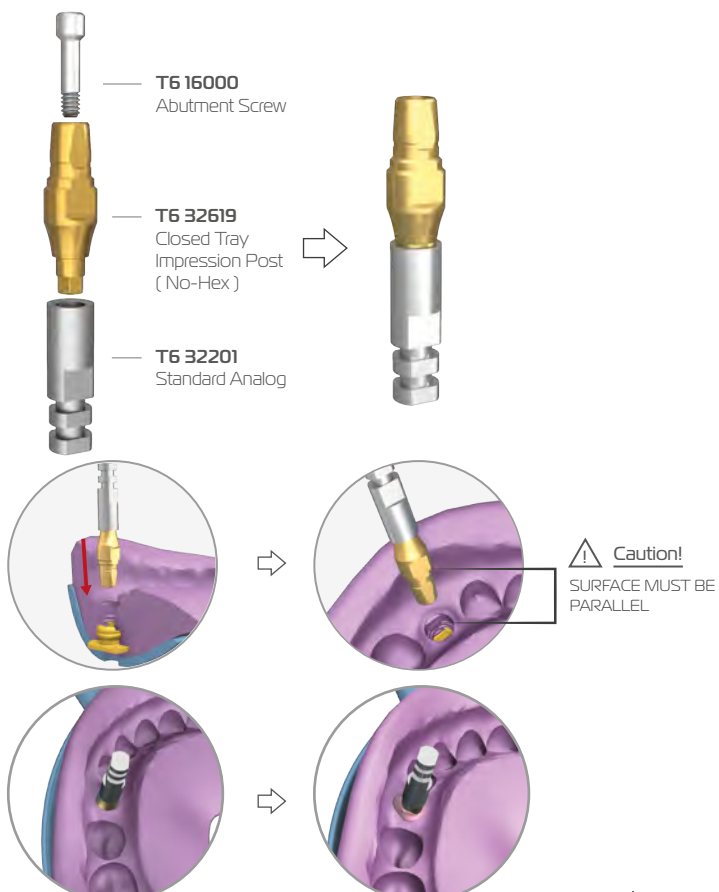
Special trays or standard impression trays can be used. Dense impression material, which is an heavy putty material, is placed into the impression tray.

Immediately after the liquid silicone is applied around the closed tray impression post, the prepared impression tray is placed into the patient's mouth.

The tray is removed from the mouth when the material has cured and hardened. While the closed tray impression post remains in the patient's mouth, the yellow impression post remains in the tray.



5. Placing the Analog on the Impression Tray



Closed tray impression posts are removed from the patient's mouth and sent to the laboratory together with the impression tray or being placed on the impression tray.

Standard analog and closed tray impression posts are connected to each other with the help of abutment screw. It should be ensured that the impression post is properly seated on the hex housing in standard analog.

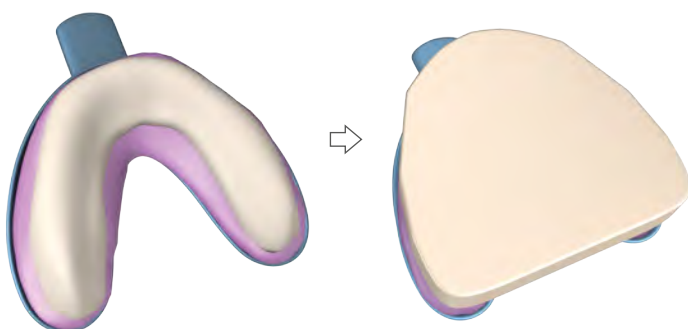
Standard analog is placed in the impression tray and seated in its place in the tray by being pressed in the apical direction.

It should be placed in a way that the flat surface of the impression post faces the flat surface in the tray, and it should be ensured that it is fully inserted into the yellow impression cap inside the tray.

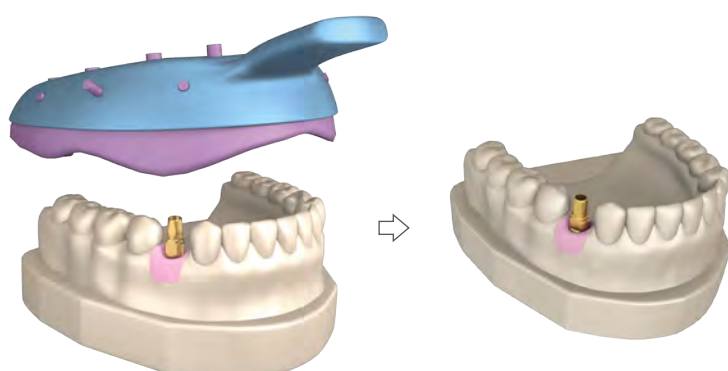
In case of incorrect placement of standard analog, the prosthesis to be formed will also be faulty. Much attention should be paid.

Aesthetic silicone is injected around standard analog in the tray to determine the position and shape of the gingiva.

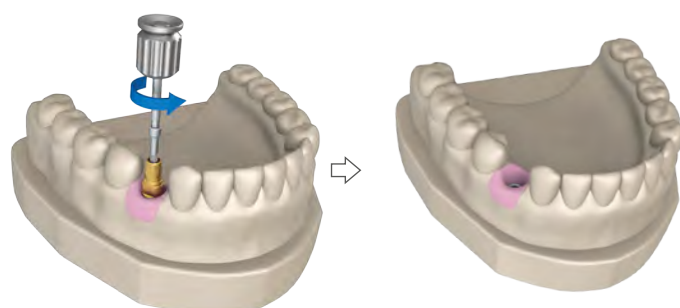
6. Creating a Plaster Model



Neat plaster is poured into the impression tray and ground sill is placed.



After the plaster has set, the impression tray is removed, the impression posts are taken out and the process is completed.



Prosthesis can be made after the burrs on the prepared plaster model is removed.

Closed Tray Impression Techniques (without cap)



Over-Implant | Closed Tray Impression Post (without cap)

Ø 4.5 mm
Platform Diameter



Product Code	:	T6 32620	T6 16010	T6 32201
Connection Structure	:	Hex	Closed Tray Impression Screw	Standard Analog
Gingival Height	:	2.0 mm		

All closed tray impression posts are produced from titanium Gr5 material.

It can be used in cases where the gap between two teeth is narrow.

Closed tray impression screw is tightened with hex driver.

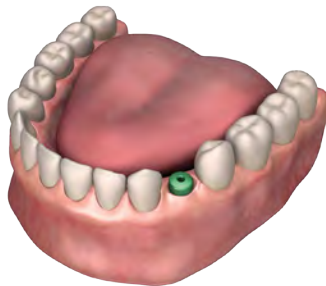
Closed tray impression post and impression screw can be used for impression processes where the closed tray yellow impression cap cannot be used comfortably.

Impression posts are only used by placing them on T6 Standard implants.

They are not used with multi unit abutments!

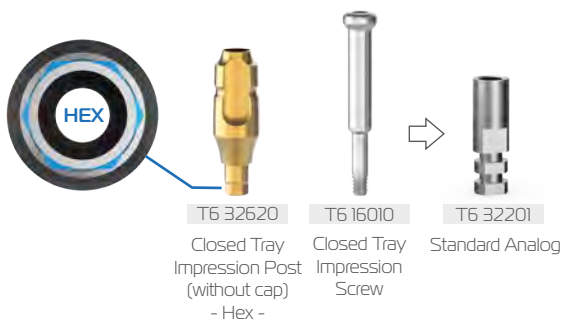
Usage of Closed Tray Impression Post (without cap) - Single Tooth Treatment

1. Clinical Case - Single Tooth Treatment

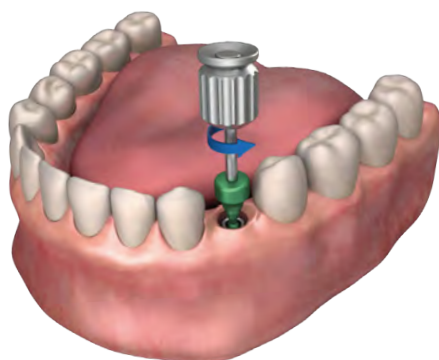


In the clinical case here, the patient has a single missing tooth in the left mandibular region.

In this document, creation of a plaster model using over-implant closed tray impression posts (without cap).



Closed tray impression post (without cap), closed tray impression screw and standard analog are prepared.



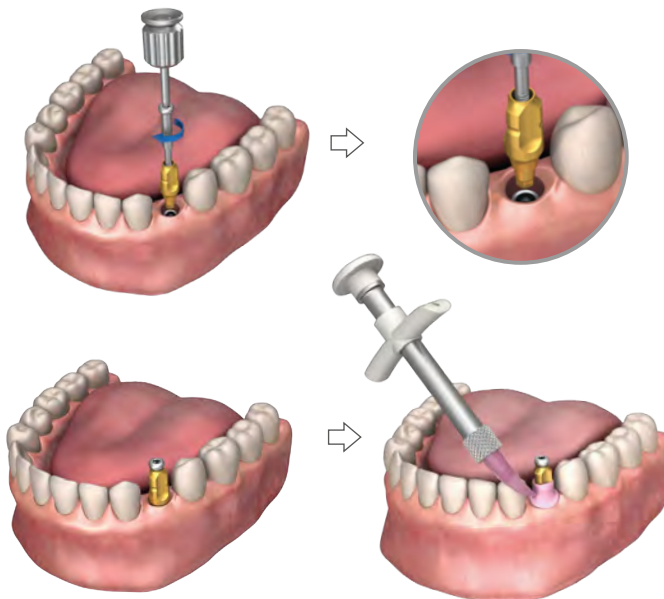
The gingiva former is carefully removed with the hex driver.

Ensure adequate accessibility to avoid gingival compression during insertion of the impression post.

The sulcus may collapse rapidly when the gingiva former is removed.

Care should be taken against this situation.

2. Placing the Impression Post into the Patient's Mouth



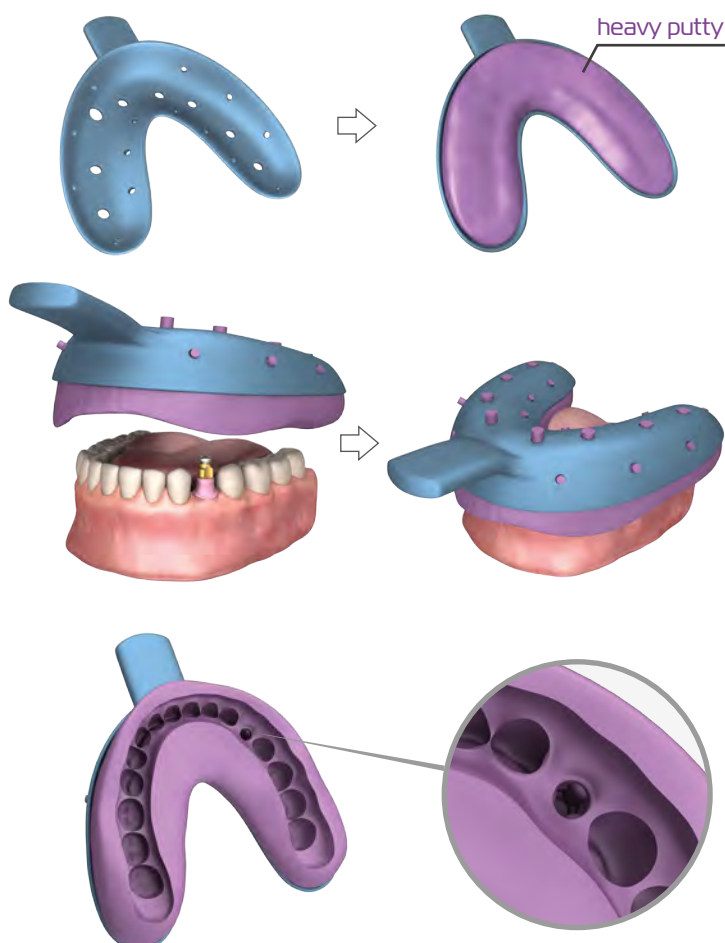
If there are blood and tissue particles inside the implant, they should be removed with vacuum first.

Closed tray impression post is carefully inserted into the implant.

After passive seating of the impression post has been achieved, closed tray impression screw (16010) is inserted manually and tightened with hex driver to fix it to the implant.

In order to take a more precise impression, fluid polyether is sprayed on the surface of the closed tray impression posts.

3. Impression Process



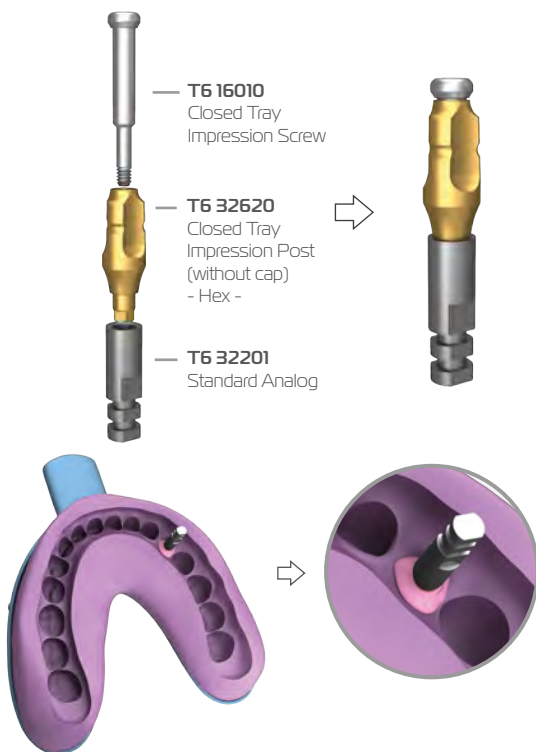
Special or standard impression trays can be used.

Dense impression material, which is heavy putty material, is placed into the impression tray.

Immediately after the liquid silicone is applied around the closed tray impression post, the prepared impression tray is placed into the patient's mouth.

When the material has cured and hardened, the impression post is removed from the mouth.

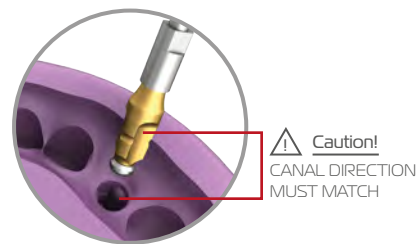
4. Placing the Analog on the Impression Tray



Standard analog and closed tray impression post are connected to each other with the help of the closed tray impression screw and put in its place on the impression tray.

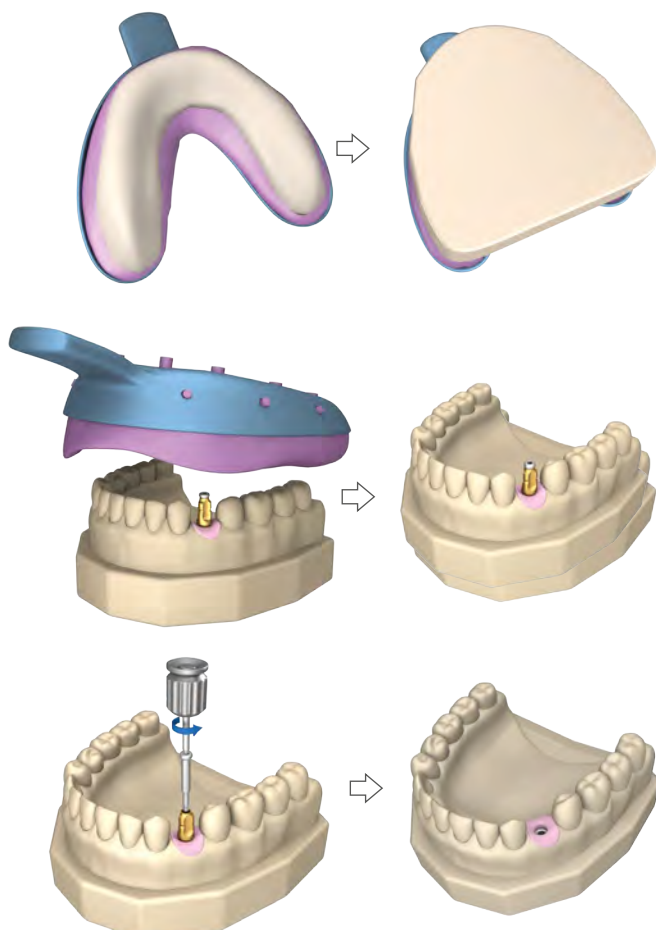
The cap is pressed in the apical direction until it fits into its place in the tray.

It should be ensured that the impression post is properly seated on the hex housing in standard analog. The prosthesis will also be faulty due to incorrect placement of the analog. Much attention should be paid.



Silicone remover is sprayed on the analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around the analog in the tray to determine the position and shape of the gingiva.

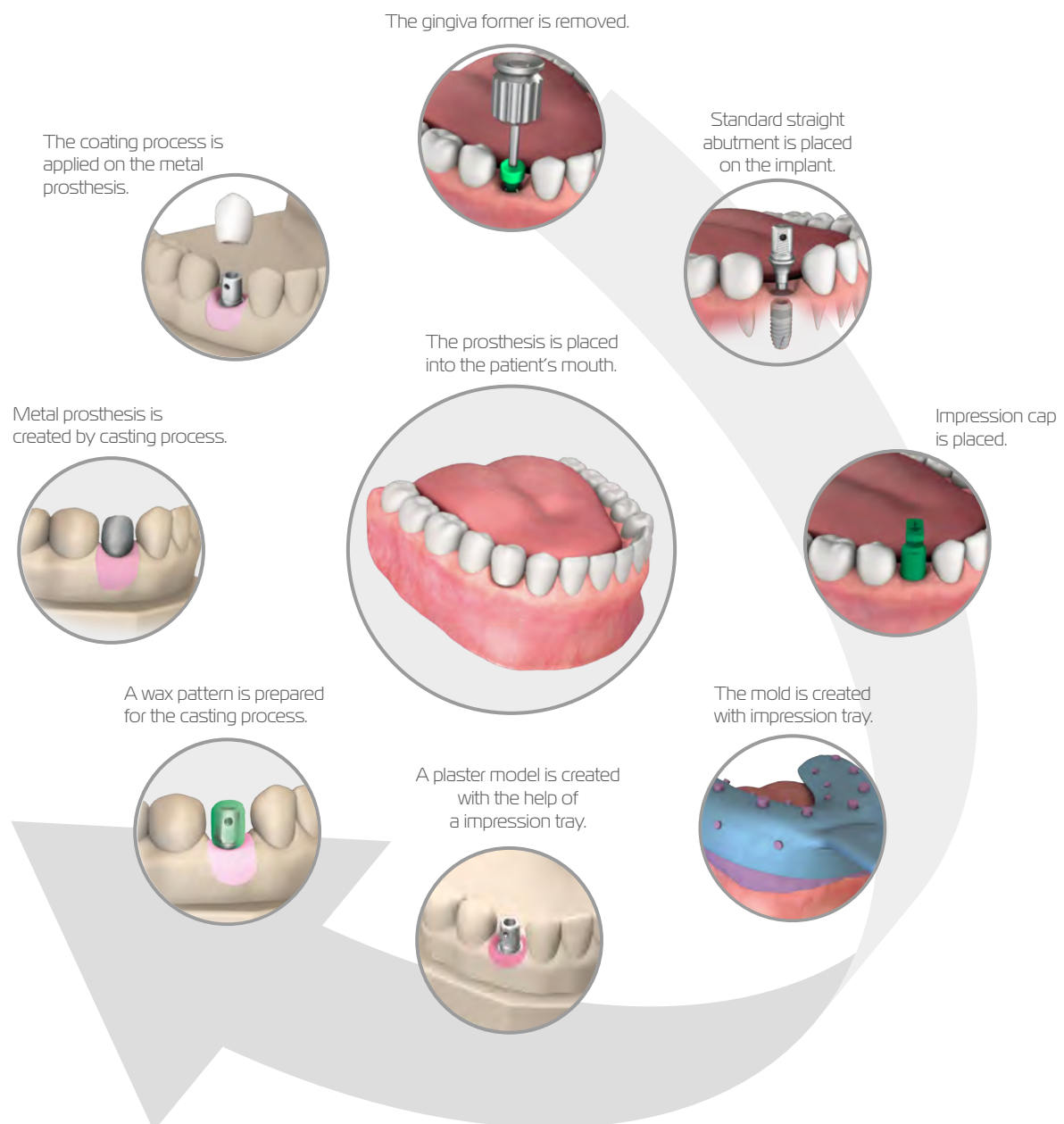
5. Creating a Plaster Model



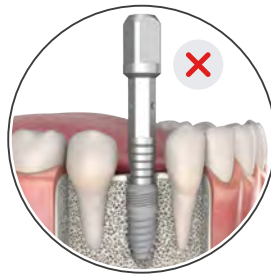
Neat plaster is poured into the impression tray and ground sill is placed.

After the plaster has set, the impression tray is lifted, the impression post is removed and the process is completed.

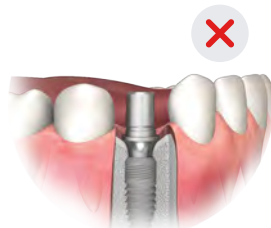
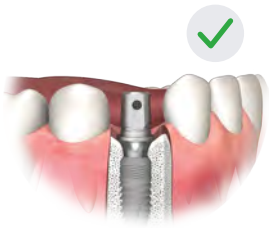
Prosthesis can be made after the burrs on the prepared plaster model is removed.



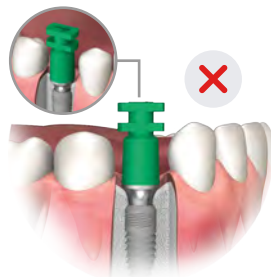
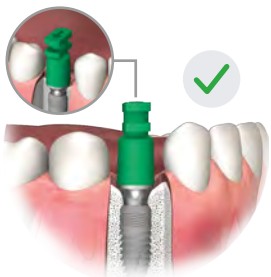
Rules to Consider Before Plastic Impression Caps



In order for standard straight abutments to be positioned correctly, the dots of the carrying and tightening part must face the vestibule direction of the teeth when placing T6 implants. Thus, the straight surface of the Hex structure will be in the vestibule direction of the teeth.



The straight surface of the standard abutment should face the vestibule direction if the implant is placed in the correct orientation.



The arrow mark on the impression cap indicates the straight direction of the standard abutment and should face the vestibule direction. An improperly positioned impression cap may touch the adjacent teeth, or in implants placed too close to each other, the impression caps may come into contact with each other and cause inaccurate impression.

Impression Technique at Standard Straight Abutments

Clinical Case :



In this clinical case, tooth number 4 is missing in the left mandibular region of the patient.

A T6 implant($\varnothing$: 4,1 mm L : 10,0 mm [T6 4110]) was placed where the missing tooth was, and a gingiva former with a gingival height of 2.0 mm was placed on the implant.

After the osseointegration process was completed, the patient came to the clinic to have dental prosthesis on the implant.

Materials Used :



The parts to be used in the treatment process are prepared. Measures in this treatment :

A standard straight abutment
platform diameter($\varnothing$) : 5.0 mm,
gingival height(GH) : 2.0 mm was used.

1. Placing the Standard Straight Abutment on the Implant



The gingiva former is carefully removed with a manual hex driver. Ensure adequate accessibility to avoid gingival compression during insertion of standard straight abutment. The sulcus may collapse rapidly when the gingiva former is removed. Care should be taken against this situation.

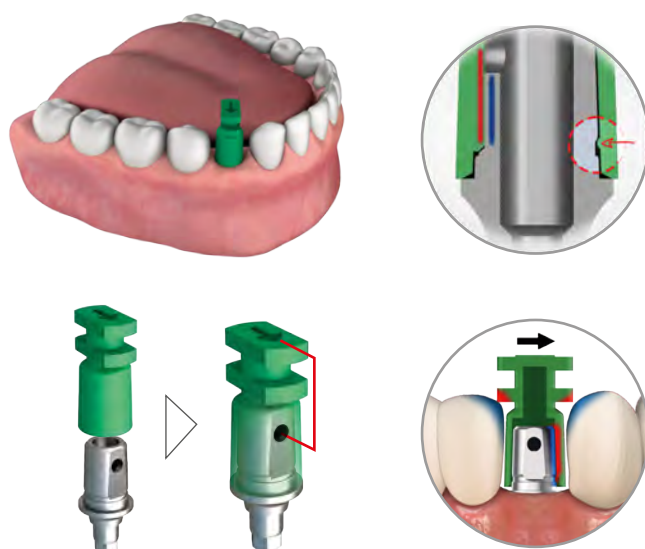
If there are blood and tissue particles inside the implant, they should be removed with vacuum first.

The standard straight abutment selected by the dentist according to the gingival height and platform diameter is carefully placed on the implant.

Note: Standard straight abutment is attached to the implant in a way that its perforated antirotation surface faces the vestibule (outside the mouth).

Abutment screw should be used to fix the standard straight abutment to the implant. The screw is inserted with a hex driver and tightened by handheld.

2. Placing the Plastic Impression Cap on the Abutment



The impression cap supplied in the abutment package used is placed on the fixed abutment. The post is pressed in the apical direction until it sits into place.

When the protrusion in the post fits into the recessed surface of the abutment, it means the post is correctly and fully inserted.

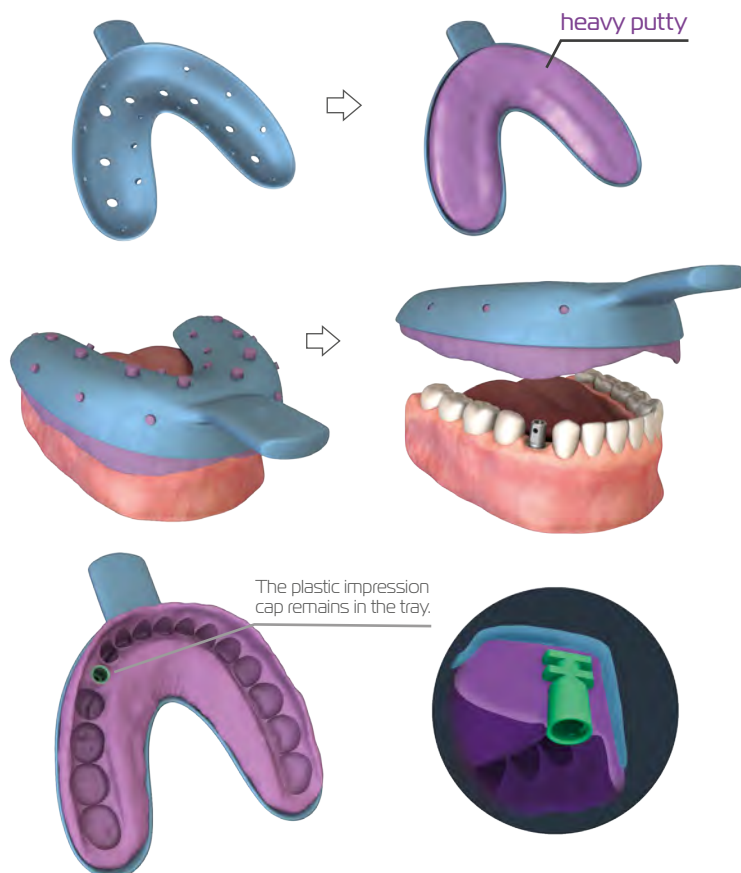
Caution!

The plastic impression cap is placed in such a way that the arrow direction on it faces the perforated surface of the abutment.

If the impression cap is attached in a different position, the post may not fit properly on the abutment or may come into contact with the adjacent teeth. If an impression is taken in this way, it will be an incorrect impression.

Note: When selecting the impression cap, attention should be paid to the platform diameter of the abutment. The posts used in larger or smaller diameters than the needed ones will not fit in place and will cause inaccurate impression.

3. Preparing the Impression Tray



Heavy putty material is placed in the impression tray. Then, the tray is placed into the patient's mouth. The excess overflowing from the tray is removed.

The tray is removed from the mouth when the material has cured and hardened. **The impression cap is released from the abutment during the removal of the tray from the mouth and remains in the putty material.** The abutment remains in the patient's mouth.

The abutment is removed from the patient's mouth and sent to the laboratory together with the abutment screw and impression tray.

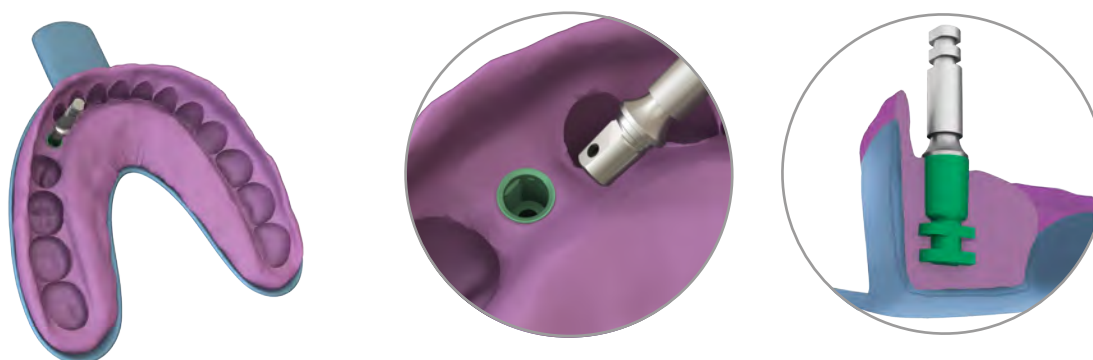
4. Placing the Standard Analog on the Impression Tray



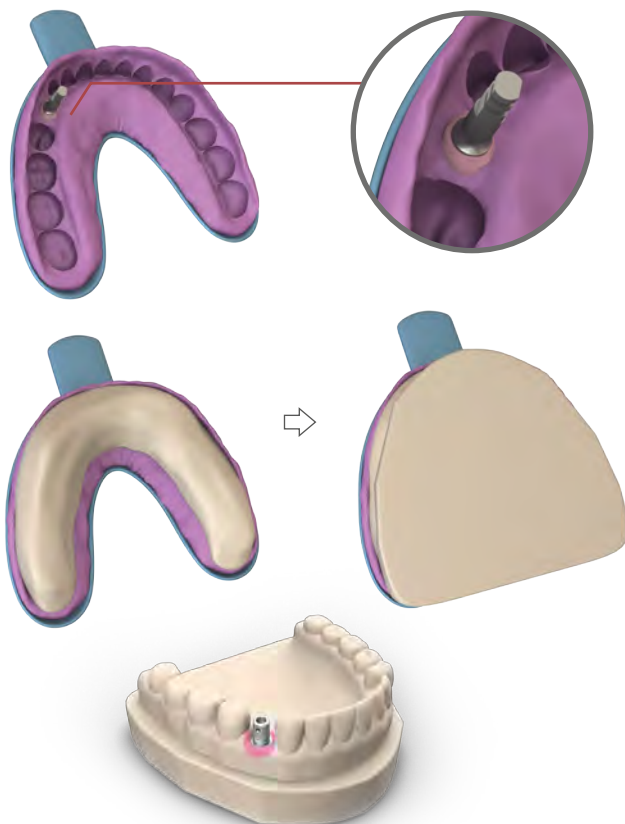
Standard analog and standard straight abutment is fixed to each other with the help of the abutment screw and put in place on the impression tray.

The analog group, which is mounted to each other, is pressed from behind, so that the abutment fits into the impression cap in the tray.

It should be placed in a way that the flat surface of the standard abutment faces with the flat surface in the tray and it should be ensured that it is fully inserted into the tray. Otherwise, the prosthesis will be faulty due to incorrect placement of standard analog.



5. Creating Plaster Model



Aesthetic silicone is applied around standard analog in the tray to determine the position and shape of the gingiva.

Silicone remover spray is sprayed on standard analog. Remover spray is applied in order that the silicone comes out easily from standard analog and does not damage the gingival shape.

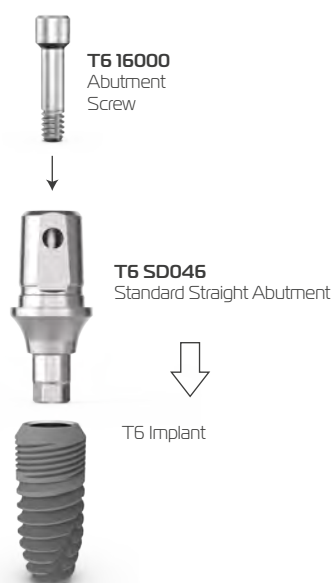
A model is created with dental plaster material using standard methods.

Neat plaster is poured into the impression tray left until it hardens. The ground sill is placed and turned upside down.

Prosthesis can be made after the burrs on the prepared plaster model is removed.

Note: It should be ensured that the abutment is properly seated on the hex bearing in standard analog.

General Features of Standard Straight Abutments



Standard straight abutments have hex connection structure. Thanks to this structure, it does not turn left or right when mounted on T6 implants.

It is fixed on the implant using the abutment screw.

It can be used in single, partial or total edentulism treatments.

The created prostheses are adhered to the abutment with cement.

There is no need for a screw hole on the prosthesis. Thus, a more solid bite surface is obtained.

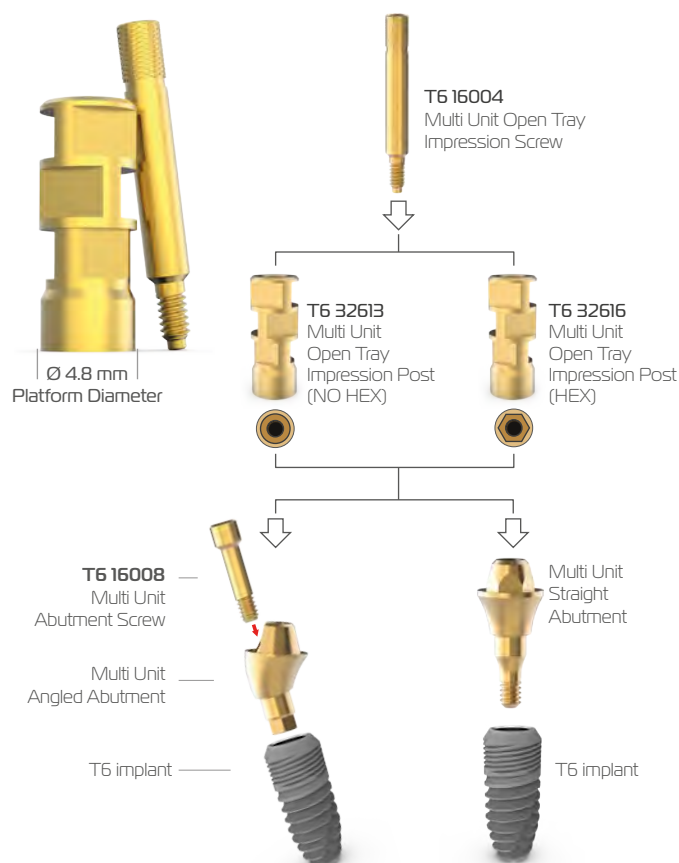
Low-grade curvature errors from implants can be corrected with the prosthesis attachment pattern.

In this document, the use of standard straight abutments is described for single tooth and bridge prosthesis treatments.

Traditional casting techniques were used for prosthesis production.

Note: Abutment screw included in the package should be used to fix the abutment during the completion of the superstructure and attachment to the patient, and during prosthesis fabrication.

Multi Unit Open Tray Impression Posts



In this document, the use of a multi unit open tray impression post is described for total dental prosthesis applications.

Multi unit open tray impression posts are used in the dental laboratory to transfer the location and direction of the dental implant or abutment from the edentulous or partially edentulous jaw of the patient to the plaster mold by using the open tray impression technique.

All open tray impression posts are made of titanium Cr5 material.

A specially made impression tray should be used.

The open tray impression screw is tightened with a hex driver or by hand.

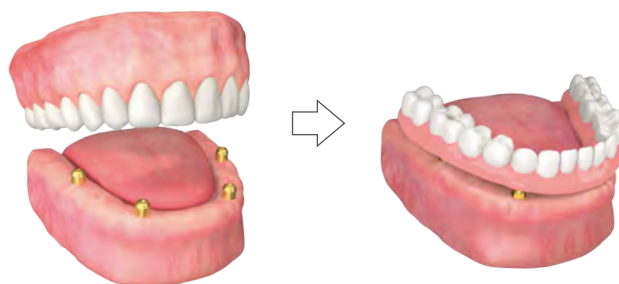
It can be used in narrow gaps such as the gap between two teeth.

The open tray technique is recommended to be used in single tooth treatments where the implant axis differs, or in treatments where there are multiple dental implants with different axis. Hex impression posts should be used in single tooth treatments, and No-Hex impression posts should be used in multiple tooth treatments.

Multi unit open tray impression post and its open tray impression screw are supplied in the same package.

Usage of Multi Unit Open Tray Impression Posts - Total Edentulous

1. Clinical Case



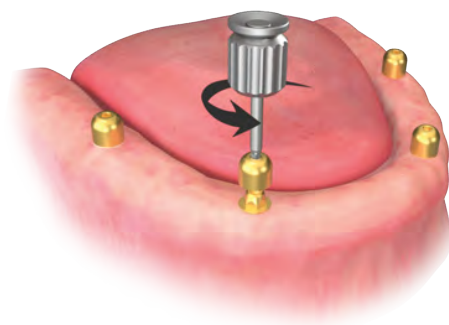
In the clinical case here, the patient has a total missing tooth in the lower jaw.

In this document, creation of a plaster model using open tray impression posts for over-multi unit abutments.

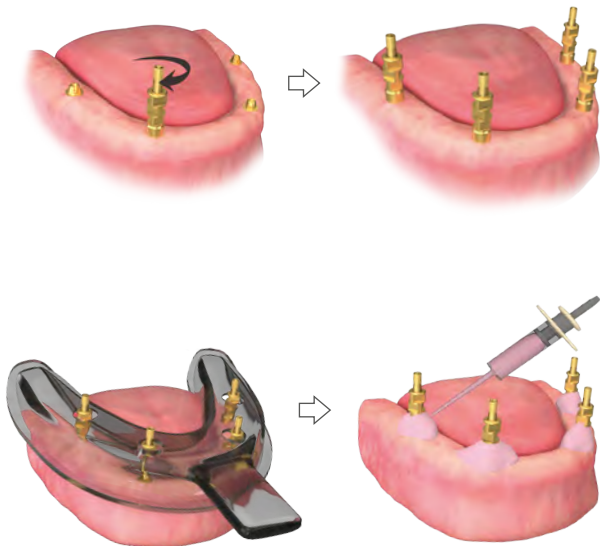
If the patient has a temporary prosthesis in his mouth :
The temporary prosthesis is carefully removed with a manual hex driver. It is ensured that there are no particles or soft tissue on the multi unit abutment platform.

If there is a comfort cap on the multi unit base :
Comfort is carefully removed with a manual hex driver (T6 25251).

It is ensured that there are no particles or soft tissue on the multi unit abutment platform.



2. Placing the Impression Part on the Abutment



Multi unit open tray impression posts (T6 32613) are carefully placed on the multi unit abutment and fixed to the multi unit abutment with the help of the open tray impression screw (TO 16004).

Note: multi unit open tray impression posts (no hex) are used here since the case is multiple tooth deficiency.

The multi unit open tray impression screw should be tightened by hand or torqued to a **maximum of 10 Ncm** with the help of a ratchet.

It should be ensured that passive seating is provided between the multi unit abutment platform and the multi unit open tray impression post. X-ray may be performed at this stage to confirm that the impression posts have been placed correctly.

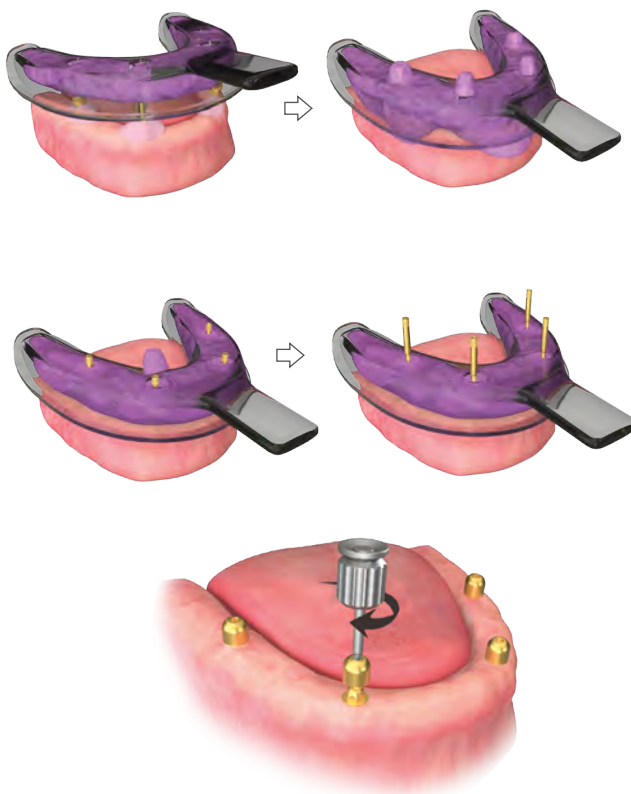
A special tray is used in the open tray impression technique. The dentist makes a hole in the tray at the point where the impression post coincides. This hole is necessary for the screw to be unscrewed.

The prepared special tray is tested in the patient's mouth without using the impression material and it is checked whether it is suitable for the impression process.

If the tray is not suitable, necessary adjustments are made to make it suitable.

In order to take a more precise impression, fluid silicone which is an elastomeric material is applied around the impression post.

3. Preparing the Impression Tray and Taking Impressions



Heavy putty material is placed in the impression tray and the tray is placed in the patient's mouth. At this stage, excess materials around the screw are removed in order to easily reach the open tray impression screw.

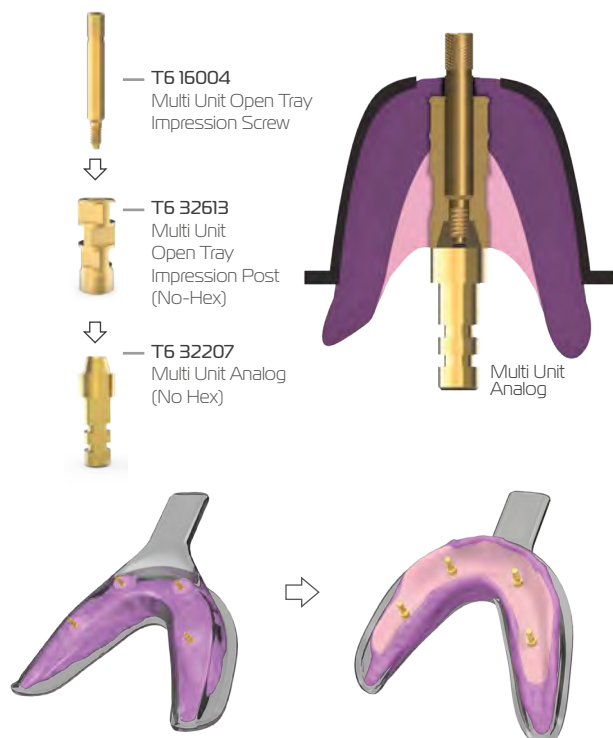
When the material is cured and hardened, the multi unit open tray impression screws are removed and the tray is taken out of the patient's mouth. The impression post remains in the putty material as it is released from the multi unit abutments.

In order to prevent any substance from entering into multi unit abutments, comfort cap is placed on it and tightened with a manual hex driver.

Usage of Multi Unit Open Tray Impression Posts - Total Edentulous

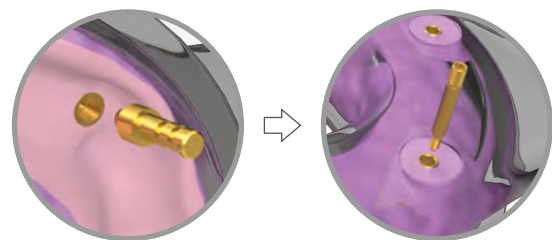


4. Placing the Multi Unit Analog on the Impression Tray



The multi unit analog is carefully placed on the impression post in the tray and fixed with a multi unit open tray impression screw.

Note: In the case here, multi unit analogs(no hex) are used, since the multi unit impression post(no hex) is used.



After all multi unit analogs and impression posts have been placed, care must be taken to ensure that no parts are loose.

It should be ensured that the passive seating between impression parts the analog platform has been achieved. Otherwise, the prosthesis will be faulty due to incorrect placement of multi unit analog. Much attention should be paid.

5. Creating a Plaster Model

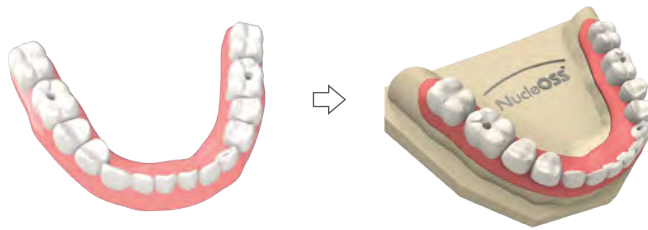


Silicone remover spray is sprayed on multi unit analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around the multi unit analog in the tray to determine the position and shape of the gingiva.

Neat plaster is poured into the impression tray and ground sill is placed.

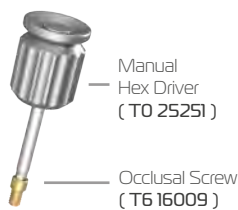
After the plaster has set, the impression tray is lifted, the impression posts are removed, and the process is completed. The burrs on the prepared plaster model removed, and the prosthesis making can be started.

6. Placing the Total Dental Prosthesis into the Patient's Mouth



The material to be used for the total dental prosthesis, coating and polishing processes is prepared in accordance with the instructions given by the manufacturer and coated on the metal frame.

The prepared total prosthesis is tried on the plaster model and the prosthesis, passive seating of which has been achieved, is sent to the clinic together with the plaster model to be placed into the patient's mouth.



After the total dental prosthesis is subjected to necessary controls, it is sent to the clinic and placed in the patient's mouth, and the occlusal screws are placed on the abutments with the help of a manual hex driver.

The occlusal screws should be torqued to a **maximum of 20 Ncm** with the help of tightening hex drivers.

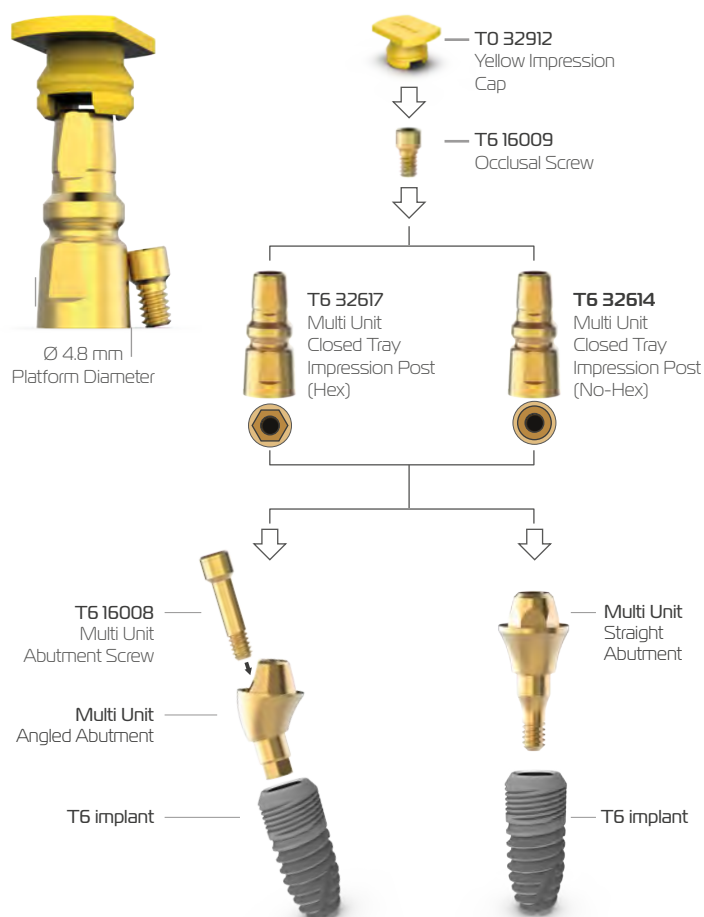


Tightening Hex Drivers
(for torquing)



The screw hole in the tooth occlusal is covered with teflon and the filling material is applied and hardened. When total prosthesis is to be removed, this material is taken out and the screw is removed.

Multi Unit Closed Tray Impression Posts



In this document, use of multi unit closed tray impression post is indicated for total dental prosthesis applications.

Closed tray impression posts are used in the dental laboratory to transfer the location and direction of the dental implant or abutment from the edentulous or partially edentulous jaw of the patient to the plaster mold by using the closed tray impression technique.

The closed tray impression technique is recommended for patients with less mouth opening.

Multi unit closed tray impression posts (**hex**) should be used in single tooth treatments, and multi unit closed tray impression posts(**no-hex**) should be used in multiple tooth treatments.

All closed tray impression posts are made of titanium Gr5 material and the yellow impression cap is made of plastic material.

It is used with occlusal screw and tightened with hex driver or manually.

Multi unit closed tray impression post is supplied in the same package with yellow impression cap and occlusal screw.

Usage of Multi Unit Closed Tray Impression Posts - Total Edentulous

1. Clinical Case



In the clinical case here, the patient has total edentulous in the lower jaw.

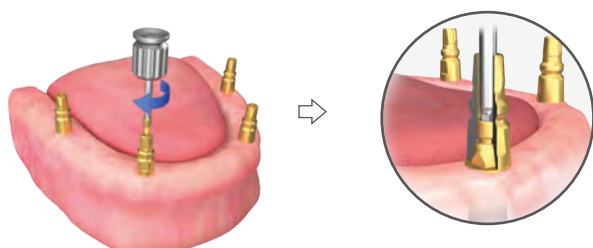
In this document, creation of a plaster model using over-multi unit open tray impression posts for over-multi unit abutments.

If the patient has a temporary prosthesis in his mouth:
The temporary prosthesis is carefully removed with a manual hex driver (T0 2525). It is ensured that there are no particles or soft tissue on the multi unit abutment platform.

If there is a comfort cap on the multi unit abutment:
Comfort cap is carefully removed with a manual hex driver.

It is ensured that there are no particles or soft tissue on the multi unit abutment platform.

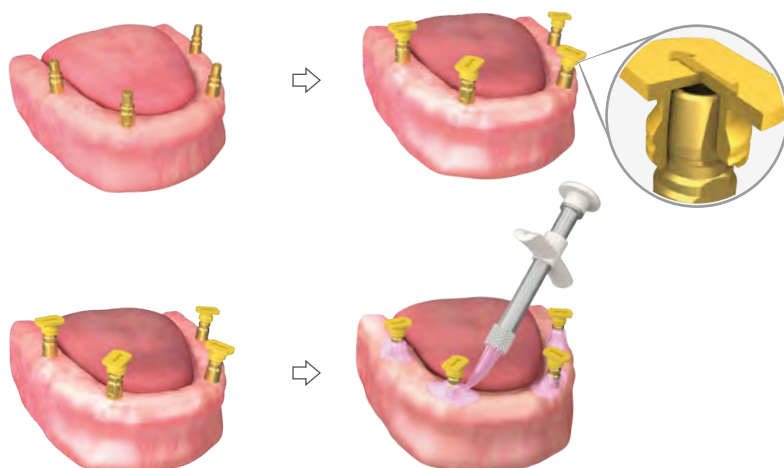
2. Placing Impression Posts on the Abutment



Closed tray impression posts (T6 32614) are carefully placed on the multi unit abutment and fixed to the multi unit abutment with the help of the occlusal screw (T6 16009).

The occlusal screw is hand-tightened with a manual hex driver.

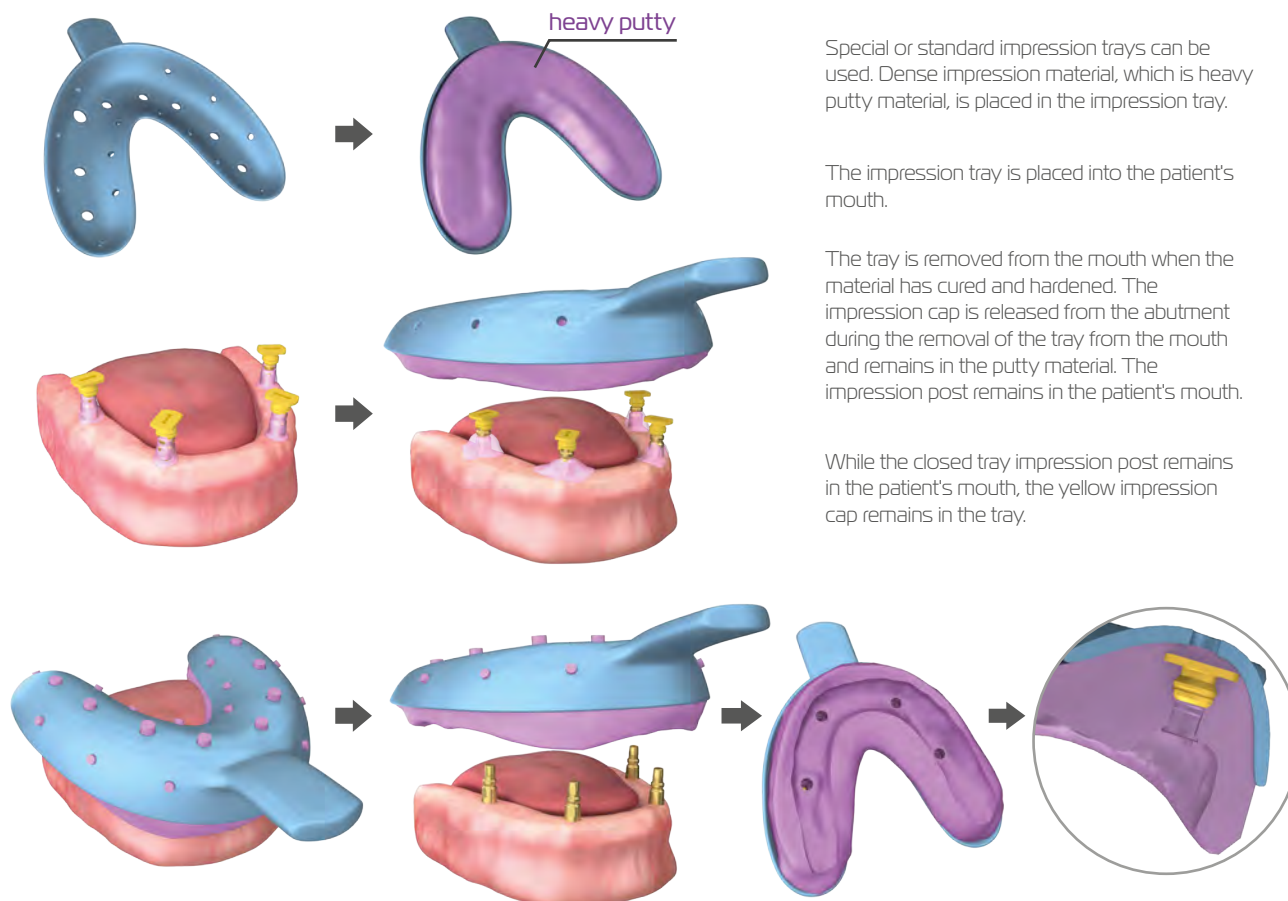
Note: Multi unit closed tray impression posts (no hex) are used here since the case is multiple tooth deficiency.



