# internal impression

## quick reference guide

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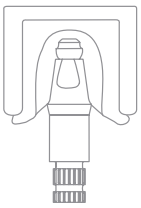


# INDIRECT TRANSFER WITH THE *3INONE* ABUTMENT / BALL-TOP SCREW

**Procedure Objective:** Make an impression for fabrication of a working cast utilizing a closed-tray, indirect transfer method when a regular emergence Healing Abutment was used. The procedure creates a cast that represents the exact position of the implant as well as the orientation of the internal hex.

## 1. Remove Healing Abutment

Remove the regular emergence Healing Abutment with the .050" (1.25mm) Hex Driver. Confirm that the implant's prosthetic platform is free of bone debris or soft tissue.

## 2. Place Transfer Coping

Seat the *3inOne* Abutment and secure it with a Ball-top Screw (hand-tighten).

If practical, orient the long flat side of the abutment to the facial for easier indexing.

Radiographically verify correct seating of the abutment.

## 3. Block out hex hole

Block out the hex-hole on top of the Ball-top Screw with a material of choice.

## 4. Make full-arch impression

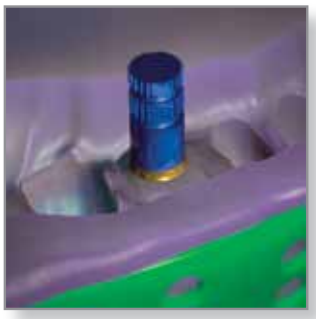
Syringe and completely cover the coping assembly with medium or heavy body impression material and record a full arch impression.

Remove the coping assembly after the tray has been removed. Replace the Healing Abutment immediately to prevent soft tissue collapse.

## 5. Assemble coping and analog

Use the Ball-top Screw to assemble the *3inOne* Abutment with the corresponding Implant Analog.

## 6. Index coping into impression



Insert the coping assembly into the corresponding location in the impression, ensuring that the long flat of the abutment aligns with the corresponding indice within the impression.

Send the impression, coping/analog assembly, abutment screw, bite registration and opposing model to the lab.

## Lab Steps

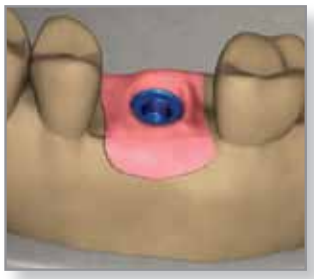
### Send to Lab

- **Impression**
- ***3inOne*/Ball-top Screw combo**
- **Abutment Screw (comes with *3inOne*)**
- **Implant Analog**
- **Bite Registration**
- **Opposing model or impression**
- **Shade selection**

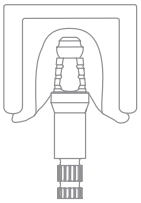
### 7. Create soft tissue model

A soft tissue replica material is recommended around the analog. Verify analog seating and apply lubricant where soft tissue replica material is to be applied.

### 8. Fabricate working cast



Fabricate a working cast. Articulate according to standard laboratory procedures.



# INDIRECT TRANSFER WITH THE INDIRECT TRANSFER COPING

**Procedure Objective:** Make an impression for fabrication of a working cast utilizing a closed-tray, indirect transfer method. The procedure creates a cast that represents the exact position of the implant as well as the orientation of the internal hex.

## 1. Remove Healing Abutment

Remove the Healing Abutment with the .050" (1.25mm) Hex Driver. Confirm that the implant prosthetic platform is free of bone debris or soft tissue.

*The emergence of the impression coping selected should match the emergence of the Healing Abutment and the intended final abutment (either Narrow, Regular or Wide). Custom Cast emergence will be determined by the lab prescription.*

## 2. Place Transfer Coping

Seat the Indirect Transfer Coping and secure it with the ball-top screw (hand-tighten).

If practical, orient the long flat side of the coping to the facial for easier indexing.

Radiographically verify correct seating of the abutment.

## 3. Block out screw hole

Block out the hex hole of the ball-top screw with a material of choice.

## 4. Make full-arch impression

Syringe and completely cover the coping assembly with medium or heavy body impression material and record a full arch impression.

