



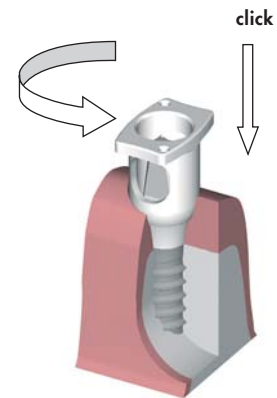
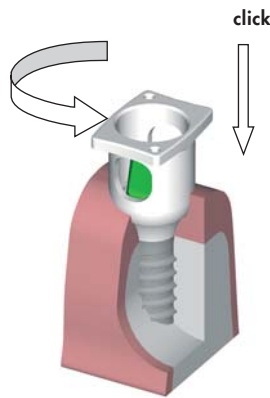
Procedure

1. Place the impression cap

Both the implant shoulder and the abutment must be cleaned of any blood or tissue prior to the impression procedure. If a WN solid abutment is used, the occlusal opening of the abutment must be sealed with wax or guttapercha.

The RN impression cap (048.017) or the WN impression cap (048.013) is pushed over the abutment, and onto the implant shoulder, until the cap "clicks" into place. The impression cap is turned gently in order to check that it is securely snapped onto the implant shoulder. When the cap is seated correctly, it can be rotated smoothly on the implant.

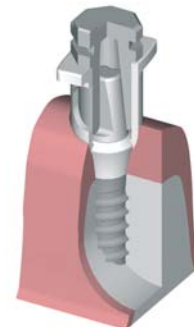
Important:
In order to avoid errors during the impression procedure, it must be ensured that the shoulder and the margin of the impression cap are not damaged.



2. Insert the positioning cylinder

Positioning cylinders have a flat-side indicator (external knob) to identify where the internal flat side is. Care should always be taken to align the flat side of the positioning cylinder with the flat side of the abutment. It is then pushed down over the abutment and through the impression cap.

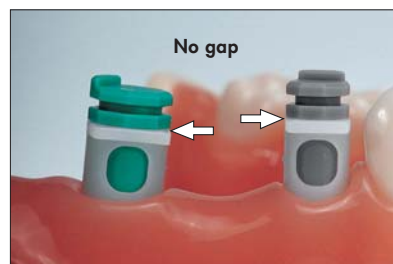
The positioning cylinder must be pushed down as far as it will go, until it is flat and flush against the impression cap.



3. Take the impression

The impression is taken using an elastomeric impression material (polyvinylsiloxane or polyether rubber).

Important:
Due to its insufficient tensile strength, hydrocolloid is not suitable for this application.





Taking the impression: Option B (modified abutments)

Overview





Initial situation

It is sometimes necessary to modify the shape or size of a solid abutment. A different impression procedure must be used in such cases.

In this case, an RN solid abutment was inserted into the implant and torqued to **35 Ncm** (see the description on pages 6–7).

Then the solid abutment was modified in the patient's mouth by the dentist using an appropriate grinding wheel with sufficient irrigation. To help ensure proper stability and retention of the restoration, the solid abutment must maintain a minimum height of 3.0 mm.



Steps in impression-taking	For implants with RN Ø 4.8 mm	For implants with WN Ø 6.5 mm
	 <p>RN solid abutments 048.540/541/542</p>	 <p>WN solid abutments 048.545/546</p>
<p>Step 1 Place the impression cap over the abutment and snap it onto the implant shoulder. Slightly rotate the cap to ensure that it is properly seated.</p>	 <p>RN impression cap 048.017V4</p>	 <p>WN impression cap 048.013</p>
<p>Step 2 Inject impression material through the holes of the impression cap, and take the impression. Send it to the lab.</p>		



Note:

All parts of the solid abutment transfer system are supplied non-sterile. The parts can be disinfected as required using standard commercial disinfection agents for plastic products (refer to the manufacturer's instructions).

Caution:

The plastic components are for single use only. They must not be sterilized.

In order to prevent any damage to the plastic components (loss of elasticity or embrittlement) they must be protected from strong light or heat irradiation.



Procedure

Important:

In order to avoid errors during the impression procedure, it must be ensured that the shoulder and the margin of the impression cap are not damaged.

1. Place the impression cap

Both the implant shoulder and the abutment must be cleaned of any blood or tissue prior to the impression procedure. If a WN solid abutment is used, the remaining occlusal opening of the abutment must be sealed with wax and guttapercha.

The RN impression cap (048.017) or the WN impression cap (048.013) is pushed over the abutment, and onto the implant shoulder, until the cap “clicks” into place. The impression cap is turned gently in order to check that it is securely snapped onto the implant shoulder. When the cap is seated correctly, it can be rotated smoothly on the implant.

2. Take the impression

Impression material is injected through the occlusal and lateral openings and an impression is taken.

An elastomeric impression material (polyvinylsiloxane or polyether rubber) is used for the impression procedure. Send it to the lab.

Important:

Due to its insufficient tensile strength, hydrocolloid is not suitable for this application.