The yellow impression cap (T0 32912) is placed on the fixed impression post. The direction of the arrow seen on the cap must face the flat face of the impression post. The cap is pressed in the apical direction until it sits into place. The cap will make a clicking sound when it sits into place.

In order to perform a precise impression, silicone remover spray is sprayed around the closed tray impression post.

3. Impression Taking Process



Special or standard impression trays can be used. Dense impression material, which is heavy putty material, is placed in the impression tray.

The impression tray is placed into the patient's mouth.

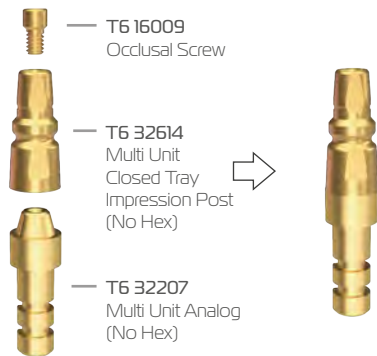
The tray is removed from the mouth when the material has cured and hardened. The impression cap is released from the abutment during the removal of the tray from the mouth and remains in the putty material. The impression post remains in the patient's mouth.

While the closed tray impression post remains in the patient's mouth, the yellow impression cap remains in the tray.

Usage of Multi Unit Closed Tray Impression Posts - Total Edentulous



4. Placing the Analog on the Impression Tray

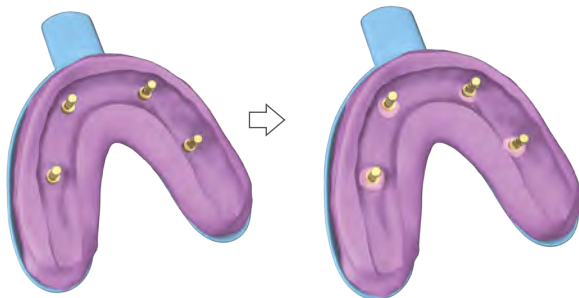
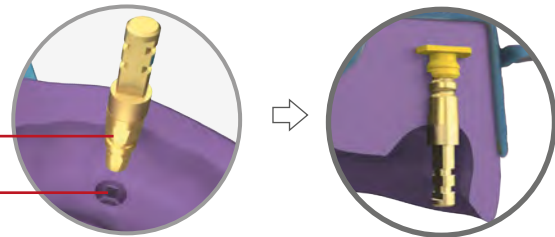


Note: In the case here, multi unit analogs (No Hex) are used, since the multi unit closed tray impression post(No Hex) is used.

Multi unit closed tray impression post are removed from the patient's mouth and sent to the laboratory together with the impression tray or by being placed on the impression tray.

Multi unit analog and closed tray impression post is connected to each other with the help of the occlusal screw and put in its place on the impression tray. The cap is pressed in the apical direction until it fits into its place in the tray.

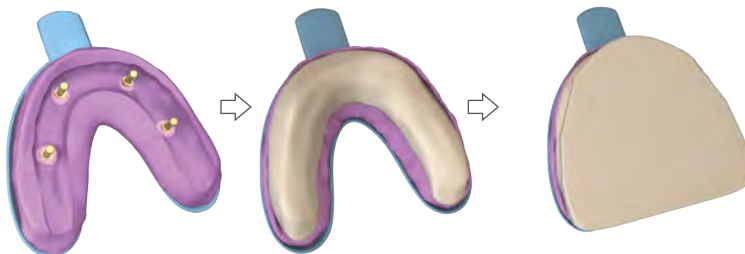
Caution!
SURFACES
MUST BE
PARALLEL!



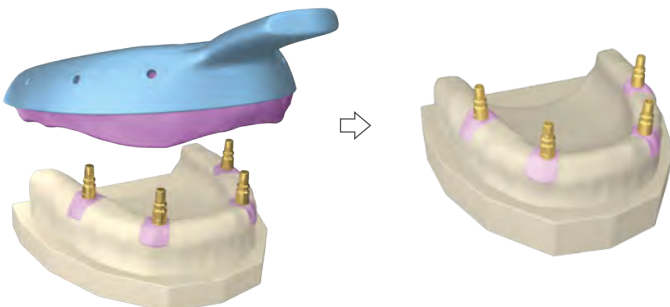
Note: It should be placed in a way that the flat surface of the impression tray faces with the flat surface in the tray and it should be ensured that it is fully inserted into the yellow impression cap inside the tray. The prosthesis will also be faulty due to incorrect placement of multi unit analog. Much attention should be paid

Silicone remover spray is sprayed on multi unit analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around multi unit analog in the tray to determine the position and shape of the gingiva.

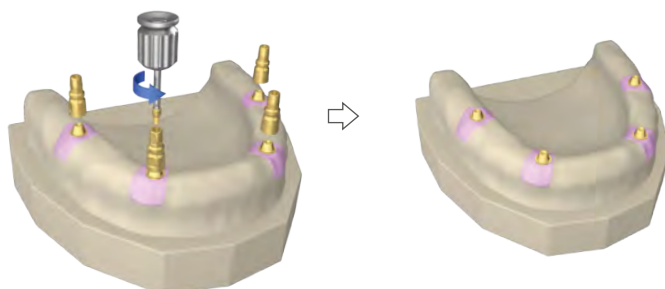
5. Creating a Plaster Model



Neat plaster is poured into the impression tray and ground sill is placed.

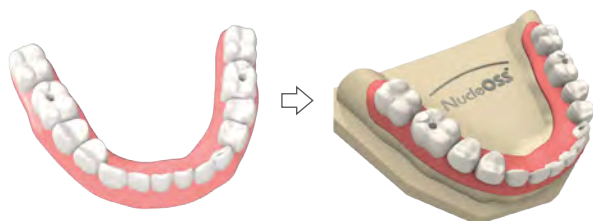


After the plaster has set, the impression tray is lifted, the impression posts are removed, and the process is completed.



Prosthesis can be made after the burrs on the prepared plaster model is removed.

6. Placing the Total Dental Prosthesis into the Patient's Mouth



The material to be used for the total dental prosthesis created, coating and polishing processes is prepared in accordance with the instructions given by the manufacturer and coated on the metal frame.

The prepared total prosthesis is tried on the plaster model and the prosthesis, passive seating of which has been achieved, is sent to the clinic together with the plaster model to be placed into the patient's mouth.



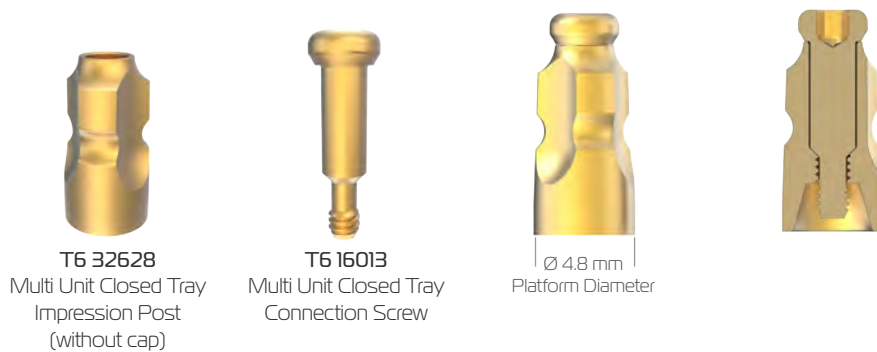
After the total dental prosthesis is subjected to necessary controls, it is sent to the clinic and placed in the patient's mouth, and the occlusal screws are placed on the abutments with the help of a manual hex driver.

The occlusal screws should be torqued to a **maximum of 20 Ncm** with the help of tightening driver.



The screw hole in the tooth occlusal is covered with Teflon and the filling material is applied and hardened. When total prosthesis is to be removed, this material is taken out and the screw is removed.

Multi Unit Closed Tray Impression Post (without cap)



The closed-tray impression technique is utilized to transfer the position and orientation of the dental implant or abutment from the patient's edentulous or partially edentulous arch to a definitive plaster model in the dental laboratory using closed-tray impression copings.

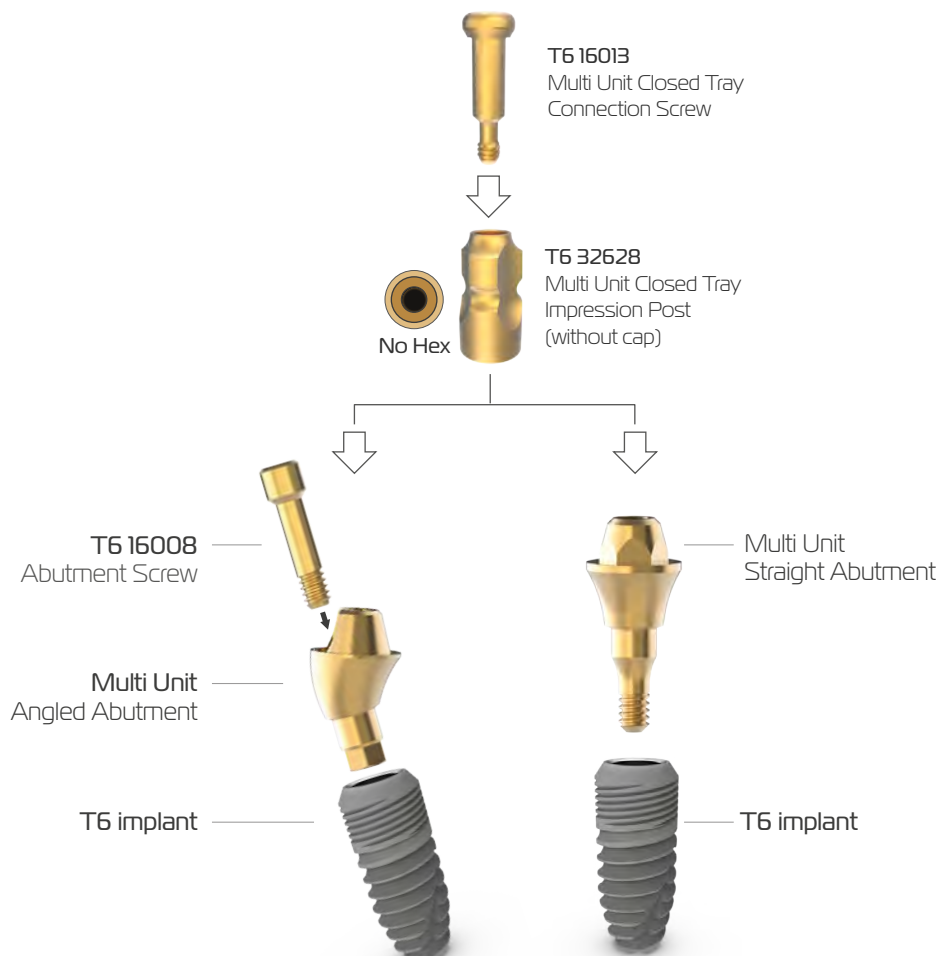
The closed-tray impression technique is recommended for patients with limited mouth opening, cases with restricted intraoral access, and patients with a severe gag reflex.

It can be employed in both single-tooth restorations and multi-unit fixed prosthodontic treatments.

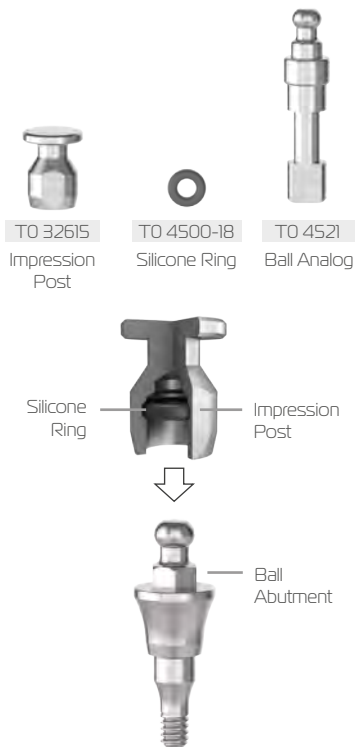
It is used in conjunction with a multi-unit closed-tray fixation screw, which can be tightened either using hex drivers or manually.

It is suitable for use in regions with narrow interdental spaces.

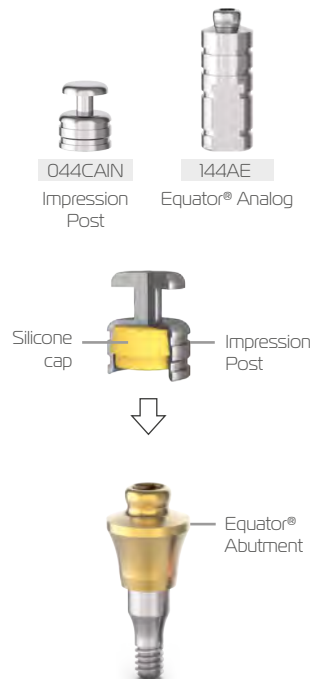
The multi-unit closed-tray impression posts(without cap) is supplied in the same package along with the closed-tray connection screw.



Ball Abutment Impression Posts



Equator® Abutment Impression Posts



In ball abutments, measuring is done with impression posts(TO 32615). The silicone ring is supplied assembled inside the impression post.

Impressions on Equator® abutments are performed with a impression post(044CAIN) containing **silicone cap**.

The method used contains the same steps as the closed tray impression technique for both abutments. Impression is taken on the abutment.

There is no need to make any changes to the impression tray. A standard impression tray can be used.

Impression post is used with a silicone ring inside it for tight fitting.

Impression posts are made of titanium and analogs are made of stainless steel.

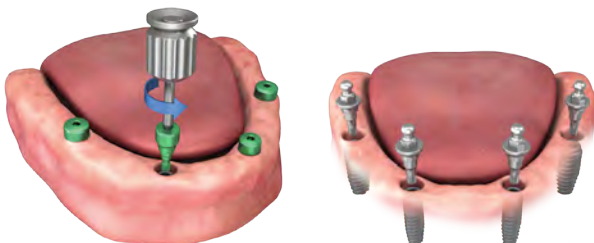
Notes:

1- Impression posts must be used once per patient to ensure optimum fit and impression accuracy.

2- Equator® abutments is a registered trademark of Rhein 83.

Usage of Ball Abutment Impression Post

1. Clinical Case

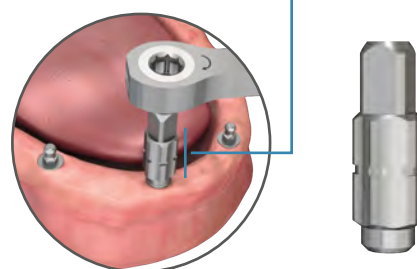
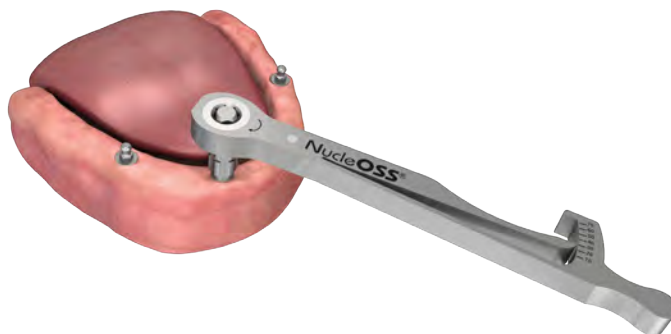


The gingiva formers are carefully removed with the hex driver (TO 2525). Ensure adequate accessibility to avoid gingival compression during insertion of the ball abutment.

The sulcus may collapse rapidly when the gingiva former is removed. Care should be taken against this situation. If there are blood and tissue particles inside the implant, they should be removed with vacuum first.

Note: Since the ball abutments have a platform diameter of Ø 4.5 mm, yellow gingiva former should not be used; green or purple gingiva former should be used.

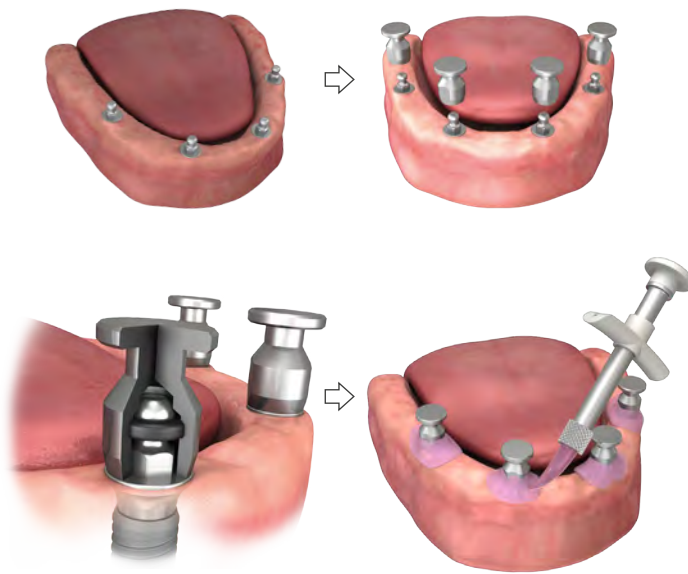
The ball abutments are carefully placed on the implant and the **ball abutment tightening part (TO 25205)** is used to fix it.



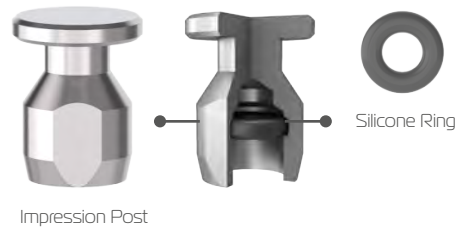
The ball abutment should be torqued to a maximum of 30 Ncm using the ratchet (TO 25900).

Note: For easy placement of the prosthesis, care should be taken to ensure that the ball abutments are at the same level.

2. Placing the Impression Posts on the Abutments



Ball abutment impression caps are prepared. Before starting the impression process, it should be ensured that the silicone ring is in the cap and in its place.

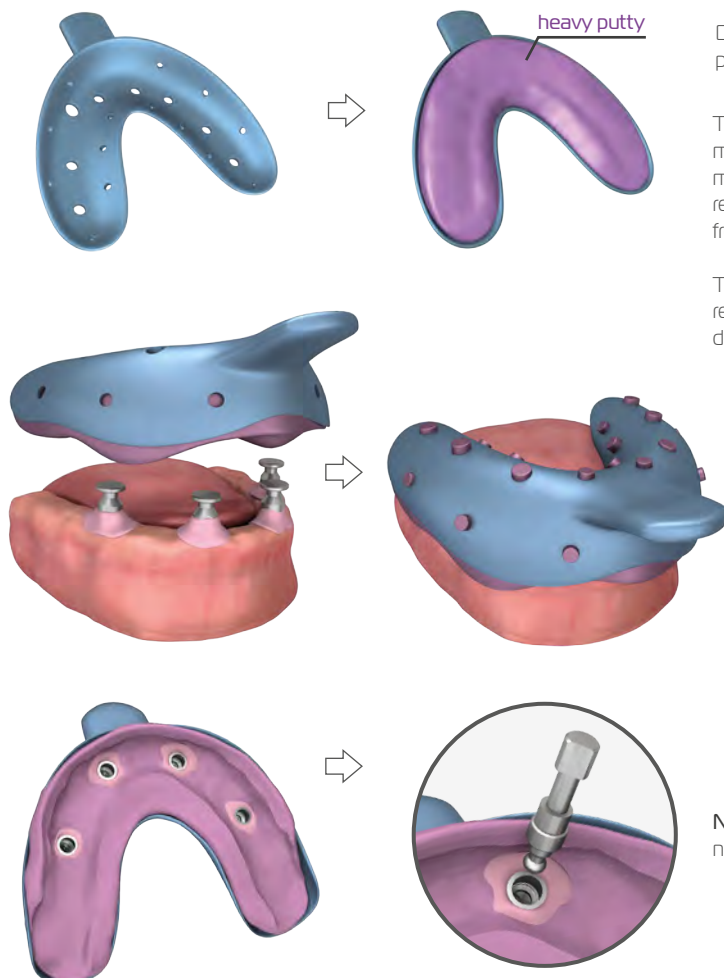


Impression caps are placed on the ball abutments. The cap is pressed in the apical direction until it fits into its place.

Impression caps should fully fit on the ball abutments and passive seating should be achieved. Otherwise, the impression caps will stay up and cause an error in impression process.

To obtain more precise measurements, polyether impression material can be injected around the impression post.

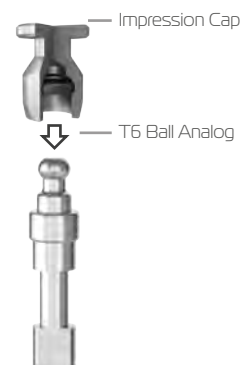
3. Placing the Impression Tray into the Patient's Mouth



Dense impression material, which is heavy putty material, is placed into the standard impression tray.

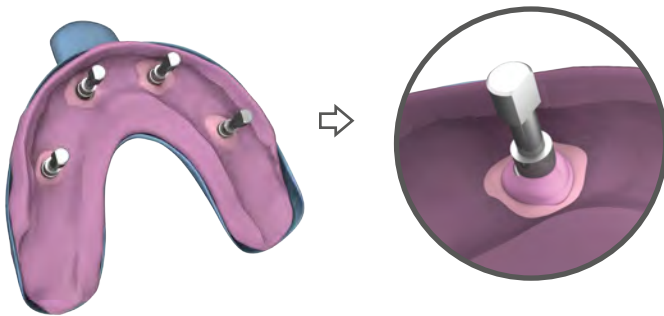
The prepared impression tray is placed into the patient's mouth. The tray is removed from the mouth when the material has cured and hardened. The impression caps are released from the abutment during the removal of the tray from the mouth and remain in the putty material.

The ball analog is placed inside the impression post remaining on the tray. The analog is pressed in the apical direction until it fits into the impression post.

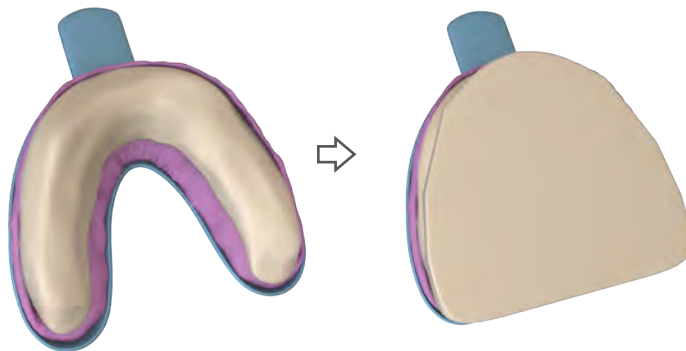


Note: Due to its low tensile strength, hydrocolloid material is not used in this application.

4. Creating Plaster Model



Silicone remover is sprayed on the analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then gingival aesthetic silicone is injected around the analog in the tray to determine the position and shape of the gingiva.

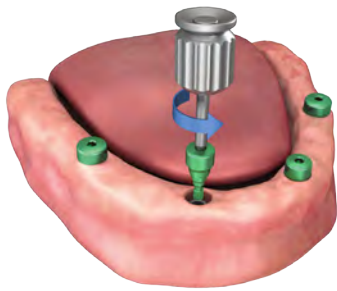


Neat plaster is poured into the impression tray and ground sill is placed.



After the plaster has set, the impression tray is removed, excessive burrs are cleaned and the process is completed.

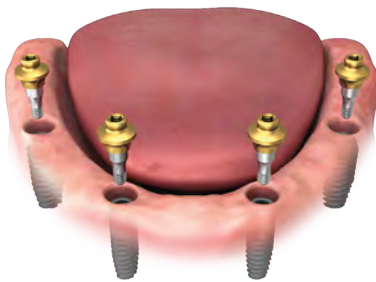
1. Clinical Case - Total Edentulous



Gingiva formers are carefully removed with the hex driver (TO 25251). Ensure adequate accessibility to avoid gingival compression during insertion of the ball abutment.

The sulcus may collapse rapidly when the gingiva former is removed. Care should be taken against this situation. If there are blood and tissue particles inside the implant, they should be removed with vacuum first.

Note: Since the Equator abutments have a platform diameter of Ø 4.5 mm, yellow gingiva former should not be used; green or purple gingiva former should be used.

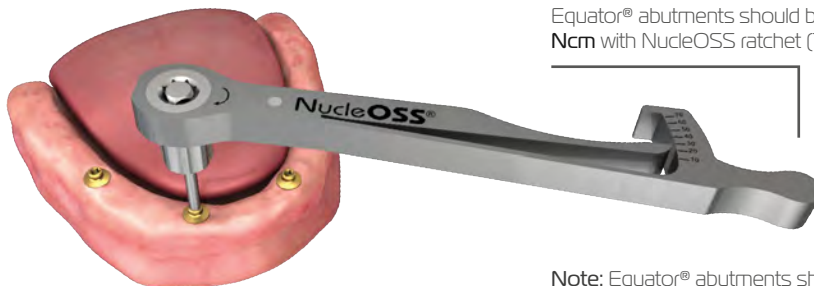


The equator® abutment is carefully inserted into the implant. Equator® abutments should be at the same level for easy placement of the prosthesis.

Equator® tightening part (774CHE) is used for fixing the Equator® mount to the implant.

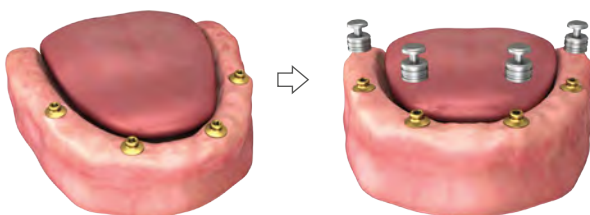


Equator® abutments should be torqued to a maximum 30 Ncm with NucleOSS ratchet (TO 25900).

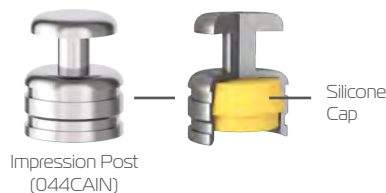


Note: Equator® abutments should be tightened with a ratchet to a maximum torque of 30 Ncm. Otherwise, the abutment may be damaged or broken in the screw area.

2. Placing Impression Posts



The impression posts are prepared to place on the abutments

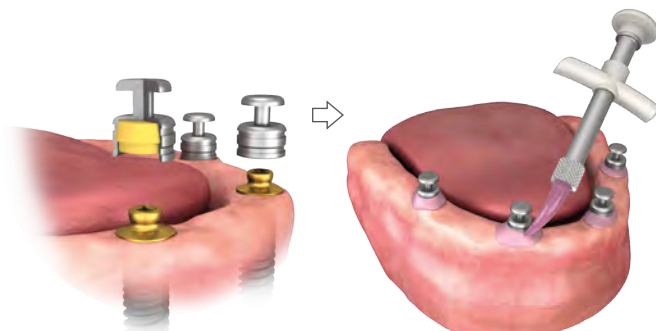


At this stage, it should be ensured that the silicone part is in the impression post and in its place.

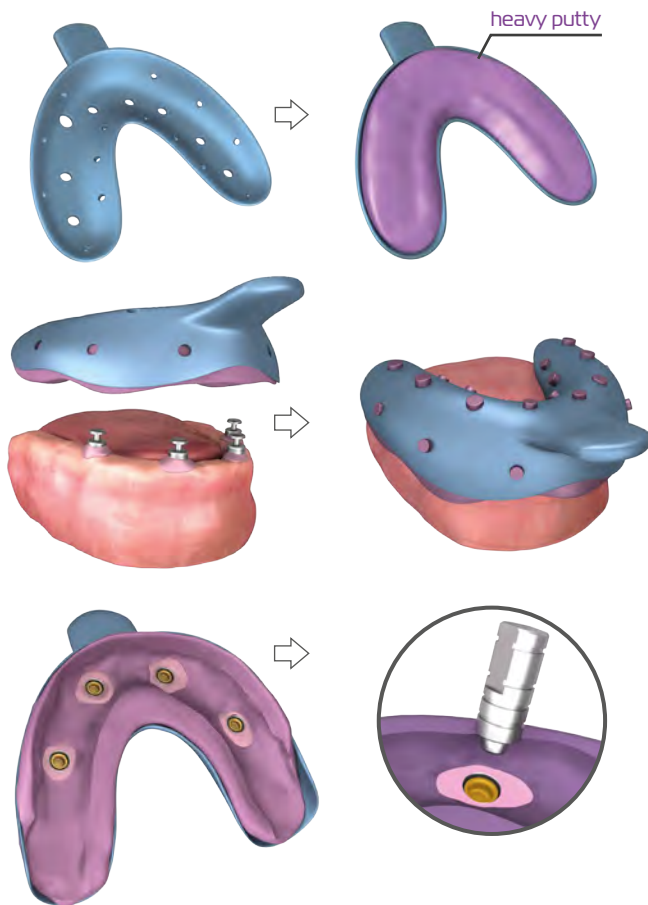
The impression posts are placed on the equator® abutments. The cap is pressed in the apical direction until it fits into its place.

The impression post must be fully seated on the abutment without leaving any gaps. Otherwise, it will cause an error in the impression process.

To obtain more precise measurements, polyether impression material can be injected around the impression post.



3. Placing the Impression Tray into the Patient's Mouth

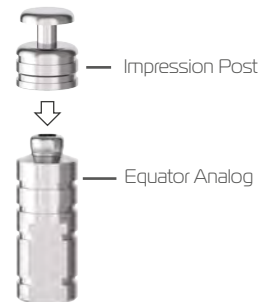


A standard impression tray is used. Dense impression material, which is putty material, is placed inside.

The prepared impression tray is placed into the patient's mouth.

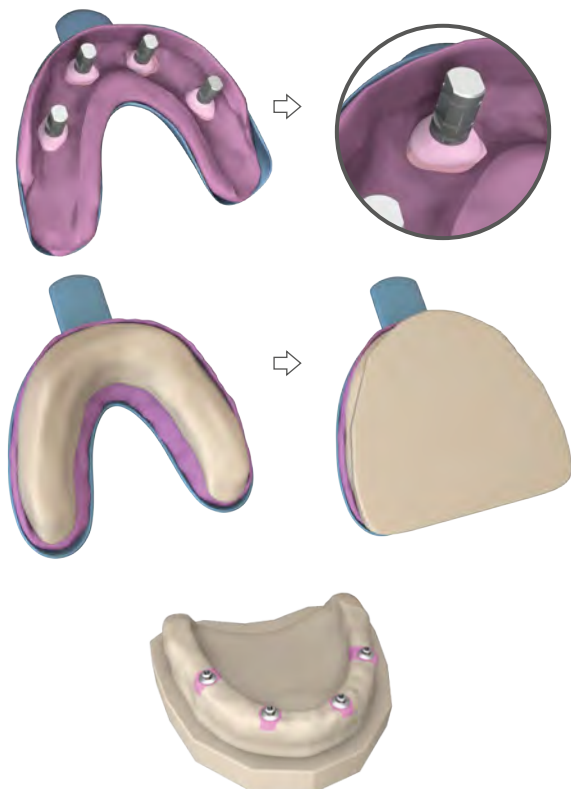
The tray is removed from the mouth when the material has cured and hardened. The impression post is released from the abutment during the removal of the tray from the mouth and remains in the putty material.

The equator analog is placed in the impression post remaining on the tray. By pressing the back of equator analog, it is ensured that it fits into the impression post.



Note: Due to its low tensile strength, hydrocolloid material is not used in this application.

4. Preparation of the plaster model



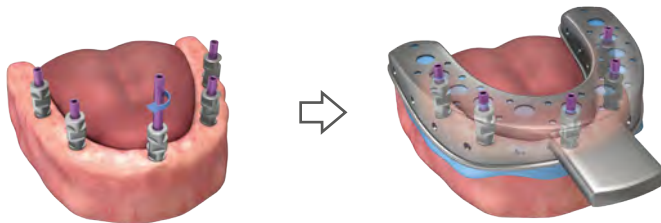
Silicone remover is sprayed on equator analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around the analog in the tray to determine the position and shape of the gingiva.

Neat plaster is poured into the impression tray and ground sill is placed.

After the plaster has set, the impression tray is lifted, excess burrs are removed, and the process is completed.

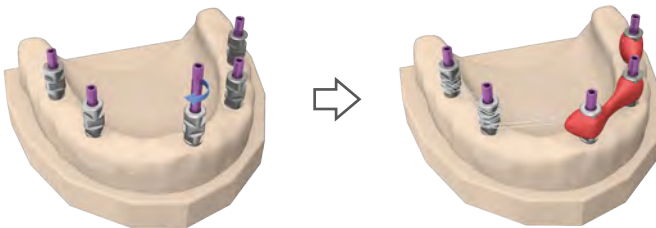
The verification method is used to verify and correct the passively fitting metal framework of a bridge, hybrid or total dental prosthesis. This method can be applied with open/closed tray impression posts(over-implant or multi unit abutment).

Application with Open Tray Impression Posts(Over Implant)

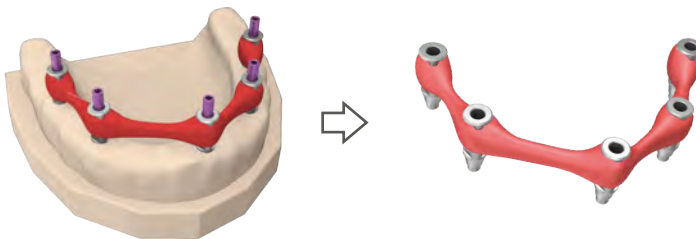


First, the open tray impression posts are carefully placed on the implants in the patient's mouth with the help of open tray impression screws. A plaster model is created with the open tray impression method.

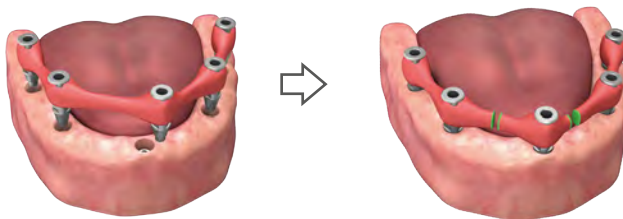
Note: You can refer the "Impression Techniques" section to learn how the open tray impression process is performed.



Open tray impression posts are placed on the standard analogs in the plaster model with open tray impression screws. The impression posts are connected to each other using dental floss or orthodontic wire and adhered to each other by applying a pattern resin or a light-curing material between the impression posts.



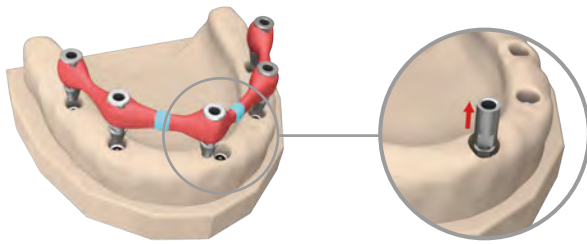
After the resin has cured, open tray impression screws are unscrewed and the verification part created is removed from the dental plaster model



The verification apparatus is prepared to be placed on the implants in the patient's mouth. The arms of the verification apparatus, which cannot be sit on the implant, are cut and it is placed on the implant in such a way that passive seated is achieved.

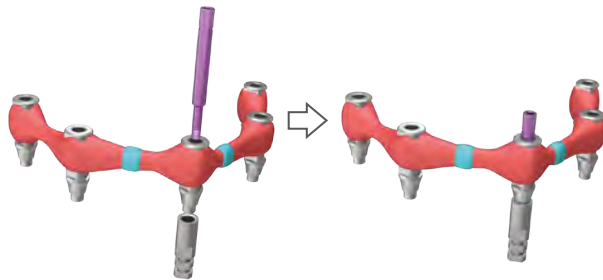


When the open tray impression posts are fully seated on the implant, the open tray impression screws are inserted. The arms of the verification apparatus are connected to each other with an acrylic or composite material.

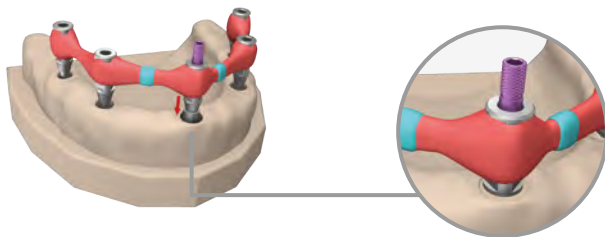


After the acrylic between the parts has hardened, the connecting screws are removed and the newly created verification apparatus is prepared to be placed on the standard analogs in the plaster model.

The verification apparatus is checked on the plaster model. The analog in the area where the measurement part and the analog are misaligned is removed.

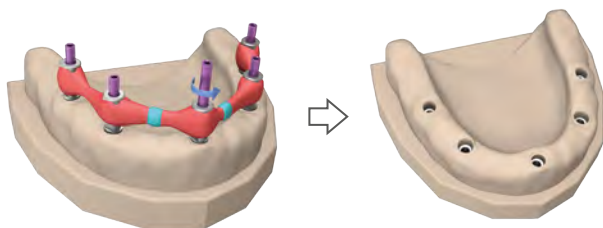


The standard analog, which is removed from the plaster model, is mounted on the impression post in the verification apparatus with the help of the open tray impression screw.



The created verification apparatus is placed on the dental plaster model. A slot is opened in the area where the standard analog coincides, and impression screws of the impression post are placed when the passive seating of verification apparatus on all analogs has been achieved.

The surroundings of the standard analog placed in the open slot is filled with plaster.



After the plaster poured around the standard analog has hardened, the open tray impression screws are unscrewed. After verification, the dental plaster model is sent to the prosthesis stage.

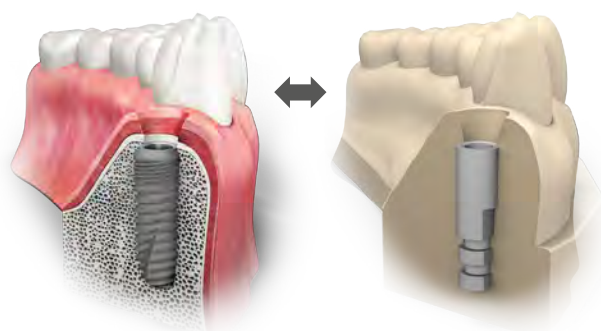
75



Analogs



General Features of Analogs



T6 Implant
(Patient Mount)

Standard Analog
(In Plaster Model)

Analogs are parts used instead of implants in plaster models and 3D dental models.

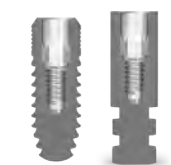
While prosthesis is made with over-implant impression posts, standard straight, angled, aesthetic, casting abutments, **standard analogs** are used in dental plaster models.

Multi-unit analogs are utilized in dental stone models fabricated for restorations involving multi-unit abutments.

Ball and equator abutments used in removable solutions also have **their own analogs**.

Digital analogs are used in models designed on digital platforms and printed with 3D printers. Standard and multi unit digital analogs are available in the digital libraries of dental design programs such as **exocad**, **dentalwings** and **3Shapes** and are easy and practical to use.

Standard Analog



T6 Implant and
Standard Analog
(longitudinal section)



T6 32201
Standard
Analog



T6 32204
Standard
Digital Analog

T0 2015
Digital Analog
Screw

Standard analogs are used in dental plaster models while prosthesis is made with over-implant impression posts, cemented and cast abutments.

The internal connection structure is exactly the same as T6 Standard implants.

The outer surface is in recessed shape for better adhesion to plaster model.

Multi Unit Analogs



Multi Unit
Straight Abutment



T6 32207
Multi Unit
Analog



T6 32208
Multi Unit
Analog



T6 32210
Multi Unit
Digital Analog

T0 2015
Digital Analog
Screw

They are the parts used instead of implant and abutment mounting in plaster models in treatments where multi units are used.

In multi unit analogs, there are hex analog options for single tooth treatments and No Hex analog options for multiple dental treatments.

The upper platform structure is the same as the multi unit abutments.

Ball Analog



Ball Abutment



T0 4521

Digital analogs are used in dental models designed on digital platforms.

In treatments where ball abutments are used, they are the parts used instead of implant and abutment mounting in the plaster model.

Analog is made of stainless steel.

Equator® Analog



Equator Abutment



144AE

In the treatments where Equator® abutments are used, they are used instead of implant and abutment mounting in the plaster model.

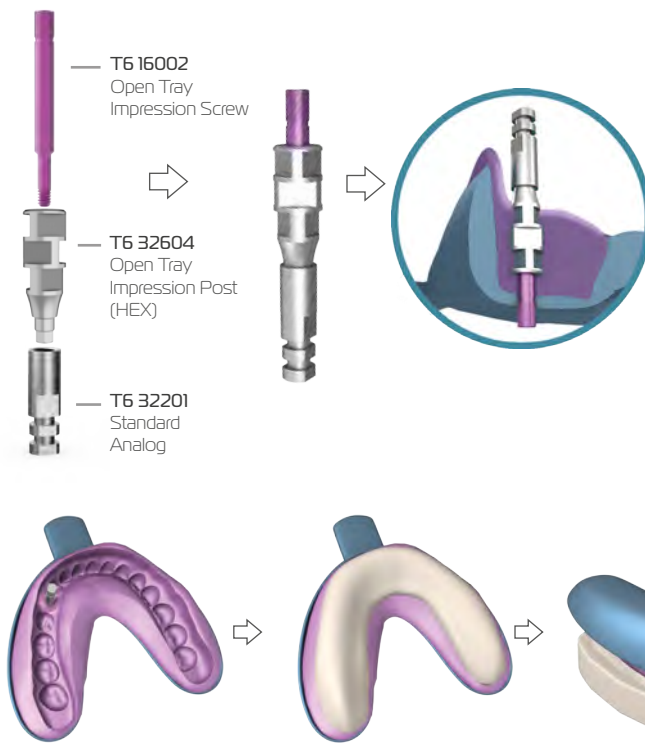
Analog is made of stainless steel.

Note: How the analogs used in plaster models are used is explained in the "Impression Techniques" section and how the digital analogs used in dental 3d models are used in the "Digital Solutions" chapter.

Standard Analog



1. Usage with Open Tray Impression Post / over-implant



Standard analog and open tray impression posts are connected to each other with the help of open tray impression screw.

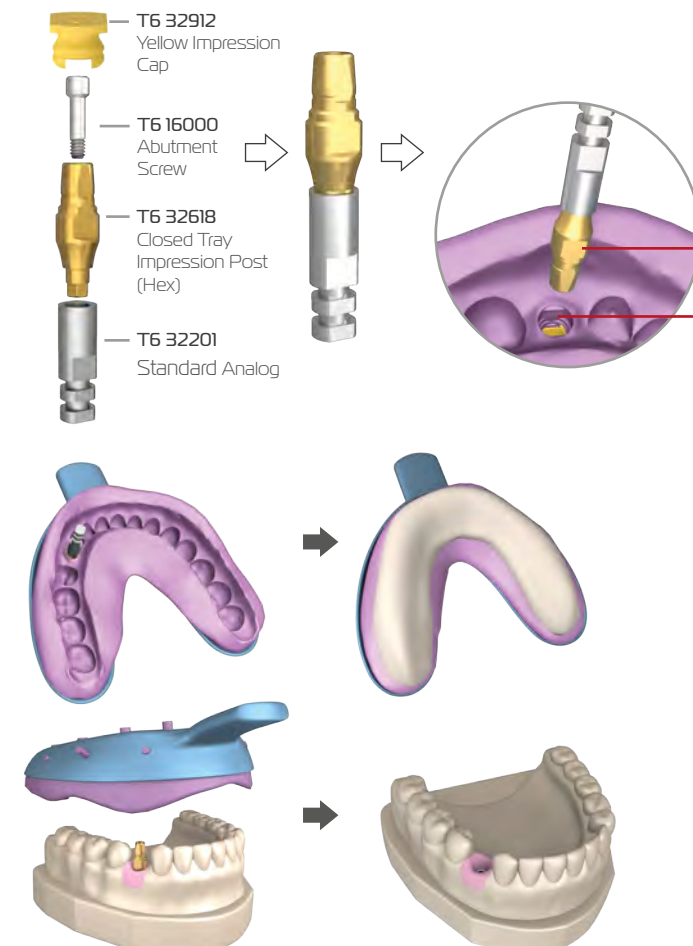
Silicone remover spray is sprayed on standard analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around standard analog in the tray to determine the position and shape of the gingiva.

Neat plaster is poured into the impression tray and ground sill is placed.

After the plaster has set, the open tray impression screw is unscrewed, the impression tray is removed and the process is completed. The standard analog remains in the plaster model.

The burrs on the prepared plaster model are removed and it is sent to the laboratory for prosthesis production.

2. Usage with Closed Tray Impression Posts(with cap) / over-implant



Standard analog and closed tray impression post are connected to each other with the help of the abutment screw and put in its place on the impression tray.

Standard analog is pressed in the apical direction and placed in its position in the tray.

Caution!
SURFACE MUST BE PARALLEL

Silicone remover spray is sprayed on standard analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around the analog in the tray to determine the position and shape of the gingiva.

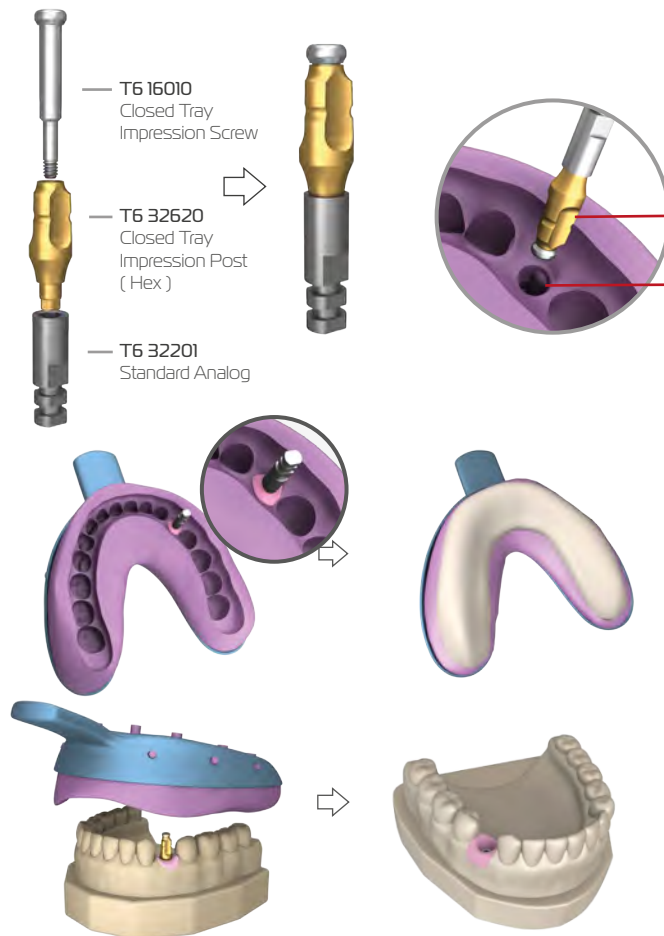
Dental stone is poured into the impression tray, vibrated using a laboratory vibrator to eliminate air bubbles, and the model base is formed.

After the plaster sets, the impression tray is removed, and the impression material is retrieved. The standard analog plaster model remains within. Surface irregularities on the prepared plaster model are cleared, allowing for the initiation of prosthetic fabrication.

Standard Analog



3. Usage with Closed Tray Impression Posts(without cap) / over-implant



Standard analog and closed tray impression post are connected to each other with the help of the closed tray impression screw and put in its place on the impression tray.

Standard analog is pressed in the apical direction and placed in its place in the tray.

Caution!
CANAL DIRECTION
MUST MATCH

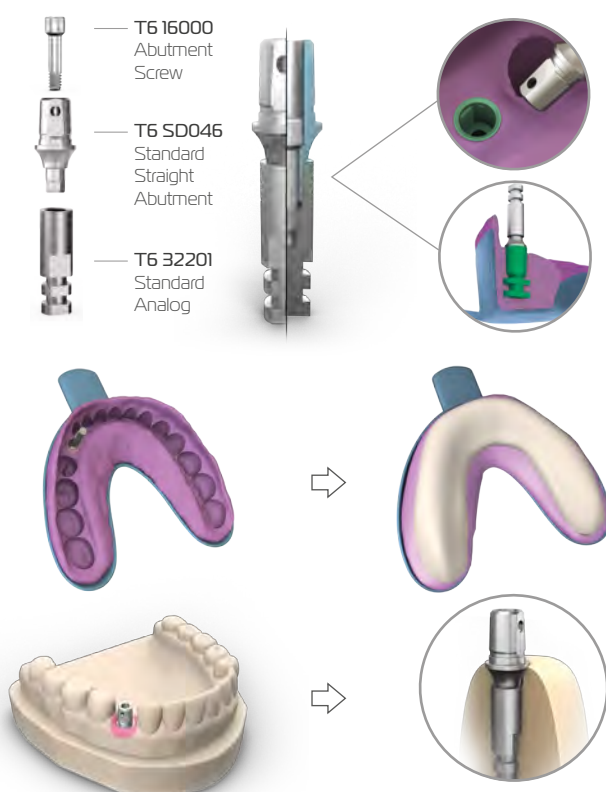
Silicone remover spray is sprayed on standard analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around the analog in the tray to determine the position and shape of the gingiva.

Neat plaster is poured into the impression tray and ground sill is placed.

After the plaster has set, the impression tray is lifted and the impression posts are removed. Standard analogs remain in the plaster model. The burrs on the prepared plaster model removed, and the prosthesis making can be started.

After the plaster sets, the impression tray is removed, and the impression material is retrieved. The standard analog plaster model remains within. Surface irregularities on the prepared plaster model are cleared, allowing for the initiation of prosthetic fabrication.

4. Usage with Plastic Impression Cap for Standard Straight Abutments



Standard analog and standard straight abutment are fixed to each other with the help of abutment screw and put in place on the impression tray.

The analog group, which is mounted to each other, is pressed from behind, so that the abutment fits into the impression cap in the tray.

Note: It should be placed in a way that the antirotation surface of the standard straight abutment coincides with the flat surface of the plastic impression post!

Silicone remover spray is sprayed on the analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around standard analog in the tray to determine the position and shape of the gingiva.

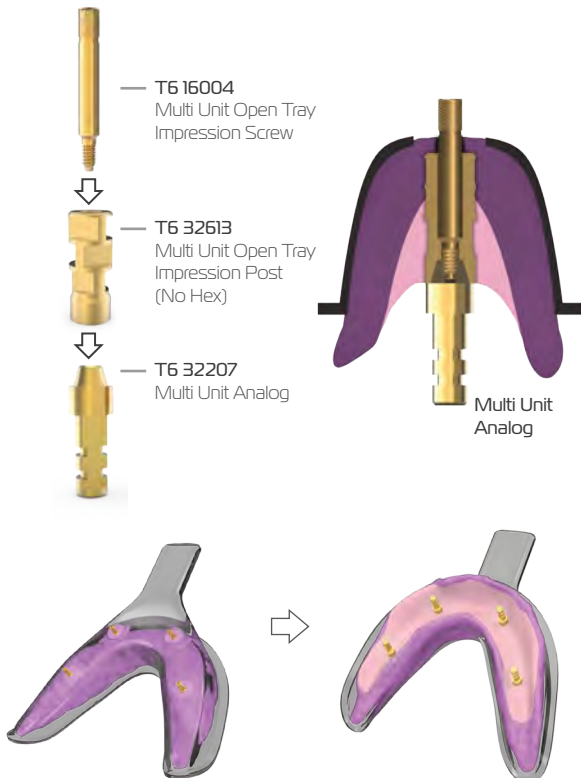
Dental stone is poured into the impression tray, processed on a dental vibrator to eliminate air bubbles, and the master model base is prepared.

After the plaster sets, the impression tray is removed, and the impression material is retrieved. The standard analog plaster model remains within. Surface irregularities on the prepared plaster model are cleared, allowing for the initiation of prosthetic fabrication.

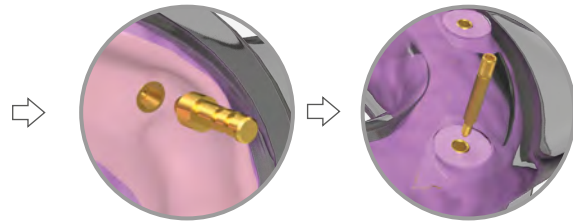
Multi Unit Analogs



1. Usage with Multi Unit Open Tray Impression Post



Multi unit analog is carefully placed on the impression post in the impression tray. With the help of the open tray impression screw, multi unit analog is fixed to the impression post and the screw is tightened by hand.



Note: It should be ensured that passive fitting is achieved between the impression post and analog platform. Otherwise, due to incorrect placement of multi unit analog, the prosthesis will also be faulty. Much attention should be paid.

No HEX



T6 32207
Multi Unit
Analog

HEX

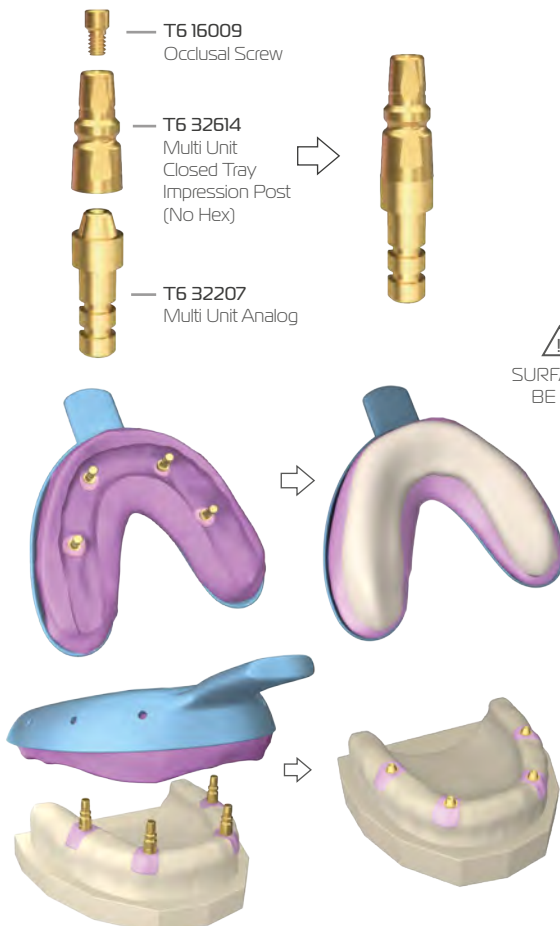


T6 32208
Multi Unit
Analog

Caution!

Note: Multi unit analogs have Hex connection options for single tooth treatments and No Hex connection options for multiple dental treatments.

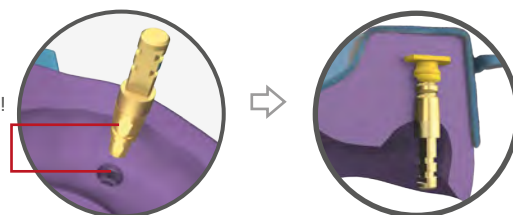
2. Usage with Multi Unit Closed Tray Impression Post



Multi unit closed tray impression posts are removed from the patient's mouth and sent to the laboratory together with the impression tray or by being placed on the impression tray.

Multi unit analog and closed tray impression post are connected to each other with the help of the occlusal screw and put in its place on the impression tray. The post is pressed in the apical direction until it fits into its place in the tray

Caution!
SURFACE MUST
BE PARALLEL

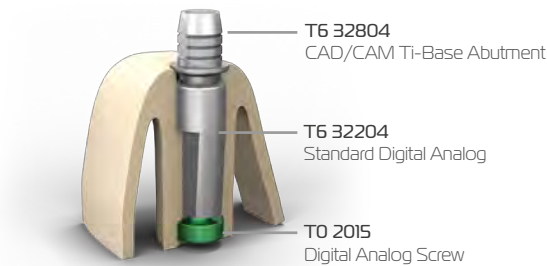


Silicone remover spray is sprayed on multi unit analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around multi unit analog in the tray to determine the position and shape of the gingiva.

