




MedentiLOC Abutments

Straight and angled

Titanium Grade 5 ELI

 <p>MedentiLOC Abutment, straight (one-part abutment)</p>	 <p>MedentiLOC Abutment, angled (two-part abutment)</p>	 <p>MedentiLOC Abutment Screw</p>
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Indications

- Removable multiple unit implant restorations

1. Implant Level Impression (Dentist)

- Remove the healing abutment or temporary restoration from the implant
- Spray implant interface with air/water spray and dry them
- Select Implant Pick-up and place it into one of the possible index positions of the implant
- Check correct seating and fix it manually
- Take an implant level impression with suitable impression material
- Opposing jaw information and shade are included with the impression and Implant Pick-Up when sent to the dental laboratory



2. Laboratory procedures (Dental technician)

- Make sure that the impression material is free of cracks and bubbles
- Mount corresponding Lab Analog on the Implant Pick-Up and prepare a master hard-plaster model
- Select straight or angled MedentiLOC abutment and place it into the Lab Analog
- Check correct seating and fix it manually
- Fabricate the removable denture according to the instructions for use of the materials manufacturers'
- Check the correct fit and contact points of the restoration

3. Abutment connection (Dentist)

Note: For strength and fit reasons, never modify the implant interface of the abutments

- Ensure that the implant platform is free from any soft-tissue or bone remnants
- Place the MedentiLOC abutment into the implant and tighten it directly (straight abutments) or with the MedentiLOC abutment screw to the torque that is recommended in the instruction for use of the abutment using a torque ratchet and the MedentiLOC screw driver
- A radiograph can be helpful to confirm accurate seating of the abutment
- Seal the screw access channel and tool insertion cavity with a suitable material, such as "Mucopren Soft Relining System"

4. Connection of the final restoration (Dentist)

- Gently seat the restoration on the abutments and check both the occlusion and the soft tissue contact. The restoration should be in light occlusion. Excursive contact should be minimal.