Neat plaster is poured into the impression tray and ground sill is placed.

After the plaster sets, the impression tray is removed, and the impression material is retrieved. The standard analog plaster model remains within. Surface irregularities on the prepared plaster model are cleared, allowing for the initiation of prosthetic fabrication.

1. Standard Digital Analog



NucleOSS offers different CAD/CAM solutions for digital platform users.

They are the parts used instead of implants in dental models designed on digital platforms and produced with 3D printers.

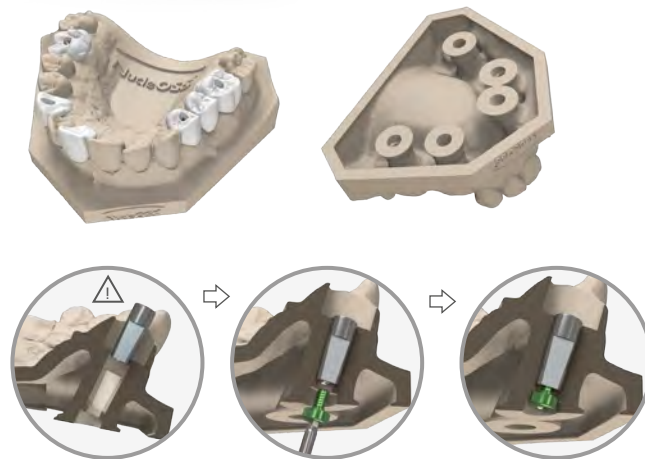
They provides high precise.

They are made of stainless steel.

The digital analog screw is supplied in the same package as the standard digital analog.

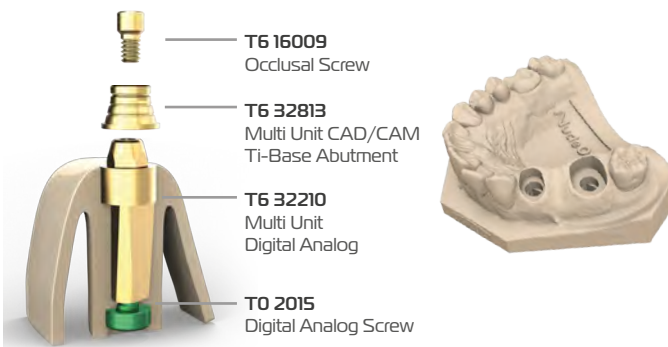
Digital analogs are available in the digital libraries of dental design programs such as **exocad**, **3shape** and **dentalwings**.

The standard digital analog is mounted to the model with the help of the digital analog screw into the slot in the dental model produced with a 3D printer.



Note: When placing the digital analog in the 3D dental model, make sure that the flat surface on the analog is completely and correctly placed in contact with the flat surface of the housing in the dental model!

2. Multi Unit Digital Analog



NucleOSS offers CAD/CAM solutions on digital platforms where multi unit abutments are used.

It is used for models to be created with a digital 3D printer in prosthetic treatments that will be created using multi unit abutments.

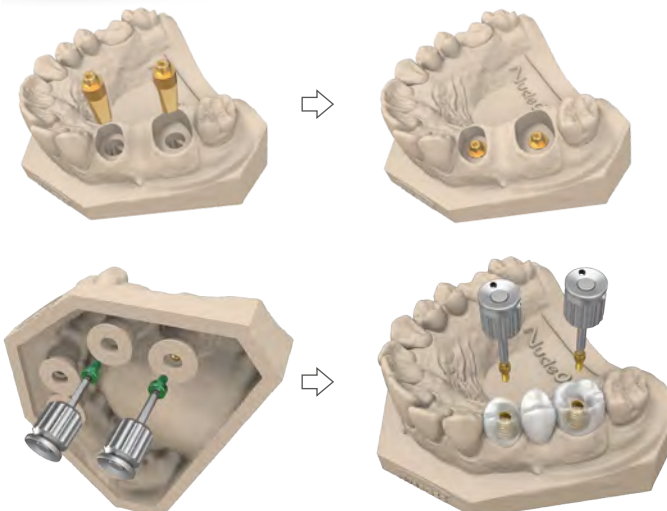
Multi unit analogs are made of titanium Gr5 material.

The digital analog screw is supplied in the same package as the multi unit digital analog.

Multi unit digital analogs are available in the digital libraries of dental design programs such as **exocad**, **3shape** and **dentalwings**.

When placing the multi unit digital analogs in the 3D dental model, make sure that the flat surfaces on the analog is completely and correctly placed in contact with the flat surface of the housing in the dental model!

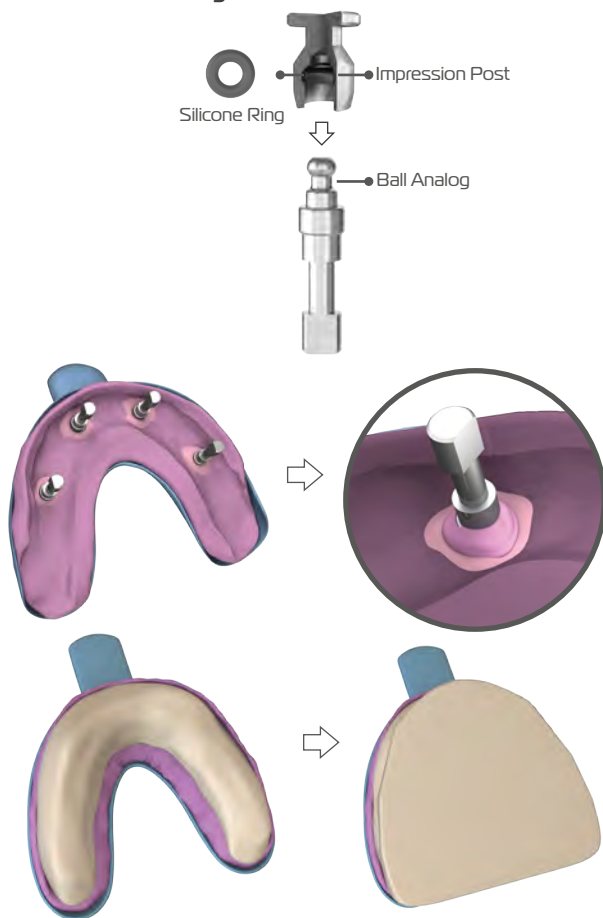
The multi unit digital analog is mounted on the model with the help of the digital analog screw, the prosthesis formed is fixed on the analogs with occlusal screws



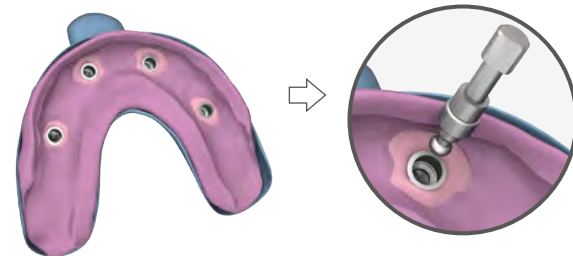
Ball and Equator® Analogs



1. Ball Analog



In the treatments in which ball abutments are used, while the plaster model is prepared in the impression taking processes, the ball analog is used to represent the implant and abutment assembly.

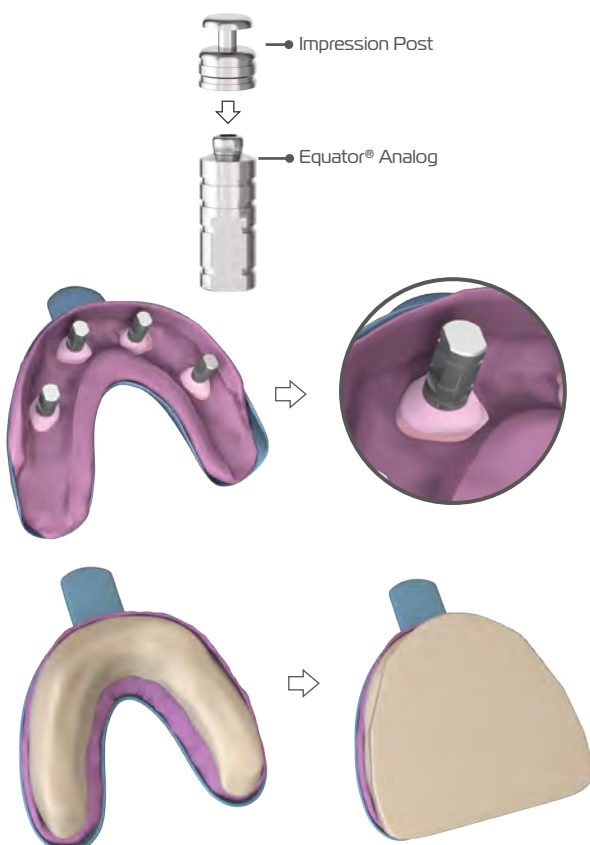


Silicone remover spray is sprayed on ball analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around the analog in the tray to determine the position and shape of the gingiva.

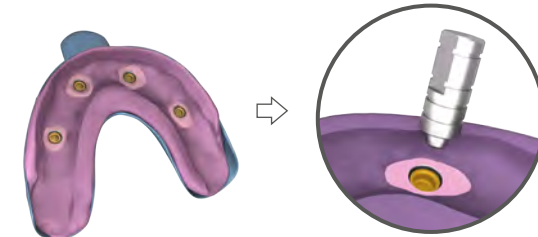
Neat plaster is poured into the impression tray and ground sill is placed.

After the plaster sets, the impression tray is removed, and the impression material is retrieved. The standard analog plaster model remains within. Surface irregularities on the prepared plaster model are cleared, allowing for the initiation of prosthetic fabrication.

2. Equator® Analog



In the treatments where Equator® abutments are used, equator analog is used to represent the implant and abutment assembly while the plaster model is prepared for impression taking.



Silicone remover is sprayed on equator analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around equator analog in the tray to determine the position and shape of the gingiva.

Neat plaster is poured into the impression tray and ground sill is placed.

After the plaster sets, the impression tray is removed, and the impression material is retrieved. The standard analog plaster model remains within. Surface irregularities on the prepared plaster model are cleared, allowing for the initiation of prosthetic fabrication.



notes



Cemented Solutions **Standard Straight Abutments**



STANDARD STRAIGHT ABUTMENT

Angled contact zone (20°):

It ensures that both lateral and vertical forces exerted on the abutment are evenly distributed throughout the implant body. Furthermore, it prevents abutment micromovement under lateral forces

Robust Lateral Walls

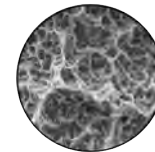
Bone-collecting area
extending along
the implant body

Screw-abutment interface
preventing screw loosening

Effective platform switching

Angled surface for enhanced
bone preservation

Microthreads

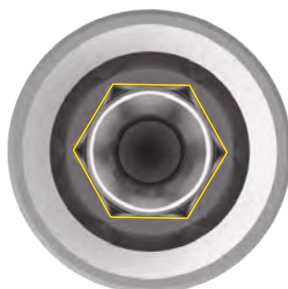


maxicell surface
A unique, validated clean
and hydrophilic surface

Due to the **double-thread** and **reverse
buttress** thread pitch, the implant seats
into the prepared osteotomy site faster
and with fewer rotations.

Cutting edges

Rounded apex surface



Thanks to their **internal hexagonal connection**, two-piece NucleOSS implants allow
prosthetic superstructures to be positioned in **six different indexes** via a **60° rotation**.

Features of the T6 TorQ Implant

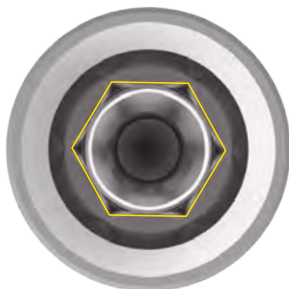
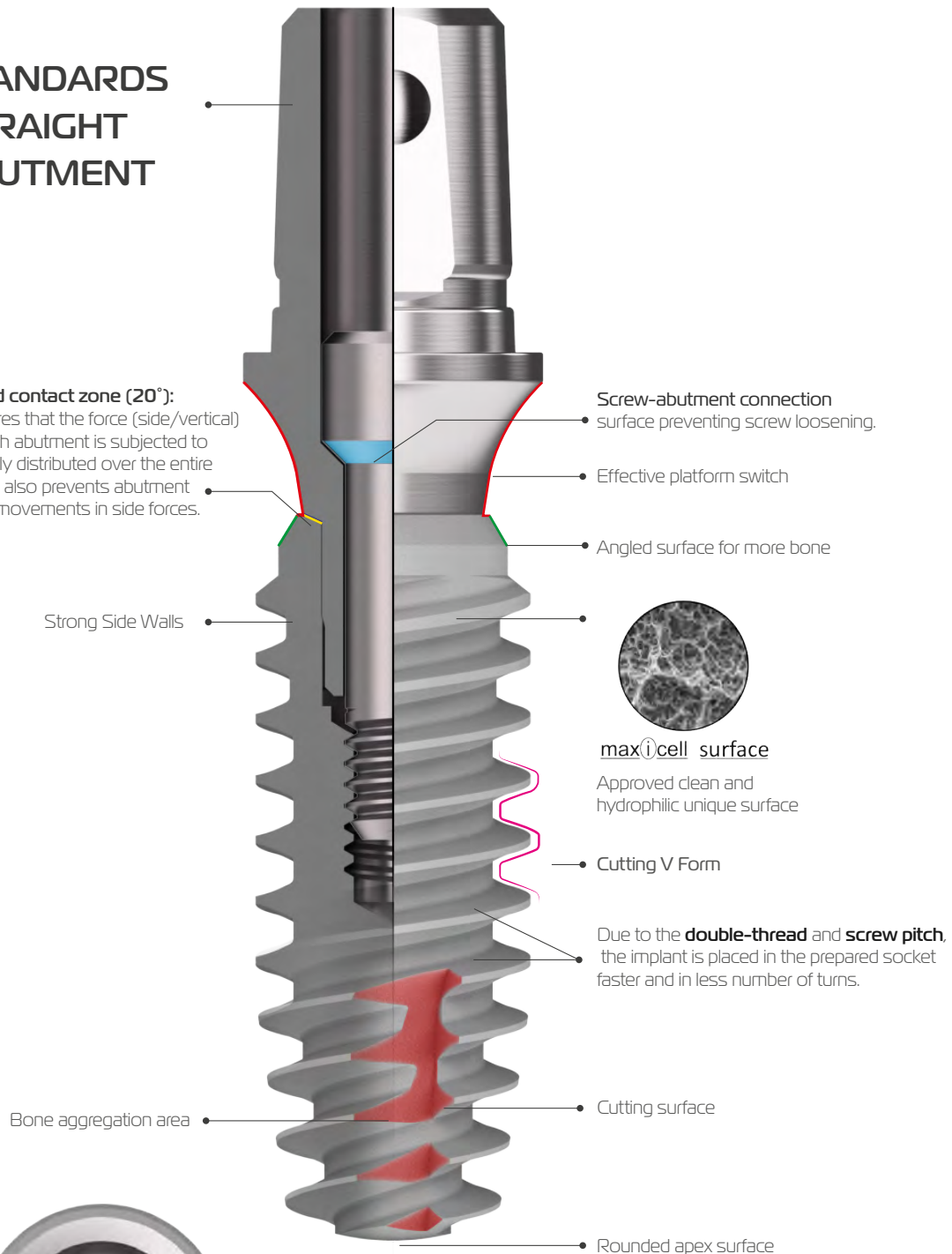


In addition, the approved Maxicell surface offers safe and high survival rate on T6 torq implants. Our unique surgical set meets all the needs of our physicians and supports the surgical and prosthetic processes in a sensitive, comfortable and trouble-free manner.

STANDARDS STRAIGHT ABUTMENT

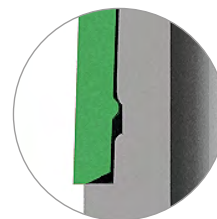
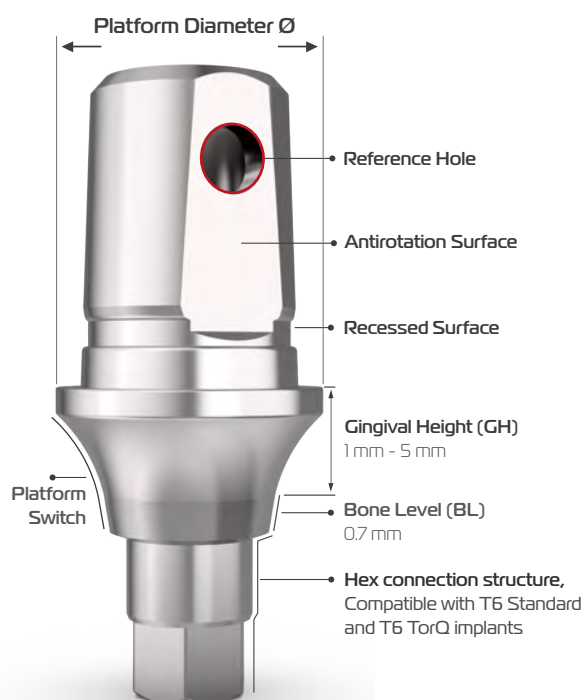
Angled contact zone (20°):

It ensures that the force (side/vertical) to which abutment is subjected to is evenly distributed over the entire body. It also prevents abutment micro-movements in side forces.



Thanks to their **internal hexagonal connection**, two-piece NucleOSS implants allow prosthetic superstructures to be positioned in **six different indexes** via a **60° rotation**.

Standard Straight Abutments - General Features



NucleOSS offers standard straight abutment options and plastic impression caps in different prosthetic platform diameters and gingival heights for cemented solutions

All T6 abutments have a margin for bone level of 0.7 mm.

The abutments are made of Titanium Gr5 material.

The reference hole ensures that the plastic impression cap is correctly attached to the abutment during impression taking.

Thanks to its antirotation surface, it prevents the prosthesis placed on the abutment from turning.



The recessed surface ensures that the plastic impression cap attached to the abutment adhered to the abutment.

Platform Diameter
Ø4.3 mm



Gingival Height
Product Code



1.0 mm
T6 NR040



2.0 mm
T6 NR041



3.0 mm
T6 NR042



4.0 mm
T6 NR043



5.0 mm
T6 NR044

Platform Diameter
Ø5.0 mm



Gingival Height
Product Code



1.0 mm
T6 SD045



2.0 mm
T6 SD046



3.0 mm
T6 SD047



4.0 mm
T6 SD048



5.0 mm
T6 SD049

Platform Diameter
Ø6.0 mm



Gingival Height
Product Code



1.5 mm
T6 WD050



3.0 mm
T6 WD051



4.5 mm
T6 WD052

Plastic Impression
Caps and Auxiliary Parts



4.3 mm
T6 32909



5.0 mm
T6 32910



6.0 mm
T6 32911

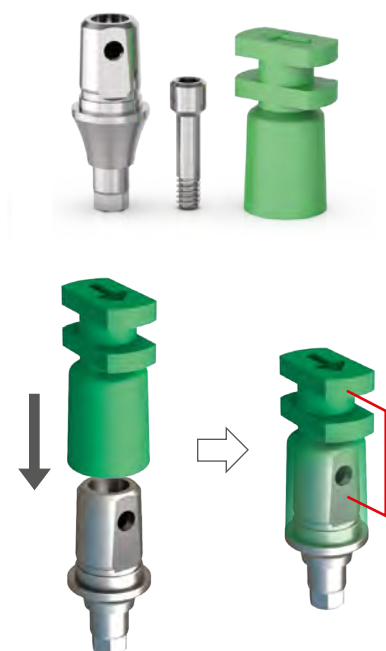


Standard
Analog
T6 32201



Abutment
Screw
T6 16000

Plastic Impression Caps - General Features



Plastic impression caps are only used with standard straight abutments.

They are easy to use and practical. No attachment screw is required.

They can be used in single tooth and multi teeth applications.

Its interior design is compatible with standard flat abutments and prevents rotation.

There is no need to make any changes to the impression tray. A standard impression tray can be used.

Impression taking process is performed with **plastic impression cap and abutment screw** in the abutment package.



The plastic impression posts is placed in such a way that the arrow direction on it faces the perforated antirotation surface of the abutment. Otherwise, the cap will not sit properly on the abutment and cause an incorrect impression!



T6 32909



T6 32910



T6 32911

It is available in three colors that vary according to platform diameters. (Yellow / Green / Purple)

The impression method used includes the same steps as the closed tray impression technique. Impression is taken on the abutment.



Ø 4.3 mm



Ø 5.0 mm



Ø 6.0 mm

Plastic impression caps are supplied in the same package as the standard straight abutments with which they are used.

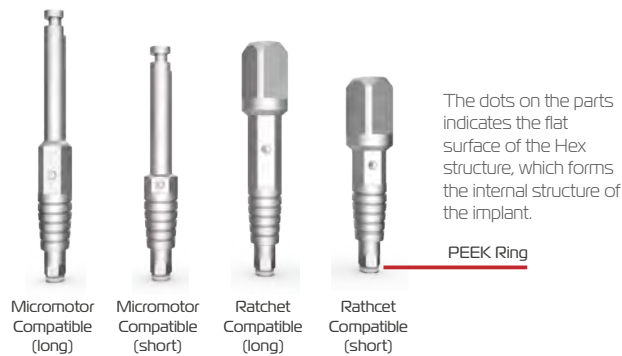
When selecting the impression cap, attention should be paid to the platform diameter of the abutment. Caps used in larger or smaller diameters than the needed ones will not fit in place and will cause inaccurate impression.

Note: Impression caps must be used once per patient to ensure optimum fit and impression accuracy.

Contribution of the Position of the Implant in the Socket to the Impression Process

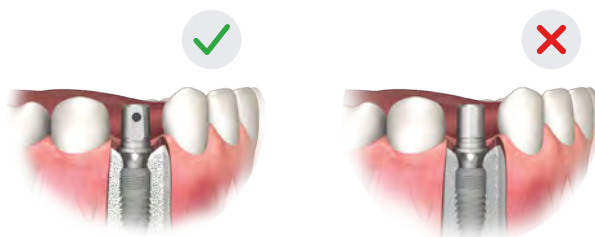
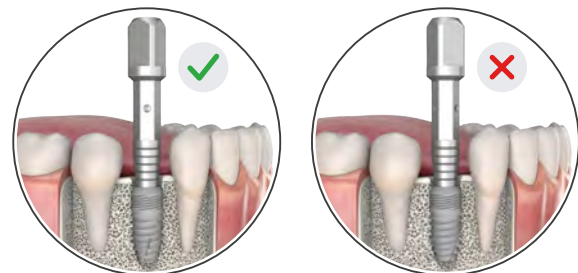
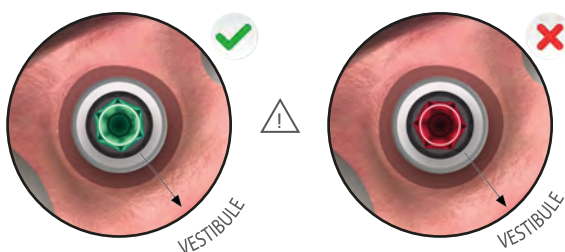


T6 Implant Transferring and Tightening Parts



T6 implants are placed in implant sockets with carrying-tightening parts. The parts are compatible with ratchet and micro motor, and available in short and long options.

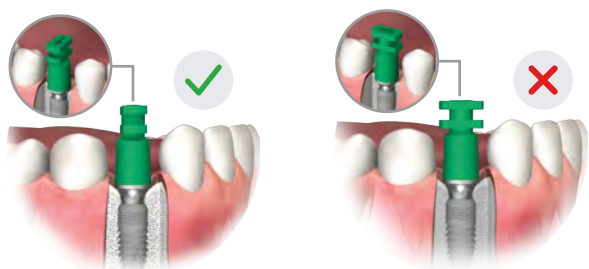
In addition, the PEEK ring located at the end of the carrying-tightening part provides better adhesion of the part to the implant and facilitates the transport of the implant. Therefore, before using these parts, it should be ensured that the PEEK ring is in its place and not worn.



In order for standard straight abutments to be positioned correctly, the dots of the carrying and tightening part must face the vestibule direction of the teeth when placing T6 implants. Thus, the flat surface of the Hex structure will be in the vestibule direction of the teeth.

Implant hex direction is important because the hex straight surface faces the angle axis.

If the dots on the carrying and tightening parts are not taken into consideration, the Hex plane of the implant will face the mesial or distal direction of the teeth, and will cause the standard abutment to be positioned incorrectly.



The flat surface of the standard straight abutment should face in the direction of the vestibule if the implant is placed in the correct orientation.

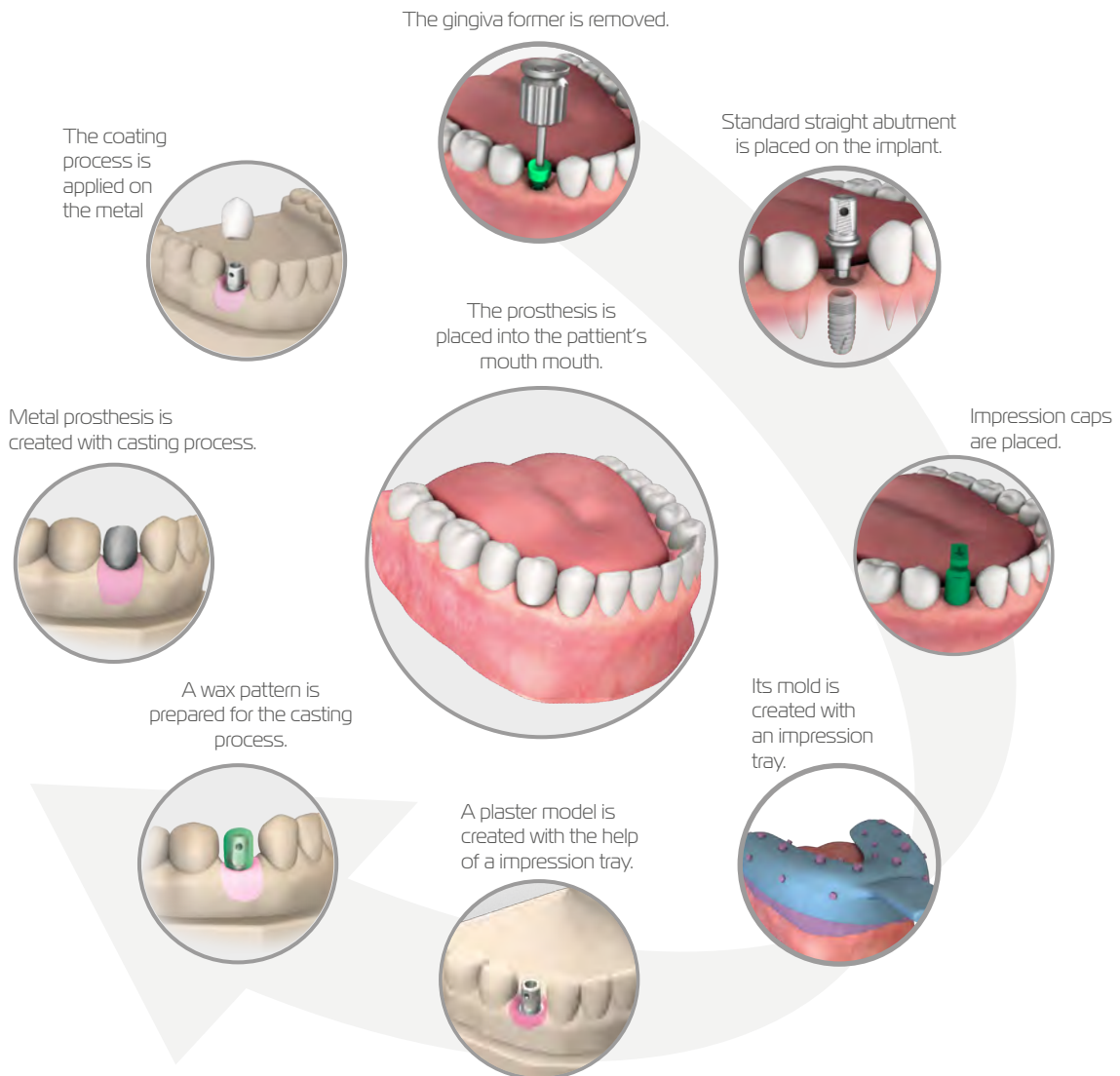
The arrow mark on the impression cap indicates the straight direction of the standard straight abutment and should face the vestibule direction.

An improperly positioned impression cap may touch the adjacent teeth, or in implants placed too close to each other, the impression caps may come into contact with each other and cause inaccurate impression.

In this document, information about standard straight abutments is given, and the basic points to be considered during application are explained. Applications may differ according to dental clinics and laboratories.

Note: All products used in this document are for single use unless otherwise stated.

Impression and prosthesis Making - General Work Flow



Single Tooth Treatment with Standard Straight Abutments

Clinical Case:

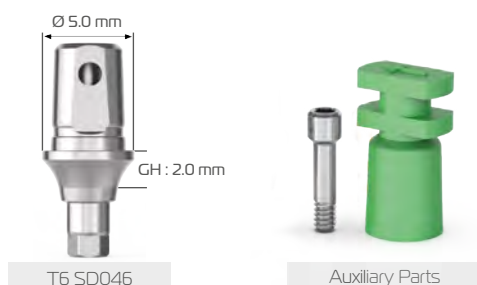


In this clinical case, tooth number 4 is missing in the left mandibular region of the patient.

T6 implant (Ø : 4,1 mm L : 10,0 mm [T6 4110]) was placed where the missing tooth was, and a gingiva former with a gingival height of 2.0 mm was placed on the implant.

After the osseointegration process was completed, the patient came to the clinic for dental prosthesis on the implant.

Materials Used



The parts to be used in the treatment process are prepared. In the treatment here, a standard straight abutment with dimensions of platform diameter (Ø) 5.0 mm and gingival height (GH) 2.0 mm was used.

Single Tooth Treatment with Standard Straight Abutments

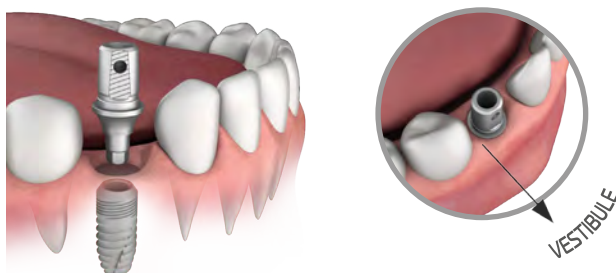


1. Placing the Standard Straight Abutment on the Implant



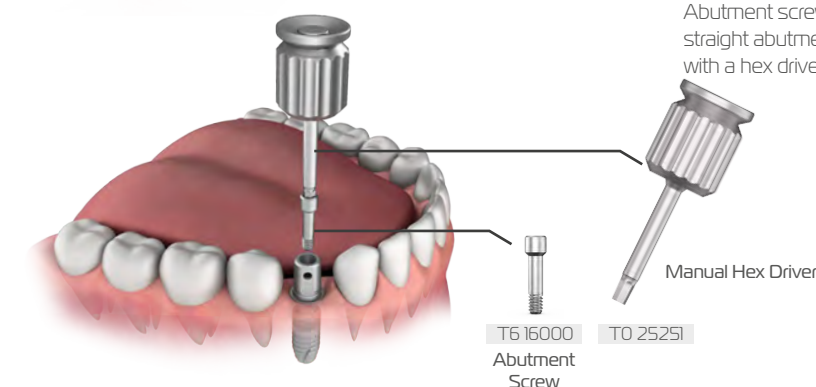
The gingiva former is carefully removed with a manual hex driver. Ensure adequate accessibility to avoid gingival compression during insertion of the standard straight abutment. The sulcus may collapse rapidly when the gingiva former is removed. Care should be taken against this situation.

If there are blood and tissue particles inside the implant, they should be removed with vacuum first.



The standard straight abutment selected by the dentist according to the gingival height and platform diameter is carefully placed on the implant.

Note: Standard straight abutment is attached to the implant in a way that its perforated antirotation surface faces the vestibule (outside the mouth).



Abutment screw should be used to fix the standard straight abutment to the implant. The screw is inserted with a hex driver and tightened by handheld.

2. Placing the Plastic Impression Cap on the Standard Straight Abutment



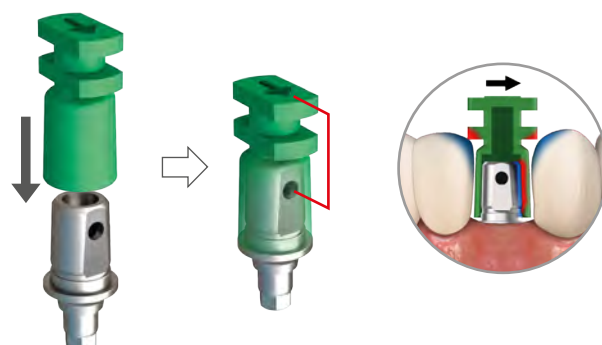
The plastic impression cap supplied in standard straight abutment package used is placed on the fixed abutment. The post is pressed in the apical direction until it sits into place.

When the protrusion in the post fits into the recessed surface of standard straight abutment, it means the post is correctly and fully inserted.

Caution!

Plastic impression cap is placed in a way that the arrow direction on it faces the perforated surface of standard straight abutment.

If the plastic impression cap is installed in a different position, the post may not fit properly on the abutment or may come into contact with the adjacent teeth. If an impression is taken in this way, an incorrect impression will be taken.

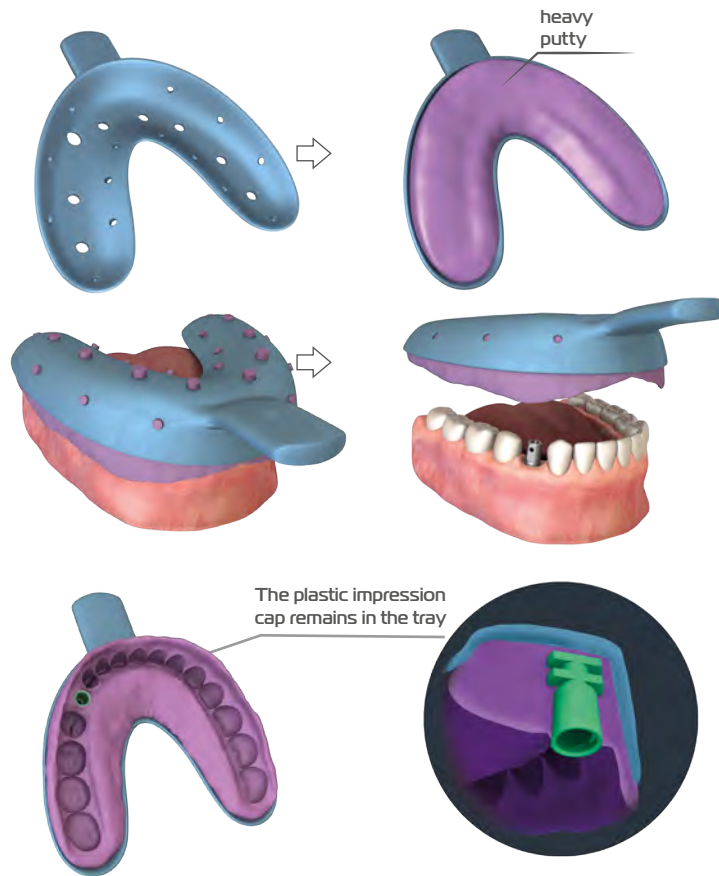


Note: When selecting the plastic impression cap, attention should be paid to the platform diameter of standard straight abutment. Caps used in larger or smaller diameters than the needed ones will not fit in place and will cause inaccurate impression.

Single Tooth Treatment with Standard Straight Abutments



3. Preparing the Impression Tray



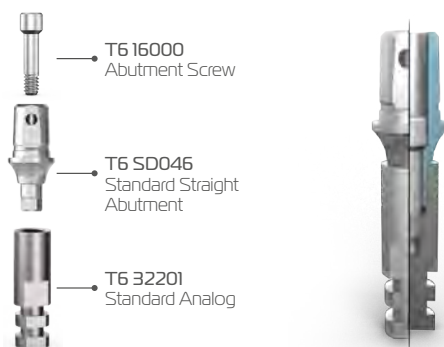
Heavy putty material is placed in the impression tray.

Then, the tray is placed into the patient's mouth. The excess overflowing from the tray is removed.

The impression tray is removed from the mouth when the material has cured and hardened. **The impression post is released from the abutment during the removal of the tray from the mouth and remains in the putty material.** Standard straight abutment remains in the patient's mouth.

Standard straight abutment is removed from the patient's mouth and sent to the laboratory together with the abutment screw and impression tray.

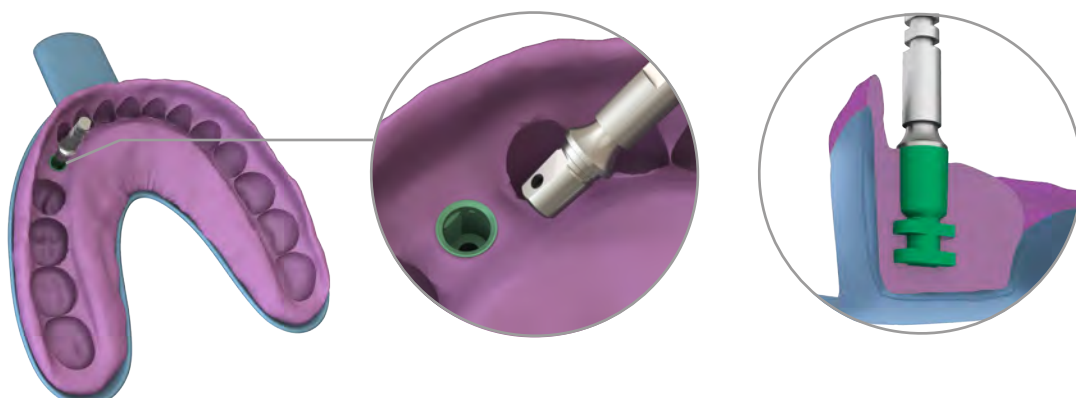
4. Placing the Standard Analog on the Impression Tray



Standard analog and standard straight abutment is fixed to each other with the help of the abutment screw and put in place on the impression tray.

The analog group, which is mounted to each other, is pressed from behind, so that standard straight abutment fits into the impression post in the tray.

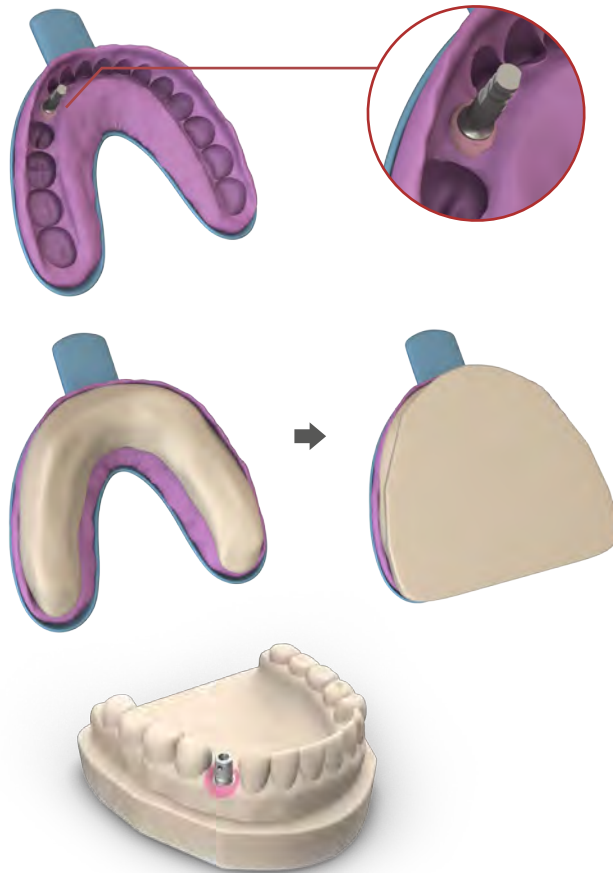
It should be placed in a way that the flat surface of the standard abutment faces with the flat surface of the impression post in the tray and it should be ensured that it is fully seated inside the tray. Otherwise, the prosthesis will be faulty due to incorrect placement of standard analog.



Single Tooth Treatment with Standard Straight Abutments



5. Creating a plaster model



Aesthetic silicone is applied around the analog in the tray to determine the position and shape of the gingiva.

Silicone remover spray is sprayed on standard analog. Remover spray is applied in order that the silicone comes out easily from standard analog and does not damage the gingival shape.

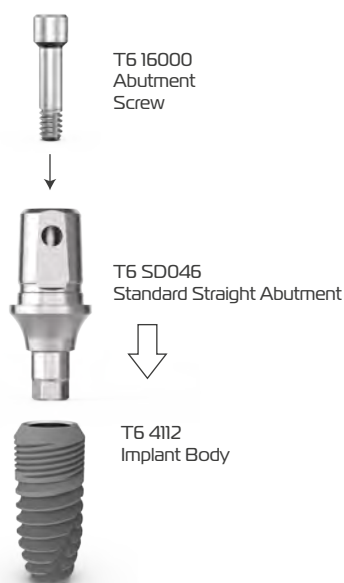
A model is created with dental plaster material using standard methods.

Neat plaster is poured into the impression tray left until it hardens. The ground sill is placed and turned upside down.

Prosthesis can be made after the burrs on the prepared plaster model is removed.

Note: It should be ensured that the abutment is properly seated on the hex bearing in standard analog.

General Features of Standard Straight Abutments



Standard straight abutments have hex connection structure. Thanks to this structure, it does not turn left or right when mounted on T6 implants.

It is fixed on the implant using abutment screw.

It can be used in single, partial or total edentulism treatments.

The created prostheses are adhered to the abutment with cement.

There is no need for a screw hole on the prosthesis. Thus, a more solid bite surface is obtained.

Small curvature errors from implants can be corrected with the prosthesis connection pattern.

In this document, the use of standard straight abutments is described for single tooth and bridge prosthesis applications. Traditional casting techniques have been used for prosthesis production.

Note: Abutment screw included in the package should be used during the completion of the superstructure and its attachment to the patient, and also abutment screw should be used to attach the abutment during prosthesis production.

Single Tooth Treatment with Standard Straight Abutments



1. Preparing the Wax Pattern

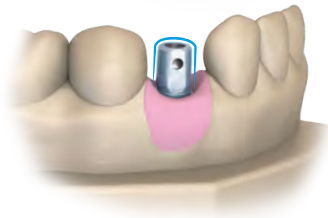


The standard straight abutment sent by the clinic with the impression tray is attached to the plaster model with the help of the abutment screw (T6 16000).

Standard straight abutments can be shortened by marking them with a pencil according to the height of the teeth they are between. If necessary, it is angled, and cleaned so that no burrs are left. Carbide milling cutter or cutting disc can be used for cutting.

Mold spacer paint (Vintage Die Spacer) is applied on standard straight abutment, which has been made dimensionally appropriate. This paint is used to create a cement cavity in the metal prosthesis to be made.

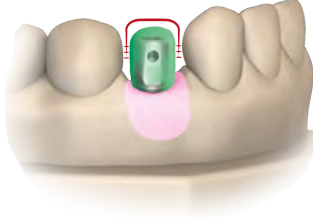
Paint is applied with a thickness of 0.2 – 0.3 mm. After waiting about 1 minute for the paint to dry, a wax pattern is created.



There should be a gap of 1 or 2 mm between the wax pattern and the teeth that it is on the mesial surface. The thickness of the porcelain coating to be applied after the casting process should be considered at this stage.

The applied wax thickness should be more than 0.7 mm.

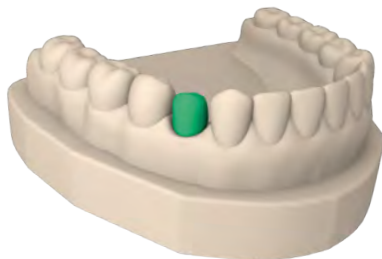
There should be a gap of 1,5-2 mm!



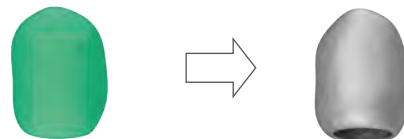
Note: While shaping standard straight abutment, a minimum difference of 1.5 – 2 mm should be left between the occlusal plane and the abutment. This gap is necessary to prevent the casting and coating from being higher than the other teeth. The formed abutment should be smoothed with sandpaper.

During the shaping process, the flat surface of the abutment must be protected to ensure anti-rotation.

2. Preparation before Casting Process and Coating



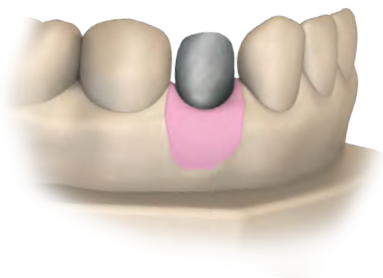
After the wax pattern is made on the standard straight abutment, the prepared wax part is sent to the casting process.



Preparation before coating

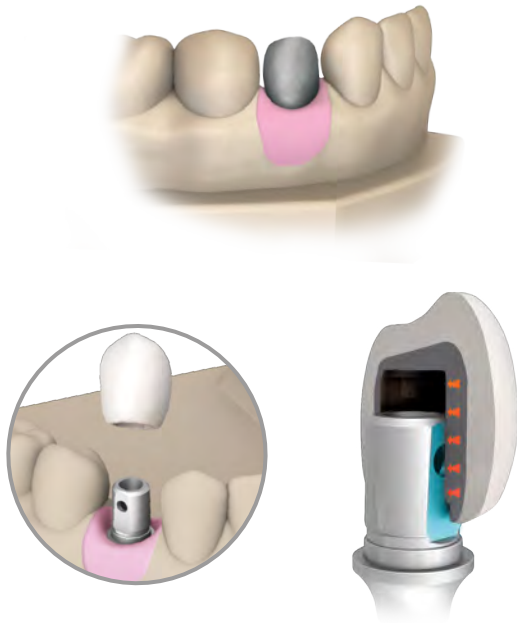
Unnecessary parts such as tedge and casting excess are removed from the model and the model surface is sandpapered until a smooth surface is obtained.

Before the coating process, the cast model is placed in the plaster mold. The height of the model and whether it sits comfortably are checked.



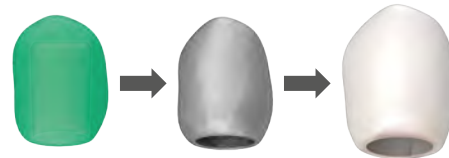
Since the prosthesis will be cemented on standard straight abutment, it should be checked at this stage whether there is sufficient gap for cement between the surface of the prosthesis and standard straight abutment. For cement gap, in general, 0.2 to 0.5 mm is sufficient.

3. Coating Process and Control



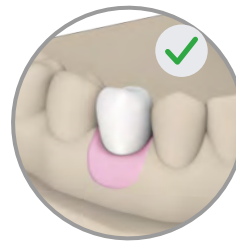
After the created wax pattern is sent to the casting process, the coating process is started.

The material to be used for the coating process is prepared in accordance with the instructions given by the manufacturer and coated on the cast model.



Dental prosthesis should be placed in a way that the flat surface inside it coincides with the antirotation surface of the standard abutment.

The prepared single tooth is checked on the plaster model and sent to the clinic with the plaster model to be placed into the patient's mouth.



Note: Standard straight abutments can be scanned with digital scanners and cemented crowns can be produced with the CAD/CAM method.

4. Placing the Standard Straight Abutment



Before the created single dental prosthesis is placed in the patient's mouth, the standard straight abutment is carefully placed over the implant in the patient's mouth.

Note: It should be ensured that the hex connections are fully inserted

The abutment screw is tightened by hand (manually) with a hex driver enough to hold onto the implant.

Note: At this stage, the abutment screw(T6 16000) must be used.

The abutment screw should be torqued to a **maximum of 30 Ncm** with the help of the NucleOSS ratchet.

Note: Performing X-ray is recommended for passive seating control before torquing.

Note: You can review the torque values table for tightening torques.



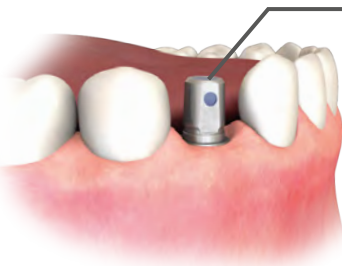
Caution!

If the torque value is less or more than the specified value, loosening or breakage of the connecting screw may occur.

5. Placing the Single Tooth Prosthesis on the Standard Straight Abutment



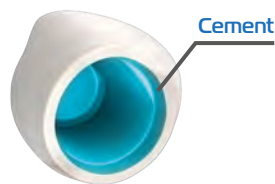
Before the single tooth is cemented into its place, a trial is made in the patient's mouth. If there is no problem (such as standard straight abutment is viewable, the prosthesis is higher than needed, etc.), the single tooth is removed from the patient's mouth.



A material such as silicone or temporary drilling material is placed in the screw hole of the abutment. Composite or a preferred material is applied on it.

This procedure prevents the cement from filling into the screw canal and ensures easy removal of the abutment when there is a problem.

In order to ensure that the cement hardens, the processes determined by the manufacturer are applied. Excess cement protruding beyond the prosthesis is carefully cleaned by the doctor. And the process is completed.



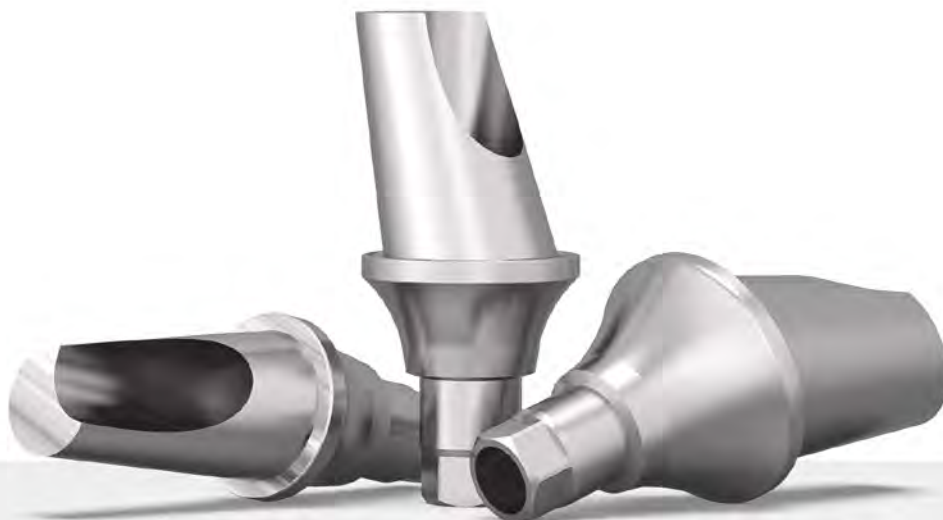
A sufficient amount of cement is applied to the inner walls of the single tooth prosthesis and it is placed in the patient's mouth.



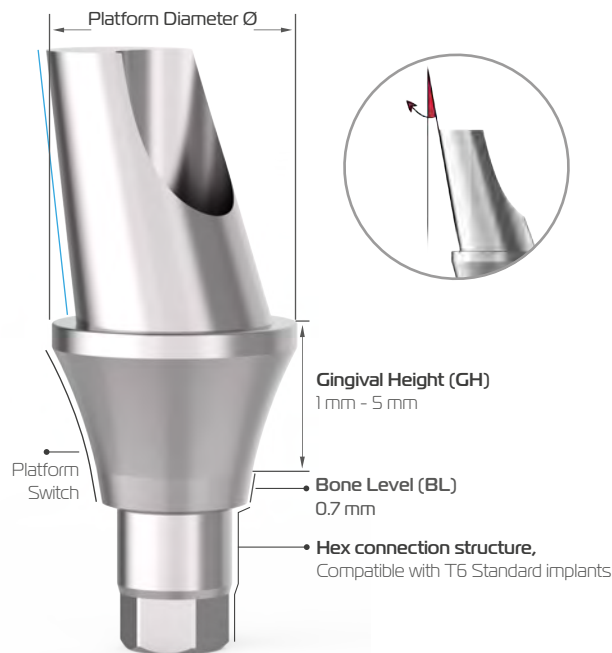
Note: Dental prosthesis should be placed in a way that the flat surface inside it coincides with the antirotation surface of standard straight abutment.



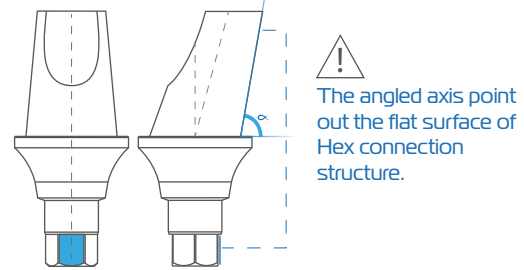
Cemented Solutions **Angled Abutments**



Angled Abutments - General Features

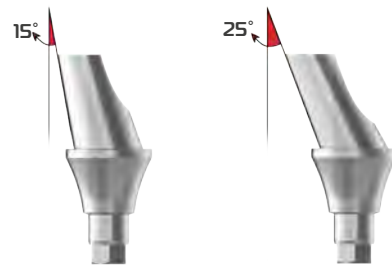


NucleOSS offers angled (15°-25°) abutment options in different prosthetic platform diameters and gingival heights for cemented solutions. In this way, the need for abutment correction with the milling cutter is.



All T6 abutments have a margin for bone level of 0.7 mm

The abutments are made of Titanium Gr5 material.



Diameter and Length Options

Angled 15°

Platform Diameter
Ø 4.3 mm

Gingival Height	:	1.0 mm	2.0 mm	3.0 mm	4.0 mm
Product Code	:	T6 NR120	T6 NR121	T6 NR122	T6 NR123

Angled 15°

Platform Diameter
Ø 5.0 mm

Gingival Height	:	1.0 mm	2.0 mm	3.0 mm	4.0 mm
Product Code	:	T6 SD128	T6 SD129	T6 SD130	T6 SD131

Angled 25°

Platform Diameter
Ø 5.0 mm

Gingival Height	:	1.0 mm	2.0 mm	3.0 mm	4.0 mm
Product Code	:	T6 SD132	T6 SD133	T6 SD134	T6 SD135

NR Series, narrow platform (Ø 4.3 mm) angled abutments do not have 25° angled options since sufficient fatigue test results are not obtained.

Angled 15°

Platform Diameter
Ø 6.0 mm

Gingival Height	:	1.5 mm	3.0 mm	5.0 mm
Product Code	:	T6 WD136	T6 WD137	T6 WD138

Angled 25°

Platform Diameter
Ø 6.0 mm

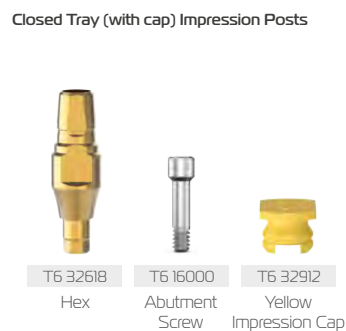
Gingival Height	:	1.5 mm	3.0 mm	5.0 mm
Product Code	:	T6 WD140	T6 WD141	T6 WD142

Straight and Angled Abutment Auxiliary Parts

Open Tray Impression Posts



Closed Tray (with cap) Impression Posts



Closed Tray (without cap) Impression Post



Auxiliary Parts



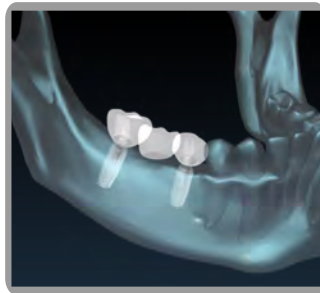
Why Are Angled Abutments Used?



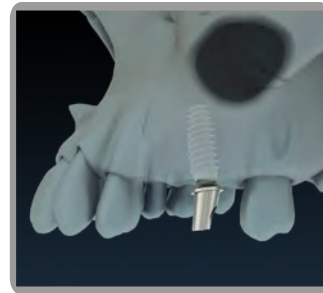
Some Cases where Angled Abutments Are Used



IN THE ALVEOLAR AREA



IN THE MANDIBULAR REGION



IN THE AREA CLOSE TO THE SINUSE

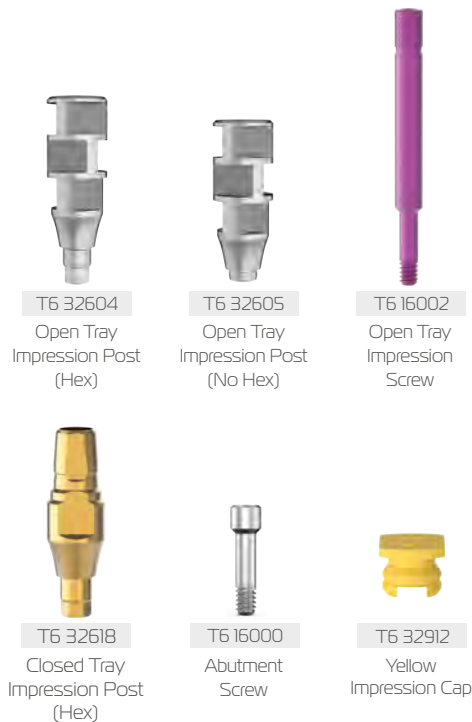
The use of angled abutments is related to the placement of the implant. In cases where there are insufficient bone height and width, angulation in the alveolar bone, undercuts, mandibular canal treatments, in cases where there are restrictions close to important anatomical formations such as paranasal sinuses, the use of the implant in an angled position is more appropriate.

In such cases, it is generally preferred to use angled abutments so that the prosthetic platform of the abutment is parallel or compatible with the adjacent teeth.



Package Included

Angle abutment (1) is packed with abutment screw (1).



Open tray impression technique,

A specially made impression tray should be used. The impression screw is tightened with a hex driver or by handheld. It can be used in areas with narrow gaps between two teeth for single and multiple missing teeth.

The open tray technique is recommended to be used in single tooth treatments where the implant axis differs, or in treatments where there are multiple dental implants with different axis.

Closed tray impression technique,

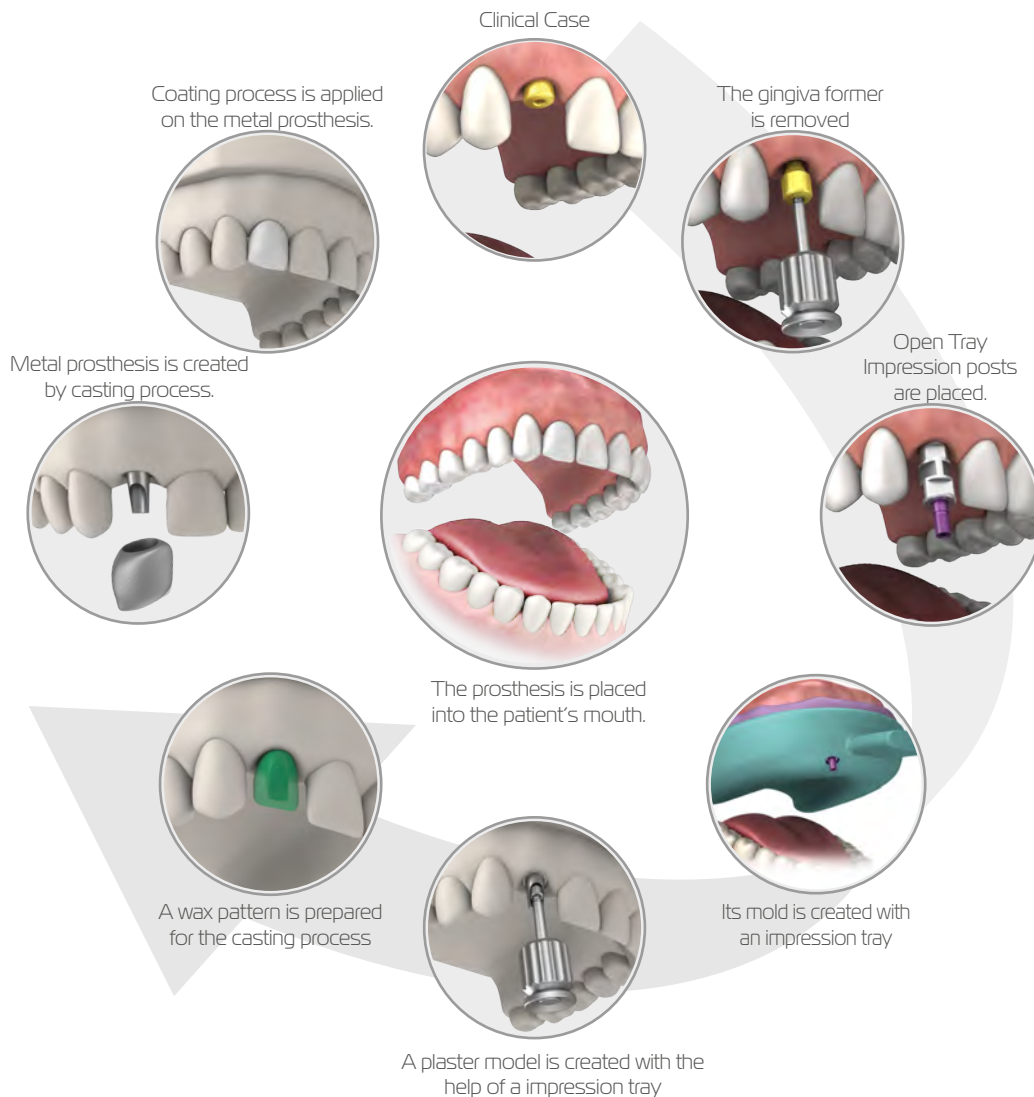
It should be used with non-perforated impression trays. The abutment screw is tightened with hex driver. It can be used in areas with narrow gaps between two teeth for single and multiple missing teeth.

The closed tray technique is recommended to be used in single tooth treatments where the implant axis differs, or in treatments where there are multiple dental implants with different axis.

Closed tray impression post are packed with an abutment screw and a yellow impression cap.

Note: In the clinical case here, an open tray impression post was used.

General Work Flow





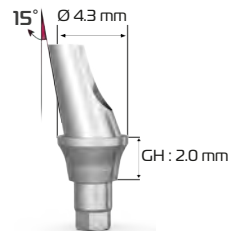
Clinical Case :

In this clinical case, the patient has a single missing tooth in the 2nd tooth in the left maxilla region.

Material Used:

The parts to be used in the treatment process are prepared.

In the treatment here, **an angled abutment with an Angle of 15°, Platform Diameter (Ø) : 4.3 mm, and gingival height (GH) : 2.0 mm** was used.

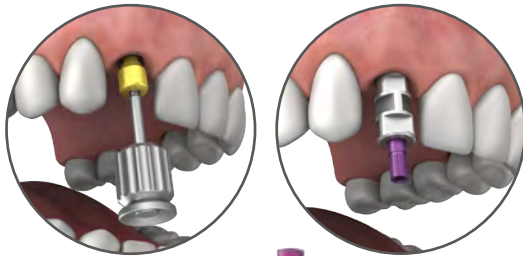


T6 SD046



Abutment Screw

1. Placing the Open Tray Impression Post on the Implant



The gingiva former is carefully removed with the hex driver. The impression piece is then inserted in its place.

Ensure adequate accessibility to avoid gingival compression during insertion of the impression post. The sulcus may collapse rapidly when the gingiva former is removed. Care should be taken against this situation. If there are blood and tissue particles inside the implant, they should be removed with vacuum first.

Note: Since the treatment here is a single tooth treatment, **hex-structured open tray impression posts** should be used.

The open tray impression post is carefully inserted into the implant. An open tray impression screw should be used to fix the impression post to the implant. The screw is inserted and tightened manually by hand.

Note: It should be ensured that the impression post is placed correctly on the implant hex socket. The impression post should not turn to the right or left.



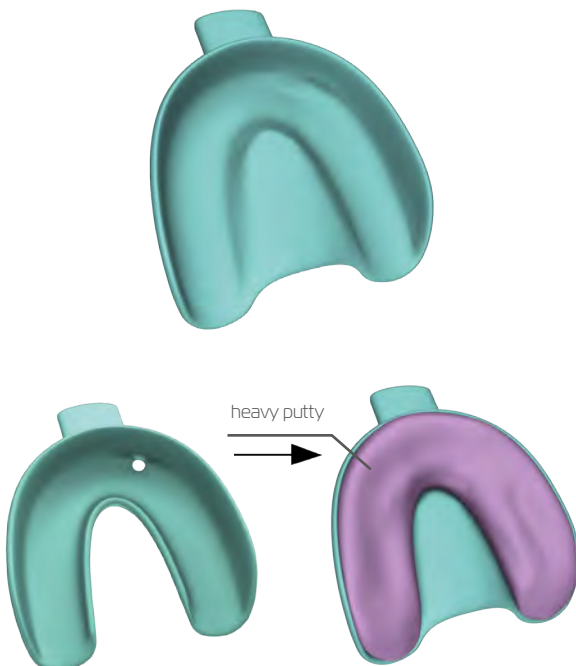
T6 32604



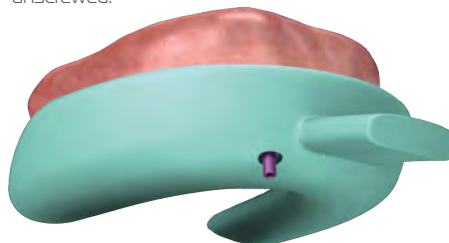
Open Tray
Impression Screw

T6 16002

2. Preparing the Impression Tray



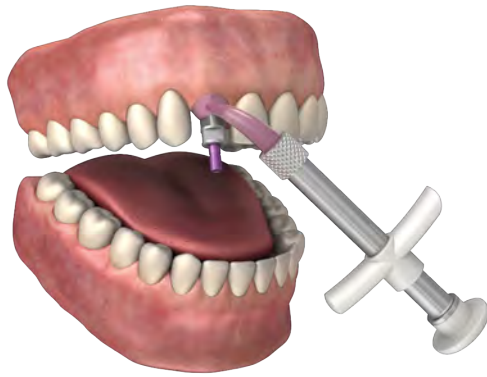
In the open tray impression technique, a special tray is used. The dentist makes a hole in the tray at the point where the impression post coincides. This hole is necessary for the screw to be unscrewed.



The prepared special tray is placed in the patient's mouth as empty and it is checked whether it is suitable for the impression process. If the tray is not suitable, necessary adjustments are made to make it suitable.

Dense impression material, which is heavy putty material, is placed in the tray.

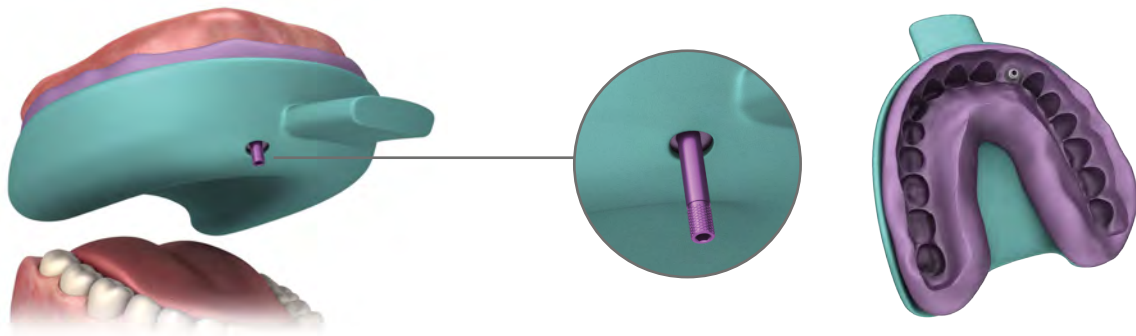
3. Placing the Impression Tray into the Patient's Mouth



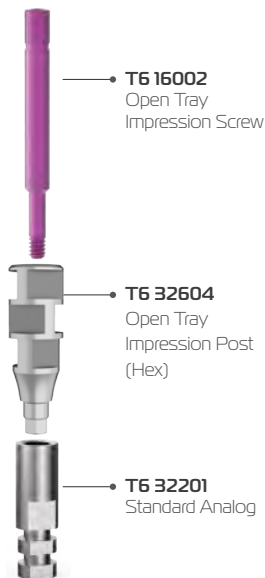
Before placing the tray into the patient's mouth, in order to take a more precise impression, a more light polyether material is applied around open tray impression post.

The impression post is placed in the patient's mouth and kept there until the silicone paste inside it is set. At this stage, the excess silicone paste coming out of the tray is removed in order to allow easy access to the impression screw.

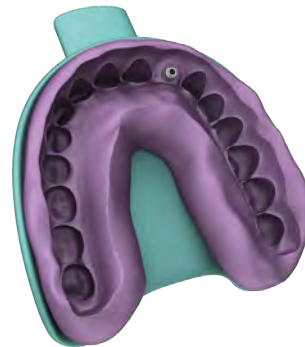
When the silicone paste in the tray is cured and hardened, the open tray is removed by loosening the impression screw. Then, the tray is taken from the patient's mouth and sent to the laboratory to create a plaster model.



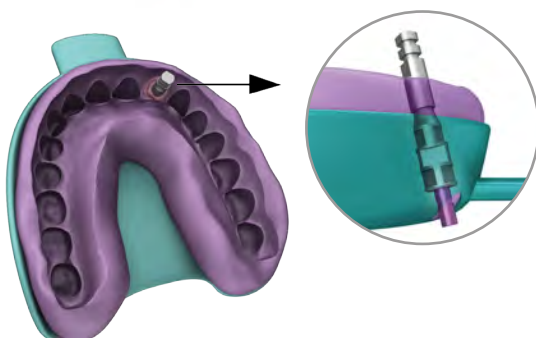
4. Placing the Standard Analog on the Impression Tray



After removing the impression screw, the open tray impression post remains in the tray.

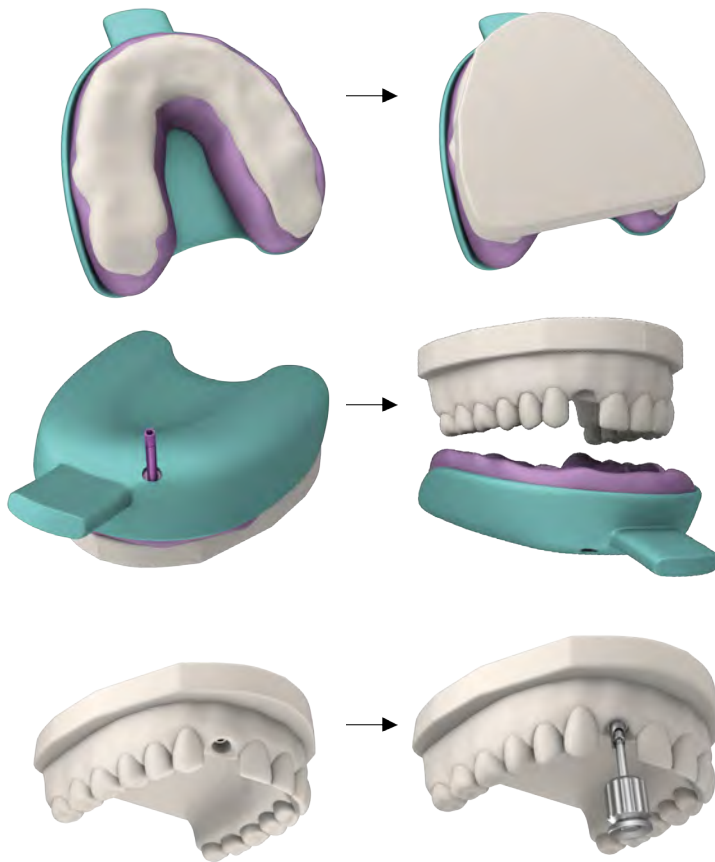


Before pouring plaster into the impression tray, the standard analog is placed in open tray impression post and fixed with the open tray impression screw.



Caution! It should be ensured that the open tray impression post is properly seated on the hex socket in standard analog and that the analog does not turn left or right. An error at this stage may cause the prosthesis to remain high in the patient's mouth.

5. Creating a Plaster Model



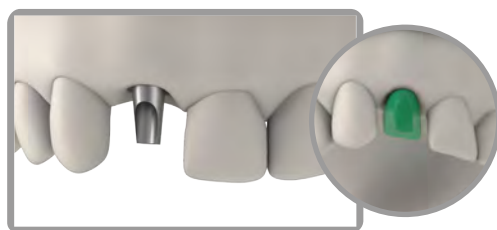
Plaster is poured into the impression tray and ground sill are placed, and it is waited until the plaster sets.

After the plaster has set, the open tray impression screw is removed and the impression tray is lifted.

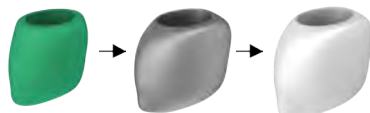
The angled abutment is attached to the analog in the plaster model using an abutment screw.



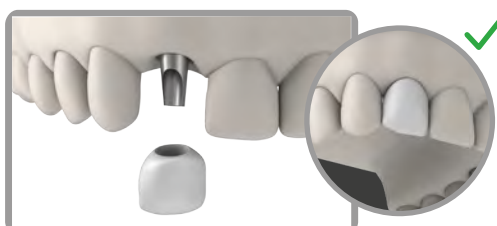
6. Creating the Dental Prosthesis



A model is created with wax on the angled abutment.

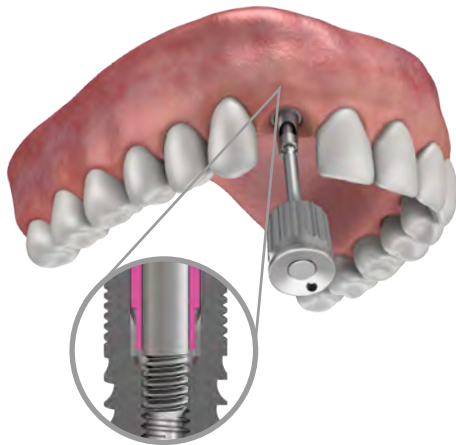


The created wax pattern is sent for processes such as casting, coating and polishing, and a dental prosthesis is created.



The created dental prosthesis is placed on the angled abutment in the plaster model and controls are made.

7. Placing the abutment into the patient's mouth



The marked surface of the sterilized abutment is attached to the patient's mouth in the same position as the plaster model and fixed with the help of an abutment screw.

The abutment screw is tightened by hand (manually) enough to hold onto the implant.

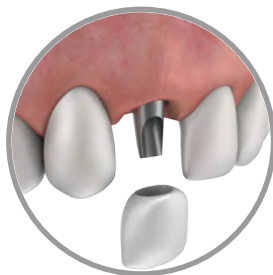


The abutment screw should be torqued to a maximum of 30 Ncm with the help of the NucleOSS ratchet.

⚠ Caution!

If the torque value is less or more than the specified value, loosening or breakage of the abutment may occur.

8. Placing the Prosthesis on the Abutment



Before the single tooth is cemented into its place, a trial is performed in the patient's mouth. If there is no problem (such as the abutment is viewable, the prosthesis is higher than needed, etc.), the single tooth is removed from the patient's mouth.

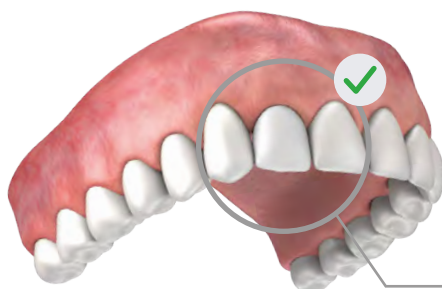
A material such as silicone or temporary drilling material is placed in the screw hole of the abutment. Composite or a preferred material is applied on it. This procedure prevents the cement from filling into the screw hole and ensures easy removal of angled abutment when there is a problem.

A sufficient amount of cement is applied to the inner walls of the single tooth prosthesis and it is placed in the patient's mouth. In order to ensure that the cement hardens, the processes determined by the manufacturer are applied. Excess cement protruding beyond the prosthesis is carefully cleaned by the doctor.

Notes :

1- It must be ensured that angled abutment is fully and correctly seated inside the implant. Otherwise, the prosthesis will remain above the gingival level

2- It is very important to remove the excess cement in the patient's mouth. Cement causes gingival recession over time.



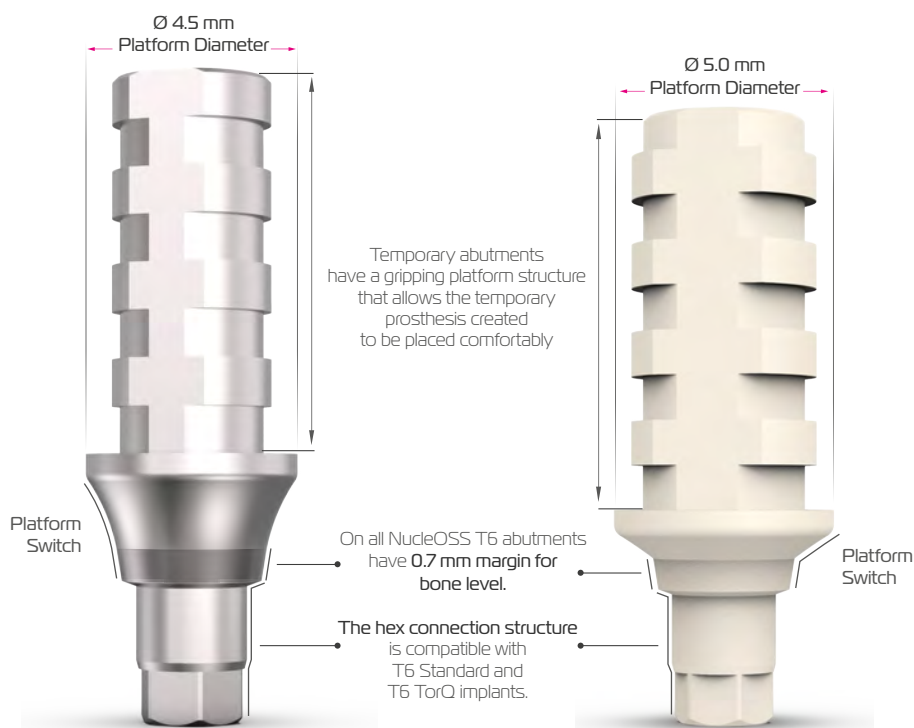
After waiting until the cement has frozen, the process is completed.



Cemented Solutions **Temporary Abutments**



Temporary Abutments - General Features



Temporary PEEK Abutments

Platform Diameter
Ø 5.0 mm



Connection Structure	:	HEX	NO-HEX
Gingival Height	:	1.0 mm	1.0 mm
Product Code	:	T6 32022	T6 32023

Temporary Titanium Abutments

Platform Diameter
Ø 4.5 mm



Connection Structure	:	HEX	NO-HEX
Gingival Height	:	2.0 mm	2.0 mm
Product Code	:	T6 32024	T6 32025

Auxiliary Parts



General features of temporary abutments

It is used for the production of short-term temporary single tooth, bridge or total dentures fixed with cement.

Hex for single tooth temporary dentures, and No-Hex implant connection options for bridge or total dentures are available.

It can be easily disassembled from and attached to the implant with threaded connection structures. Abutment screw is used.

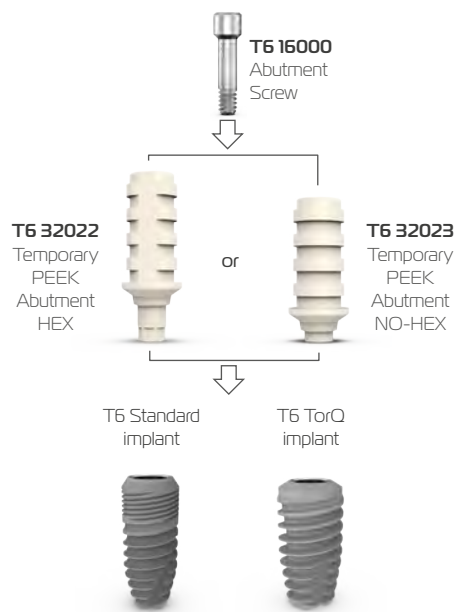
It can be shortened up to 7 mm from the top depending on the occlusal level.

It can be attached to the temporary prosthesis with cement or acrylic.

The outer surfaces of the temporary prosthesis are designed with a gripping feature for better adhesion.

Temporary PEEK abutments can be used after the implant has healed and cap has been removed, after surgery, or after impression taking.

There are PEEK options for short-term uses and Titanium options for long-term uses, and they can be easily shaped.



It is used for the production of short-term temporary single tooth or bridge dentures fixed with cement. It is suitable for being used less than 30 days.

Hex for single tooth temporary dentures, and No-Hex implant connection options for bridge dentures are available.

It can be easily disassembled from and attached to the body with threaded connection structures. Abutment screw(T6 16000) is used.

It can be easily shaped as it is produced from PEEK material.

It can be shortened up to 7 mm from the top depending on the occlusal level.

It can be attached to the temporary prosthesis with cement.

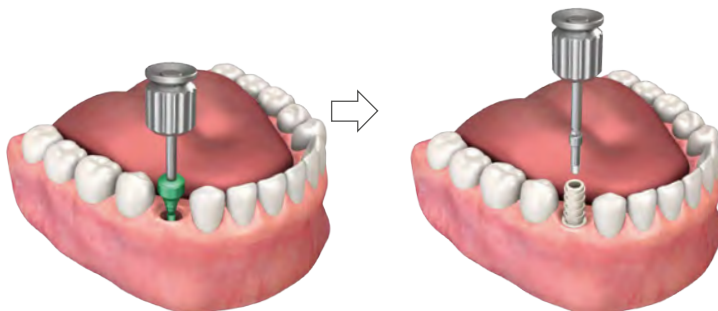
The outer surfaces of the temporary prosthesis are designed with a gripping feature for better adhesion.

Temporary abutments can be used immediately after surgery, after the implant has healed and the cap has been removed, or immediately after impression taking.

In this document, the use of temporary PEEK abutments is described for single tooth dentures applications.

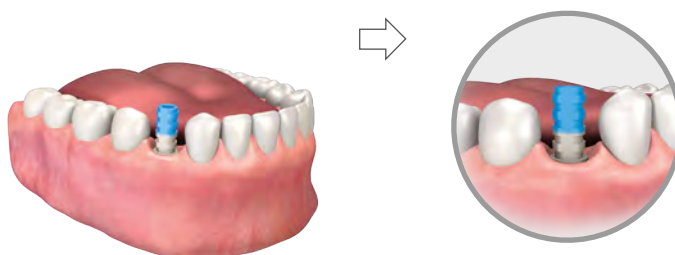
Note: Temporary PEEK abutment packages contains 1 abutment screws

1. Placement of the Temporary Peek Abutment on the Implant



The gingiva former attached to the implant is loosened with the tightening hex driver (T0 2024 or T0 2025) and is removed from the implant with the help of a manual hex driver (T0 2525).

It should be ensured that there is no bone and soft tissue on the implant platform.



Hex temporary PEEK abutment(T6 32023) is placed on the implant and fixed to the implant with an abutment screw(T6 16000) .

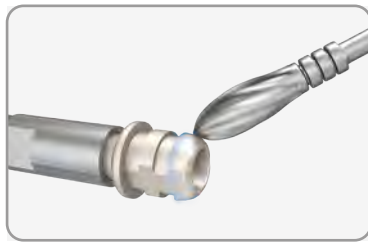
The screw must be tightened by handheld.

Temporary PEEK abutments are marked to be shaped considering the occlusal level of the bridge dentures to be formed.



The marked PEEK abutments are removed from the implant and fixed on the standard analog with an abutment screw.

2. Shaping Temporary PEEK Abutments



Temporary PEEK abutments attached to standard analog are cut from the marked areas and shaped with a carbide or acrylic bur.

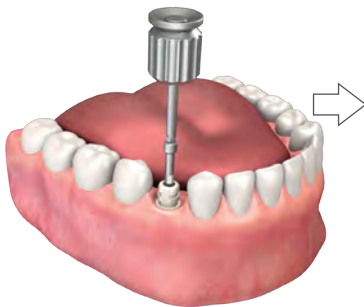
Temporary PEEK abutment, the shaping procedure of which has been completed, is placed on the implant again. Before the Temporary PEEK abutment is attached, the bone and gingiva on the implant platform are cleaned, the internal connection area of the implant is washed and dried.

Note: Temporary PEEK abutments can be shortened from the top by a maximum of 7 mm. Otherwise, the implant connection screw will be damaged.

Temporary PEEK abutment is tightened an abutment screw as it will not be disassembled again.

Tightening should be performed using a hex driver (TO 2024 or TO 2025) and a ratchet (TO 25900).

Tightening torque value should be set as 10 Ncm.



Note: When temporary PEEK abutment is removed from the patient's mouth for shaping, the gingiva former should be placed to prevent soft tissue from collapsing on the implant. The abutment screw of the temporary PEEK abutment must not be tightened more than 10 Ncm tightening torque. Otherwise, abutment may be caused to bend and deform.

3. Preparation and Fitting of the Temporary Dentures



The screw hole of the temporary PEEK abutment is filled with a selected flexible material (silicone or temporary filling material). The screw channel on this material is closed with composite or another selected material. This procedure prevents the cement or temporary prosthetic material from filling into the screw channel and provides easy access to the screw when the temporary denture is to be removed.

The bridge shells for the appropriate regions, which are made of polycarbonate material are selected and placed on the temporary abutment. If necessary, modifications are made by conventional methods.

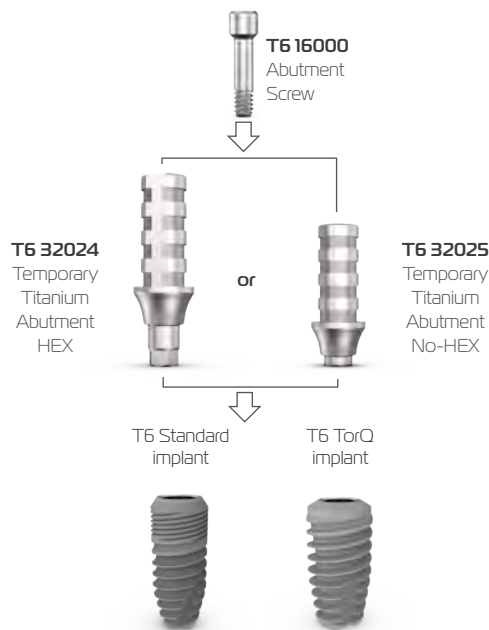


Acrylic or other material is prepared, placed in the bridge shell, placed on the temporary abutment, and aligned.

After the acrylic dries, the bridge shell is removed, the excess acrylic is removed, and the temporary bridge is given its final shape. After the shaping process is finished, the polishing process is applied.



Note: The gripping surfaces on the temporary PEEK abutment prevent the temporary denture which is made of acrylic material from coming off.



Note: Temporary titanium abutment packages contains 1 abutment screws.

Temporary titanium abutments are used for the manufacture of long-term temporary single tooth or bridge dentures attached with cement. It is suitable for use for more than 30 days.

Hex for single tooth temporary dentures, and No-Hex implant connection options for bridge dentures are available.

It can be easily disassembled from and attached to the implant with threaded connection structures. abutment screw (T6 16000) is used.

It is made of titanium material and can be easily shaped.

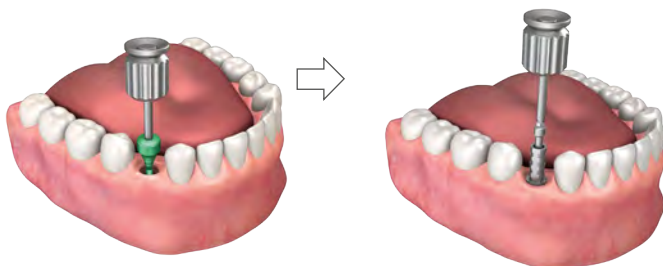
It can be shortened up to 7 mm from the top depending on the occlusal level.

It can be attached to the temporary prosthesis with cement. The outer surfaces of the temporary prosthesis are designed with a gripping feature for better adhesion.

Temporary titanium abutments can be used immediately after surgery, after the implant has healed and the cap has been removed, or immediately after impression taking.

In this document, the use of temporary titanium abutments is described for single tooth dentures applications.

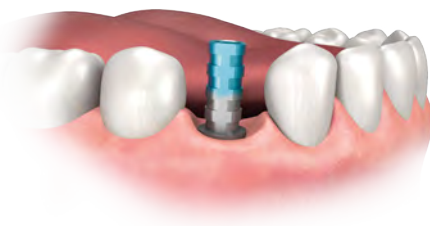
1. Placing Temporary Titanium Abutment on the Implant



The gingiva former attached to the implant is loosened with the tightening hex driver (TO 2024 or TO 2025) and is removed from the implant with the help of a manual hex driver (TO 25251).

It should be ensured that there is no bone and soft tissue on the implant platform.

Temporary titanium abutment - HEX (T6 32024) is placed on the implant and fixed to the implant with an abutment screw. The screw must be tightened by handheld.



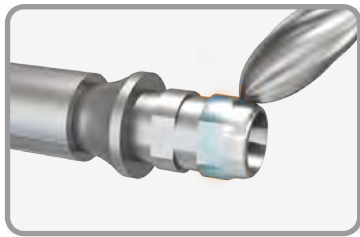
Temporary titanium abutments are marked to be shaped considering the occlusal level of the bridge dentures to be formed.

Note: Temporary titanium abutments should be shortened a maximum of 7 mm from the top. Otherwise, the abutment screw will be damaged.

The marked temporary titanium abutment is removed from the implant and fixed on the standard analog with an abutment screw.



2. Shaping Temporary Titanium Abutments



Temporary titanium abutments attached to standard analog are cut from the marked areas, and shaped with a carbide or acrylic bur.

Shaped temporary titanium abutment placed again on the implant. Before the abutment is attached, the bone and gingiva on the implant platform are cleaned, the internal connection area of the implant is washed and dried.

The temporary titanium abutment is tightened with the abutment screw, as it will not be removed again.

Tightening should be performed using a hex driver (TO 2024 or TO 2025) and a ratchet (TO 25900).

The tightening torque should be set to 30 Ncm.



The temporary titanium abutment is covered with opaquer material. This process is applied to prevent the abutment from appearing under the crown.

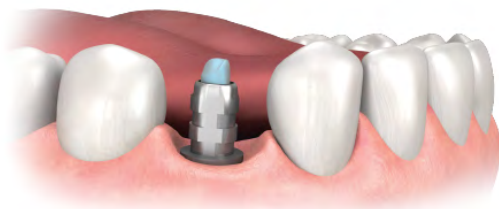
Note: When temporary titanium abutments are removed from the patient's mouth for shaping, the gingiva former should be placed to prevent soft tissue from collapsing on the implant. The abutment screw of the temporary titanium abutment must not be tightened more than 30 Ncm tightening torque. Otherwise, abutment may be caused to bend and deform.

3. Preparation and Fitting of the Temporary Dentures

The screw hole of the temporary titanium abutment is filled with a selected flexible material (gutta-percha, silicone or temporary filling material).

The screw channel remaining on this material is closed with composite or another selected material. This process prevents the cement or temporary prosthetic material from filling into the screw channel and provides easy access to the screw when the temporary prosthesis is to be removed.

The bridge shells for the appropriate regions, which are made of polycarbonate material are selected and placed on the temporary titanium abutment. If necessary, modifications are made by conventional methods.



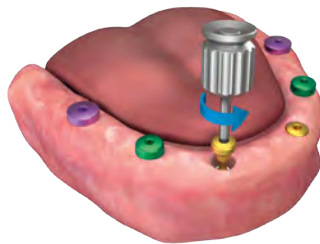
Acrylic or other material is prepared, placed in the bridge shell, placed on the temporary titanium abutment, and aligned.

After the acrylic dries, the bridge shell is removed, the excess acrylic is removed, and the temporary bridge is given its final shape. After the shaping process is finished, the polishing process is applied.

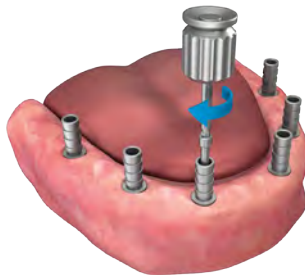


Note: The gripping surfaces on the temporary titanium abutment prevent the temporary denture which is made of acrylic material from coming off.

1. Placing the Abutments on the Implant

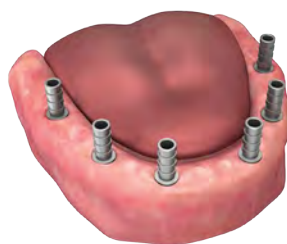


The gingiva former on the implant are loosened with a tightening hex driver (T0 2024 or T0 2025) and removed from the implant with a manual hex driver (T0 2525).



It should be ensured that there is no bone and soft tissue on the implant platform.

Temporary titanium abutments (No Hex) are placed on the implants in the patient's mouth and fixed to the implant with the abutment screw.



NO-HEX
T6 32025



Abutment Screw
T6 16000

Note: At this stage, you must ensure that the temporary titanium abutments are fixed on the implants or are not loose.

2. Preparation of Acrylic Total Denture

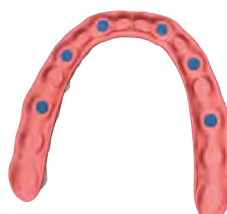


Acrylic total dental prosthesis is prepared.

The screw channel of temporary titanium abutments is covered with cotton or a cotton-like material. Temporary titanium abutments are painted over.

After the painting process, the prepared acrylic total dental prosthesis is carefully placed on temporary titanium abutments.

Holes are made on the painted and marked areas of the lower part of acrylic total dental prosthesis is drilled.



3. Shaping the Abutments

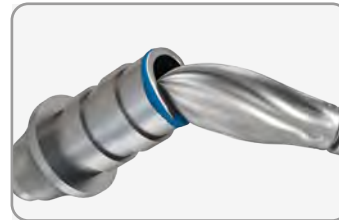


Acrylic total dental prosthesis is placed on temporary titanium abutments and the parts of temporary titanium abutments on the tooth are repainted so that the shaping process can be done correctly.

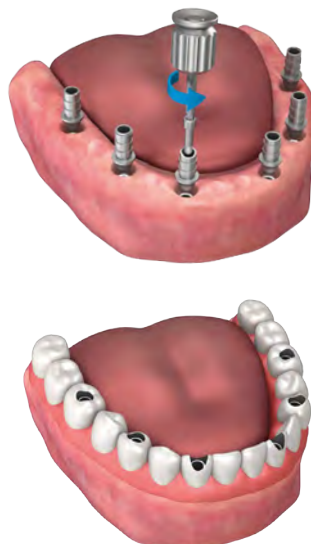
After painting, the acrylic tooth is removed and temporary titanium abutment screws are unscrewed. Temporary titanium abutments the tops of which are painted tops are sequentially sent to the shaping process.

Note: When titanium abutment is removed from the patient's mouth for shaping, the gingiva former should be placed to prevent soft tissue from collapsing on the implant.

Temporary titanium abutments are shaped sequentially from their painted parts.

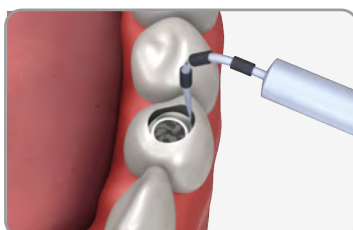


4. Placing the Shaped Abutments on the Implants



Temporary titanium abutments the top of which are shaped are fixed on the implants in the patient's mouth with abutment screws.

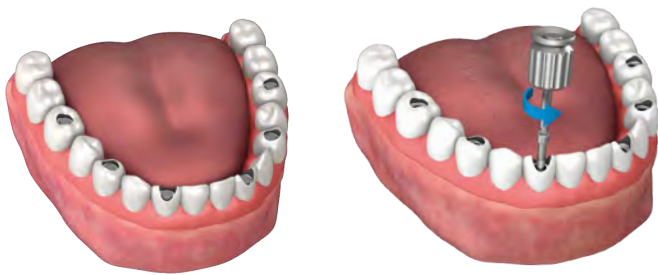
After temporary titanium abutments are fixed, the acrylic total dental prosthesis is placed on temporary titanium abutments.



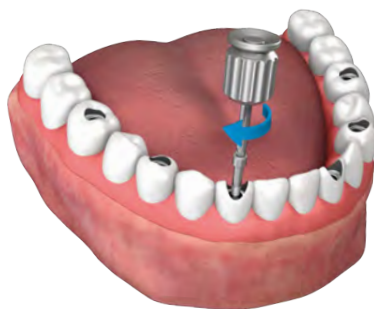
Liquid acrylic is poured into the gap between the temporary titanium abutment and the drilled tooth, and left to cool.

Note: Before pouring liquid acrylic, the screw hole of the abutment is covered with cotton or a rubber material similar to cotton so that no liquid can leak into it.

5. Final Procedures



After the temporary titanium abutment and the acrylic total dental prosthesis are well matched with each other, the rubber materials in temporary titanium abutment are removed, the abutment screws are removed; the prosthesis is removed and the excess acrylic remaining on it is cleaned.



After having been cleaned and polished, the total dental prosthesis is finally placed on the implants.

And the abutment screws are hand-tightened with a manual hex driver until they hold onto the implants.



The abutment screws should be torqued to a **maximum of 30 Ncm** using tightening hex driver and a torque driver..



Finally, the screw holes are covered with a cotton-like material. And the processes are completed after performing the filling process.

notes

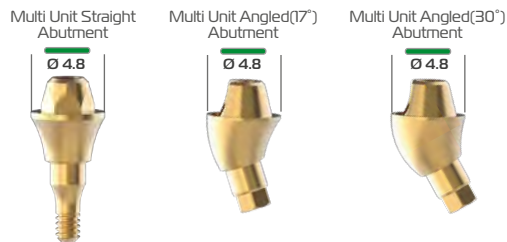


Screw Retained Solutions

Multi Unit Abutments



Multi Unit Abutments - General Features



Multi unit abutments have their own superstructure options for impression taking or prosthesis construction. Once placed on the implants in the patient's mouth, there is no need to remove them again.

In this way, it provides the opportunity to make comfortable and practical treatment.

All abutments are made of titanium gr5 material.

Straight, angled-17° and angled-30° abutment options are available.

Features of Multi unit straight abutments

The platform of the abutment is in Hex-shaped, and the implant connection structure is threaded. It is compatible with all T6 Standard implants

It is placed on the implant with the help of **the screw abutment tightening part**.

All multi unit abutments have a platform diameter of 4.8 mm and a platform height of 2.2 mm.

There are three different gingival height options, 1.0 mm, 2.5 mm and 4.0 mm.



for single tooth treatment;

Multi Unit Straight Abutment (1),
Occlusal screw (2),
Burn Out Cap\Hex (1)

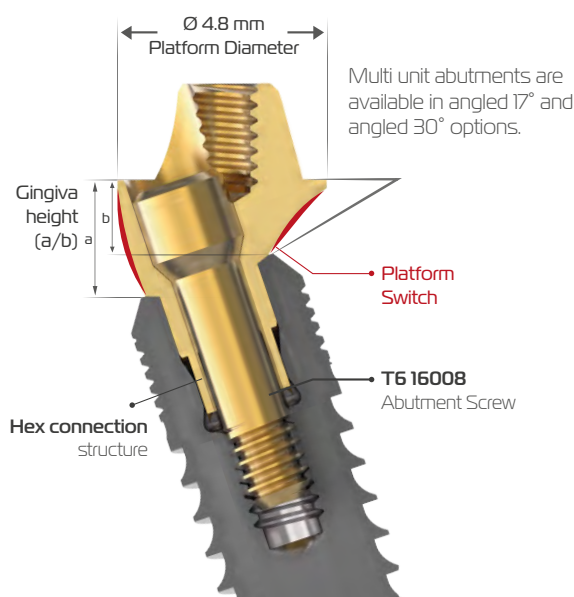
Package Included



for multiple tooth treatment;

Multi Unit Straight Abutment (1),
Occlusal screw (2),
Burn Out Cap\No-Hex (1)

Package Included



Multi unit abutments are available in angled 17° and angled 30° options.



Caution!
It is fixed to the implant with the abutment screw(T6 16008).

Features of Multi unit angled abutments:

Implant connection structure is Hex. It is compatible with all T6 Standard and T6 TorQ implants.

All multi unit abutments have a platform diameter of 4.8 mm and a platform height of 2.2 mm.

It is packed as assembled with carrying apparatus. After being removed from the package, it is placed on the implant with the carrying apparatus.

There are 17° and 30° angle options and different gingival height options.



Multi Unit Angled Abutment(1),
Occlusal Screw (2),
Multi Unit Abutment Screw (1),
Burn Out Cap\No-Hex (1)

Package Included

Multi Unit Abutments - Diameter and Length Options



Multi Unit Straight Abutments

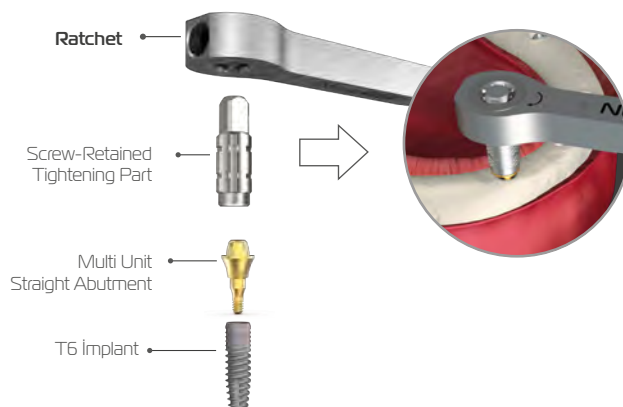
	for Single Tooth Treatments			for Multiple Tooth Treatments		
Product Code	T6 32413	T6 32414	T6 32415	T6 32422	T6 32423	T6 32424
Gingival Height	1.0 mm	2.5 mm	4.0 mm	1.0 mm	2.5 mm	4.0 mm

Multi Unit Angled (17°) Abutments

Product Code	T6 32425	T6 32426	T6 32427
Gingival Height	1.5 mm	2.5 mm	4.0 mm

Multi Unit Angled (30°) Abutments

Product Code	T6 32428	T6 32429
Gingival Height	1.5 mm	2.5 mm

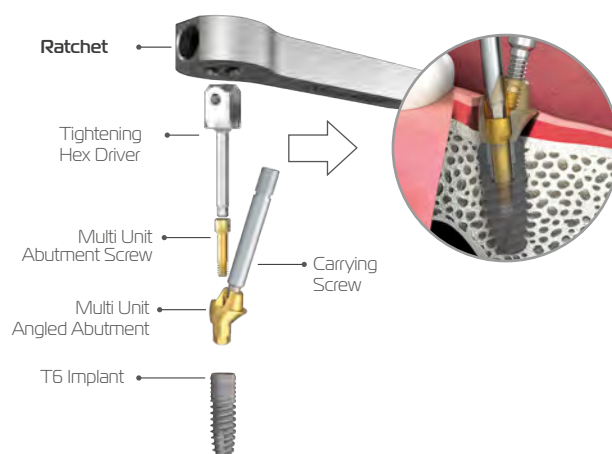


Multi unit straight abutment has a screw connection structure. When placing the abutment on the implant, attention should be paid to the tightening and torque values.

Caution!

Multi unit straight abutment should be torqued to a **maximum of 30 Ncm** when being placed onto the implant!

If the torque value is less or more than the specified value, loosening or breakage of the abutment may occur.

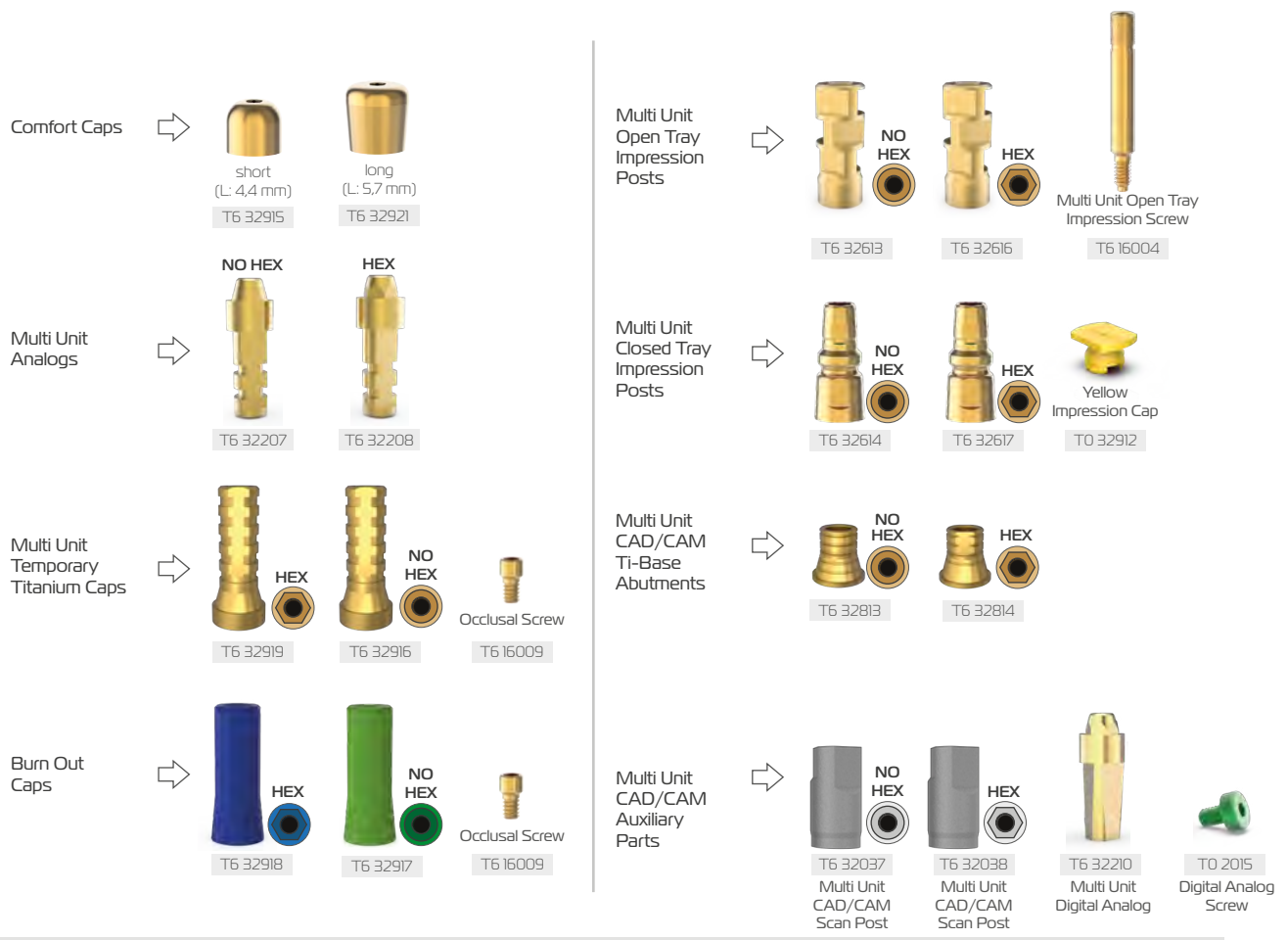


Multi unit angled abutment is carefully placed on the implant by holding the carrying screw and fixed to the implant with the abutment screw included in the package. The abutment screw should be torqued with a **maximum of 30 Ncm** with the help of NucleOSS ratchet.

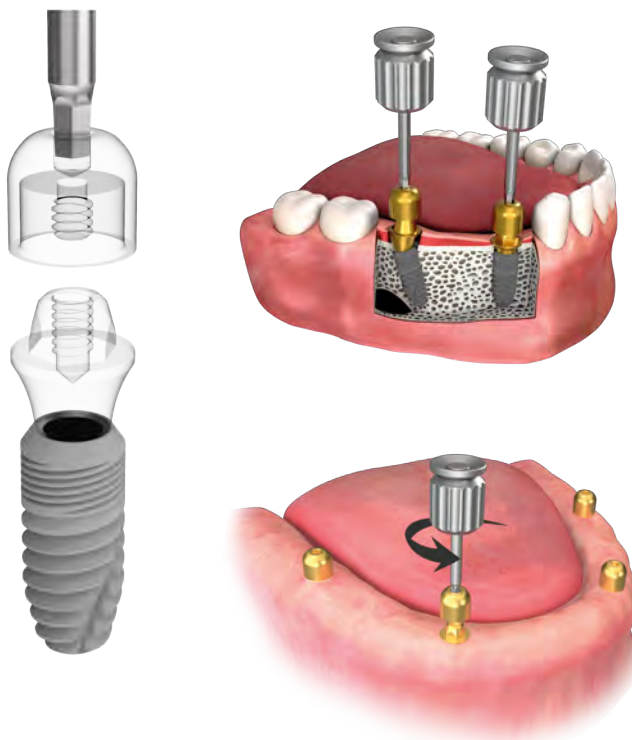
After the multi unit angled abutment is placed on the implant, the carrying screw is turned backward a few cycle, and the abutment is fixed to the implant with the abutment screw. The carrying screw is then completely removed.

Note: If the carrying screw is not loosened, the abutment screw cannot be inserted into the abutment.

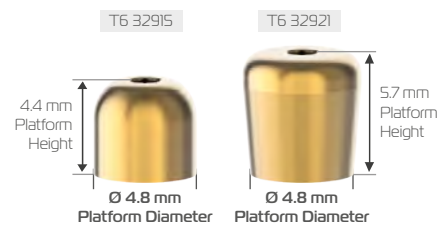
Multi Unit Abutments - Auxiliary Superstructures



Comfort Caps



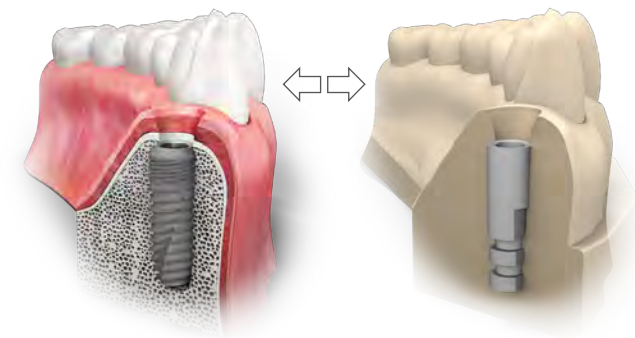
Comfort caps are made of titanium gr5 material and are available in two different sizes.



It prevents any substance from entering into multi unit abutment during the osteointegration process or the prosthesis construction process.

It is tightened and unscrewed with a manual hex driver.

Multi Unit Analogs



Analogs are parts that are used instead of implants in plaster models or 3D dental models.

While prosthesis is made with over-implant impression parts, standard straight, angled, aesthetic, casting abutments, standard analogs are used in dental plaster models.

Multi unit analogs are used in dental plaster models created in treatments where multi unit abutments are used.



Multi Unit Digital Analogs



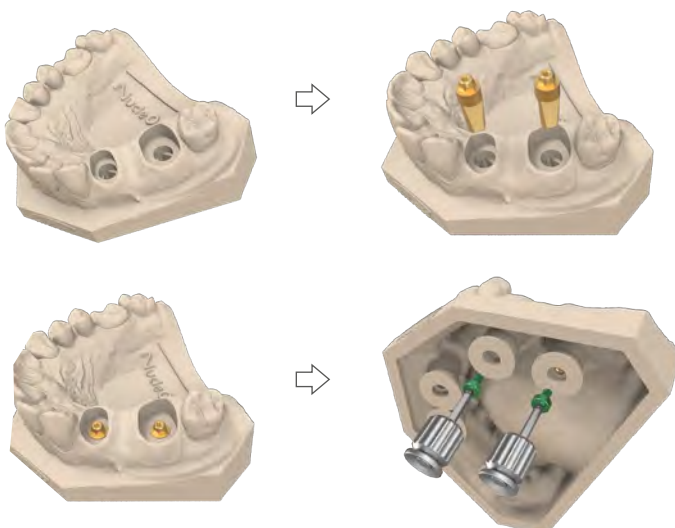
In digital platforms, **multi unit digital analogs** are used in dental 3D models created with multi unit CAD/CAM ti-base abutments.

It is available in digital libraries of dental design programs such as **exocad**, **dentalwings** and **3Shapes** and is easy to use and practical.

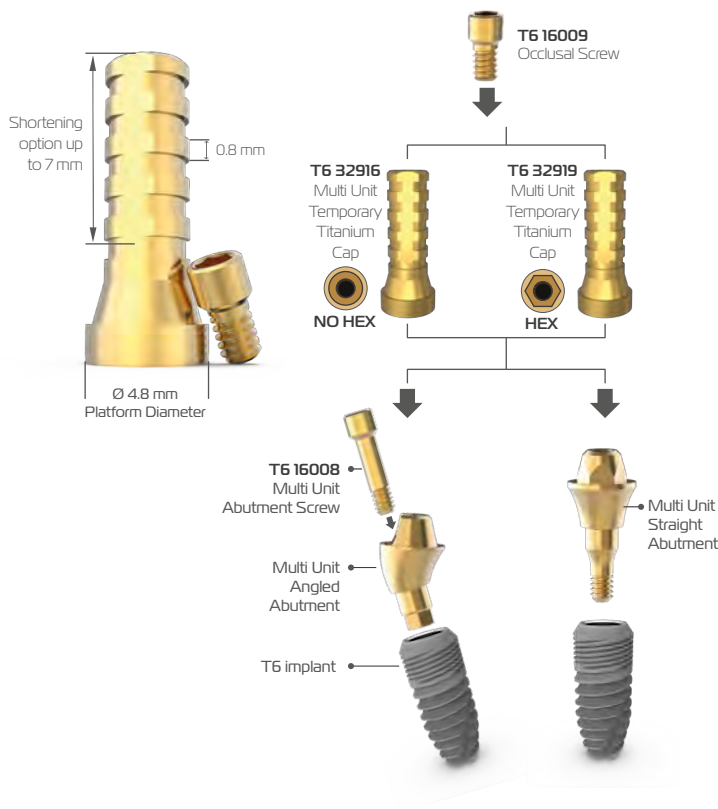
Multi unit digital analogs are placed in the 3D dental model designed on the digital platform, in such a way that the flat surface on it and the flat surface in the 3D dental model coincide.

With the help of a manual hex driver, the digital analog screws are placed on the multi unit digital analogs in the 3D dental model, and the analogs are fixed to the model.

Note: How the analogs used in plaster models are used is explained in the **"Impression Techniques"** section and how the digital analogs used in dental 3d models are used in the **"Digital Solutions"** section.



Multi Unit Temporary Titanium Caps



It is used in the construction of temporary prostheses by shortening as desired.

The multi unit can be easily mounted and disassembled on the base with its screwed connection structures.

Used with an occlusal screw (T6 16009).

It is made of titanium gr5 material and can be easily shaped.

It can be shortened up to 7 mm from the top, depending on the level of the occlusal screw.

It can be cemented to the temporary prosthesis.

The outer surfaces are designed to hold the temporary prosthesis or cement.

The multi unit abutment can be placed on the abutment immediately after it is placed on the implant.

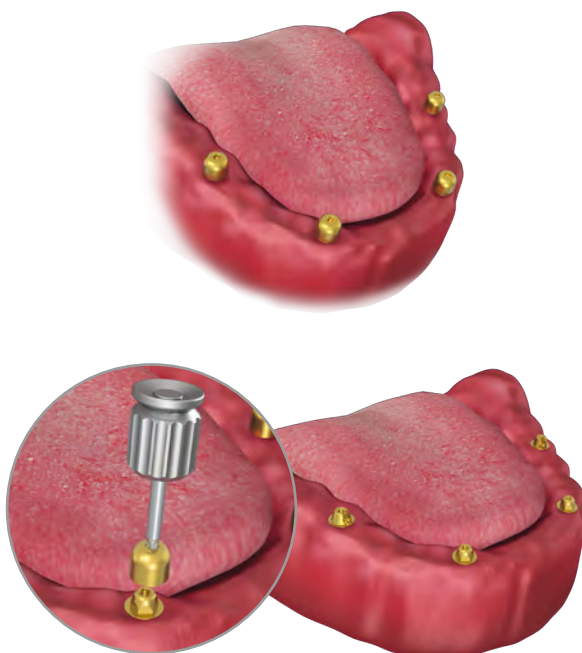
There are Hex connection options for single tooth treatments and No Hex connection options for multiple tooth treatments.

The multi unit temporary titanium cap is included in the same package as the occlusal screw.

In this document, the use of a temporary titanium cap is described for total dental prosthesis applications.

Total Edentulous Treatment with Multi Unit Temporary Titanium Caps

1. Preparation



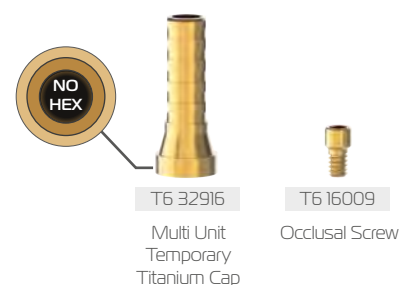
In the clinical case here, the patient had total edentulousness in the lower jaw and 4 implants and multi unit abutments have been placed.

Multi unit abutments are covered with comfort caps until the acrylic dentures are ready.

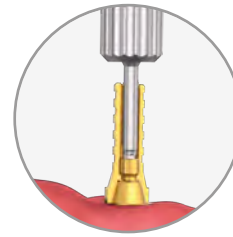
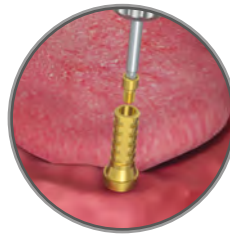
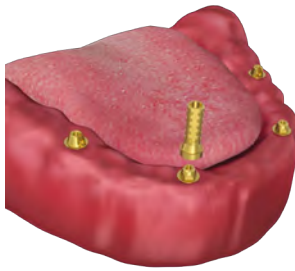
After the acrylic tooth is prepared, it is placed in the patient's mouth with the help of temporary titanium caps.

The comfort caps on the multi unit abutments are carefully removed with the help of the hex driver.

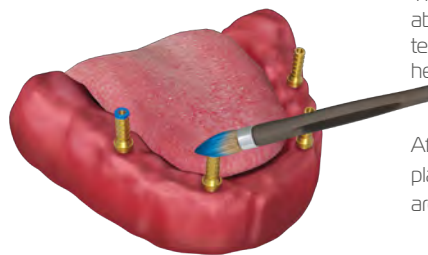
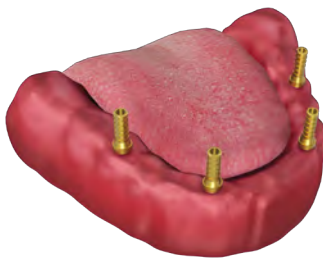
Multi unit temporary titanium caps and occlusal screws are prepared to be placed on multi unit abutments. Since the case here is total edentulism, **No Hex temporary titanium caps** should be used.



2. Placing Multi Unit Temporary Titanium Caps on Multi Unit Abutments



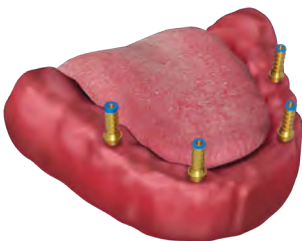
Multi unit temporary titanium caps are carefully placed on the multi unit abutments in the patient's mouth.



The occlusal screws are inserted into the multi unit abutment by passing them over the multi unit temporary titanium caps with the help of a manual hex driver.

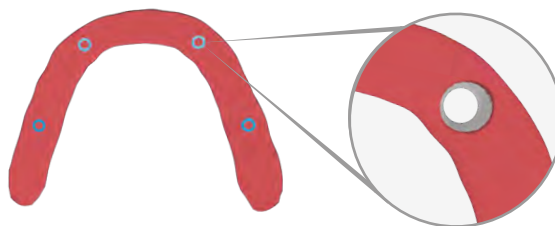
After the multi unit temporary titanium caps are placed on the multi unit abutments, the top of caps are marked.

3.1. Preparation of Acrylic Dental Prosthesis

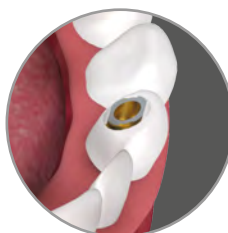


After the top of caps are marked, acrylic tooth is prepared.

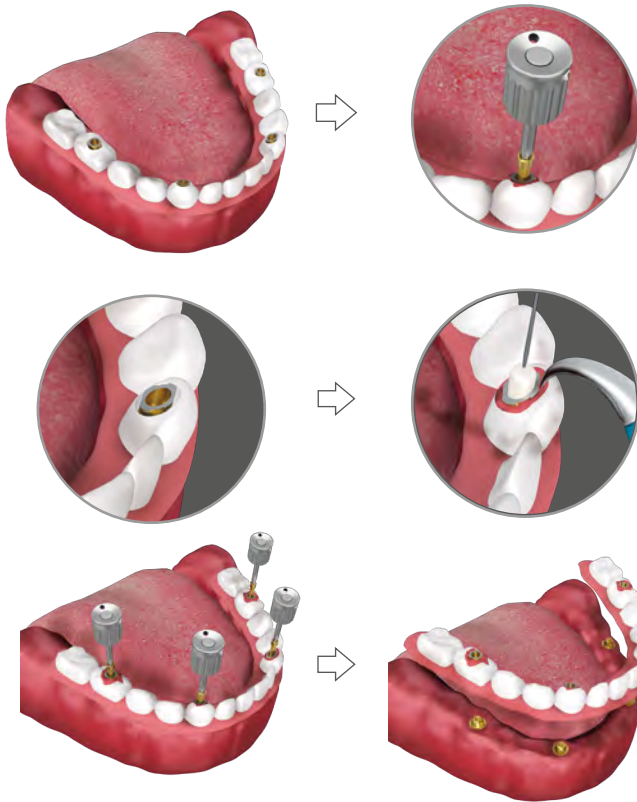
Holes are made on the marked areas of the acrylic total dental prosthesis so that they can fit the caps.



The acrylic total dental prosthesis, whose holes are opened, is placed on the multi unit temporary titanium caps in the patient's mouth. The cutting is done by marking the increasing parts of the abutment on the prosthesis.



3.2. Preparation of Acrylic Dental Prosthesis



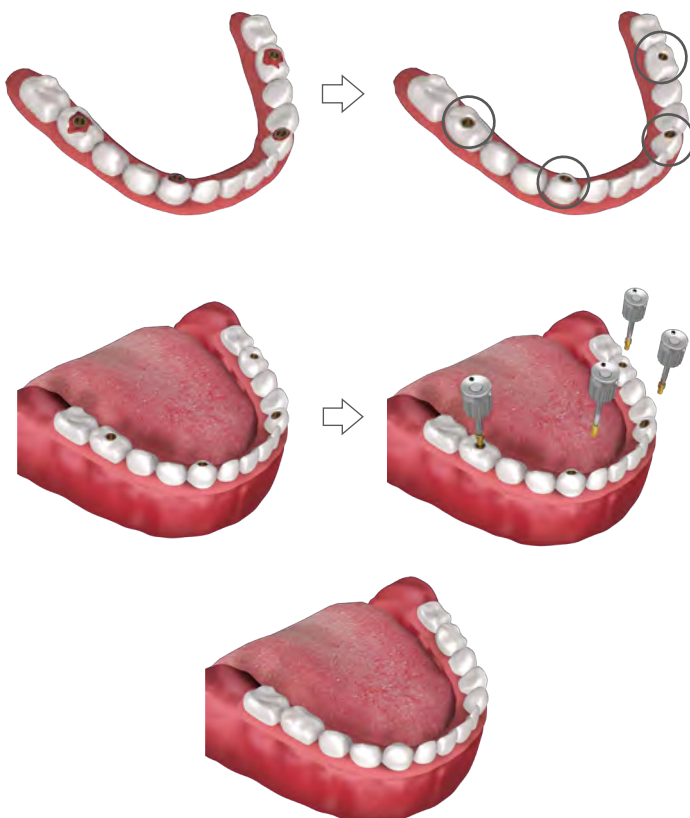
After the multi unit temporary titanium caps are shortened, they are placed on the multi unit abutments. Acrylic total dental prosthesis is also placed on the caps, and necessary checks are performed. After the necessary corrections are made, occlusal screws are inserted.

Liquid acrylic is poured into the gap between the temporary titanium cap and the drilled acrylic dental prosthesis, and left to cool.

Note: Cover the cap with cotton or a material similar to cotton so that no liquid can leak into it.

After the liquid acrylic has set, the occlusal screws are removed and the total prosthesis is removed from the mouth for tooth correction.

4. Final Procedures



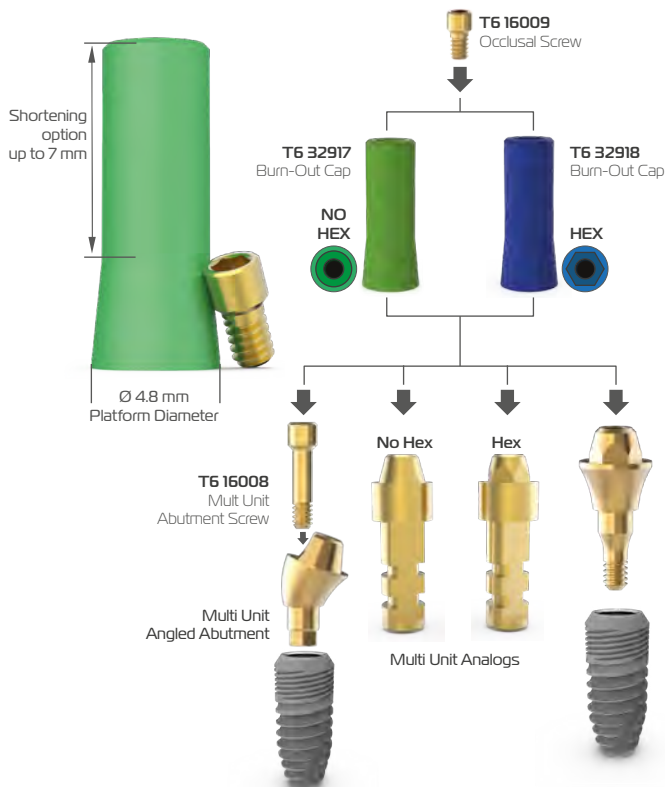
Procedures such as correction, coating or polishing are performed on the areas where the prepared acrylic total dental prosthesis has multi unit temporary titanium caps.

Total dental prosthesis the processes of which are completed is placed in the patient's mouth. The occlusal screws are tightened carefully enough to hold onto multi unit abutment.

After inserting the occlusal screws, they should be torqued to **maximum 20 Ncm**.

Finally, considering the possibility of removal of the total dental prosthesis in the future, a rubber material is placed in the screw hole of the abutments and the process is completed with inlay.

Burn Out Caps



In this document, the use of the burn out cap is explained for total dental prosthesis applications.

It is used in the production of prostheses produced by the casting method on multi unit abutment.

It can be easily fixed and unscrewed on multi unit abutment with its threaded Connecting form.

It is used with occlusal screw (T6 16009).

It is made of delrin material and can be easily shaped.

It can be shortened up to 7 mm from the top depending on the occlusal level.

It can immediately be placed on the abutment after multi-unit abutment has been placed on the implant.

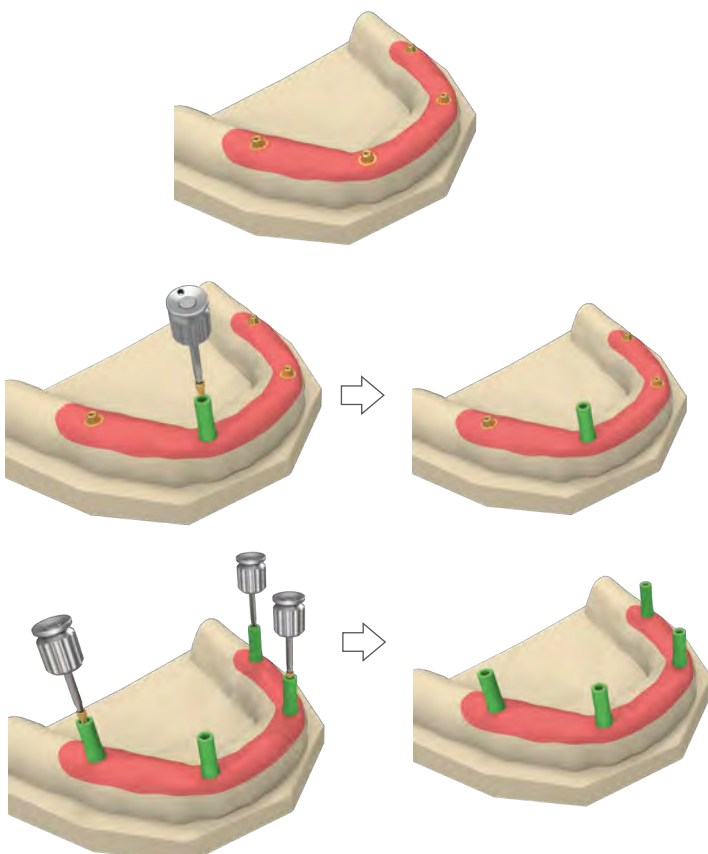
Burn out caps are used with multi unit analogs in the plaster model after the plaster model has been created in the patient's mouth.

There are **Hex connection options** for single tooth treatments and **No Hex connection options** for multiple tooth treatments.

The burn out cap is included in the same package as the occlusal screw

Total Edentulous Treatment with Burn Out Caps

1. Placing the Burn Out Caps on the Plaster Model



In the clinical case here, the patient had total edentulousness in the lower jaw and 4 implants and multi unit abutments were placed.

A plaster model of the patient's mouth will be created and a total dental prosthesis will be made with a burn out cap.



Before placing all burn out caps, place one of the caps on the multi unit analogs on the plaster model and pay attention to the plaster, analog and cap compatibility. Then insert the occlusal screw into the analog with the help of a manual hex driver in the cap and make sure it is fully seated.

Other burn out caps are placed on the multi unit analogs on the plaster model. The occlusal screws are carefully inserted using a manual hex driver.

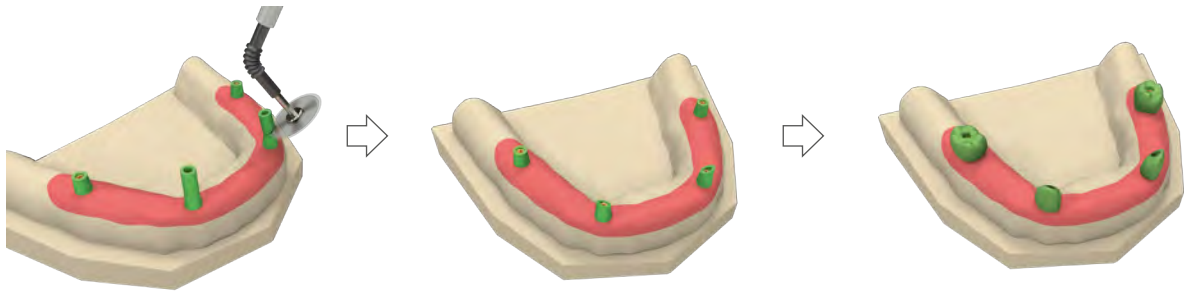
Note: Make sure that the burn out caps are stay fixed on the analogs. The mistake that can be made at this stage may affect the entire prosthesis.

Total Edentulous Treatment with Burn Out Caps

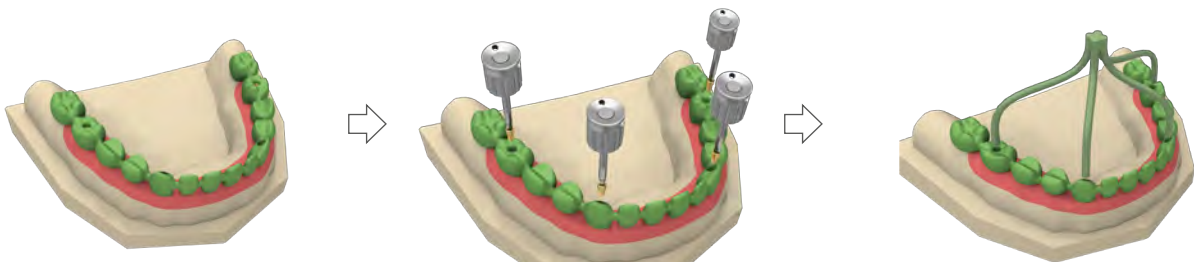


2. Preparation of Wax Pattern

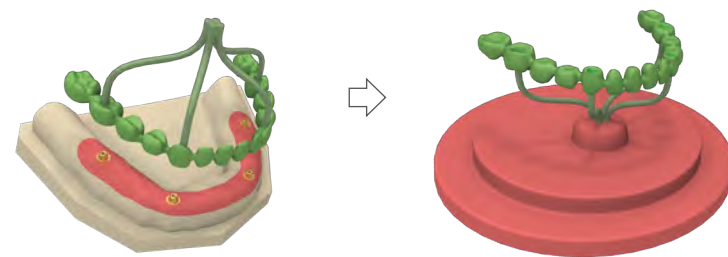
After the burn out caps are fixed to the analogs, the cutting is performed up to **the maximum occlusal screw level** according to the dimensions of the dental prosthesis to be created. Prosthetic teeth model is prepared with wax on the cut burn out caps.



The occlusal screws are removed, and wax channels are placed over the formed wax model to create a casting path.



The wax model created is removed and placed on the flask.



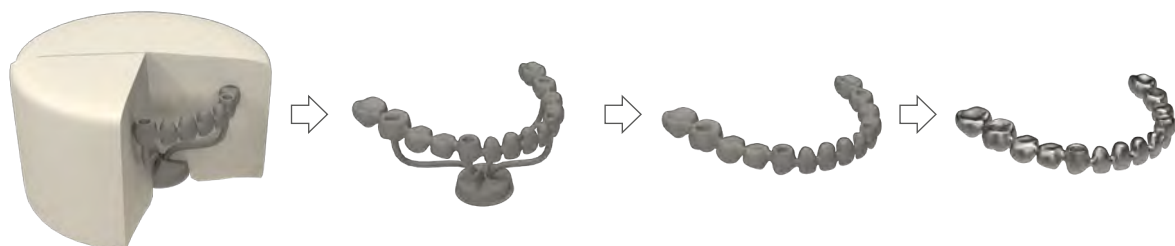
3. Casting Process

While the wax model is on the flask, its surrounding is covered tightly, and the liquid investment is poured into the cap.

After the investment have dried, investment and molten metal are placed in the centrifugal casting device and the molten metal is injected into the mold.

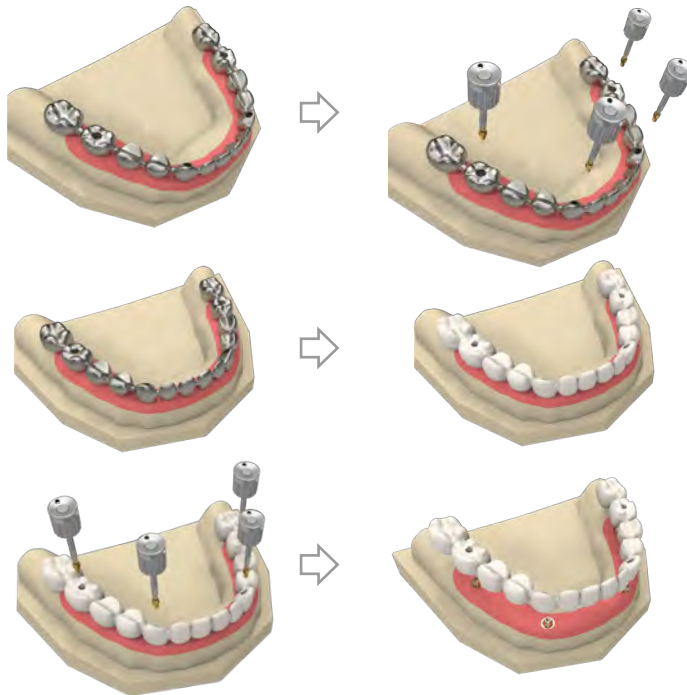


After the molten metal has cooled, the metal tooth model is created by breaking the investment.



The excess parts of the metal tooth model is cleaned, and sandblasting or polishing processes are performed.

4. Creating a Total Dental Prosthesis



The metal dental prosthesis is placed on the analogs in the plaster model and occlusal screws are attached

Processes such as coating and polishing are performed on the metal dental prosthesis.

After the controls and corrections are performed on the total dental prosthesis, the prosthesis is removed by unscrewing the occlusal screws.

Note: Different bar hybrid prostheses can be made with the same method

5. Placing the Total Dental Prosthesis into the Patient's Mouth



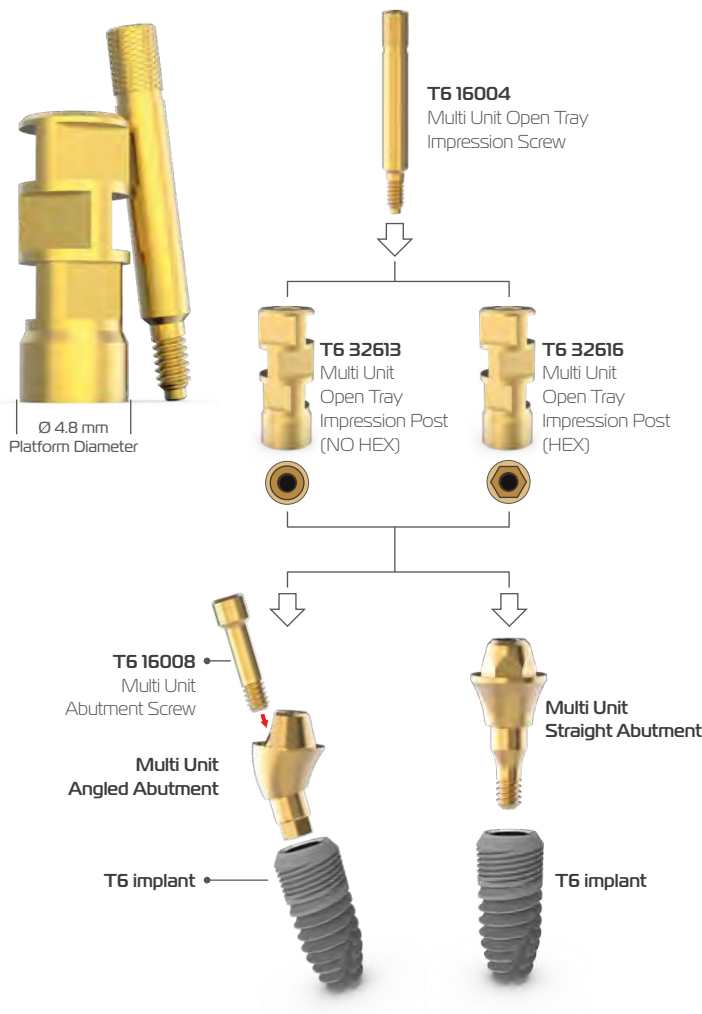
The total dental prosthesis created is placed on the multi unit abutments in the patient's mouth.

The occlusal screws of the total prosthesis are adequately tightened with a manual hex driver so that it holds the multi unit abutments.

The occlusal screws placed over the prosthesis must be torqued to a **maximum of 20 Ncm**.

Finally, the screw holes are covered with filler and the process is completed.

Multi Unit Open Tray Impression Posts



In this document, the use of the multi unit open tray impression post is described for total dental prosthesis applications.

Multi unit open tray impression posts are used in the dental laboratory to transfer the location and direction of the dental implant or abutment from the edentulous or partially edentulous jaw of the patient to the plaster mold by using the open tray impression technique.

All multi unit open tray impression posts are produced from titanium Gr5 material.

The impression screw is tightened with a hex driver or by hand.

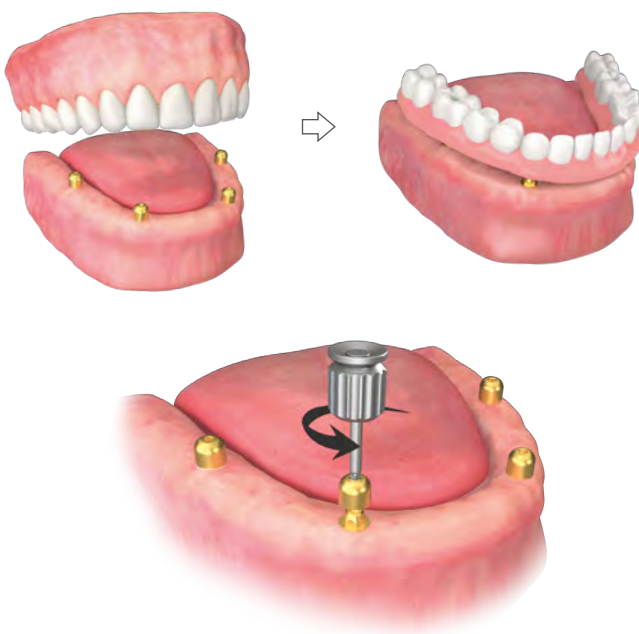
The open tray technique is recommended to be used in single tooth treatments where the implant axis differs, or in treatments where there are multiple dental

Multi unit open tray impression post(Hex) should be used in single tooth treatments, and multi unit open tray impression post(No Hex) should be used in multiple tooth treatments.

Multi unit open tray impression post and the multi unit open tray impression screw are included in the same package.

Usage of Multi Unit Open Tray Impression Posts

1. Clinical Case (Total Edentulous)



In the clinical case here, the patient has total edentosis in the lower jaw.

In this document, it is explained how to create a plaster model using multi unit open tray impression posts for multi unit abutments.

If the patient has a temporary prosthesis in his mouth;

The temporary prosthesis is carefully removed with a manual hex driver (T0 25253). Ensure that there are no particles or soft tissue on the multi unit abutment platform.

If there is a comfort cap on the multi unit abutment;

Comfort is carefully removed with a manual hex driver.

Ensure that there are no particles or soft tissue on the multi unit abutment platform.

Usage of Multi Unit Open Tray Impression Posts



2. Placing the Impression Posts on the Abutment

Multi unit open tray impression posts(T6 32613) are carefully placed on the multi unit abutment.

The multi unit open tray impression screw (T0 16004) is fixed to the multi unit abutment by hand or with a manual hex driver.

Note: Since the case here is multiple tooth deficiency, multi unit impression posts(No Hex) are used.

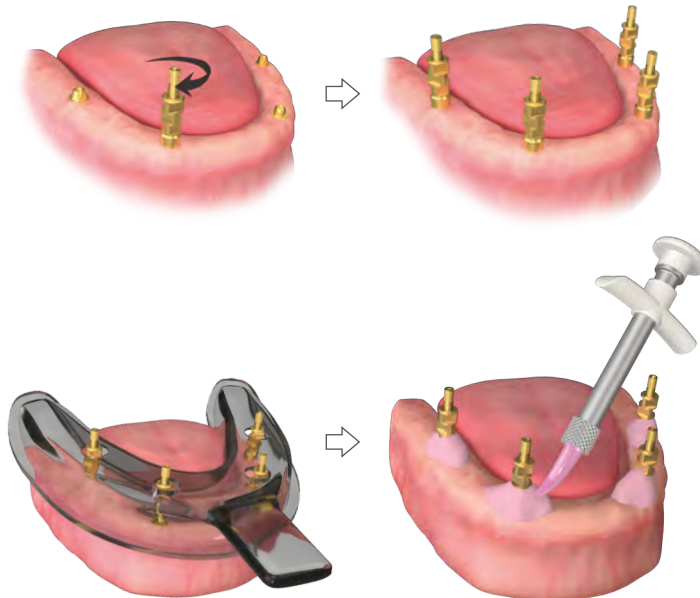
The multi unit open tray impression screw should be tightened by hand or torqued to a **maximum of 10 Ncm** with the help of a ratchet.

It should be ensured that passive fitting is achieved between the multi unit abutment platform and the multi unit open tray impression post. X-ray may be performed at this stage to confirm that the impression posts have been placed correctly.

A special tray is used in the multi unit open tray impression technique. The dentist makes a hole in the tray at the point where the multi unit impression post coincides. This hole is necessary for the screw to be unscrewed.

The prepared special tray is tested in the patient's mouth without using the impression material and it is checked whether it is suitable for the impression process. If the tray is not suitable, necessary adjustments are made in order to make it suitable.

In order to take a more precise impression, fluid silicone which is putty material is applied around the multi unit impression posts.



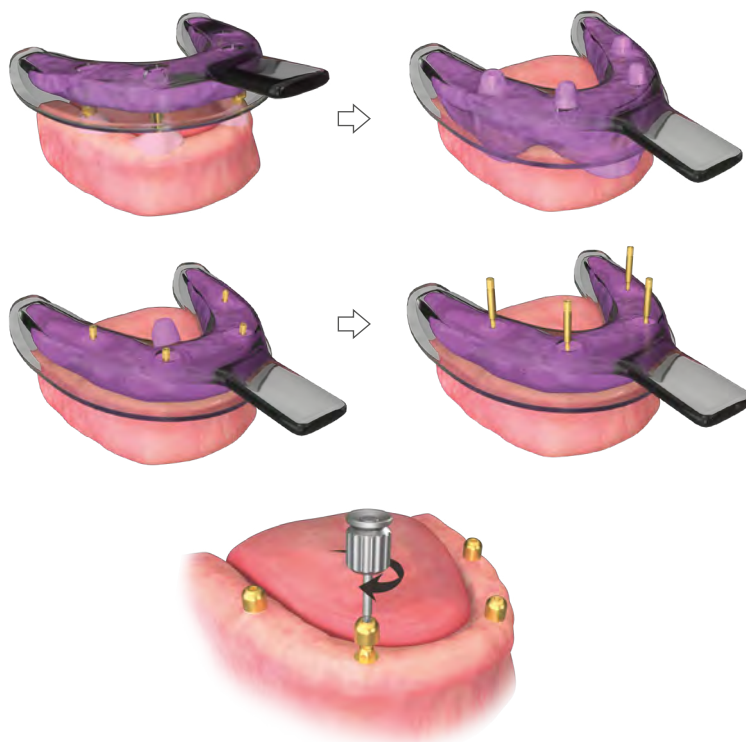
3. Preparing the Impression Tray and Taking Impressions

Putty material (polyvinyl siloxane or polyether) is placed in the tray and the tray is placed in the patient's mouth.

At this stage, excess materials around the screw are cleaned in order to easily reach the open tray impression screw.

When the material is cured and hardened, the multi unit open tray impression screws are removed and the tray is removed from the patient's mouth. The multi unit impression posts remain in the putty material as it is released from the multi unit abutments.

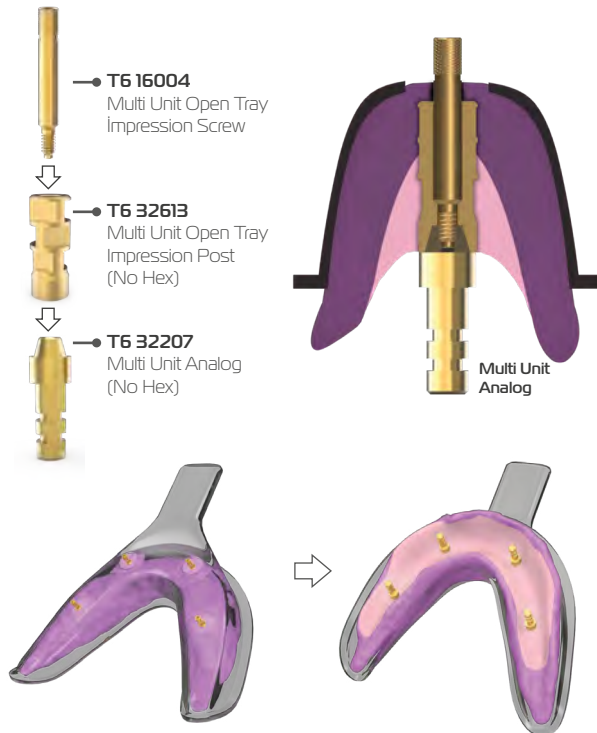
In order to prevent any substance from entering into multi unit abutments, comfort cap is placed on it and tightened with a hex driver.



Usage of Multi Unit Open Tray Impression Posts

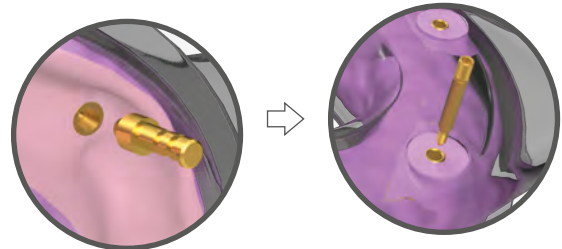


4. Placing the Multi Unit Analog in the Impression Tray



The multi unit analog is carefully placed on the impression post in the tray and fixed with an open tray impression screw.

Note: In the case here, multi unit analogs (No Hex) are used, since the multi unit impression posts (No Hex) is used.



After all analogs and impression posts have been placed, care must be taken that no posts are loose.

It should be ensured that passive fitting is achieved between impression posts and analog platform. Otherwise, the prosthesis will be faulty due to incorrect placement of the analog. Special attention must be paid.

5. Creating a Plaster Model



Silicone remover spray is sprayed on the analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around the analog in the tray to determine the position and shape of the gingiva.

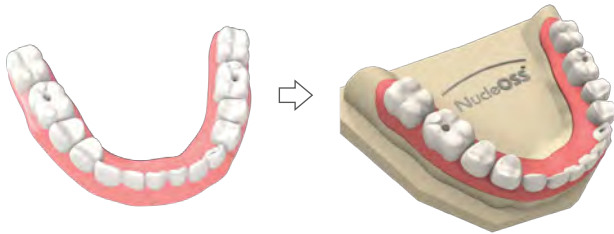
Neat plaster is poured into the impression tray and ground sill is placed.

After the plaster has set, the impression tray is removed, the multi unit open tray impression posts are taken out and the process is completed. Prosthesis can be made after the burrs on the prepared plaster model is removed.

Usage of Multi Unit Open Tray Impression Posts



6. Placing the Total Dental Prosthesis in the Patient's Mouth



The material to be used for the total dental prosthesis, coating and polishing processes is prepared in accordance with the instructions given by the manufacturer and coated on the metal frame. (For detailed information you can refer "Prosthesis Making with Burn Out Caps" section.

The prepared total prosthesis is tested on the plaster model and the prosthesis, the passive fixation of which has been achieved is sent to the clinic together with the plaster model in order to be applied to the patient.



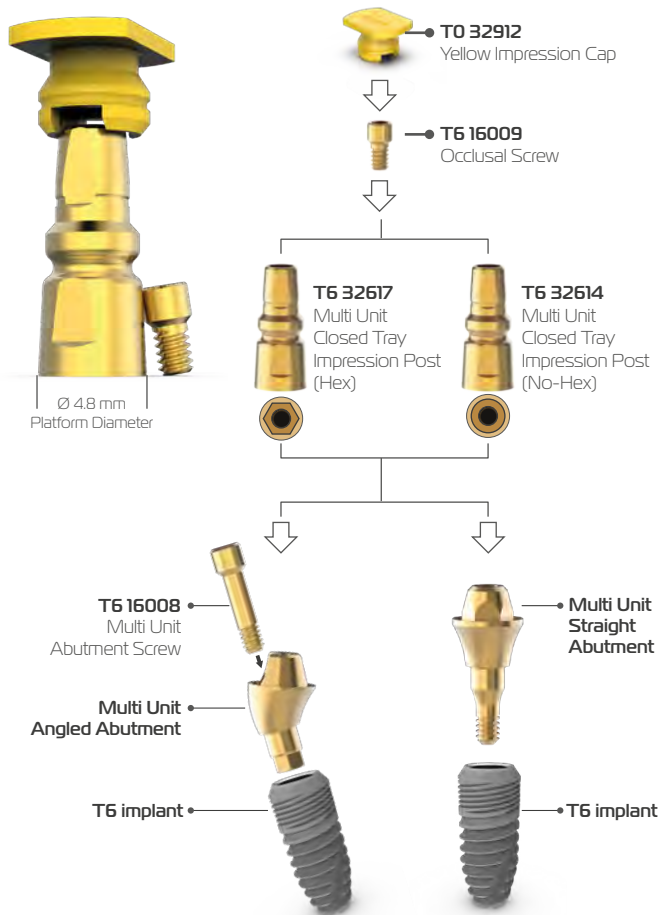
After the total dental prosthesis is subjected to necessary controls, it is sent to the clinic and placed in the patient's mouth, and the occlusal screws are placed on the abutments with the help of a manual hex driver.

The occlusal screws should be torqued to a **maximum of 20 Ncm** with the help of tightening driver.

The screw hole in the tooth occlusal is covered with Teflon and the filling material is applied and hardened. When total prosthesis is to be removed, this material is taken out and the screw is removed.



Multi Unit Closed Tray Impression Post



In this document, use of the multi unit closed tray impression post is described for total dental prosthesis applications.

Multi unit closed tray impression posts are used in the dental laboratory to transfer the location and direction of the dental implant or abutment from the edentulous or partially edentulous jaw of the patient to the plaster mold by using the closed tray impression technique.

The closed tray impression technique is recommended for patients with less mouth opening, for cases with restricted access areas, and for patients with an extremely sensitive gag.

Multi unit closed tray impression posts(Hex) should be used in single tooth treatments, and Multi unit closed tray impression posts(No Hex) should be used in multiple tooth treatments.

All closed tray impression posts are made of titanium Gr5 material and yellow impression cap is made of plastic material.

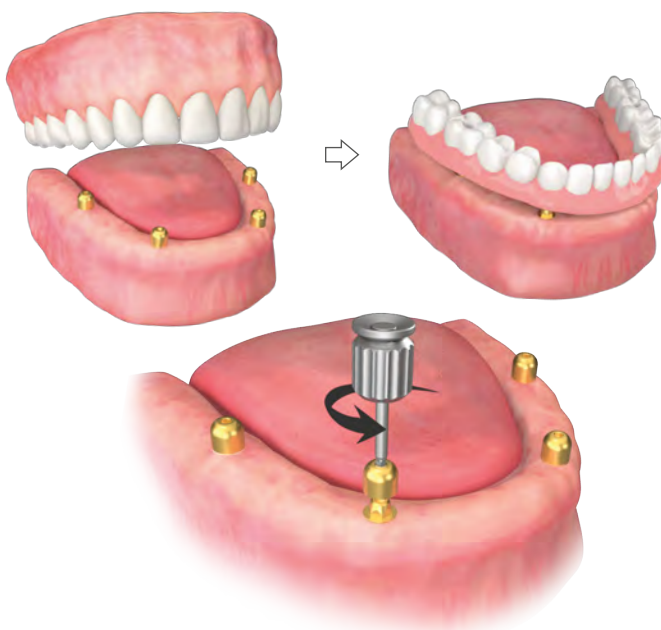
It is used with occlusal screw and tightened with hex drivers or handheld(manually).

It can be used in areas where the gap between two teeth is narrow.

The multi unit closed impression tray is contained in the same package together with yellow impression cap and occlusal screw.

Usage of Multi Unit Closed Tray Impression Posts

1. Clinical Case (Total edentulous)



In the clinical case here, the patient has total edentulous in the lower jaw.

In this document, it is explained how to create a plaster model using the open tray impression posts.

If the patient has a temporary prosthesis in his mouth;

The temporary prosthesis is carefully removed with a manual hex driver(TO 25253). Ensure that there are no particles or soft tissue on the multi unit abutment platform.

If there is a comfort cap on the multi unit abutment;

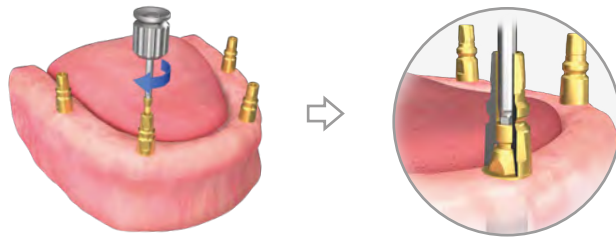
Comfort is carefully removed with a manual hex driver.

Ensure that there are no particles or soft tissue on the multi unit abutment platform.

Usage of Multi Unit Closed Tray Impression Posts



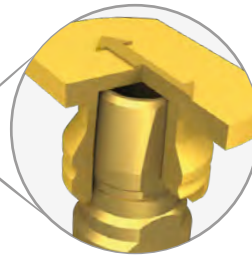
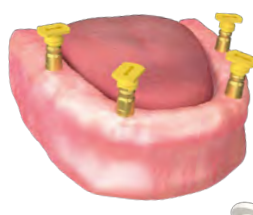
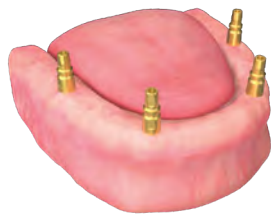
2. Placing the Impression Posts on the Abutment



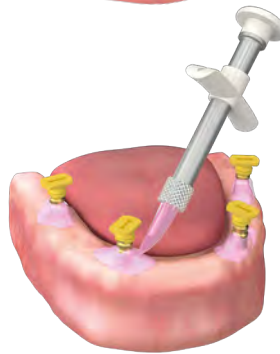
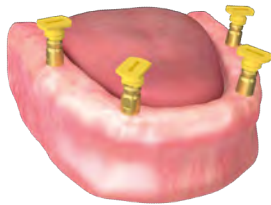
Multi unit closed tray impression posts (T6 32614) are carefully placed on the multi unit abutment and fixed to the multi unit abutment with the help of the occlusal screw (T6 16009).

The occlusal screw is hand-tightened with a manual hex driver.

Note: Since the case here is multiple tooth deficiency, No Hex impression posts are used.

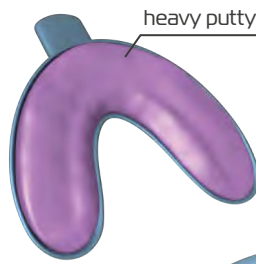
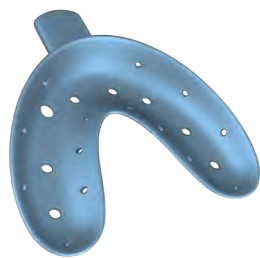


The yellow impression cap (T0 32912) is placed on the fixed the impression post. The direction of the arrow seen on the cap must face the flat face of the impression post. The cap is pressed in the apical direction until it fits into place. The cap will make a clicking sound when it fits into place.



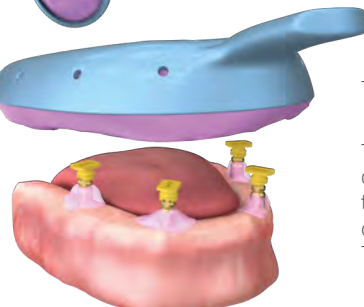
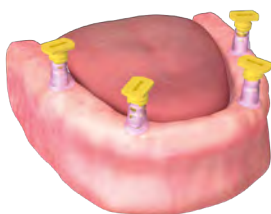
In order to take a more precise impression, fluid polyether remover is sprayed around the impression post.

3. Impression Taking Process



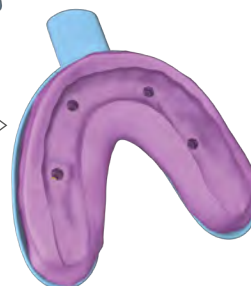
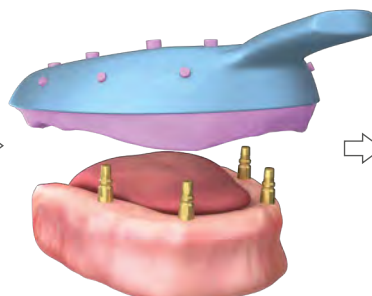
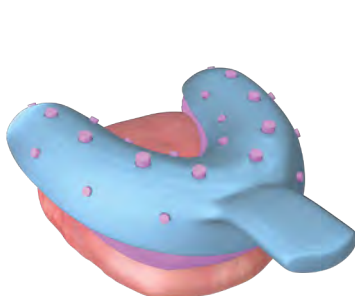
heavy putty

Special tray or standard impression tray can be used. Dense impression material, which is putty material, is placed into the impression tray.



The impression tray is placed in the patient's mouth.

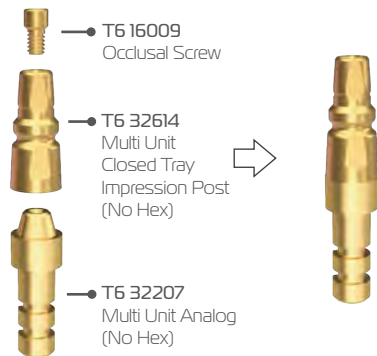
The tray is removed from the mouth when the material has cured and hardened. The yellow impression cap disjoints from the multi unit closed tray impression post during the removal of the tray from the mouth and remains in the putty material. The impression post remains in the patient's mouth.



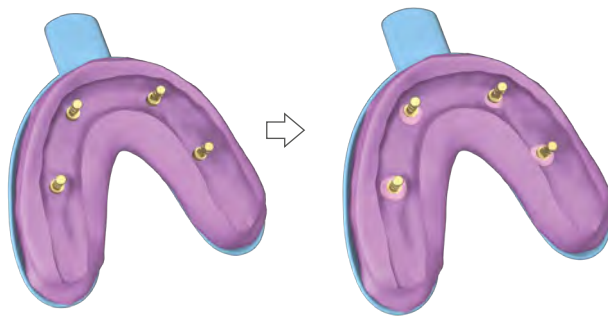
Usage of Multi Unit Closed Tray Impression Posts



4. Placing the Analog on the Impression Tray



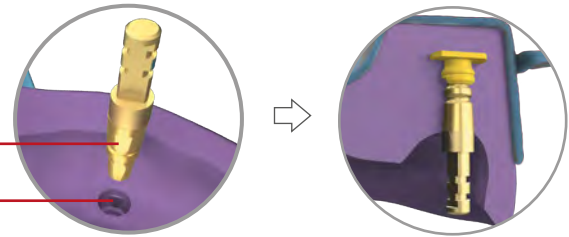
Note: In the case here, multi unit analogs (No Hex) are used, since the multi unit impression posts (No Hex) are used.



Multi unit closed tray impression post are removed from the patient's mouth and sent to the laboratory together with the impression tray or by being placed on the impression tray.

The analog and multi unit closed tray impression post are connected to each other with the help of the occlusal screw and put in its place on the impression tray. The cap is pressed in the apical direction until it fits into place.

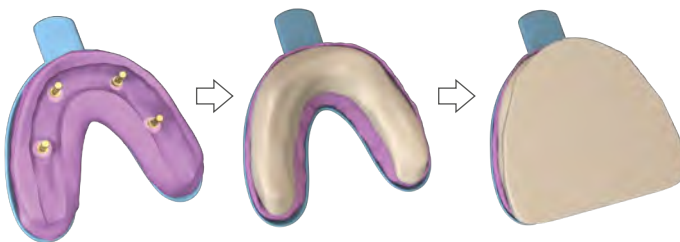
Caution!
Surface must be parallel



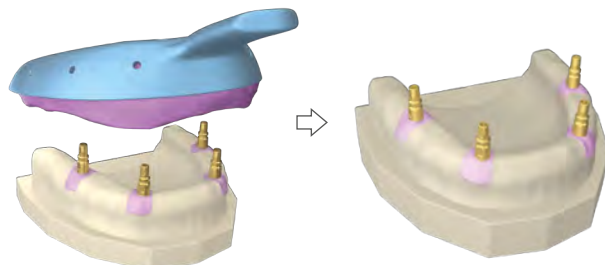
Note: It should be placed in a way that the flat surface of the impression tray faces with the flat surface in the tray and it should be ensured that it is fully inserted into the yellow cap inside the tray. The prosthesis will also be faulty due to incorrect placement of the analog. Special attention must be paid.

Silicone remover spray is sprayed on the analog. Remover spray is applied in order that the gingival silicone comes out easily from the tray and does not damage the gingival shape. Then, gingival aesthetic silicone is injected around the analog in the tray to determine the position and shape of the gingiva.

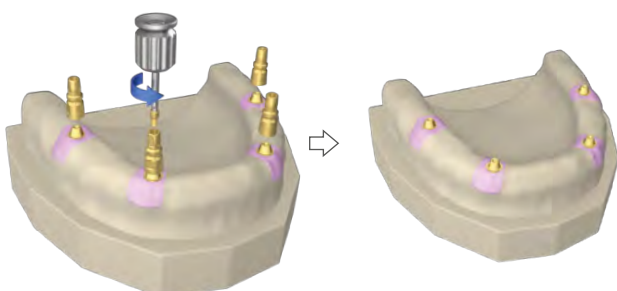
5. Creating Plaster Model



Neat plaster is poured into the impression tray and ground sill is placed

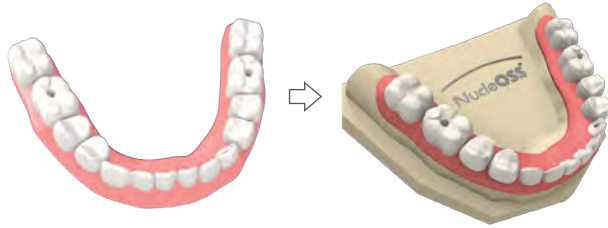


After the plaster has set, the impression tray is taken, the multi unit closed tray impression posts are removed and the process is completed.

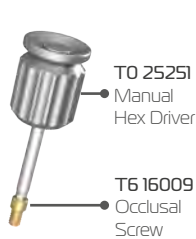


The burrs on the prepared plaster model are removed and it is sent in order the prosthesis is made.

6. Placing the Total Dental Prosthesis in the Patient's Mouth



The material to be used for the total dental prosthesis, coating and polishing processes is prepared in accordance with the instructions given by the manufacturer and coated on the metal frame. (For detailed information you can refer "Burn Out Caps" section.)



The prepared total prosthesis is tested on the plaster model and the prosthesis, the passive fixation of which has been achieved is sent to the clinic together with the plaster model in order to be applied to the patient.

After the total dental prosthesis is subjected to necessary controls, it is sent to the clinic and placed in the patient's mouth, and the occlusal screws are placed on the abutments with the help of a manual hex driver.



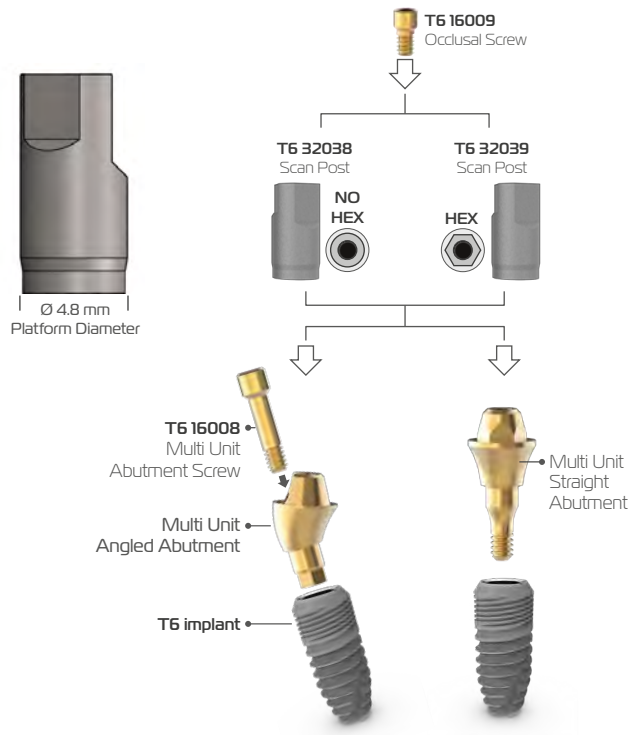
Occlusal screws should be torqued to a **maximum of 20 Ncm** using tightening drivers.

The screw hole in the tooth occlusal is covered with teflon and the filling material is applied and hardened. When total prosthesis is to be removed, this material is taken out and the screw is removed.

Multi Unit Abutment - CAD/CAM Parts



Multi Unit CAD/CAM Scan Posts



NucleOSS offers different digital CAD/CAM solutions for users who make prosthetics on the digital platform.

Multi Unit CAD/CAM Scan Posts;

It is used to create a 3D dental model on digital platforms by scanning through an intraoral or plaster model.

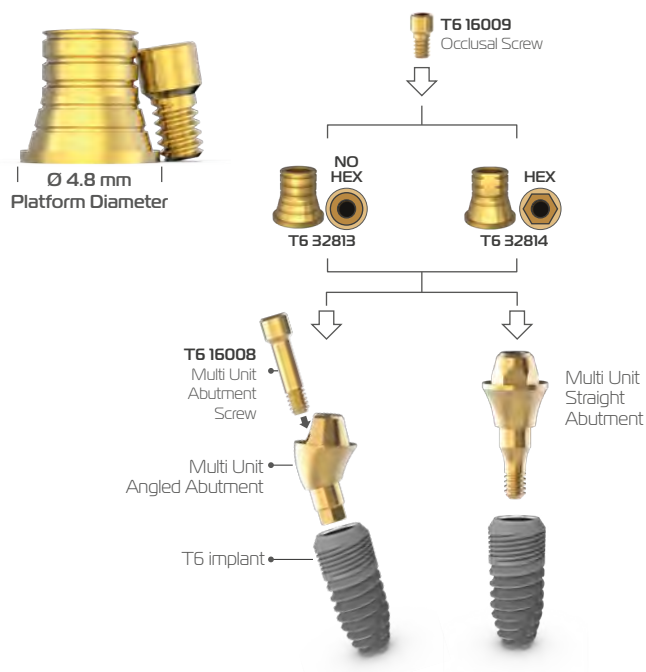
It is attached on multi unit abutments with an occlusal screw.

There are Hex connection options for single tooth treatments and No Hex connection options for multiple tooth treatments.

The scan post is supplied in the same package as the occlusal screw.

In this document, the use of multi unit scan post is described in the section on making prosthesis with a multi unit CAD/CAM ti-base abutment.

Multi Unit CAD/CAM Ti-Base Abutments



It is used as abutment on multi unit abutment.

Multi unit CAD/CAM ti-base abutment is made titanium gr5 material.

The multi unit CAD/CAM ti-base abutments with digital library are used in digital prosthesis design.

It is attached on multi unit abutments with an occlusal screw.

There are Hex connection options for single tooth treatments and No Hex connection options for multiple tooth treatments.

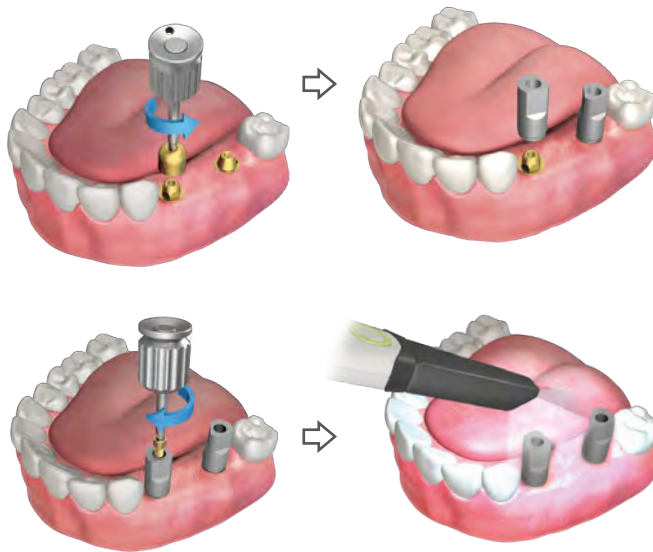
The multi unit CAD/CAM ti-base abutment is supplied in the same package with the occlusal screw.

In this document, bridge prosthesis construction with multi unit CAD/CAM ti-base abutments is explained.

Usage of Multi Unit CAD/CAM Ti- Base Abutments



1. Intraoral Scan



Comfort caps are removed from the patient's mouth.

Scan posts are placed on multi unit abutments. The occlusal screws are fixed on the multi unit abutments with the help of a hex driver.

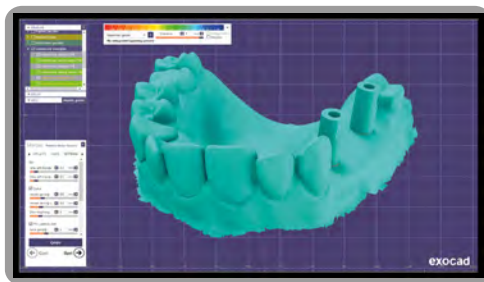


Note: You must make sure that the multi unit scan posts are stable on the abutments. The mistake that can be made at this stage may affect the entire prosthesis

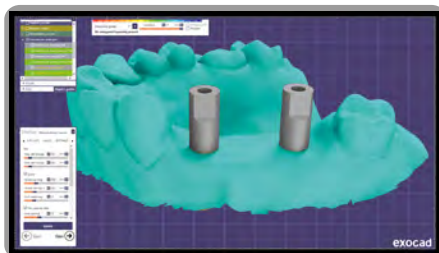
The screw of the scan post should be torqued to a maximum of 5 Ncm . Otherwise, when the part is tightened too much, there may be a problem in the scanning process as the scanpost will be bent.

Intraoral scanning is performed, and a 3D dental model of the patient's mouth is created in the digital environment.

Note: Multi unit scan posts or abutments designed for NucleOSS digital solutions can be used in integration with dental design programs such as exocad, 3Shape, dentalwings.



2. Creating a Bridge Dental Prosthesis on a Digital Platform

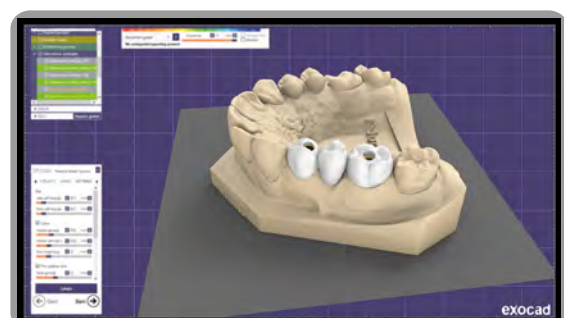
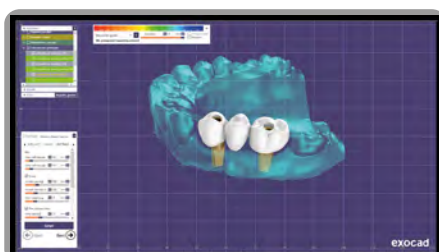


The lower jaw model is transferred to the digital platform environment by performing intraoral scanning.

Multi unit abutments are selected from the program's library. The multi unit CAD/CAM ti-base abutment file should be selected.

Bridge dental prosthesis is made on the multi unit CAD/CAM ti-base abutments.

After the prosthetic teeth are created, controls are made on the 3D dental model of the patient on the digital platform.



Usage of Multi Unit CAD/CAM Ti- Base Abutments



3. Preparation of 3D Dental Model



Using 3D resin printers, the dental tooth model created on the digital platform is printed

Multi unit digital analogs and digital analog screw are prepared to be attached to the 3D dental model.



Multi unit digital analogs are placed in such a way that the flat surface on it and the flat surface in the 3D dental model coincide.



With the help of a manual hex driver, the digital analog screws are placed on the multi unit digital analogs in the 3D dental model and the analogs are fixed to the model.

4. Preparation of Bridge Dental Prosthesis



After the bridge prosthesis designed on the digital platform goes through processes such as scraping and sintering, a test is made on the 3D dental model.

Multi unit CAD/CAM ti-base abutments and occlusal screws are prepared for attachment to the 3D dental model



Multi unit CAD/CAM ti-base abutments are placed inside the created dental prosthesis, and the necessary controls are made. After the necessary corrections are made, cement adhesive is applied into the dental prosthesis. The ti-base abutments are placed and the cement is allowed to set.

Note: At this stage, pay attention not to allow the cement get into multi unit CAD/CAM ti-base abutment.

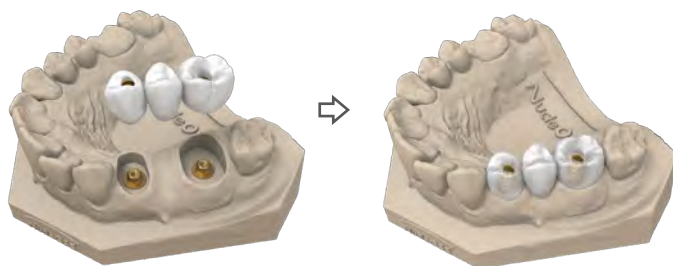


After the cement adhesive has set, the formed bridge prosthesis is placed on the multi unit analogs in the 3D dental model.

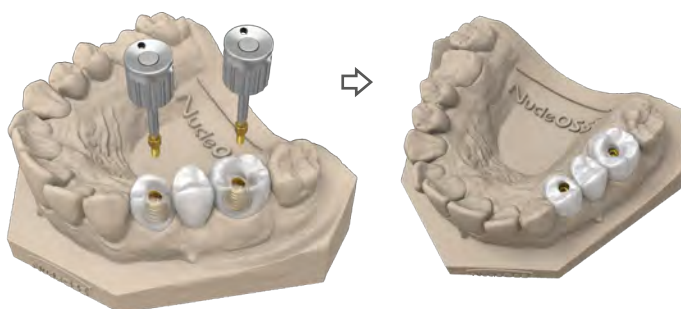
Usage of Multi Unit CAD/CAM Ti- Base Abutments



5. Checking the Bridge Dental Prosthesis

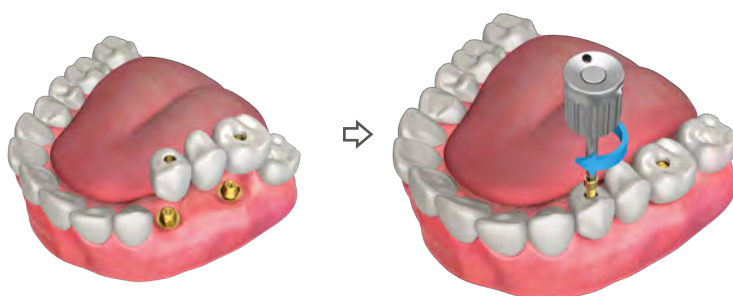


After the bridge dental prosthesis has been placed on the multi unit analogs, occlusal screws are also placed.



Its compatibility with the teeth on the right and left is checked. After the necessary corrections have been made, the bridge dental prosthesis is sent to the clinic to be placed in the patient's mouth.

6. Placing the Bridge Dental Prosthesis in the Patient's Mouth



The created bridge dental prosthesis is placed on the multi unit abutments in the patient's mouth.

The occlusal screws are tightened with a manual hex driver until they hold onto the multi unit abutments.

The occlusal screw is tightened with a torque ratchet until it reaches a maximum torque of 20 Ncm.



The screw hole in the tooth occlusal is closed with teflon and the filling material is applied and hardened. When the removal of the total prosthesis is desired, this material is taken and the screw is removed.

notes

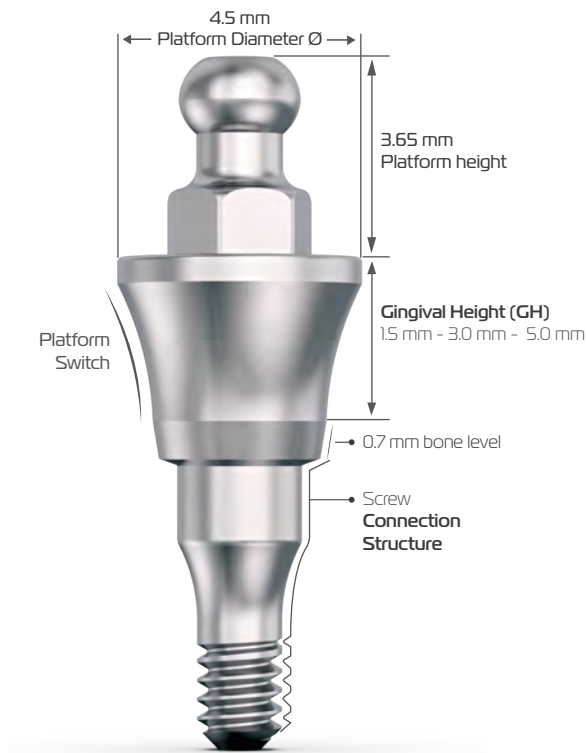


Overdenture Solutions

Ball and Equator Abutments



Ball Abutments - General Features



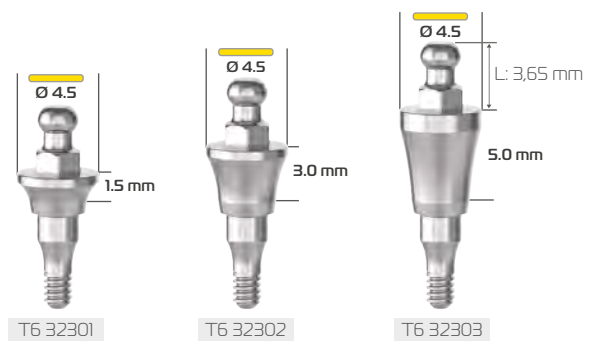
Ball abutments are the abutments that allow the removable prosthesis to be fixed in the patient's mouth and can be removed when desired.

All abutments are made of titanium Gr5 material.

All abutments have a margin of 0.7 mm bone level.

It has a screw connection structure compatible with T6 Standard and T6 TorQ implants.

Ball abutments have different gingival height options according to the regions where they are used.



Ball Abutments - Auxiliary Parts

Ball Abutments
Ø 4.5 mm



Gingival Height	:	1.5 mm	3.0 mm	5.0 mm
Product Code	:	T6 32301	T6 32302	T6 32303

Ball Abutment
Impression Post

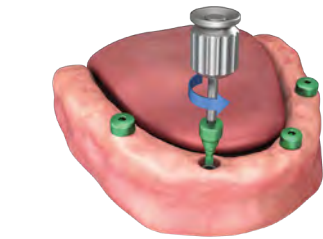
				
Product Code	:	T0 32615	T0 4500-18	T0 4521
Product Name	:	Impression Post	Impression Cap Silicone	Ball Analog

Ball Abutment
Auxiliary Parts

				
Product Code	:	T0 5200	T0 4500-3	T6 25213
Product Name	:	Metal Ring	Silicone Ring	O-Ring Abutment Tightening Part



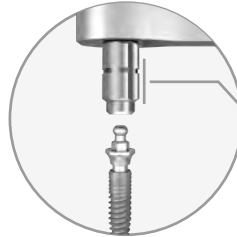
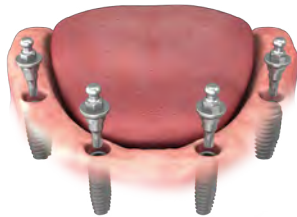
1. Placing the Ball Abutments into the Patient's Mouth



Gingiva formers are carefully removed with a manual hex driver (TO 25251). Ensure adequate accessibility to avoid gingival compression during insertion of the ball abutment.

The sulcus may collapse rapidly when the gingiva former is removed. Care should be taken against this situation.

If there are blood and tissue particles inside the implant, they should be removed with vacuum first.



The ball abutment is carefully inserted into the implant.

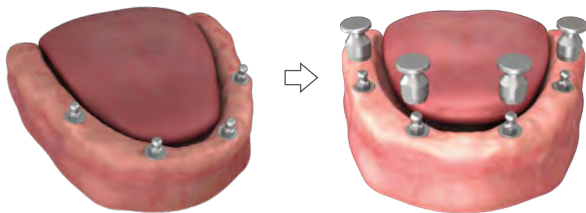
The ball abutment tightening part (TO 25205) is used to fix the abutment to the implant.

The ball abutments should be tightened with a ratchet to a **maximum torque of 30 Ncm**. Otherwise, the abutment may be damaged or broken in the screw area.

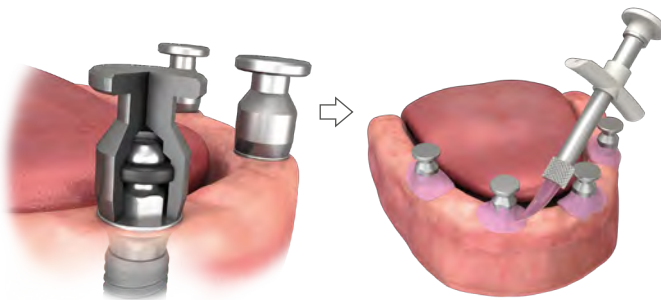
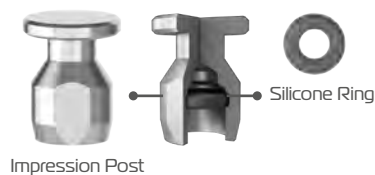


Note: For easy placement of the prosthesis, care should be taken that the ball abutments are at the same angle and level.

2. Placement of Impression Caps



Ball abutment impression posts are prepared.



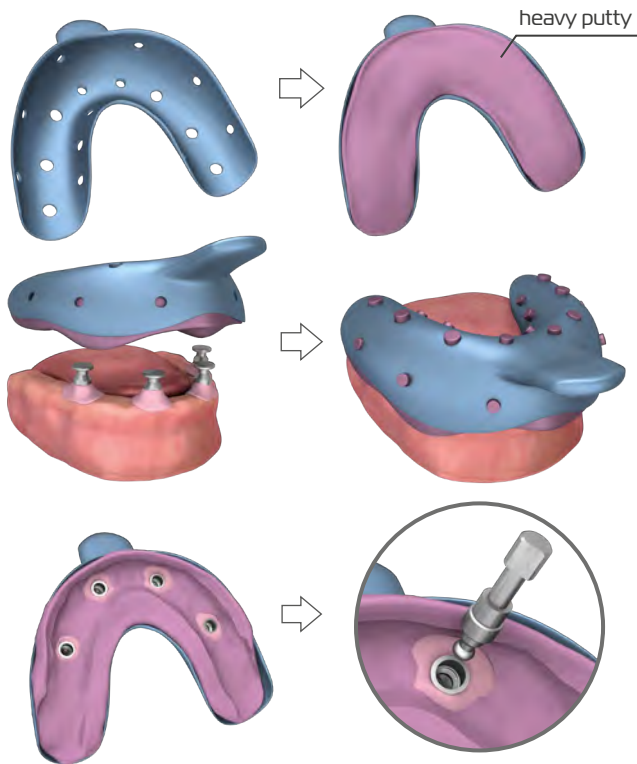
At this stage, it should be ensured that the silicone ring is in the impression post and in its place.

Impression posts are placed on the ball abutments. The cap is pressed in the apical direction until it fits into its place.

The impression post must be fully seated on the abutment without leaving any gaps. Otherwise, it will cause an error in the impression process.

To obtain more accurate measurements, polyether impression material can be injected around the impression posts.

3. Placing the Impression Tray into the Patient's Mouth



A standard impression tray is used. Impression material, which is heavy putty material, is placed in it.

The impression tray is placed in the patient's mouth

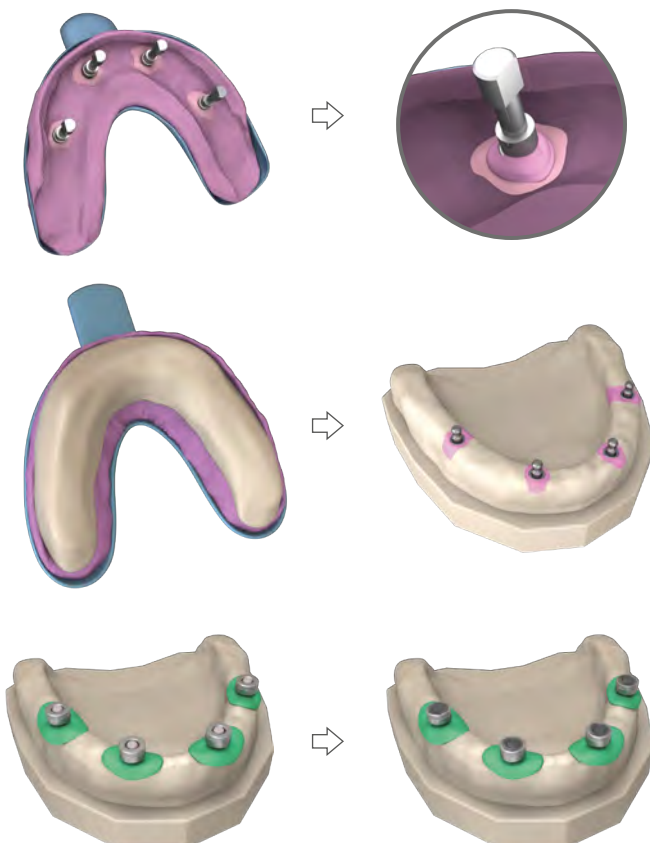
Note: Due to its low tensile strength, hydrocolloid material is not used in this application.

The tray is removed from the mouth when the material has cured and hardened. The impression posts come out of the abutment when the tray is removed from the mouth and remain in the impression material.

The ball analog is placed in the impression post on the tray. By pressing the back of the analog, it is ensured that it fits into the impression post.



4. Creating Plaster Model



Aesthetic fluid polyether is applied around the analog in the tray to determine the position and shape of the gingiva.

Silicone remover spray is sprayed on the analog. Remover spray is applied in order that the silicone comes out easily from the analog and does not damage the gingival shape.

Neat plaster is poured into the impression tray and ground sill is placed. After the plaster has set, the impression tray is lifted, excess burrs are removed, and the process is completed.

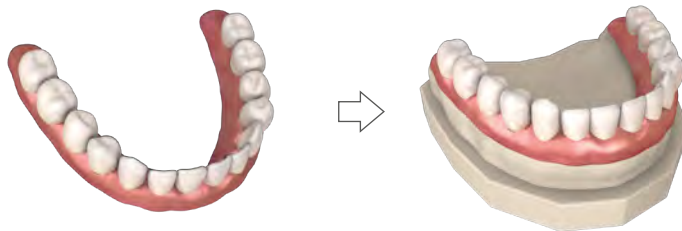
Masks and metal rings are placed on the ball analog in the plaster model. At this stage, even a piece of rubber glove can be used instead of a mask.

Metal rings should be covered by applying wax on them. In this way, the adhesive cement that is applied into the prosthesis is prevented from sticking to the ball analog.



Note: Metal rings have a silicon ring inside.

5. Preparation and Placement of Total Dental Prosthesis into the Patient's Mouth

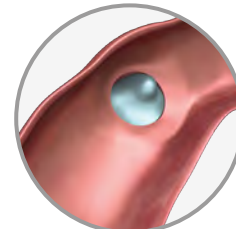
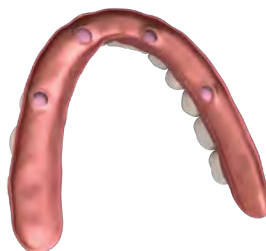


The pre-prepared total dental prosthesis is controlled after being placed on the plaster model.

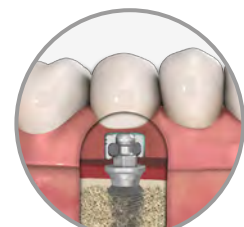
Metal rings are painted to determine their position in the prosthesis and the total dental prosthesis is placed back on the plaster model.



The marked parts of the total dental prosthesis are carved in order for the metal ring to fit, and cement adhesive is applied to the opened slot.



The total dental prosthesis is placed on the metal rings in the plaster model again. After the cement adhesive has dried, the prosthesis is removed, and the procedure is completed by placing the prosthesis on the ball abutments in the patient's mouth.



Equator® Abutments - General Features



Equator® abutments are used to fix removable prostheses in the mouth and to remove the prosthesis when desired.

All NucleOSS abutments are made of titanium Gr5 material.

All T6 abutments have a margin for bone level of 0.7 mm.

It has a screw connection structure compatible with T6 Standard and T6 TorQ implants.

Equator® abutments have different gingival height options according to the areas where they are used.



Equator® Abutment - Auxiliary Parts

Platform Diameter
Ø 4.5 mm



Gingival Height : 1.5 mm 3.0 mm 5.0 mm
Product Code : T6 32700 T6 32701 T6 32702

Equator® Abutment Impression Posts

	CA008	CN051	CN052	CN053	044CAIN	144AE
Product Name	Metal Housing	Standard Silicone	Soft Silicone	Laboratory Silicone	Impression Post	Equator Analog

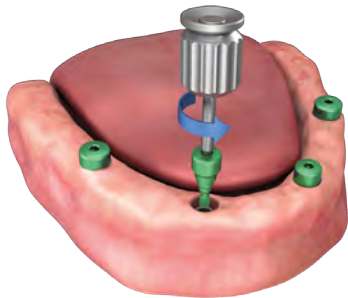
Note: The rings and silicones used are available from all Rhein 83 distributors.

Equator® Abutment Auxiliary Parts

	774CHE	760CE	485IC
Product Name	Tightening Part (ratchet/screwdriver)	Tightening Part (contra-angle)	Cap Insertor and Extractor Tool



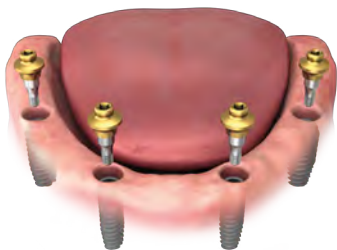
1.Placing the Equator Abutments into the Patient Mouth



Gingiva formers are carefully removed with the hex driver(TO 25251). Ensure adequate accessibility to avoid gingival compression during insertion of the ball abutment.

The sulcus may collapse rapidly when the gingiva former is removed. Care should be taken against this situation.

If there are blood and tissue particles inside the implant, they should be removed with vacuum first.



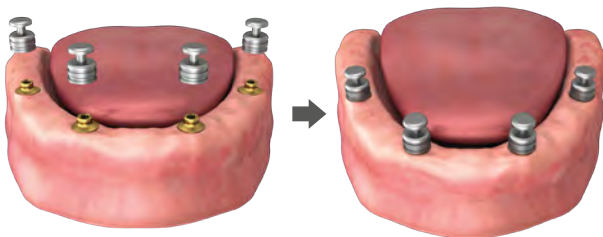
The Equator® abutment is carefully inserted into the implant. The **equator tightening driver (774CHE)** is used to fix the Equator® abutment to the body.

Equator® abutments should be tightened with a ratchet to a **maximum torque of 30 Ncm**. Otherwise, the abutment may be damaged or broken in the screw area.

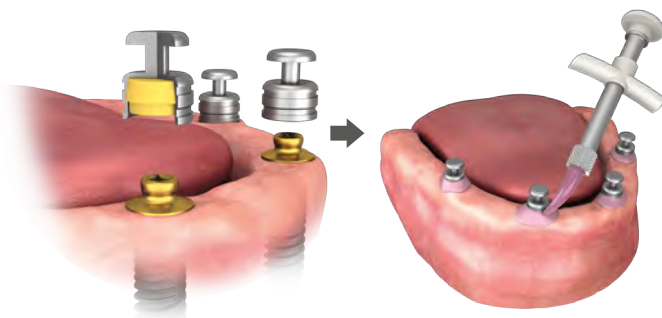
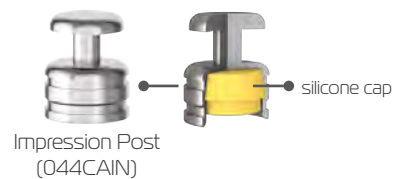
Note: Equator® abutments should be at the same level for easy placement of the prosthesis.



2. Placing Impression Posts



Equator abutment impression caps are prepared.

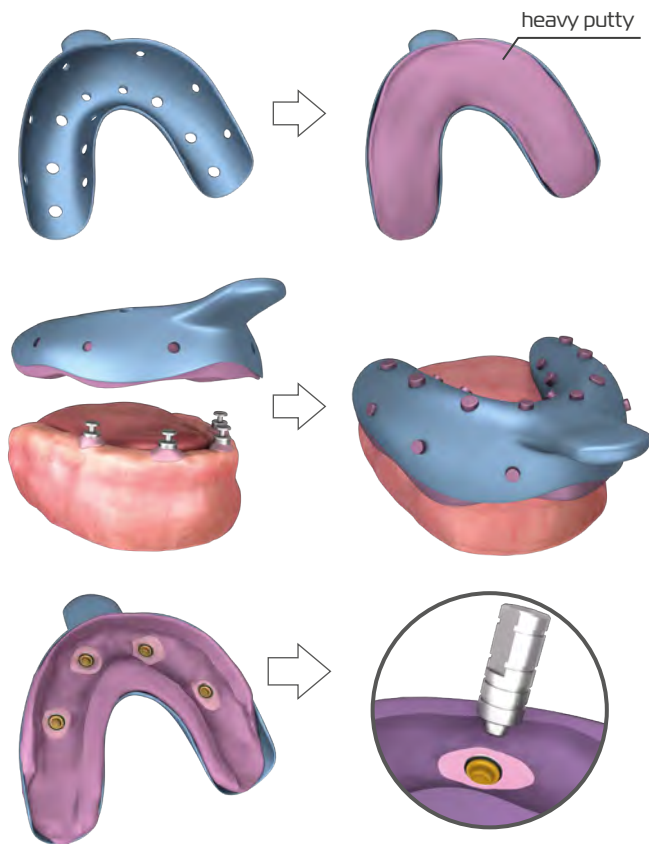


At this stage, it should be ensured that the silicone cap is in the impression post and in their place.

The impression posts are placed on the equator abutments. The cap is pressed in the apical direction until it fits into its place.

The impression post must be fully seated on the abutment without leaving any gaps. Otherwise, it will cause an error in the impression process.

3. Placing the Impression Tray into the Patient's Mouth



A standard impression tray is used. Impression material, which is putty material, is placed inside.

The impression tray is placed in the patient's mouth.

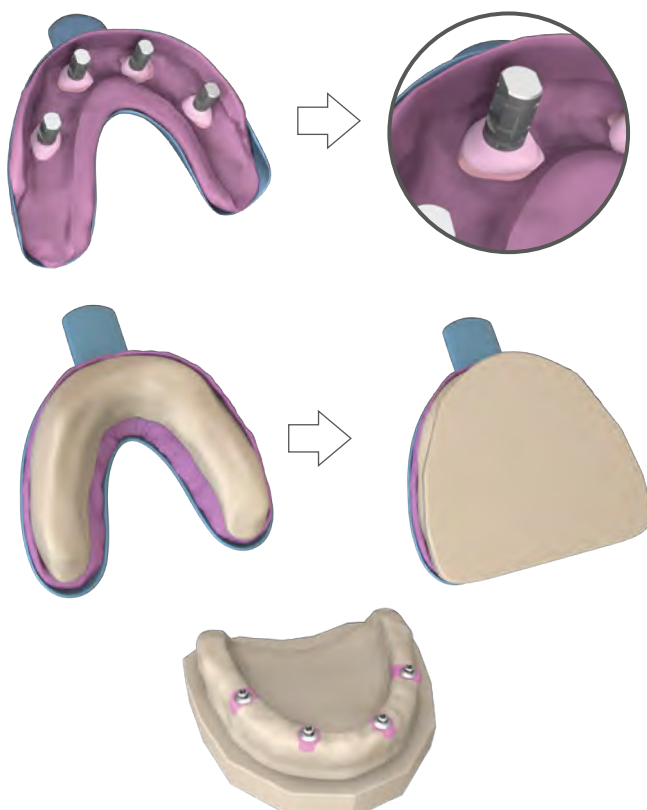
Note: Due to its low tensile strength, hydrocolloid material is not used in this application.

The tray is removed from the mouth when the material has cured and hardened. The impression cap is released from the abutment during the removal of the tray from the mouth and remains in the putty material.

The equator analog is placed in the impression posts remaining on the tray. By pressing the back of the analog, it is ensured that it fits into the impression posts.



4. Preparation of the Plaster Model



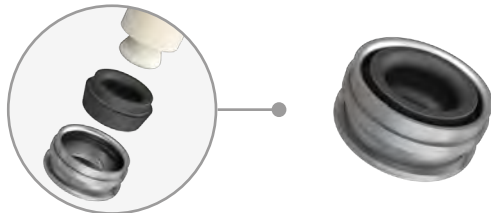
Aesthetic fluid polyether is applied around the analog in the tray to determine the position and shape of the gingiva.

Silicone remover spray is sprayed on the analog. Remover spray is applied in order that the silicone comes out easily from the analog and does not damage the gingival shape.

Neat plaster is poured into the impression tray and ground sill is placed.

After the plaster has set, the measuring tray is lifted, excess burrs are removed, and the process is completed.

5. Preparation of Total Dental Prosthesis



Black silicone is placed inside the metal slot of the Equator abutment

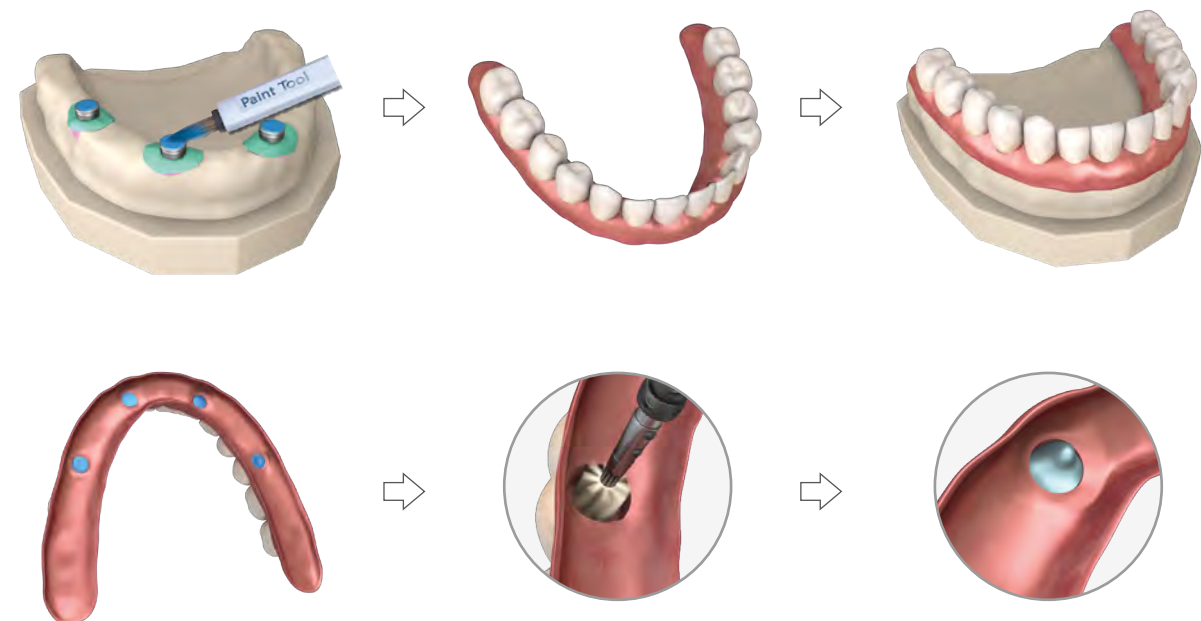
At this stage, the insertion end of the insertion-removal apparatus is used.

The mask is placed on the equator analogs in the plaster model.



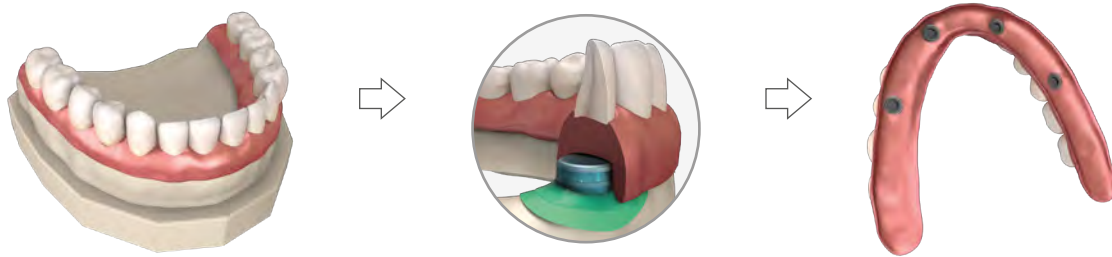
Note: At this stage, even a piece of rubber glove can be used instead of a mask. Then, the metal slots are placed over the equator analogs.

Metal rings are painted to determine their position in the prosthesis and the total dental prosthesis is placed back on the plaster model.



The marked parts of the total dental prosthesis are carved in order for the metal ring to fit, and cement adhesive is applied to the opened slot.

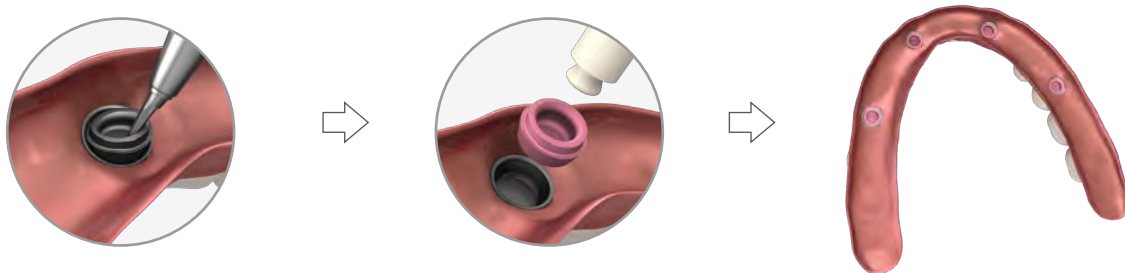
6. Placing the Prosthesis into the Patient's Mouth



The total dental prosthesis is placed back on the metal rings in the plaster model. After the adhesive cement has completely dried, the prosthesis is removed.

The black laboratory silicones in the metal slots that attached to the total dental prosthesis are removed using the removal apparatus and standard (transparent) or soft (pink) silicones are placed in the same slots.

Note : Silicones can tolerate deviations of up to 30° between implants.



The prosthesis is placed on the plaster model again, final controls and corrections are made and the ring is fixed in the prosthesis. Finally, the prosthesis is placed into the patient's mouth and the procedures are completed.



3 different silicone caps are offered, which are compatible with the metal slots of the Equator® abutments.



notes



Custom Solutions **Casting Abutments**



prosthetic manual

Universal Ti-base Casting Abutments - General Features



All **NucleOSS** superstructures have a margin for bone level of 0.7 mm.

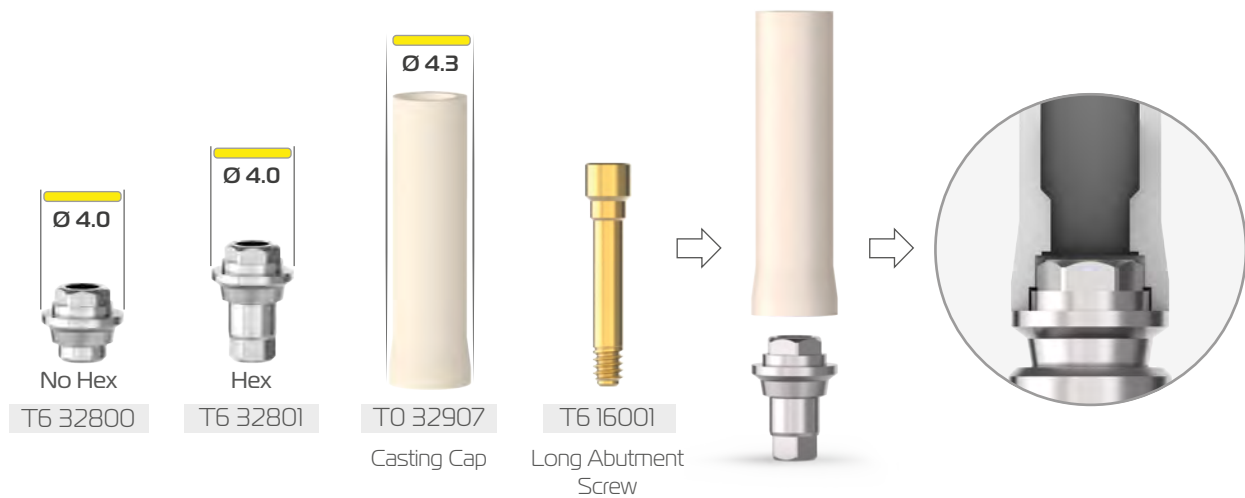
The gingival height of the casting abutments is 0.7 mm.

There are abutments with Hex connection structure for single tooth treatments and abutments with No-Hex connection structure for multiple tooth treatments.

It has common structure shape with T6 Standard and T6 Torq implants.

It is made of titanium gr5 material and the casting cap is made of plastic material.

The abutment and casting cap are separate. It is fixed to the implant with the long abutment screw.



Package Content: Ti-base abutment is supplied with casting cap and 2 long abutment screws.

Before to use casting abutments, a 3D plaster jaw model of the patient is created using open tray or closed tray impression techniques. Casting process and controls are made on this created plaster model.

Impression Posts

Open Tray Impression Posts



Closed Tray (with cap) Impression Posts



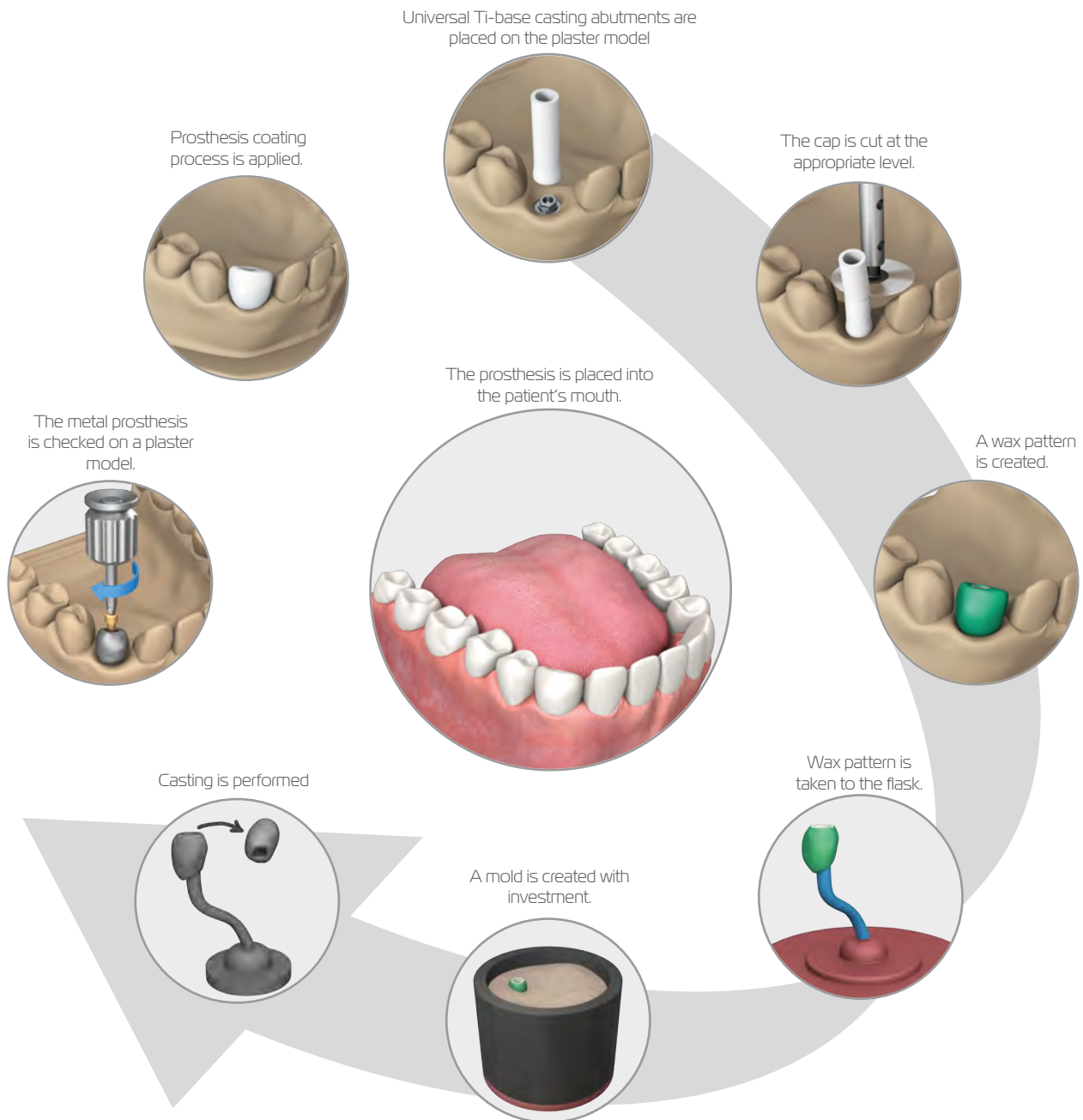
Closed Tray (without cap) Impression Post



Auxiliary Parts



Universal Ti-base Casting Abutments - General Work Flow



Prosthesis Making with Universal Ti-Base Casting Abutments



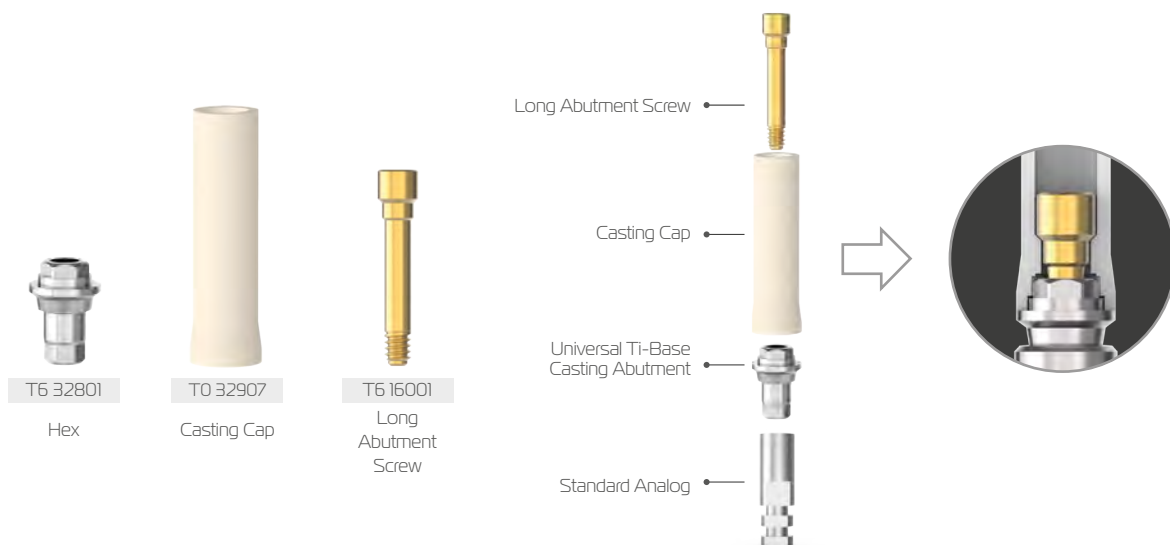
1. Preparation



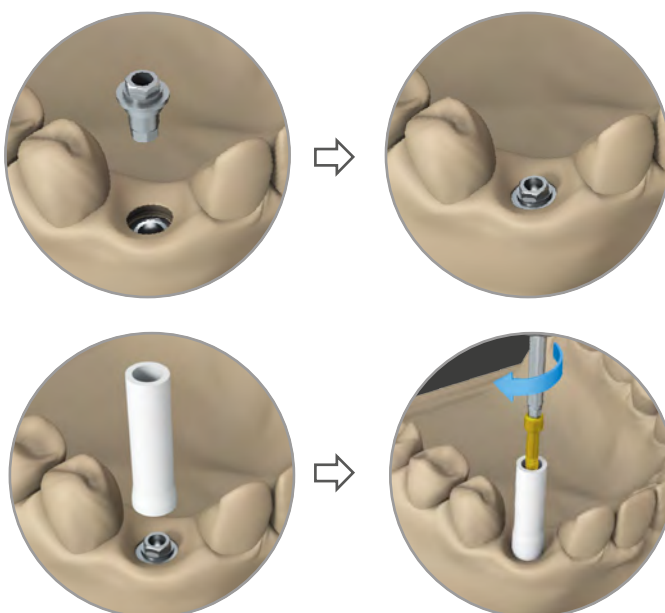
A plaster model is created using NucleOSS over- implant impression posts . You can review the "Impression Techniques" section of this document to learn about the use of impression posts.

The materials to be used in prosthesis construction are prepared.

Casting abutments with Hex structure should be used in single tooth treatments, and those in No Hex structure in multiple tooth treatments. Since there is single missing tooth in this clinical case, Universal ti-Base casting abutment with HEX structure should be used.



2. Placing the Abutment and Casting Cap on the Plaster Model



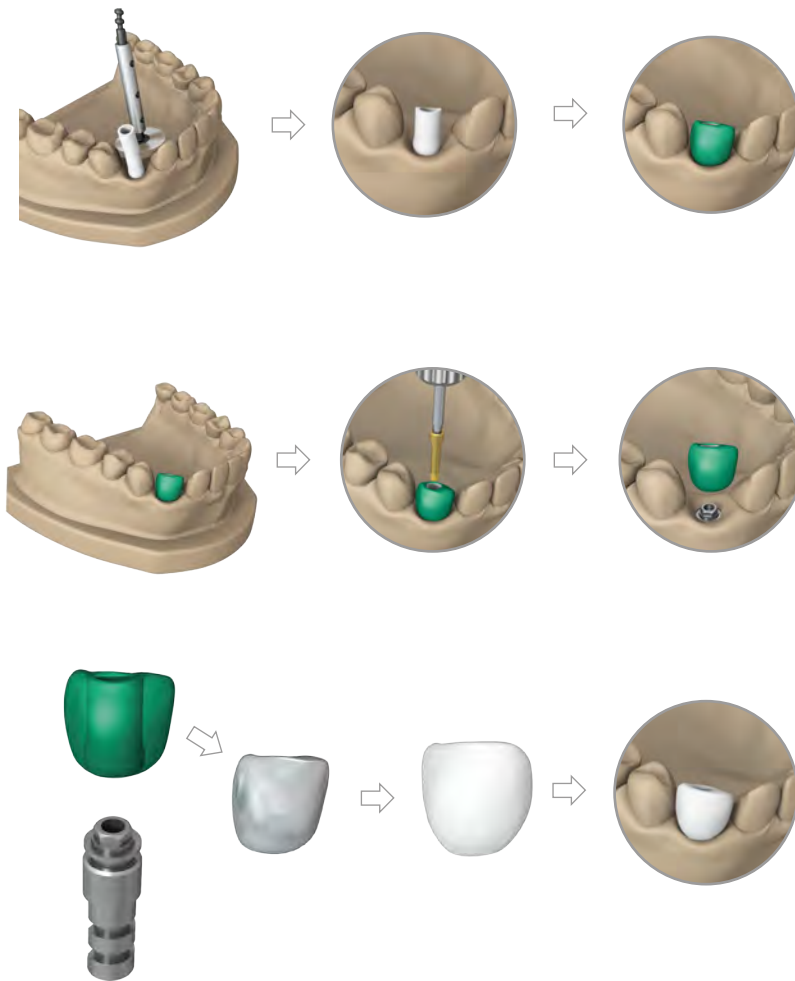
The universal ti-base casting abutment is placed on the standard analog in the plaster model.

The casting cap is placed on the universal ti-base casting abutment and the long abutment screw is carefully placed on the standard analog with the help of manual hex driver.

Prosthesis Making with Universal Ti-Base Casting Abutments



3. Creating Prosthesis with Wax Pattern



After the casting cap is placed on the abutment, cutting is performed over the casting cap taking the adjacent teeth as basis. A wax pattern is made on the cut casting cap.



Note: Casting cap cutting can be done up to a **maximum of 5 mm** from the bottom of the cap.

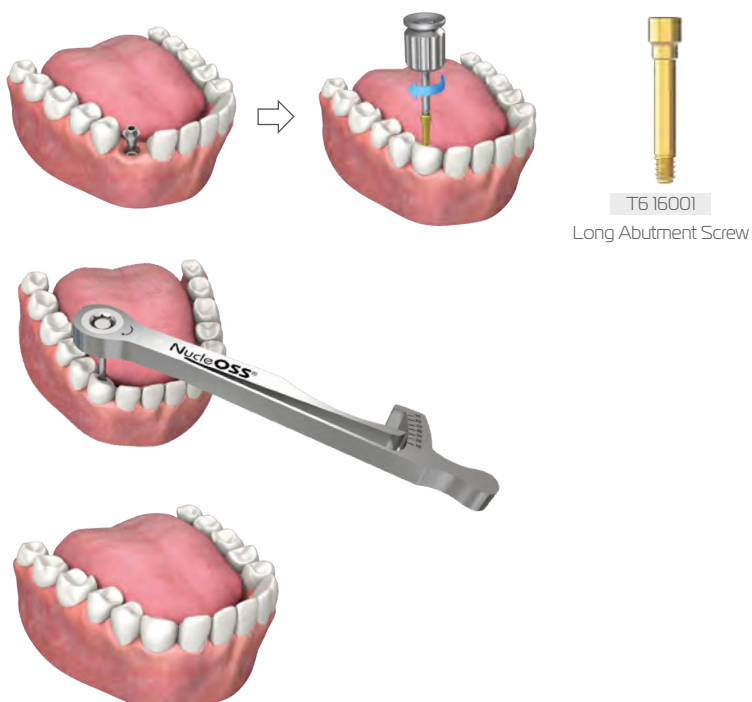
The long abutment screw is removed, the wax pattern formed is sent to the casting process.

After the wax pattern formed has gone through processes such as casting, coating and polishing, it can be attached to the plaster model or directly to the patient.

Caution!

Only the wax pattern and the casting cap are sent to the casting process. **The universal ti-base casting abutment are not subjected to the casting process!**

4. Placing the Prosthesis into the Patient's Mouth



T6 16001
Long Abutment Screw

After the created dental prosthesis is subjected to the controls in the plaster model, it is sent to the clinic to be placed in patient's mouth

The denture is placed on the ti-base abutment. The long abutment screw is then hand-tightened with the help of a manual hex driver to hold the implant.

The long abutment screw should be torqued to a **maximum of 30 Ncm** with the help of NucleOSS ratchet.

Finally, the process is completed by filling the screw hole on the prosthesis.

CoCr Casting Abutments - General Features



CoCr Casting abutments are used for customized superstructure design with casting technique.

CoCr Casting abutments are made of chrome and cobalt alloy, and the casting cap is made of plastic.

CoCr Casting abutment and casting cap are integrated. It is used with the abutment screws.

There are Hex options for single tooth applications and No-Hex options for multi tooth applications.

It can be easily disassembled and mounted with its threaded connection structure.

With the burn-out cap made of plastic, the desired shape can be easily given before modeling.

CoCr casting abutment that complies with ISO 1582-12 Standard is on the model in the casting process.

Thus, connection incompatibilities that may occur between the base and the abutment are prevented.

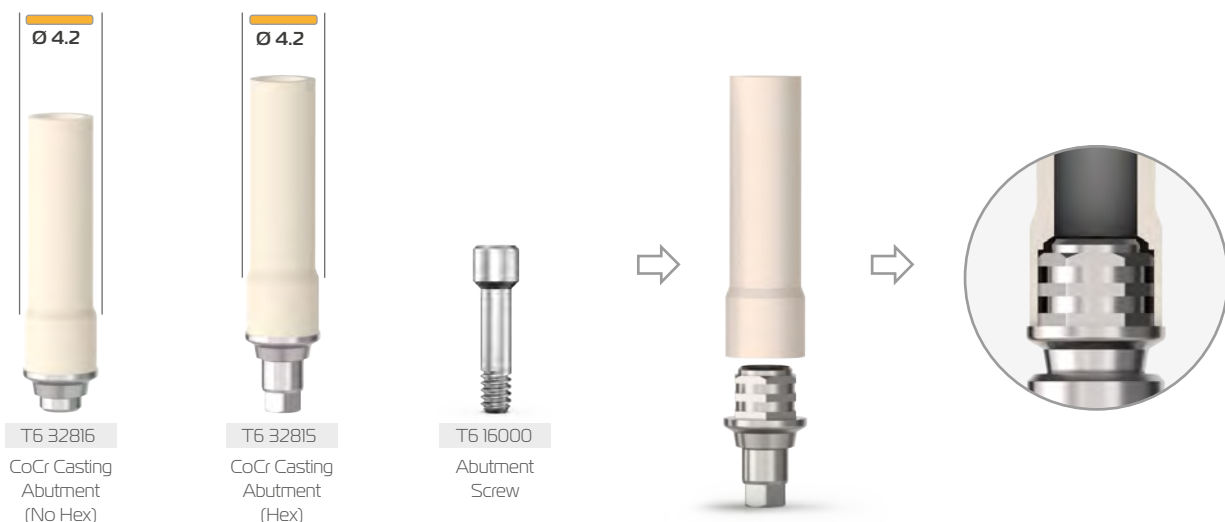
Platform diameter is Ø4.20 mm.

The molten metal temperature should not exceed 1420°C to avoid CoCr casting abutment melting.

CoCr Coefficient of Thermal Expansion (CTE) (α) is as follows: 13.2:

(10-6 K-1) for 20 -100°C
13.3 (10-6 K-1) for 20 -200°C
13.5 (10-6 K-1) for 20 -300°C
13.8 (10-6 K-1) for 20 -400°C

The gingival height of the casting abutment to be created should be maximum 5 mm and the 5.0 abutment angle should be maximum 25°.



Package Included: CoCr casting abutment (mounted with casting cap) is supplied with abutment screws.

Notes:

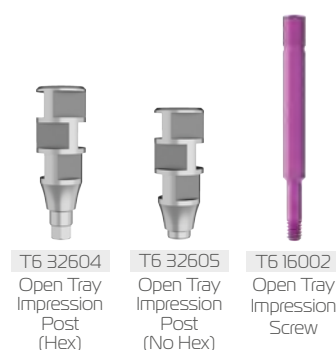
1- The abutment screw (T6 16000) should be used during the completion of the superstructure and its placement into the mouth of the patient.

2- It is not suitable for zircon prostheses.

Before using CoCr casting abutments, a 3D plaster jaw model of the patient is created using open tray or closed tray impression techniques. Casting process and controls are made on this created plaster model.

Impression Posts

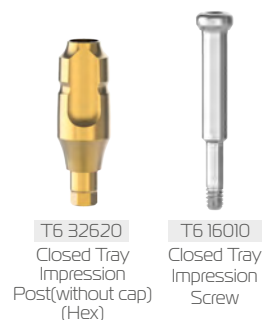
Open Tray Impression Posts



Closed Tray (with cap) Impression Posts



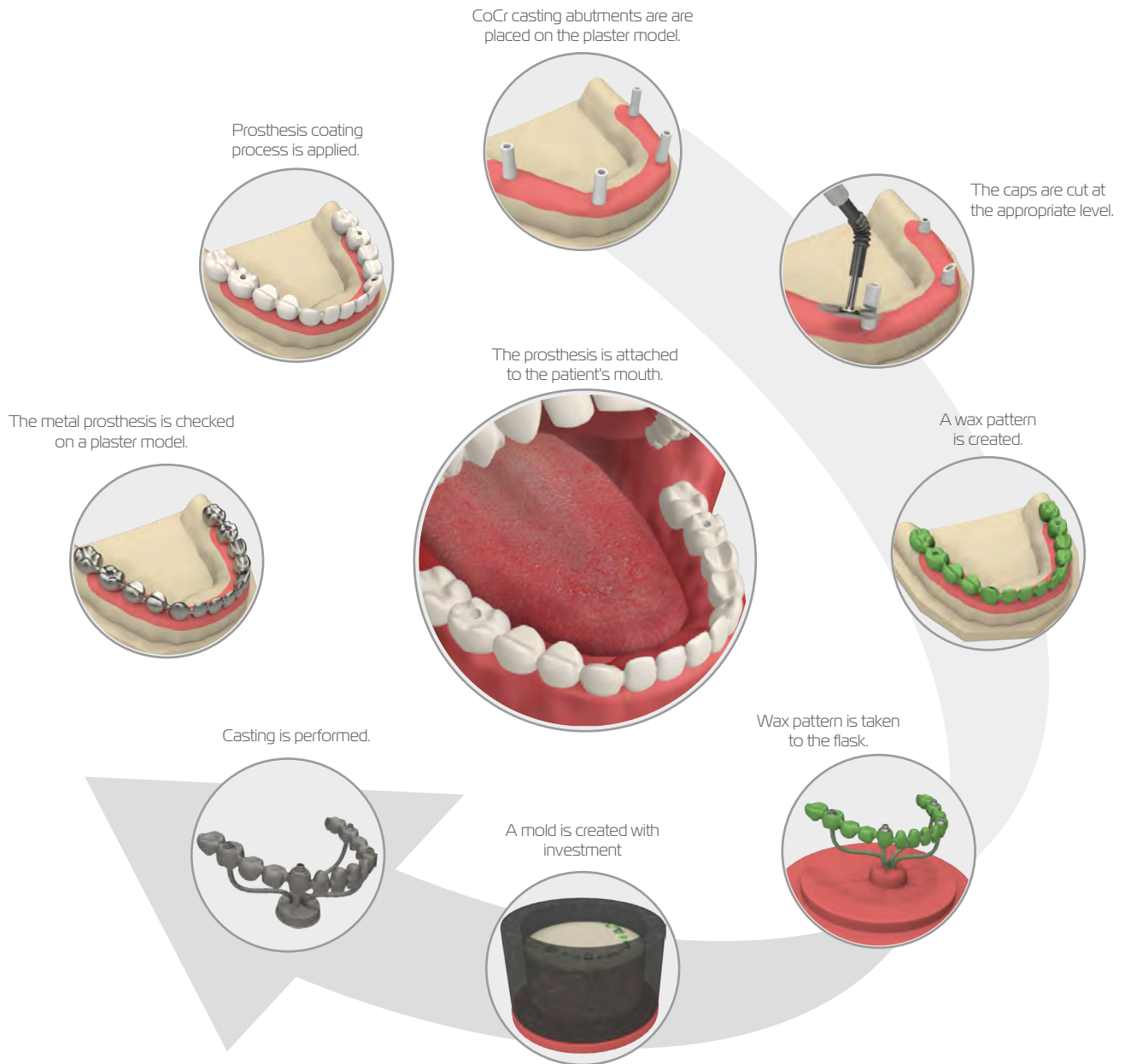
Closed Tray (without cap) Impression Post



Auxiliary Parts



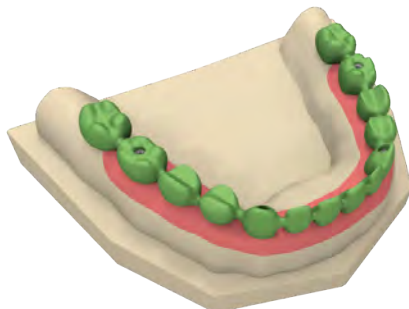
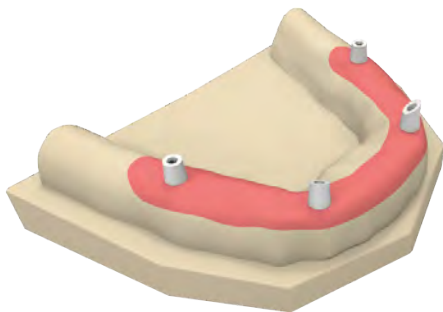
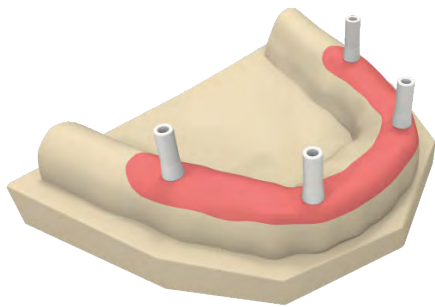
CoCr Casting Abutments - General Work Flow



Prosthesis Making with CoCr Casting Abutments



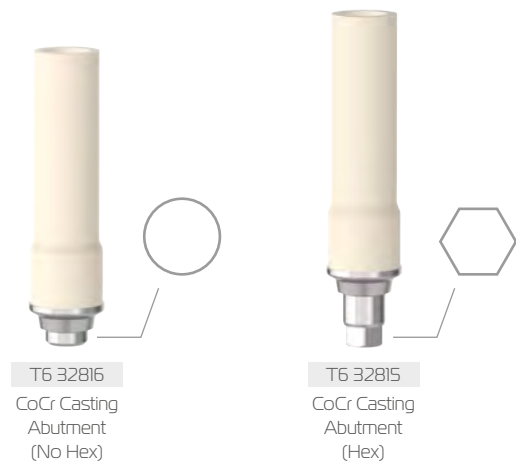
1. Preparing the Wax Pattern



Impression is taken with one of the impression techniques (open or closed tray) and the tray is sent to the laboratory. An analog is placed on the impression tray and a plaster model is created.

The No-Hex CoCr casting abutment (T6 32816) is attached to the plaster model with the abutment screw (T6 16000). The screw is tightened by hand using the hex driver (T6 25253). The burn out cap is marked with a pencil at the point where it will be cut according to the occlusal plane, and shortened. If necessary, it is given angle, and cleaned so that no burrs are left.

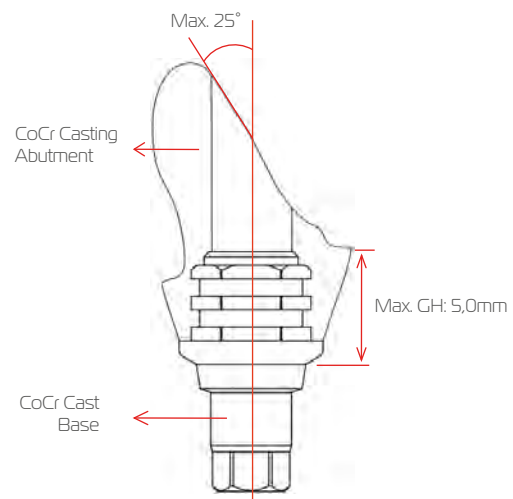
Note: CoCr casting abutments with Hex should be used in single tooth prosthesis applications.



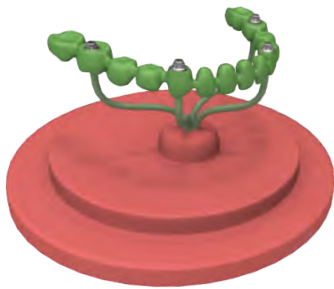
A customized wax pattern is prepared on the burn out cap according to the anatomical structure of the tooth. The applied wax thickness should be more than 0.7 mm.

Screw holes in the abutment must not be covered.

Note: The wax pattern should be created with a maximum gingival height of 5.0 mm and an angle of 25°.



2. Mold Preparation



The abutment screws are unscrewed with the help of Hex driver(TO 25251) and the prepared wax prosthesis is removed from the plaster model and fixed to the flask by making a tedge from wax material. At this stage, the CoCr casting abutment is on wax prosthesis

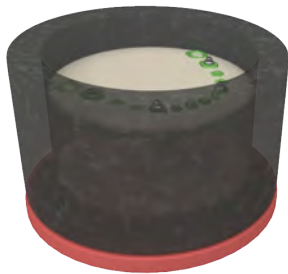
While preparing the tedge in multi-tooth models, care should be taken that there is no tension in the lines connected to the teeth.

The wax pattern taken in the flask is filled with investment. Investment is left to harden for 2-3 minutes. In the meantime, heat is released as a result of the chemical reactions occurring in the investment, and this heat causes the wax pattern to melt and turn into liquid.

When the investment material hardens, the mold is placed into oven and preheated at 1000°C for 1-1.5 hours. At this stage, undesired materials such as wax and burn out cap in the investment evaporate and the mold becomes ready for casting process.

Notes:

- In order to prevent burr formation during casting, unnecessary protrusions and wax parts around the wax pattern should be eliminated.
- It should be ensured that no wax parts remain in the sensitive gaps. Manufacturer's instructions should be followed when using investment.
- To achieve desired quality of the cast part, attention should be paid to the liquid / powder mixture ratio used in the investment.



3. Casting Process

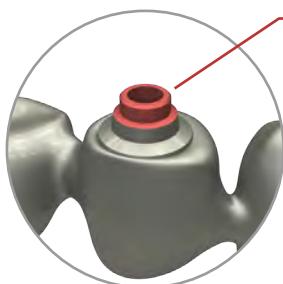


The mold and molten metal (NiCr, CoCr, etc.) subjected to 1000°C preheating are taken to the casting device according to the casting technique to be used. The molten metal temperature must not exceed 1420°C so that the T6 CoCr casting abutment is not damaged during the casting process.

After the casting process is completed, the mold is left to cool. The cooling process should be performed in the environment and for the period recommended according to the type of metal used.

The resulting metal prosthesis is removed from the mold using appropriate methods. Sandblasting is applied to the part to remove investment residue from the surface. The abutment-implant connection surfaces should not be sandblasted. The oxide layer formed during the casting process in this area is cleaned with a polishing rubber. **For sandblasting other areas, the connection area should be isolated by attaching the prosthesis to an analog stick before sandblasting.** It is recommended that the sandblasting process be performed with 50-micron glass beads sprayed at 2 bar pressure.

T6 Standard and TorQ implant connection area



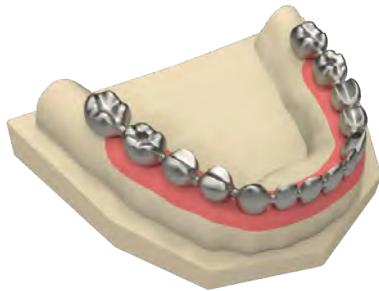
Notes:

- The melt temperature should not exceed 1420°C in order to prevent size changes and warping of T6 CoCr Casting Abutment.
- NucleOSS recommends the pressure casting technique for the quality and precise dimensions of the casting part.
- Sandblasting with 50 micron/2 bar glass beads should be applied in the sandblasting of the T6 CoCr Casting Abutment in order to prevent measurement defects in the connection area that enters the implant.

Prosthesis Making with CoCr Casting Abutments



4. Preparation Before Coating



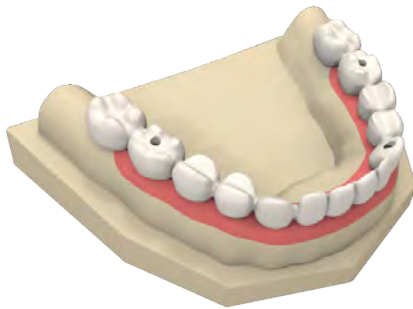
Necessary parts such as casting channel and casting excess are removed from the model, and the model surface is sandpapered until a smooth surface is achieved.

The screw holes should be checked before the cast model is tried on the plaster mold. The screw should clearly fit into the cast model.

Before the coating process, the cast model is placed in the plaster mold. The height of the model and whether it fits comfortably are checked.

Note: Attention should be paid to the easy disassembly and assembly of the cast model. If there is a tension in the model due to deformation, it may not fit properly or it may cause the abutment screw to jam.

5. Coating



The material (porcelain or zirconia) to be used for the coating process is prepared in accordance with the instructions given by the manufacturer and coated on the cast model.

The prepared prosthesis is tried on the plaster model and sent to the clinic together with the plaster model to be placed into the patient's mouth.

Note: Thickness of porcelain or zirconia coating used in the prosthesis should be a minimum of 0.4 mm.

6. Placing the Prosthesis into the Patient's Mouth



The healing cap or temporary prosthesis is removed from the patient's mouth. The prosthesis and the inside of the implant are cleaned and dried. Before being fixed with the screw, the prosthesis is checked in patient's mouth.

Sterilized prosthesis is fixed in patient's mouth with abutment screw (T6 16000). The screw is tightened with the ratchet until it reaches a maximum torque of 30 Ncm.



The screw hole in the tooth occlusal is covered with Teflon and the filling material is applied and hardened. When the prosthesis is to be removed, this material is taken and the screw is removed.

Note: Abutment screw (T6 16000), which is supplied with CoCr casting abutment, should be used for permanent attachment of the prosthesis to the patient's mouth

Prosthesis Making with CoCr Casting Abutments



1. Preparation

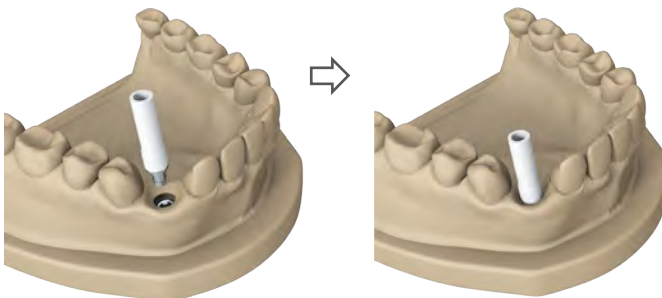


The materials to be used are prepared.

Cast abutments in Hex form should be used in single tooth treatments and abutments in No Hex form in multiple tooth treatments.

Since there is only one missing tooth in this clinical case, **CoCr cast abutments in HEX form** should be used.

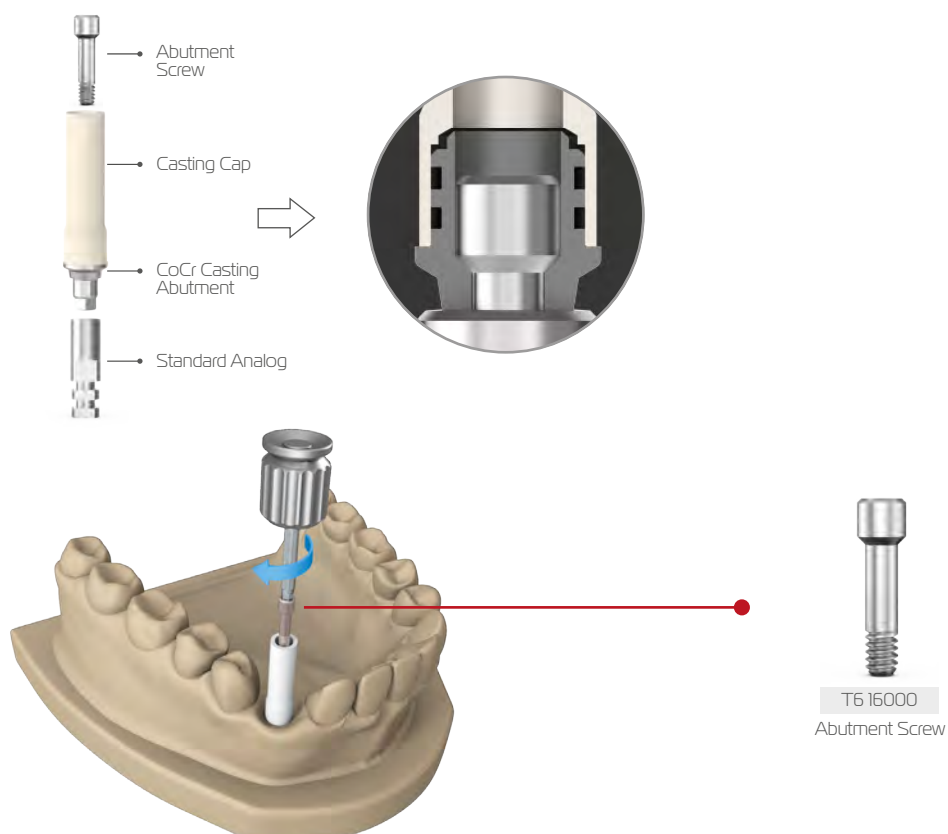
2. Placing the Abutment and Casting Cap on the Plaster Model



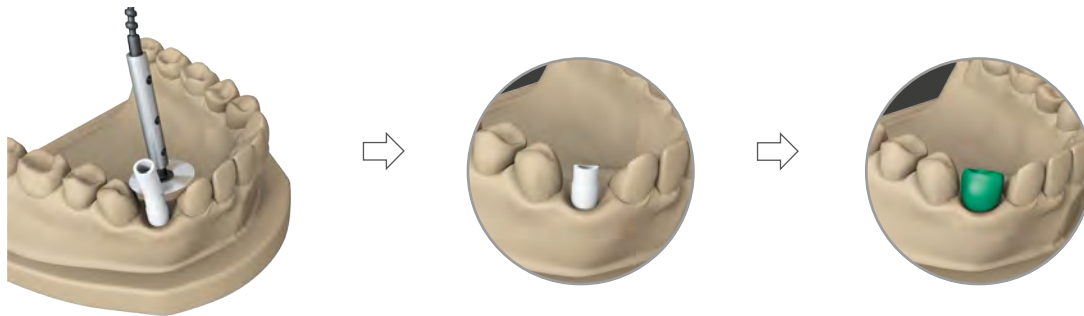
The CoCr cast abutment is placed on the standard analog in the plaster model.

It is carefully placed on the standard analog with the abutment screw (16000).

The abutment screw (16000) should be used for plaster or 3D dental models, and it used for finished prosthetic teeth to be placed into the patient's mouth.



3. Creating Prosthesis with Wax Pattern

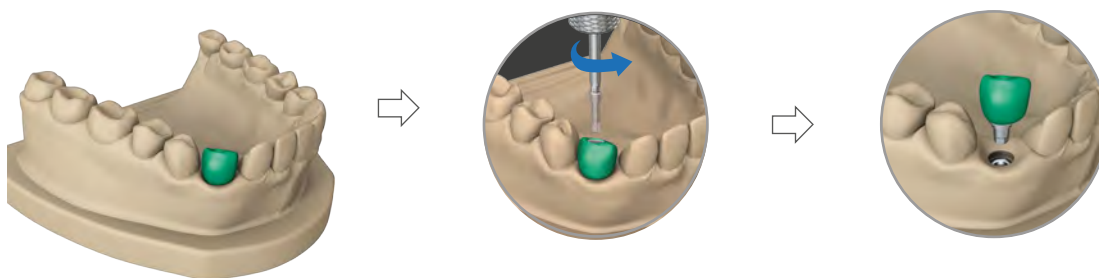


After the casting cap is placed on the abutment, cutting is done over the casting cap considering the neighboring teeth. A wax pattern is made on the cut casting cap.



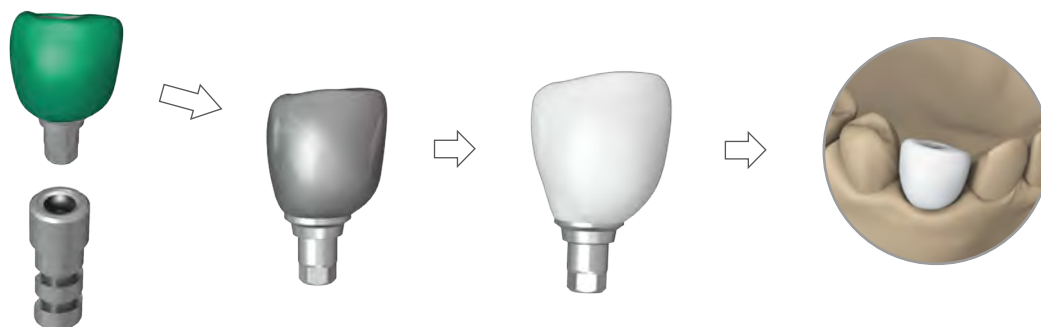
Cutting can be done up to a **maximum of 3.5 mm** from the bottom of the casting cap.

The abutment screw is removed, the wax pattern formed is sent to the casting process together with the CoCr casting abutment.



Note: CoCr casting abutments can withstand temperature up to a maximum of 1420°C. After casting, the hex part (implant connection part) should be carefully cleaned and polished. Otherwise, the implant connection will be faulty.

After the wax pattern is cast, it can be attached to the plaster model or directly to the patient, after going through processes such as coating and polishing.



Caution! CoCr casting abutment and wax pattern are sent to the casting process together.

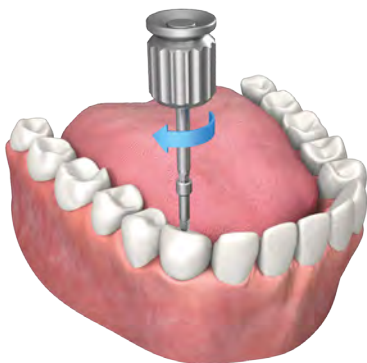
4. Placing the Prosthesis into Patient's Mouth



After the created dental prosthesis is subjected to the controls in the plaster model, it is sent to the clinic to be placed in patient's mouth

It is placed on the implant in the patient's mouth, paying attention to the direction of hex form of the CoCr casting abutment under the dental prosthesis.

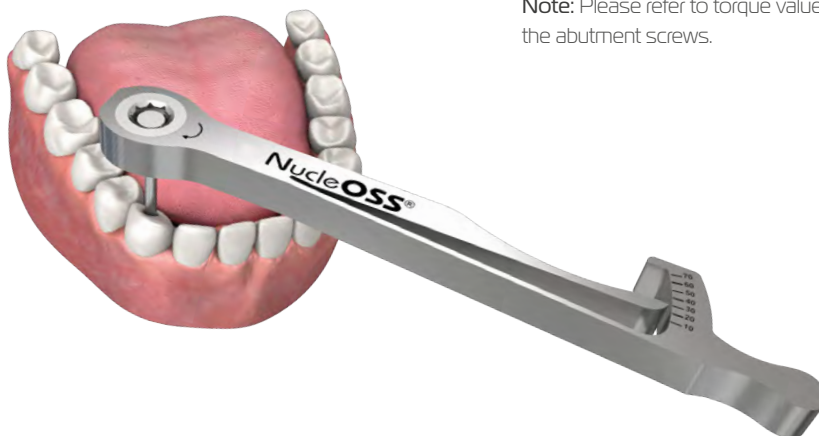
The abutment screw is hand-tightened with a manual hex driver to hold the implant.



T6 16000
Abutment Screw

Abutment screw should be torqued to **maximum 30 Ncm** with NucleOSS ratchet.

Note: Please refer to torque value table to learn the torque values of the abutment screws.

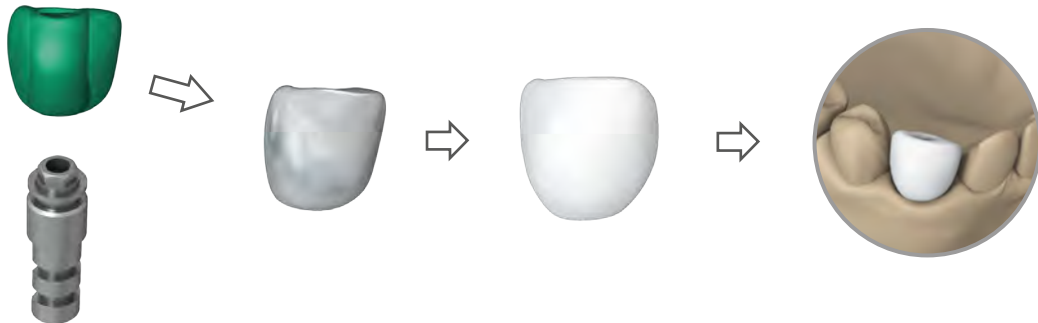


Finally, the process is completed by filling the screw hole on the prosthesis

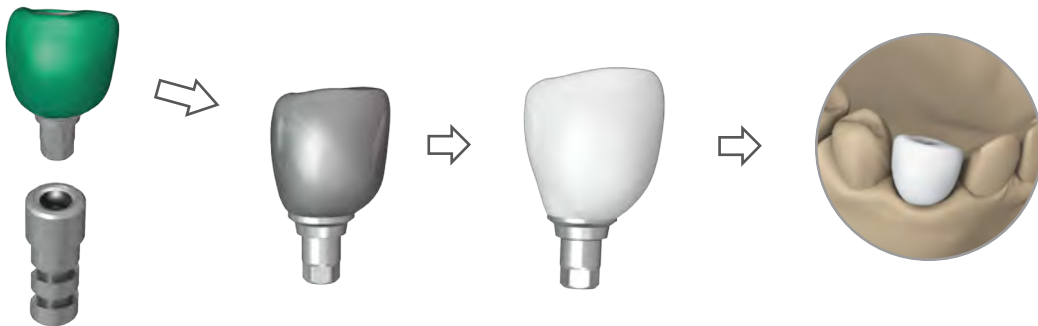
Differences Between Universal Ti-Base and CoCr Casting Abutment



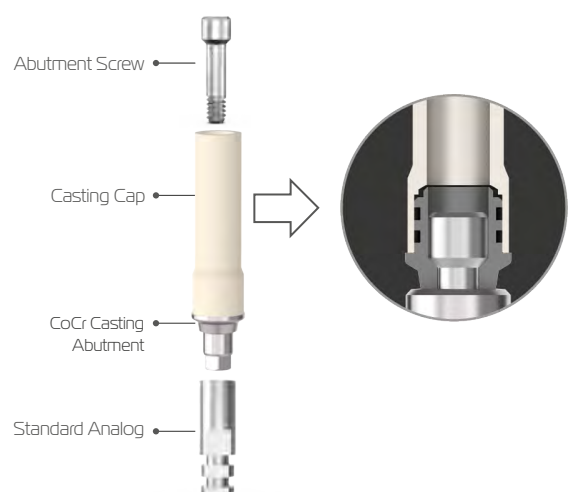
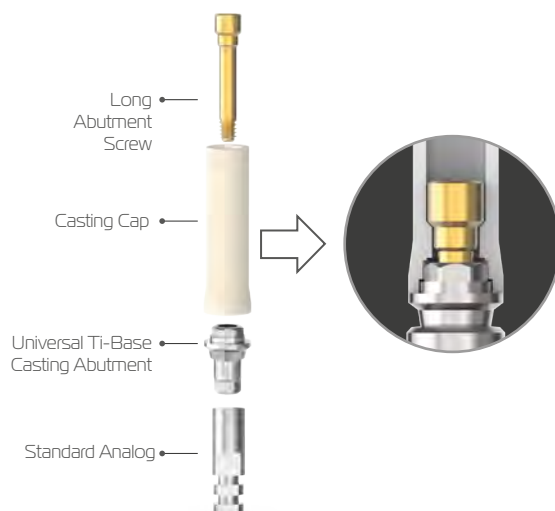
In universal ti-base cast abutments, only casting cap and the wax pattern formed on it are subjected to casting process **while the ti-base abutment is never subjected to casting process!** Otherwise, the abutment may be damaged by high temperatures.



In CoCr casting abutments, **the casting cap and the ti-base casting abutment are combined.** The wax pattern formed on the casting cap and the abutment enter the casting process together. Since the abutment is made of chrome and cobalt alloy, it is not damaged at high temperatures.



Note: The design of the caps of Universal Ti-base casting abutments and CoCr casting abutments are different from each other. While the Ti-base casting abutment and the casting cap are supplied separately, the CoCr casting abutment and the casting cap are combined.





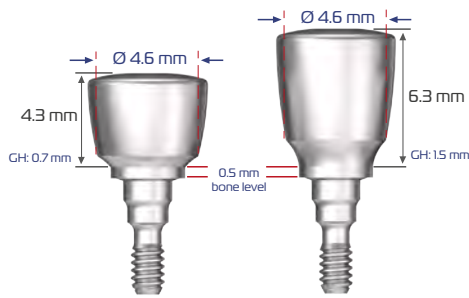
Digital Solutions





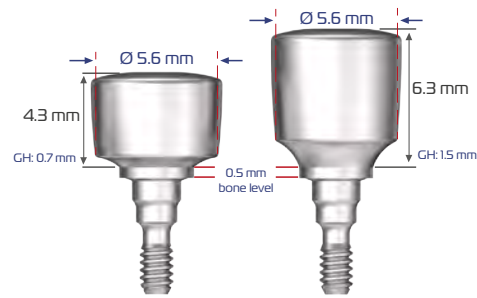
CAD/CAM Ti-base gingiva formers are used in digital treatments where Ti-base abutments are used.

Narrow and wide platform options are available.



T6 32510
Ti-base Gingiva Former

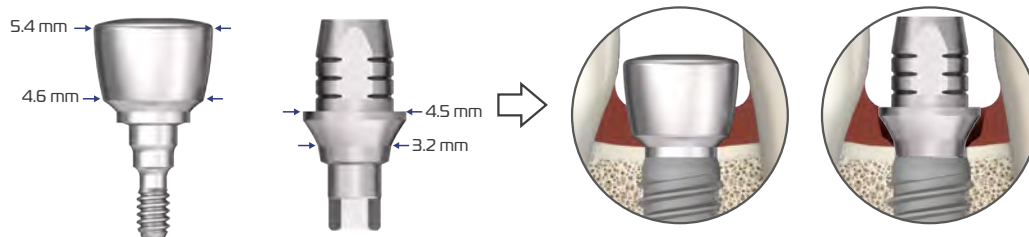
T6 32511
Ti-base Gingiva Former



T6 32512
Ti-base Gingiva Former

T6 32513
Ti-base Gingiva Former

Ti-base Gingiva Former and Ti-base Abutment Compatibility;



Placement of Ti-base Gingiva Former onto Implant



The Ti-base gingiva former is placed onto the implant using a manual hex driver. It is torqued with tightening driver.



T0 25251
Hex Driver
(Manual)

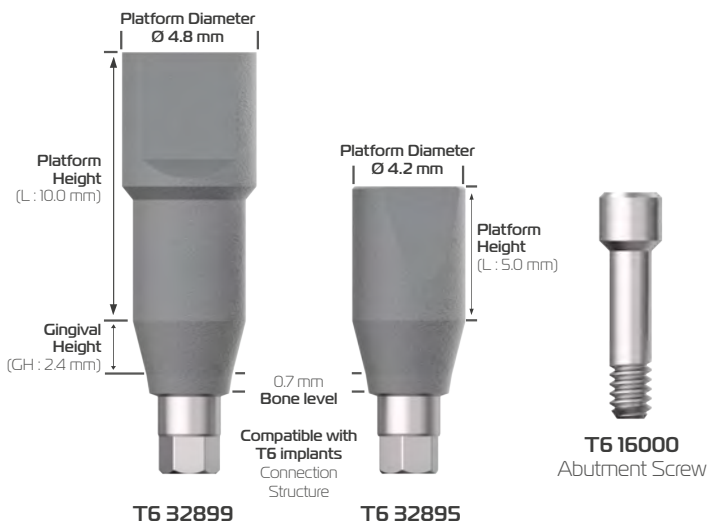


T0 2024
Tightening Driver
(short)



T0 2025
Tightening Driver
(long)

Maximum 10 Ncm torque!



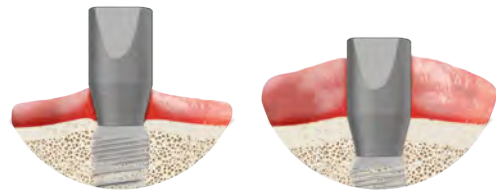
In digital solutions, scan posts are utilized to capture intraoral scans of the patient.

The implant connection interface of the scan posts is fully compatible with all T6 Standard and T6 TorQ implants.

The surface of the scan post features a sandblasted, large-grit, acid-etched (SLA) topography to optimize scan acquisition and readability.

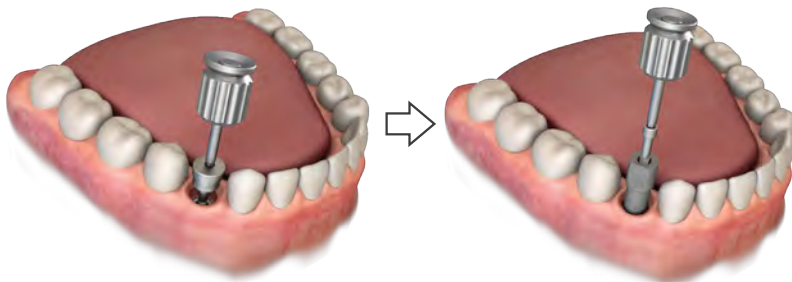
It is secured to the implant using an abutment screw.

The flat surface incorporated on the component indicates the internal hex orientation of the connected implant.

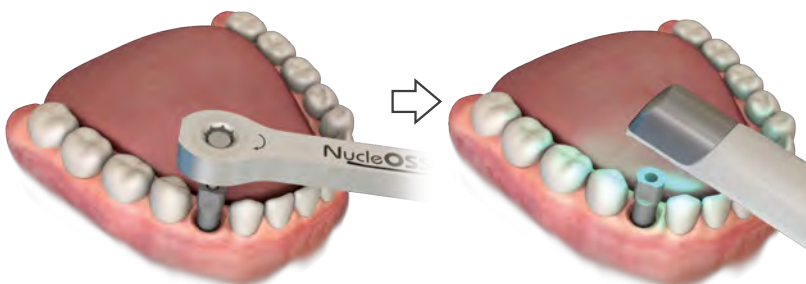


The short metal scan post is utilized in cases with a thin gingival phenotype and is 5 mm shorter than the long metal scan post.

Usage of CAD/CAM Scan Posts for Over-Implant



The gingiva former is removed from the patient's mouth.



The scan post is secured to the implant using an abutment screw with a maximum torque of 10 Ncm.

Subsequently, the scanning procedure can be performed.

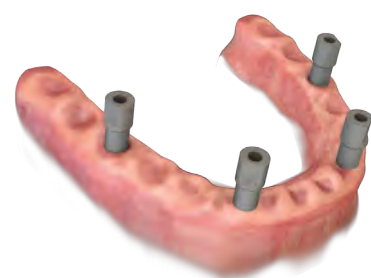
Single-tooth restorations



Bridge Restorations



Total Edentulous Treatments





NucleOSS offers various digital CAD/CAM solutions for clinicians and technicians fabricating prostheses in digital environments.

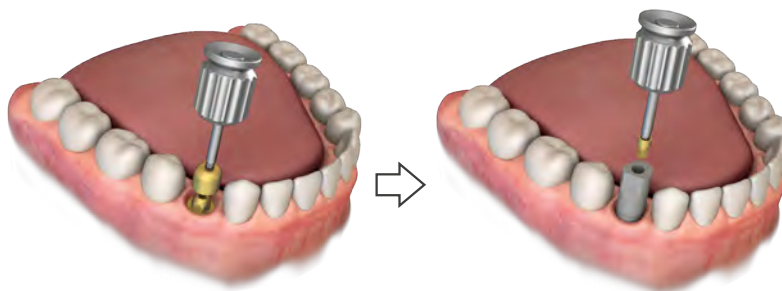
The CAD/CAM scanbody:

It is utilized to generate 3D dental models on digital platforms by scanning either intraorally or from a definitive plaster cast.

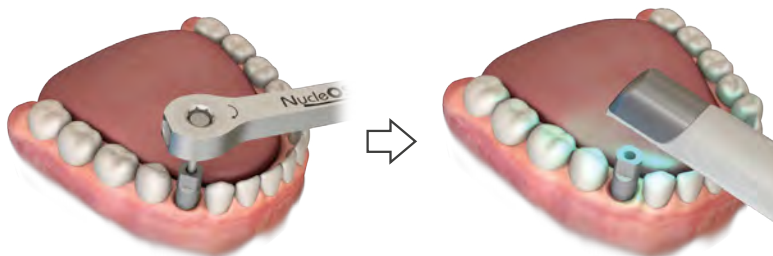
It is secured onto multi-unit abutments using an occlusal screw.

Hex connection options are available for single-tooth restorations, while No Hex connection options are offered for multi-unit fixed treatments.

Usage of CAD/CAM Scan Posts for Over-Multi Unit Abutments



The gingiva former is removed from the patient's mouth.



The scan post is secured to the implant using an abutment screw with a maximum torque of 10 Ncm.

Subsequently, the scanning procedure can be performed.

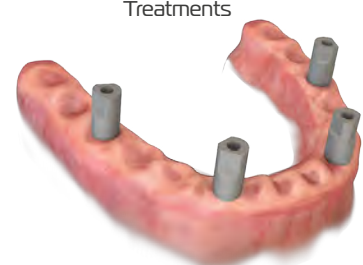
Single-tooth restorations



Bridge Restorations



Total Edentulous Treatments



Scanwings Full Arch Scan Posts



Scan Posts for over-multi unit implant

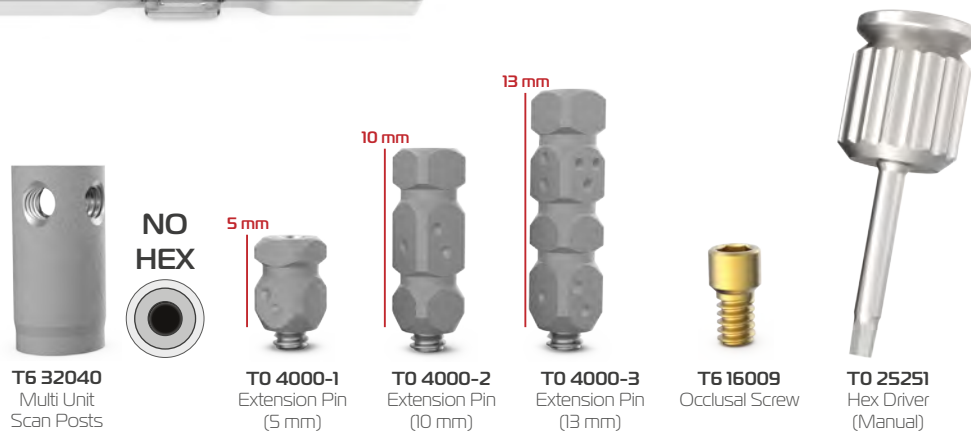


Scanwings full-arch scan posts are designed to achieve higher scanning precision in multi-unit abutment restorations.

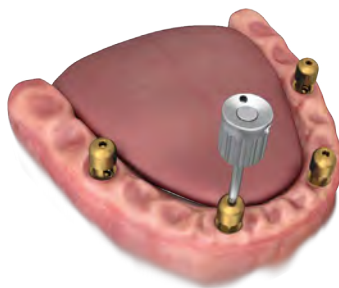
The surfaces of the scan posts feature a sandblasted, large-grit, acid-etched (SLA) topography. This surface optimization ensures superior scan quality by eliminating reflections or glare during digital acquisition.

These components are supplied as an auxiliary kit.

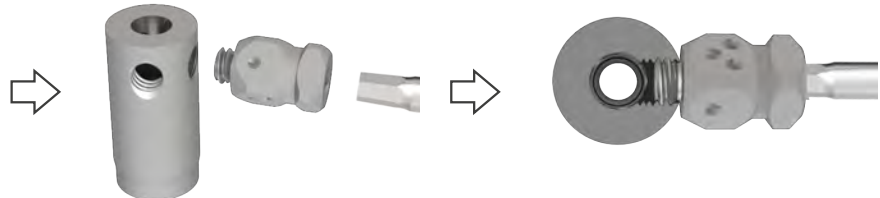
The kit comprises 6 multi-unit scanbodies, along with 4 short, 4 medium, and 2 long pins, 6 occlusal screws, and a hex driver.



Clinical Use of Scanwings Full Arch Scan Posts

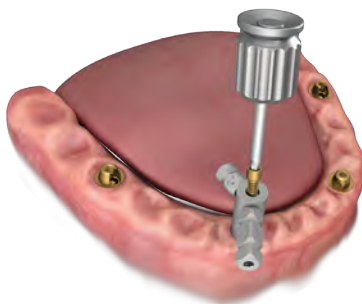


The comfort caps are removed from the patient's mouth.

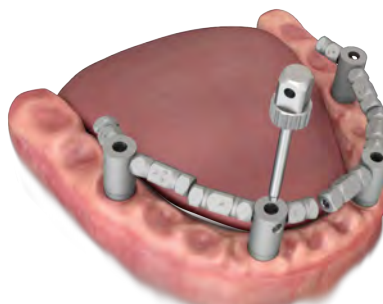


The extension pins are systematically attached to the scan posts according to the treatment plan.

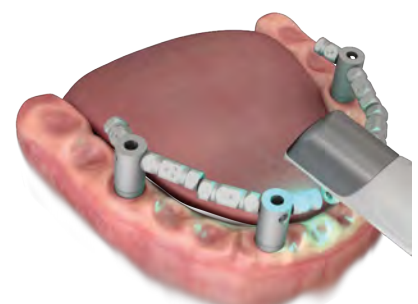
The extension pins are thoroughly tightened, ensuring that the screw at the tip of the pins does not obstruct the occlusal screw channel.



The scanbody is seated onto the multi-unit abutment and secured by gently tightening the occlusal screw.

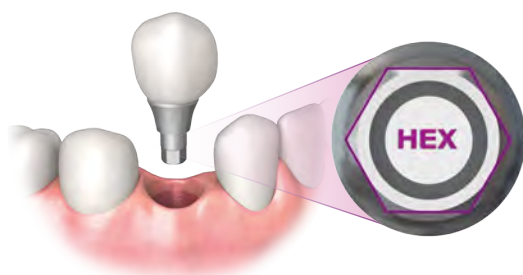


Following the placement of the remaining scanbodies, the components are aligned, and the occlusal screws are torqued to a maximum of 10 Ncm.

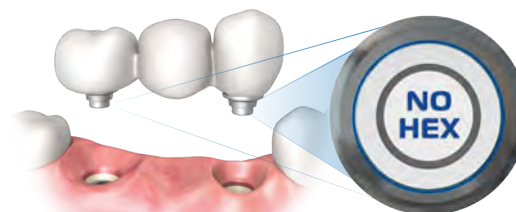


Once all scanbodies are completely stabilized, the digital intraoral scan can be acquired.

CAD/CAM Ti-base Abutment for Over-Implant

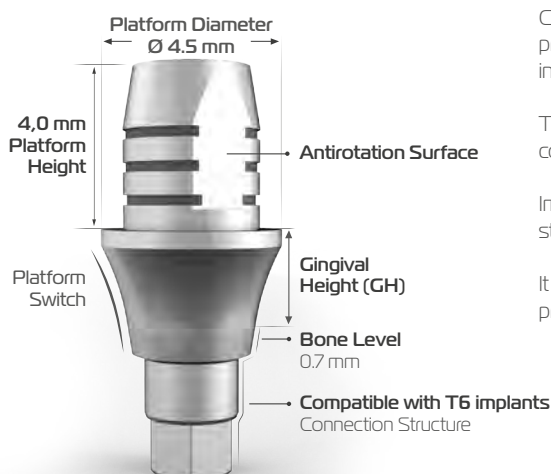


The hex form ensures that the prosthesis formed on the implant is placed in the correct position and also prevents the prosthesis from rotating and loosening due to lateral forces.



The No Hex form allows the formed prosthesis to be easily attached to the implants. No HEX abutments should be used in bridge or total edentulous treatments.

CAD/CAM Ti-base Straight Abutments



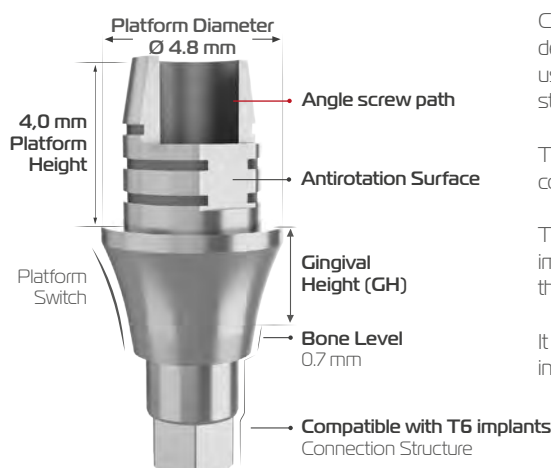
CAD/CAM Ti-base abutments are used in the manufacture of dental prosthesis in the 3D jaw model transferred to the digital platform after intraoral scanning.

There are Hex connection options for single tooth treatments and No Hex connection options for multiple tooth treatments.

Implant connection structure of abutments is compatible with all T6 standard and T6 Torq implants.

It is connected to the implant with the abutment screw included in the product package.

CAD/CAM Angled Screw Path Ti-base Abutments



CAD/CAM angled ti-base abutments allow the screw channel in the denture to be inclined up to a maximum of 30°. These abutments are often used on front teeth or in areas where it is difficult for hex driver to enter straight.

There are Hex connection options for single tooth treatments and No Hex connection options for multiple tooth treatments.

The antirotation surface on the abutment shows the Hex direction of the implant to which it is attached. At the same time, it prevents the rotation of the crown formed on the abutment.

It is connected to the implant with the abutment screw (angleable) included in the product package.

Note: Up-to-date digital library files of scan post and CAD/CAM ti-Base abutments can be downloaded from www.nucleos.com website and used in prosthesis production in Exocad, 3Shape and Dentalwings dental prosthesis design programs.

exocad

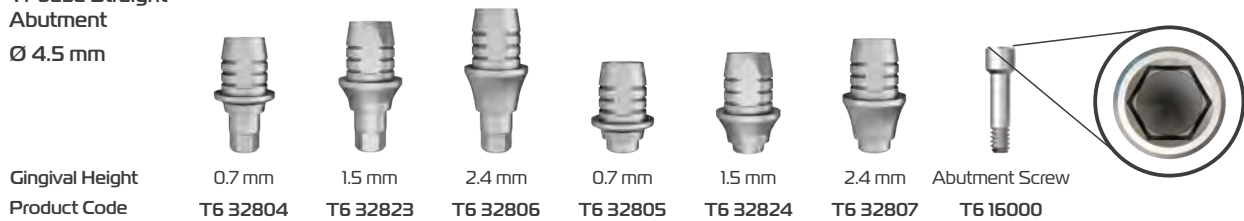
3shape

dental wings

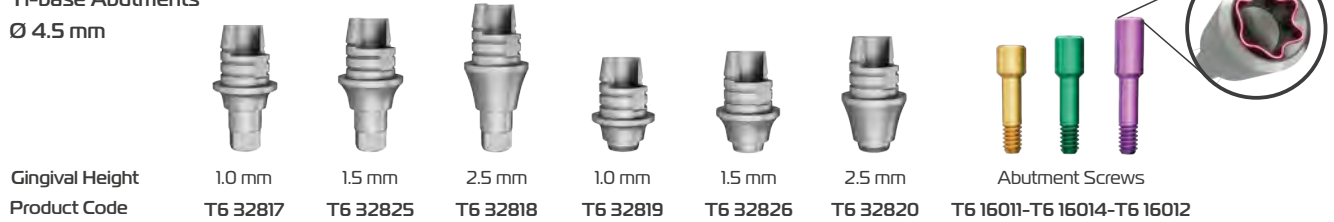
CAD/CAM Ti-base Abutment for Over-Implant



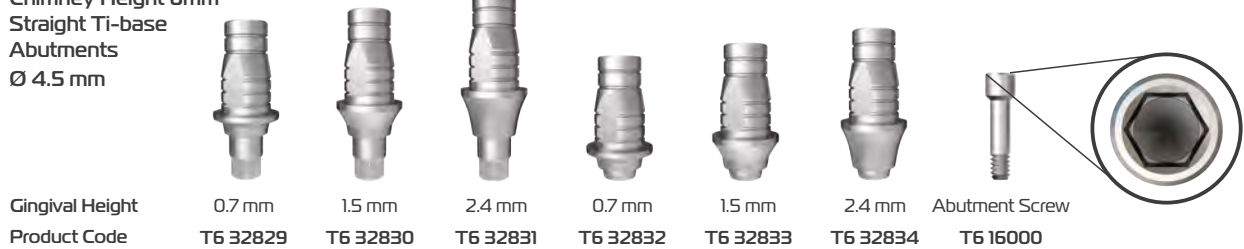
Ti-base Straight Abutment Ø 4.5 mm



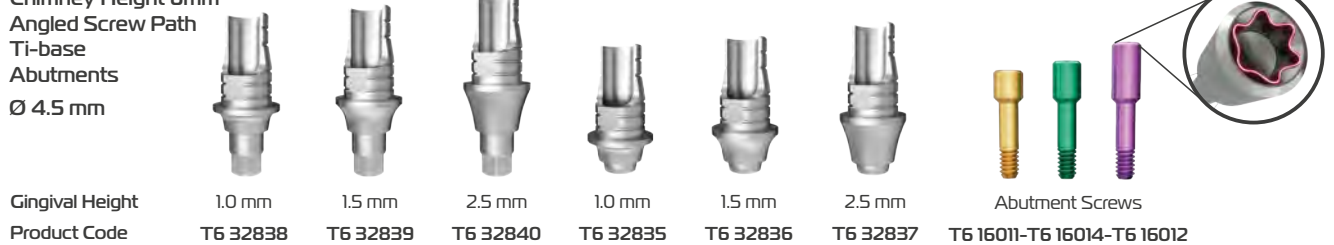
Angled Screw Path Ti-base Abutments Ø 4.5 mm



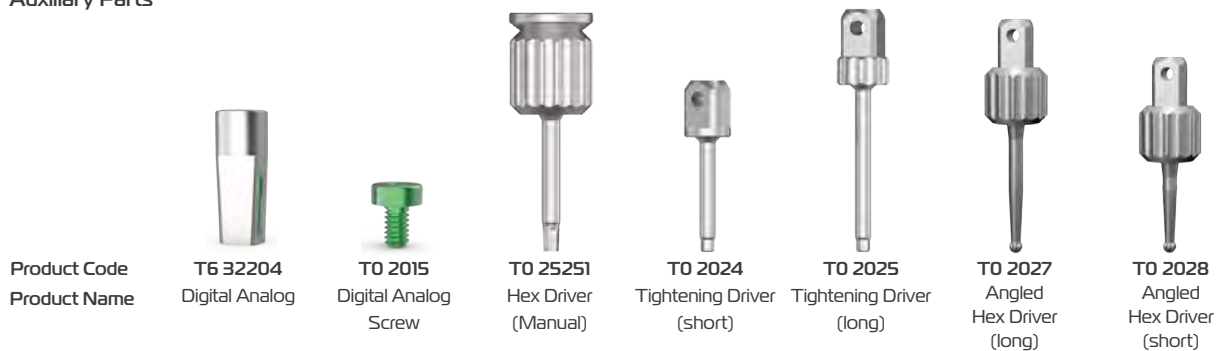
Chimney Height 6mm Straight Ti-base Abutments Ø 4.5 mm



Chimney Height 6mm Angled Screw Path Ti-base Abutments Ø 4.5 mm



Auxiliary Parts

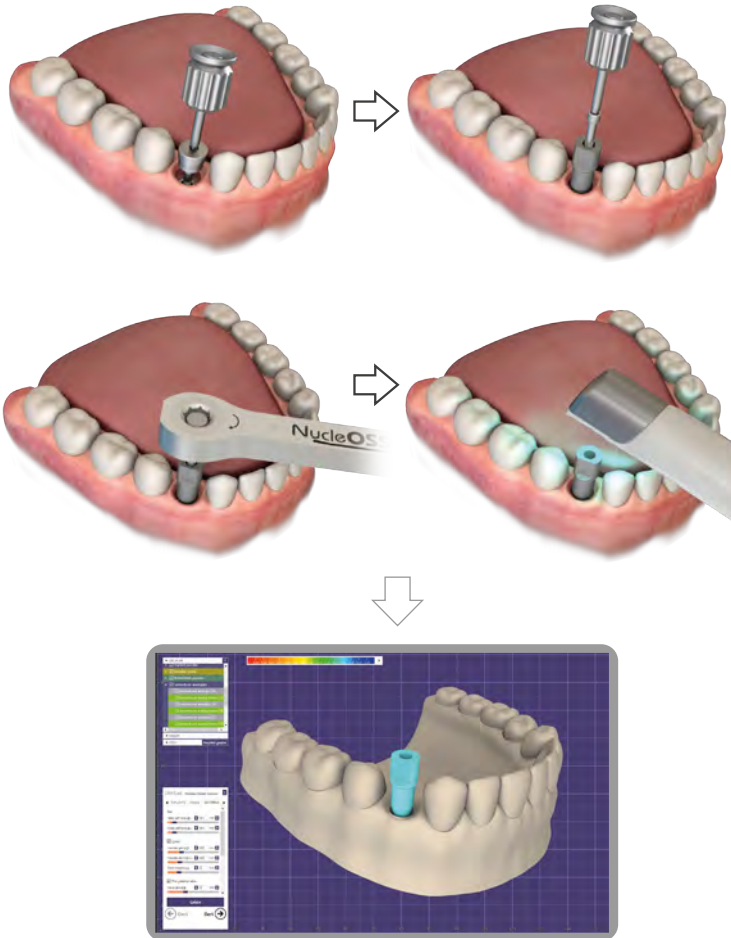


T0 25900
NucleOSS
Torqued Ratchet

Single Tooth Treatment with CAD/CAM Ti-Base Abutment



1. Performing Intraoral Scanning of the Patient



The gingiva former is removed from the patient's mouth.

The scan post is secured to the implant using an abutment screw with a maximum torque of 10 Ncm.

Subsequently, the scanning procedure can be performed.

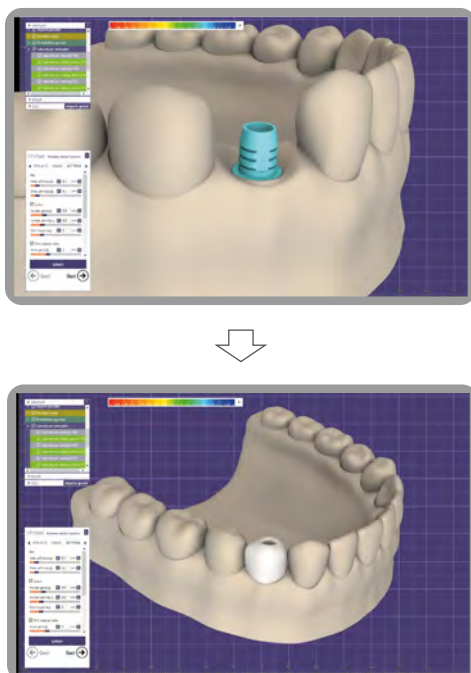
The jaw model is transferred to the digital environment by performing intraoral scan.



All digital library files of NucleOSS Cad/Cam parts can be used in exocad, 3shape or dentalwings dental design programs.

Note: You can download and use all current versions of Cad/Cam files free of charge from the www.nucleoss.com web site.

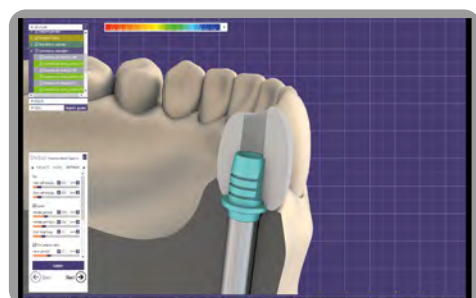
2. Creating Prosthesis of a Missing Tooth on a Digital Platform



The CAD/CAM ti-base abutment downloaded from the web site is placed in the place of the scan post on the digital platform.

At this stage, it should be ensured that the antirotation surface on the ti-base is placed parallel to the flat surface on the scan post

A single tooth prosthesis is designed on the CAD/CAM ti-base abutment.



3. Preparation of 3D Dental Jaw Model



The 3D dental jaw model and single tooth prosthesis created on the digital platform are printed out and checked.



T6 32204
Digital
Analog



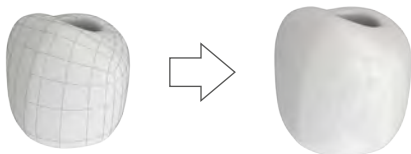
T0 2015
Digital Analog
Screw

The digital analog is mounted on the 3D jaw model with a digital analog screw.

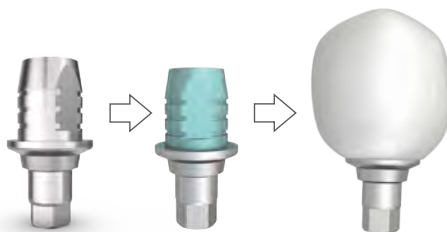


When placing the digital analog in the 3D dental model, make sure that the flat surface on the analog is completely and correctly placed in contact with the flat surface of the housing in the dental model!

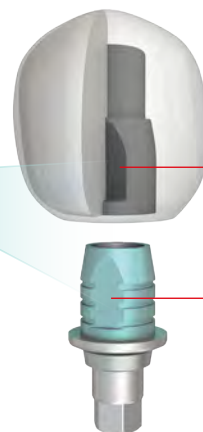
4. Preparation and Control of Single Tooth prosthesis



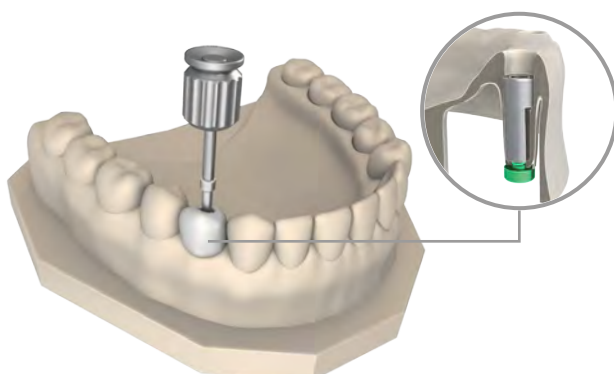
Processes such as coating and polishing are performed on 3D dental prosthesis.



The CAD/CAM ti-base abutment is cemented and adhered to the inside of the denture.



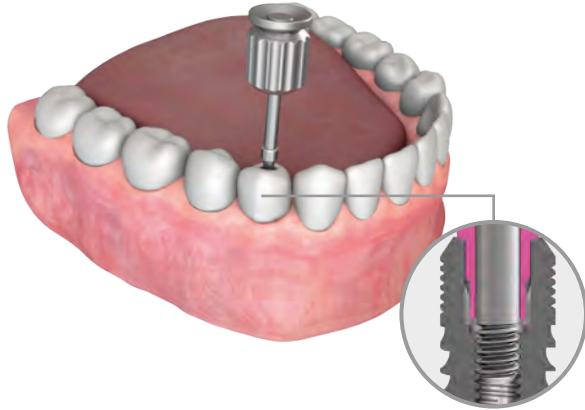
Caution! It should be placed so that the flat surface inside the prosthesis and the flat surface on the abutment are parallel to each other!



The created dental prosthesis can be controlled by attaching it to the 3D lower jaw model of the patient.

After the 3D dental model is created, it is mounted on the model with a green connecting screw.

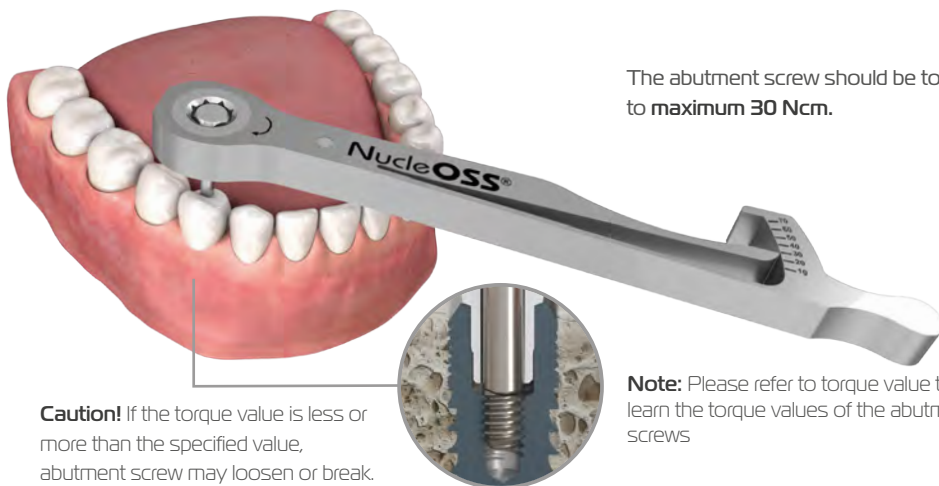
5. Placing the Single Tooth Prosthesis into the Patient's Mouth



The single tooth prosthesis, controls of which has been completed should be placed on the implant (with the hex direction of the abutment facing towards the vestibule)



The abutment screw is tightened with a **hex driver (manually)** enough to hold onto the implant, and then torqued.



The abutment screw should be torqued to **maximum 30 Ncm**.

Caution! If the torque value is less or more than the specified value, abutment screw may loosen or break.

Note: Please refer to torque value table to learn the torque values of the abutment screws

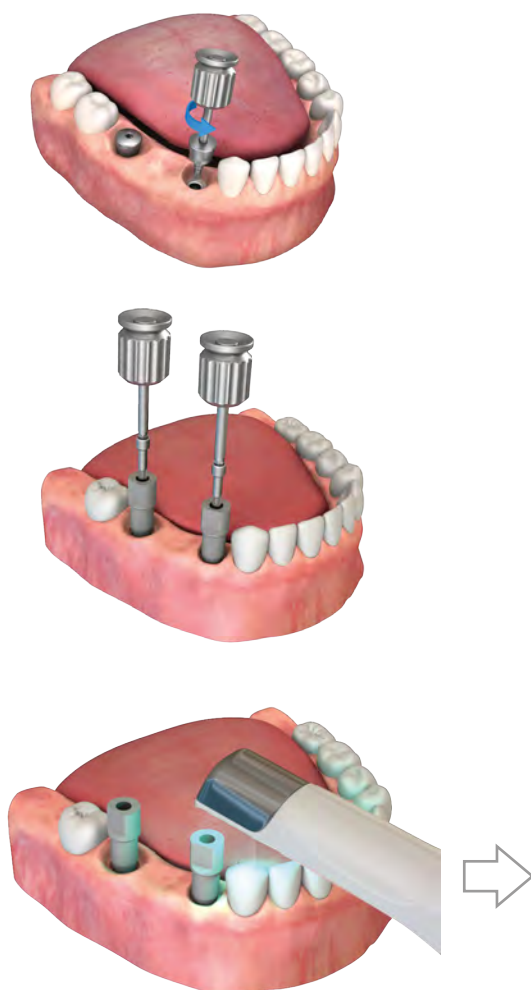


Finally, the process is completed by filling the screw hole on the prosthesis.

Bridge Treatment with CAD/CAM Ti-Base Abutment



1. Performing Intraoral Scanning of the Patient

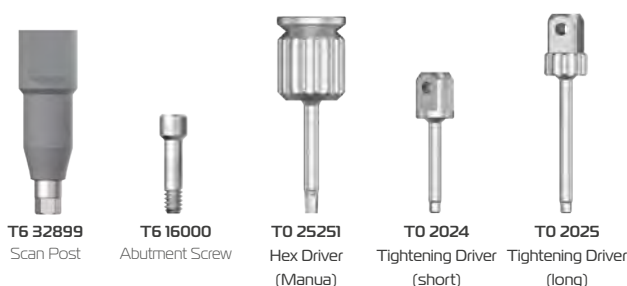


The gingiva formers in the patient's mouth are loosened with the driver and carefully removed with the help of a manual hex driver.

Note: Ti-base gingiva formers should be used for Cad/Cam treatments.



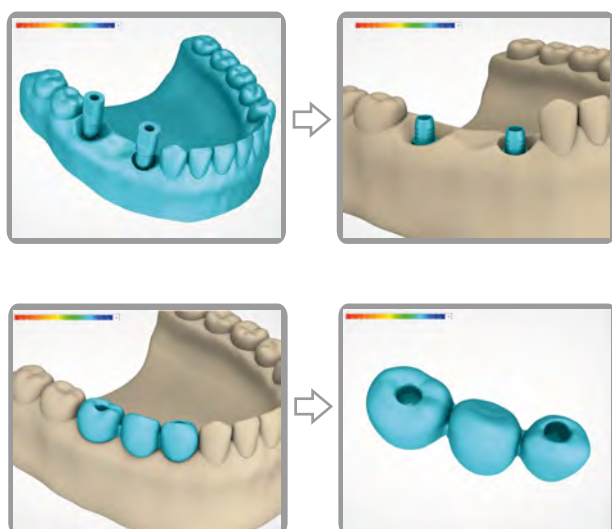
Scan post is inserted into the implant in the patient's mouth using the abutment screw and a manual hex driver. (**Max. 10Ncm torque.**)



The dental model of the patient is transferred to the digital platform by performing an intraoral scan.



2. Creating Missing Teeth on a Digital Platform



By using dental design programs such as Exocad, 3Shape or Dentalwings, the patient's gingival model is transferred to the digital platform.

The CAD/CAM ti-base abutments are placed in place of the scan posts.

In this case, CAD/CAM ti-base abutments(T6 32805) with Hex connection structure are used, for the gingival height is 0.7 and multiple tooth treatment in question.

0.7 mm
T6 32805

A 3D bridge dental prosthesis is created on CAD/CAM ti-base abutments.



Note: You can download the digital library files of the abutments used in CAD/CAM from the www.nucleoss.com web site.

3. Preparation of 3D Dental Jaw Model



The 3D dental jaw model and single tooth prosthesis created on the digital platform are printed out, and checked.

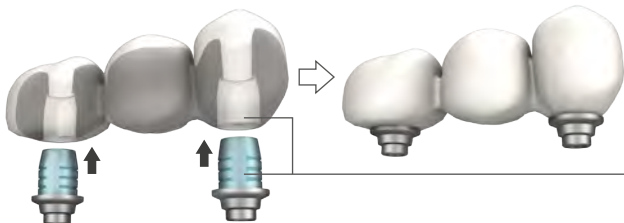


The digital analog is mounted on the 3D jaw model with a digital analog screw.



When placing the digital analog in the 3D dental model, make sure that the flat surface on the analog is completely and correctly placed in contact with the flat surface of the housing in the dental model!

4. Preparation and Control of Bridge Dental Prosthesis



CAD/CAM ti-base (No Hex) abutments are cemented and carefully placed in their sockets in the teeth. At this stage, care is taken not to let cement get into the abutments

Note: It should be ensured that the antirotation surfaces on the abutment and the flat surfaces in the dental prosthesis are **completely and correctly** seated.

The created bridge tooth prosthesis can be controlled to the patient's 3D jaw model and controlled

After the necessary corrections are made on the prosthesis, the polishing process is performed.



Bridge Treatment with CAD/CAM Ti-Base Abutment

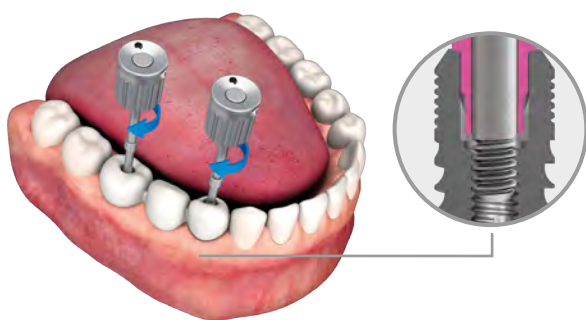


5. Placing the Bridge Prosthesis in the Patient's Mouth



After the controls of the bridge dental prosthesis are completed, it is carefully placed on the implants in patient's mouth.

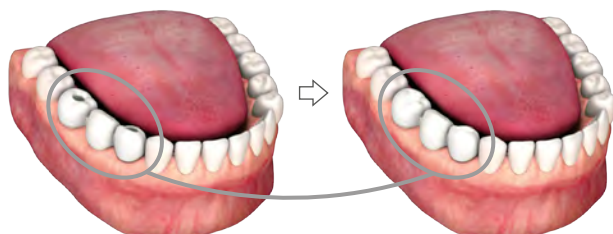
6. Placing and Torquing Abutment Screw



After the bridge dental prosthesis formed is placed on the implants in the patient's mouth, the abutment screws are tightened with the help of a manual hex driver until they **hold onto the implant** and torqued.



The abutment screws connecting the CAD/CAM ti-base abutments and the implants should be torqued to a **maximum of 30 Ncm** with a ratchet.

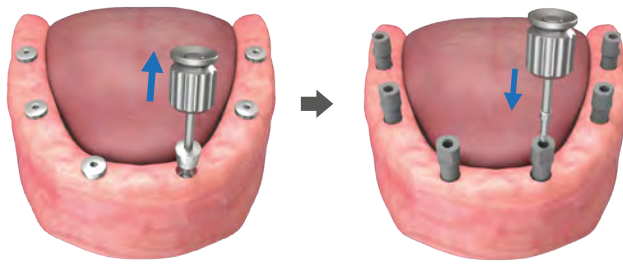


Finally, the screw holes of the bridge dental prosthesis are closed with filling material and the procedures are completed.

Total Edentulism Treatment with CAD/CAM Ti-Base Abutments

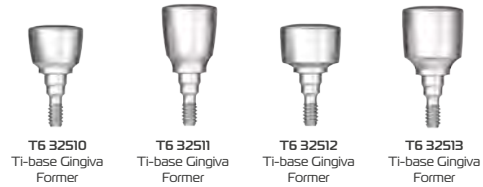


1. Performing Intraoral Scanning of the Patient

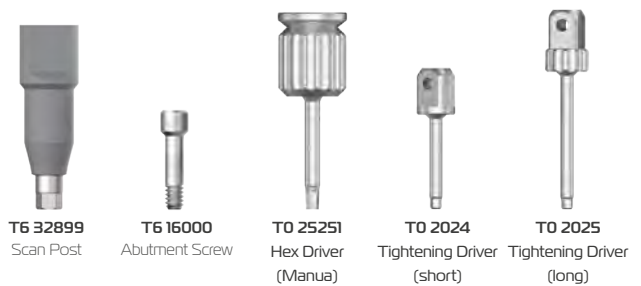


The gingiva formers in the patient's mouth are loosened with the driver and carefully removed with the help of a manual hex driver.

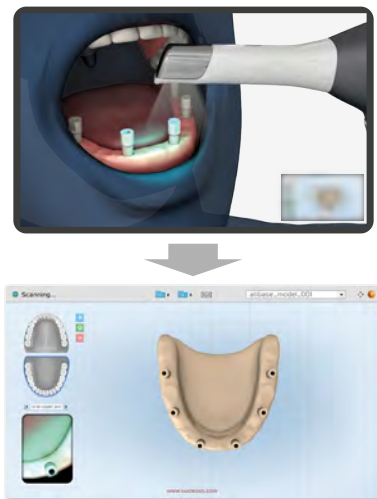
Note: Ti-base gingiva formers should be used for Cad/Cam treatments.



Scan post is inserted into the implant in the patient's mouth using the abutment screw and a manual hex driver. (**Max. 10Ncm torque.**)



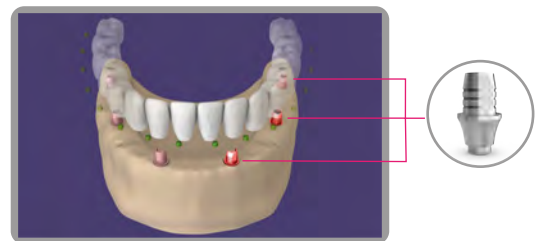
The dental model of the patient is transferred to the digital platform by performing an intraoral scan.



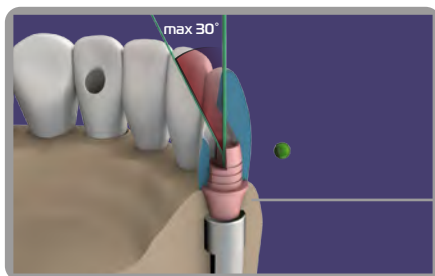
2. Designing Total Dental Prosthesis on Digital Platform



Dental prosthesis for missing tooth is created using CAD/CAM ti-base abutments on the digital platform.



In the clinical case here, CAD/CAM angled ti-base abutments were used in the anterior teeth and flat ti-base.



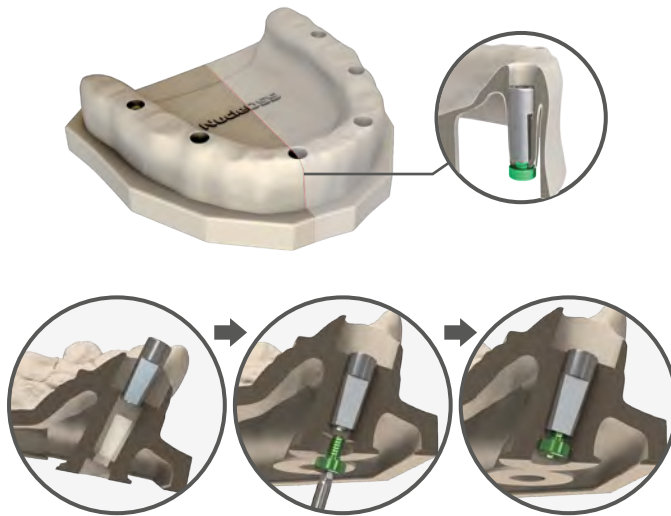
It is not recommended to have the screw channel in the front teeth facing the vestibule.

Angled Ti-Base abutments allow for an inclination of **up to 30°** in the construction of the screw channel.



After the 3D dental jaw model has been prepared, the output of the 3D total tooth model created on the digital platform goes through processes such as scraping, coating or polishing

3. Placing Digital Analogs in a 3D Dental Model



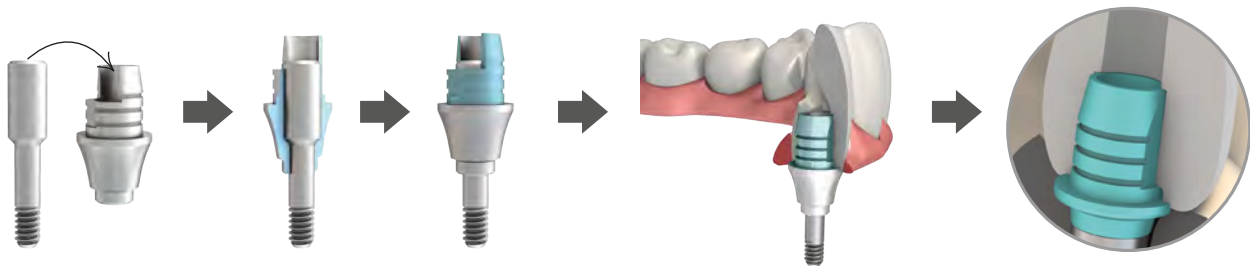
3D prints of the completed mouth model and tooth model are taken.



After the 3D dental model has been created, it is mounted on the model with the help of its digital analog cap.

When placing the digital analog in the 3D dental model, make sure that the flat surface on the analog is completely and correctly placed in contact with the flat surface of the housing in the dental model!

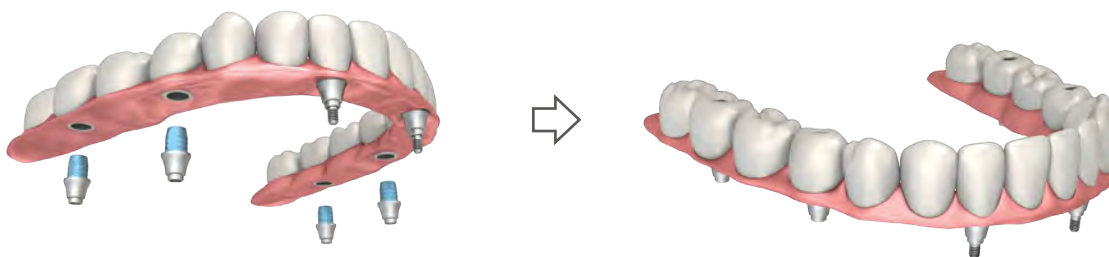
4. Placing CAD/CAM Ti-Base Abutments on the 3D Dental Model



First, the screws of the angled Ti-base abutments are inserted into the abutments. **Cement** is applied to the top of the abutments.

It is placed in a way that the flat surface of the abutment and the flat surface inside the prosthesis are parallel.

Caution! Be careful not to let the cement seep into the abutment.



Cement is applied on other CAD/CAM ti-base abutments and they are placed in their sockets.



The total dental prosthesis is placed in the 3D lower jaw model of the patient's mouth and controls are made.

5. Placing Abutment Screws



The total dental prosthesis, controls of which has been completed, is placed in the patient's mouth.

The abutment are tightened with hex driver until they hold onto the implant.



The abutment screws of the flat CAD/CAM ti-base abutments are tightened with manual hex drivers.



The abutment screws of the CAD/CAM angled ti-base abutments are tightened with the angled hex driver.

6. Torqueing Abutment Screws



The abutment screw of the flat CAD/CAM ti-base abutments must be torqued to a **maximum of 30 Ncm**.



Caution! If the torque value is less or more than the specified value, abutment screw may loosen or break.

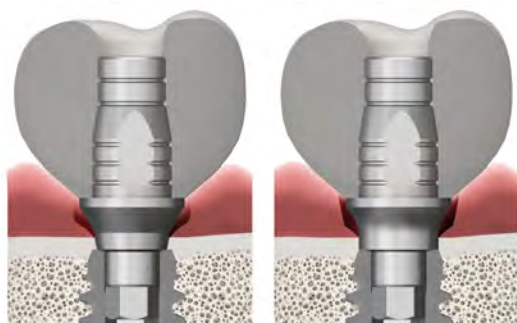
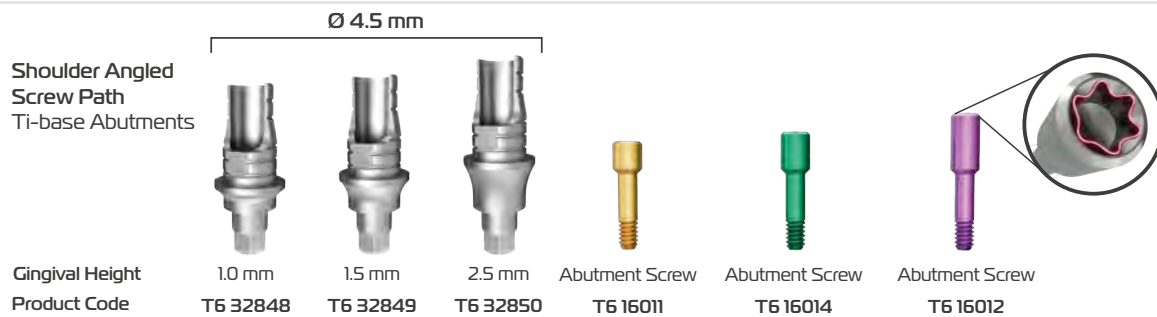
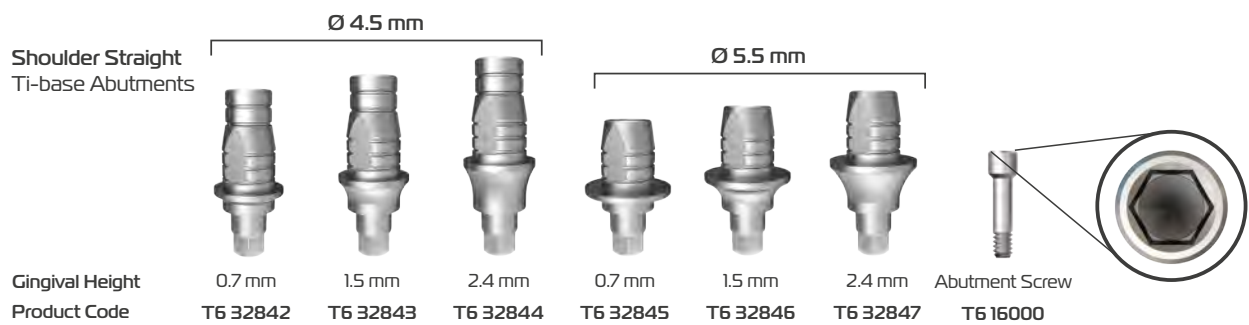


The abutment screw of the CAD/CAM angled ti-base abutments must be torqued to a **maximum of 25 Ncm**.

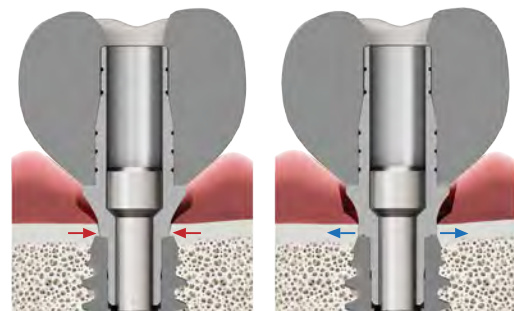
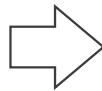


Finally, the screw holes are filled with filling material and the process is completed.

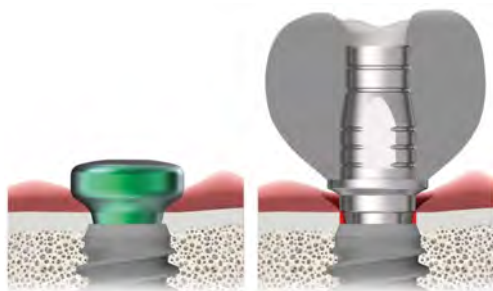
CAD/CAM Shoulder Ti-base Abutments



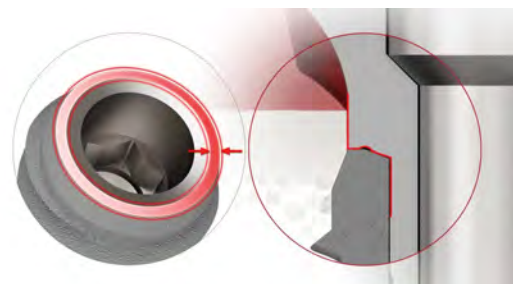
In single-tooth restorations subjected to excessive occlusal loading, the utilization of shoulder Ti-Base abutments is recommended.



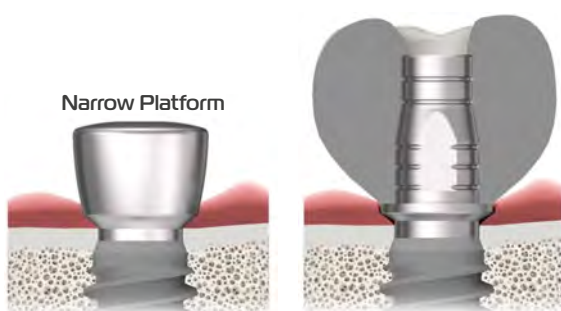
It provides a 20% increase in mechanical strength.



When a normal gingiva former is used, the passive fit of the definitive abutment on the implant interface cannot be achieved.



Prior to the placement of shoulder Ti-Base abutments, the platform surface of the implant must be **clean and pristine**.



To ensure a clean and well-maintained platform surface, the use of a **CAD/CAM Ti-Base gingiva former** is strictly required.

CAD/CAM Angled Ti-base Abutment - 17°



Ø 4.5 mm

Gingival Height
Product Code



1.0 mm
T6 32827



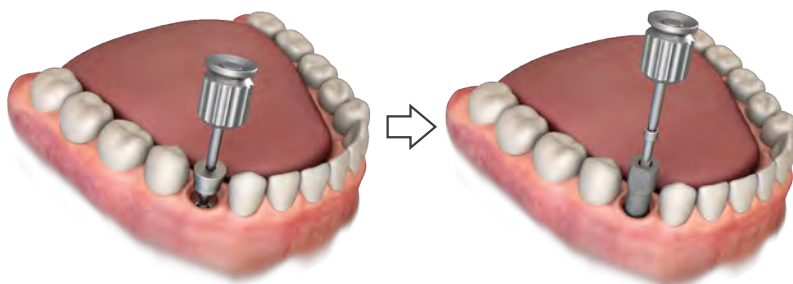
2.5 mm
T6 32828



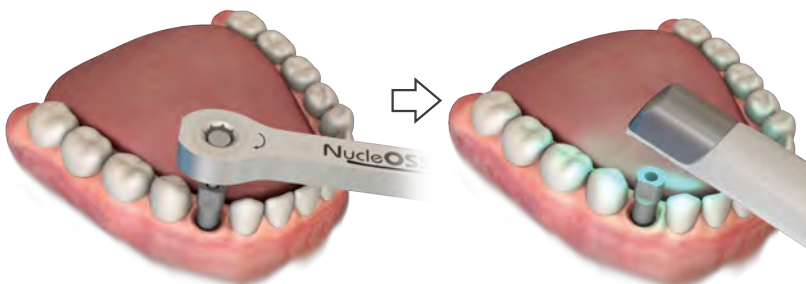
Abutment Screw
T6 16015



Clinical Use of CAD/CAM Angled Ti-Base Abutments



The gingiva formers in the patient's mouth are loosened with the driver and carefully removed with the help of a manual hex driver.



The scan post is secured to the implant using an abutment screw with a **maximum torque of 10 Ncm**.



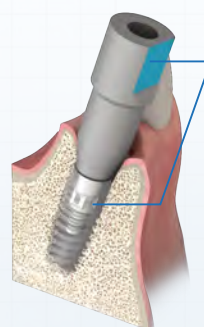
T6 32899
Scan Post



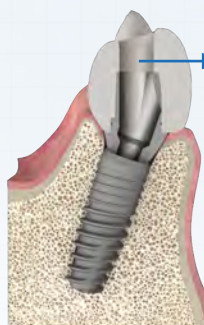
T6 16000
Abutment Screw

Subsequently, the scanning procedure can be performed.

The dental restoration is designed on a digital CAD platform.

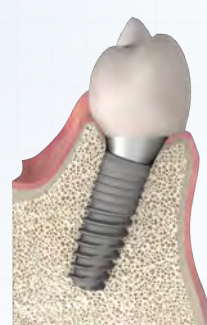


The flat surface of the scan post indicates both the internal hex orientation of the implant and the angulation direction of the abutment.

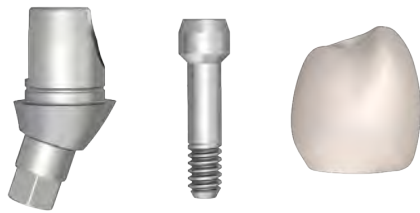


The dental model and restoration are designed in accordance with the screw access channel located on the Ti-Base abutment.

Note: The screw access channel can be angulated up to 7°.



Assembly of Angled Ti-Base Abutments



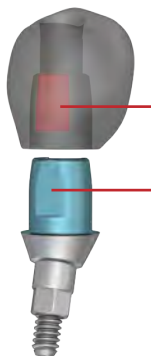
The angled Ti-Base abutment, abutment screw, and dental prosthesis to be utilized are prepared.



First, the abutment screw is positioned inside the abutment.



A dental cement is applied onto the abutment surface.



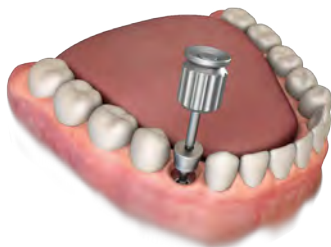
The dental prosthesis must be seated such that its internal flat surface is parallel to the corresponding flat surface of the abutment.



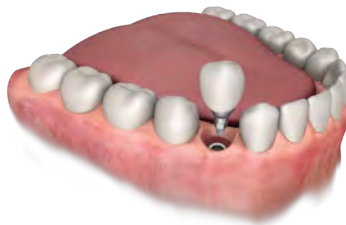
The dental prosthesis is then fully seated onto the abutment.

Once the dental cement has completely set, the assembled prosthesis is ready for insertion into the implant.

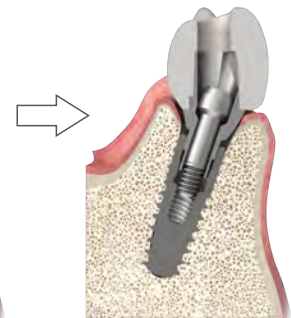
Clinical Placement of the Dental Prosthesis onto the Intraoral Implant



The Ti-Base gingiva former is removed from the patient's mouth.



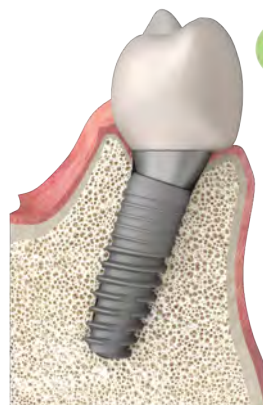
The final dental prosthesis is seated onto the implant interface.



The abutment screw must be torqued to a **maximum of 30 Ncm** using an angled hex driver.



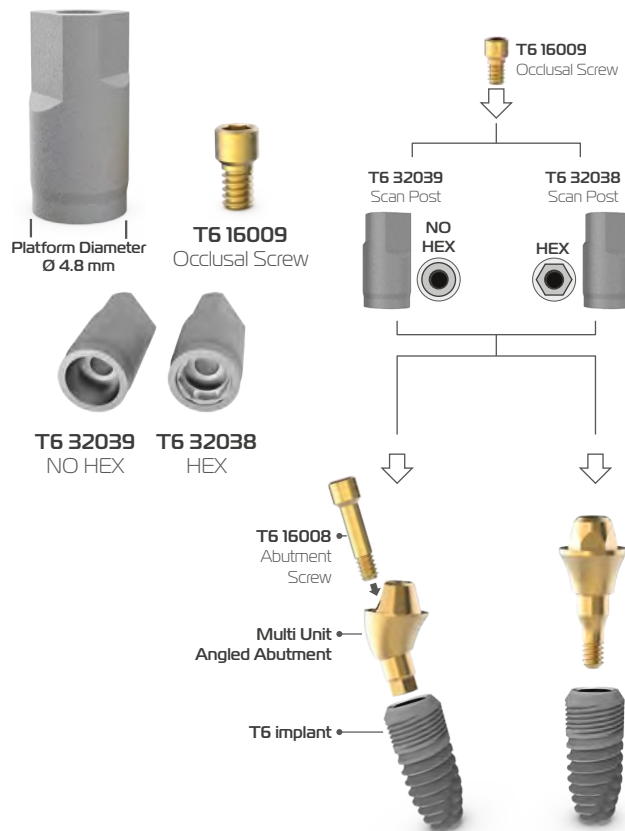
TO 2027
Angled Hex Driver
(long)



CAD/CAM Parts for Over-Multi Unit Abutments



Multi Unit CAD/CAM Scan Posts



NucleOSS offers different digital CAD/CAM solutions for users who make prosthetics on the digital platform.

It is used to create a 3D dental model on digital platforms by scanning through an intraoral or plaster model.

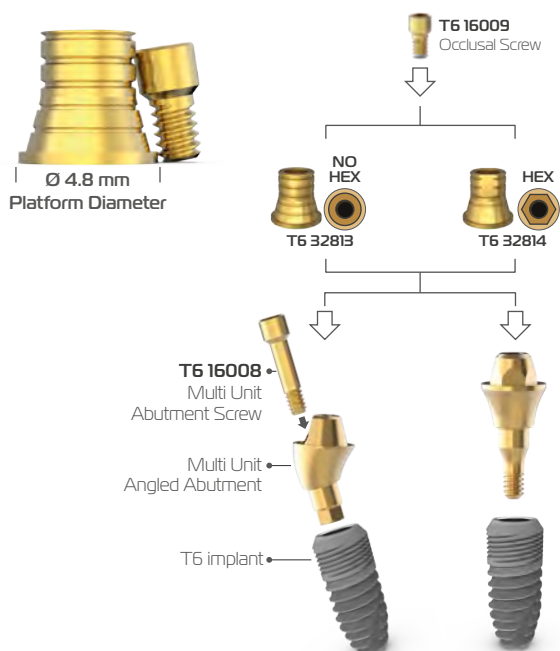
It is attached on multi unit abutments with an occlusal screw.

There are Hex connection options for single tooth treatments and No

Hex connection options for multiple tooth treatments. The scan post is supplied in the same package as the occlusal screw.

In this document, the use of scan post is described in the section on making prosthesis with a multi unit CAD/CAM ti-base abutment.

Multi Unit CAD/CAM Ti-base Abutments



It is used as abutment in prostheses on multi-unit abutment.

Multi unit CAD/CAM ti-base abutment is made of titanium gr5 material.

Multi unit CAD/CAM ti-base abutments with digital library are used in digital prosthesis design.

It is attached on multi unit abutments with an occlusal screw.

There are Hex connection options for single tooth treatments and No Hex connection options for multiple tooth treatments.

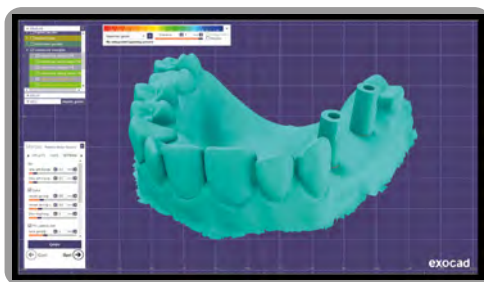
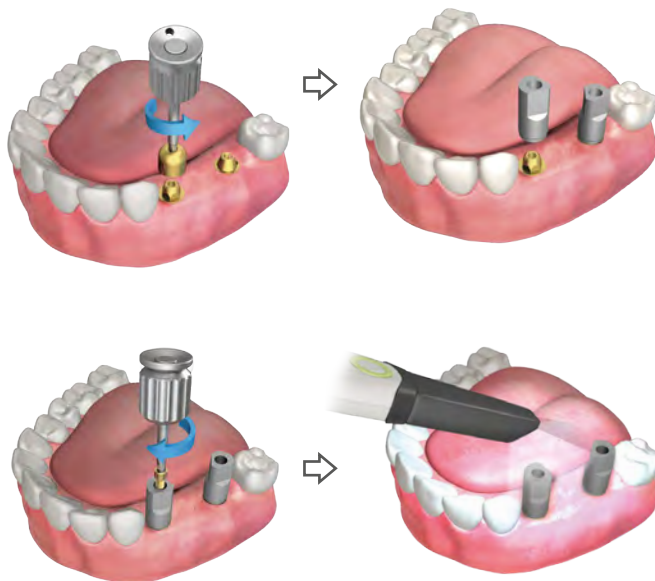
Multi unit CAD/CAM ti-base abutment is supplied with occlusal screw in the same package.

In this document, bridge prosthesis construction with multi unit CAD/CAM ti-base abutments is explained.

Usage of Multi Unit CAD/CAM Ti-Base Abutments



1. Intraoral Scan



Comfort caps are removed from the patient's mouth.

Multi unit scan posts are placed on multi unit abutments. The occlusal screws are fixed on the multi unit abutments with a manual hex driver.



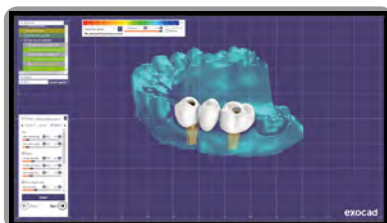
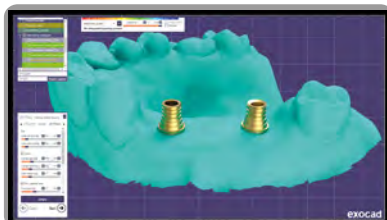
Note: You must make sure that the scan posts are stable on the abutments. The mistake that can be made at this stage may affect the entire prosthesis

The screw of the scan post must be torqued to a maximum of 10 Ncm. Overtightening the scan post can induce material flexing, potentially compromising the accuracy of the digital scan.

Intraoral scanning is performed, and a 3D dental model of the patient's mouth is created in the digital environment

Not: Multi unit scan posts or abutments designed for NucleOSS digital solutions can be used in integration with dental design programs such as exocad, 3Shape, dentalwings.

2. Creating a Bridge Dental Prosthesis on a Digital Platform

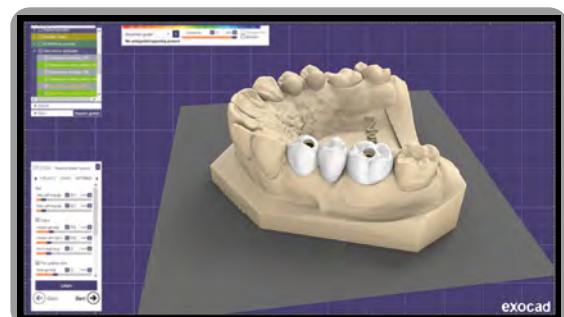


The lower jaw model is transferred to the digital platform environment by performing intraoral scanning.

Multi unit abutments are selected from the program's library.

Multi unit CAD/CAM ti-base file should be selected. Bridge dental prosthesis is made on multi unit CAD/CAM ti-base abutments.

After the dentures are created, controls are made on the 3D dental model of the patient on the digital platform.



Usage of Multi Unit CAD/CAM Ti-Base Abutments



3. Preparation of 3D Dental Model



Using 3D resin printers, the dental tooth model created on the digital platform is printed

Multi unit digital analogs and green connecting screws are prepared to be attached to the 3D dental model.



Multi unit digital analogs are placed in such a way that the flat surface on it and the flat surface in the 3D dental model coincide.

With the help of a manual hex driver, the digital analog screw are placed on the multi unit digital analogs in the 3D dental model and the analogs are fixed to the model.

4. Preparation of Bridge Dental Prosthesis



After the bridge prosthesis designed on the digital platform goes through processes such as scraping and sintering, a test is made on the 3D dental model.

Multi unit CAD/CAM ti-base abutments and occlusal screws are prepared for attachment to the 3D dental model.

Multi unit CAD/CAM ti-base abutments are placed inside the created dental prosthesis and their controls are made. After the necessary corrections are made, cement adhesive is applied into the dental prosthesis. Multi unit CAD/CAM ti-base abutments are placed and the cement is allowed to set.

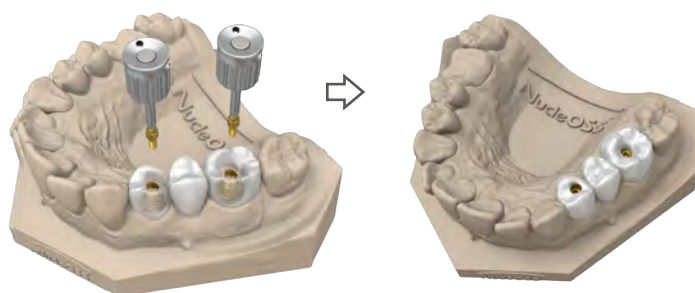
Note: At this stage, pay attention not to allow the cement get into multi unit CAD/CAM ti-base abutment.

After the cement adhesive has set, the formed bridge prosthesis is placed on the multi unit analogs in the 3D dental model.

5. Checking the Bridge Dental Prosthesis

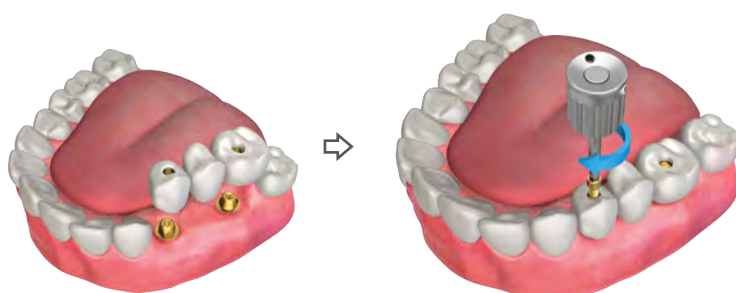


After the bridge prosthesis has been placed on the multi unit digital analogs, occlusal screws are also placed.



Whether it fits the teeth on the right and left is checked. After the necessary corrections have been made, the bridge dental prosthesis is sent to the clinic to be placed in the patient's mouth.

6. Placing the Bridge Dental Prosthesis in the Patient's Mouth



The created bridge dental prosthesis is placed on the multi unit abutments in the patient's mouth.

The occlusal screws are tightened with a manual hex driver until they hold onto the multi unit abutments.

The occlusal screw is tightened with a torque ratchet until it reaches a **maximum torque of 20 Ncm.**



The screw hole in the tooth occlusal is covered with teflon and the filling material is applied and hardened. When total prosthesis is to be removed, this material is taken out and the screw is removed.

Tightening - Torque Values

 TO 25900		
Products	Tightening Parts	Torque Value
Implant Cover Screw And Sinus Caps 	 TO 2024 Short (ratchet) TO 2025 Long (ratchet)  TO 2525I Manual Hex Driver	MANUAL/ Ratchet (If a ratchet is used, 10 Ncm)
Gingiva Former 		
Connection Screws of Peek Parts 		
All Cemented Abutment Screws 	 TO 2024 Short (ratchet) TO 2025 Long (ratchet)  TO 2525I Manual Hex Driver	Max. 30 Ncm
Cast Abutment Screws 		
Cad/Cam Ti-Base Abutment Screws 		

Tightening - Torque Values

 TO 25900		
Product	Tightening Parts	Torque Value
Ball Abutment 	 TO 25205 Ball Abutment Tightening Part	Max. 30 Ncm
Equator Abutment 	 774CHE Equator Abutment Tightening Part	Max. 30 Ncm
Multi Unit Straight Abutments 	 TO 25206 Multi Unit Abutment Tightening Part	Max. 30 Ncm
Multi Unit Angled (17° / 30°) Abutment Screws 	 TO 2024 Short (ratchet) TO 2025 Long (ratchet)	Max. 30 Ncm
Parts Installed on the Multi Unit 		Max. 10 Ncm
Occlusal Screws Attached to Prosthesis 		Max. 20 Ncm
Occlusal Screws Attached to Prosthesis 	 TO 25251 Manual Hex Driver	Max. 20 Ncm

Maintenance and Cleaning of Surgical Hand Tools

- Careful use of all tools is extremely important.
- Even the slightest damage to the ends of the drill adversely affects cutting performance and therefore the clinical outcome.
- Even if it is used correctly and clean, it should be taken into account that the cutting performance of the drill is reduced after a certain number of uses. (Maximum milling for NucleOSS drills is 15 times)
- Avoid contact with the ends of the drills on a hard surface other than the bone.
- Each surgical set piece should be used according to its purpose and method of use. Other uses may damage the part.
- Never allow surgical residues (blood, bone, etc.tissue residues) to dry on an tool, clean immediately after surgery.
- Clean thoroughly with only soft brushes so as not to cause wear and scratches on the tools. If necessary, remove the removable parts of the tools and clean the gaps.
- Never disinfect, clean (also ultrasound) or sterilize instruments made of different materials together.
- Use only cleaning agents and disinfectants for the material and follow the manufacturer's instructions for use.
- Rinse disinfectants and cleaning agents thoroughly with water.
- Never leave or store tools moist or wet.
- For more detailed information, please refer to the D006 NucleOSS Surgical Instruments User Manual for Cleaning and Disinfection of Surgical Instruments.

Sterilization

Şanlılar Medical Devices Med. Kim. San Tic. A. Ş. accepts no responsibility for devices initially delivered non-sterile, regardless of who performs the sterilization or by what method. Due to variations in conditions and environments, the ultimate responsibility for implementing and verifying procedures to achieve sterility rests with the user. Non-sterile surgical instruments should not be used under any circumstances.

Place properly cleaned and dried instruments into the designated slots inside the surgical set box. The surgical set is made of highly impact-resistant plastic materials suitable for autoclave sterilization. In clinical autoclaves, parts can be sterilized as a single piece without having to be removed from the box. Place the surgical set container in the autoclave bag.

Note: Do not stack boxes while performing the sterilization process, as this may affect sterilization effectiveness.

Sterilisation cycle recommended by Şanlılar Medical Devices :

Method	Moist heat sterilization according to ISO 17665:2024.
Cycle	Prevacuum
Temperature	134°C / 273.2°F
Exposure Time	3 Minutes
Basınç	2.2 bar
Pre-Vacum	3 times < 60 mbar
Minimum Drying Time	60 minutes in the enclosed chamber.

- Remove the surgical sets from the sterilizer after the cycle is complete, and place the tray on a padded surface to prevent condensation during cooling.

Note: Sterilization processes are validated in accordance with the current international standard, ISO 17665:2024.

Note: Manufacturer instructions for use for all detergents/cleaning solutions and/or equipment and accessories used in the cleaning and disinfection of the devices must be strictly followed.

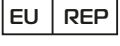
Storage Conditions and Symbol Explanations

Storage Instructions

After sterilization, store the devices in a dry, dark place, such as a closed cupboard or drawer.

Symbol Explanations

The symbols found on all Nucleoss products are as follows:

 Product catalog number	 Authorized representative	 Product lot number	 Unique device identifier
 Medical device	 Manufacturer country	 Manufacturer	 Read the user manual.
 Gamma sterilization	 Do not re-sterilize	 Don't reuse	 Not sterile
 Double sterile barrier system	 Humidity range	 Temperature range	 MR Conditional
 Distributor	 Dispersive	 Do not use if the packaging is damaged.	 Warnings
 Conformity European	 Model number	 For prescription use only.	 Contains hazardous materials
- The CE mark is the manufacturer's declaration that the product meets the requirements of the applicable Medical Device Regulation (MDR) (EU) 2017/745. - Where applicable: The identification number of the Notified Body shall follow this symbol.			

NucleOSS™



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