Remove the coping assembly after the tray has been removed. Replace the Healing Abutment immediately to prevent soft tissue collapse.

## 5. Assemble coping and analog

Using the ball-top screw, assemble the Indirect Transfer coping with the appropriate diameter analog.

## 6. Index coping into impression

Insert the coping assembly into the corresponding location in the impression, ensuring that the flat of the coping aligns with the corresponding indice within the impression.

Send the impression, coping/analog assembly, bite registration and opposing model to the lab.

## Lab Steps

### Send to Lab

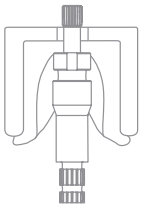
- **Impression with coping inside**
- **Ball-top Screw**
- **Implant Analog**
- **Abutment and Screw (if selected)**
- **Bite Registration**
- **Opposing model or impression**
- **Shade selection**

## 7. Create soft tissue model

A soft tissue replica material is recommended around the analog. Verify analog seating and apply lubricant where soft tissue replica material is to be applied.

## 8. Fabricate working cast

Fabricate a working cast. Articulate according to standard laboratory procedures.



# DIRECT PICK-UP

**Procedure Objective:** Make an impression for fabrication of a working cast utilizing an open-tray, direct pick-up method. The procedure creates a cast that represents the exact position of the implant. Hex orientation may be registered (single-unit) or bypassed (multiple-units) depending on the coping selected.

## 1. Remove Healing Abutment

Remove the Healing Abutment with the .050" (1.25mm) Hex Driver. Confirm that the implant prosthetic platform is free of bone debris or soft tissue.

*The emergence of the impression coping selected should match the emergence of the Healing Abutment and the intended final abutment (either Narrow, Regular or Wide). Custom Cast emergence will be determined by the lab prescription.*

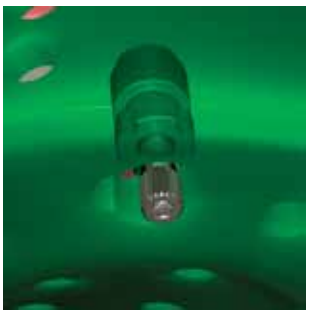
## 2. Place Pick-up Coping

Place the appropriate diameter Direct Pick-up Coping (either hexed or non-hexed) on the implant body and retain with the corresponding Direct Pick-up Coping Screw (hand-tighten).

These screws feature a knurled top to aid in manual insertion, as well as a .050" (1.25mm) hex access hole for insertion with the Hex Driver.

Radiographically verify correct seating of the coping.

## 3. Verify screw/tray clearance



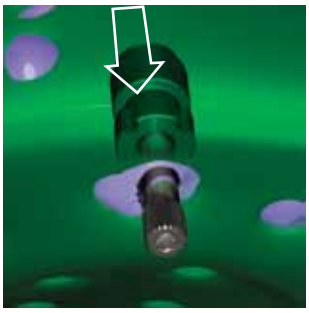
A stock impression tray may be modified for this procedure, or a custom tray may be fabricated using a tray material of choice. A window is cut out of the tray to allow clearance for the coping screw.

Try in the impression tray to verify that the coping screw protrudes through it without interference.

## 4. Make full-arch impression

Syringe around the coping assembly with medium or heavy body impression material and record a full arch impression.

## 5. Remove impression tray from mouth



After the impression material has set, first remove the coping screw, and then remove the tray from the mouth. Verify that the impression material is completely adapted around the pick-up copings.

Replace the Healing Abutment immediately to prevent soft tissue collapse.

## 6. Attach analog to Pick-up Coping

Assemble the appropriate diameter Implant Analog to the Direct Pick-up Coping with the coping screw.

Send the impression/coping assembly, bite registration and opposing model to the lab.

## Lab Steps

### Send to Lab

- **Impression with coping inside**
- **Coping Screw**
- **Implant Analog**
- **Abutment and Screw (if selected)**
- **Bite Registration**
- **Opposing model or impression**
- **Shade selection**

## 7. Create soft tissue model

A soft tissue replica material is recommended around the analog. Verify analog seating and apply lubricant where soft tissue replica material is to be applied.

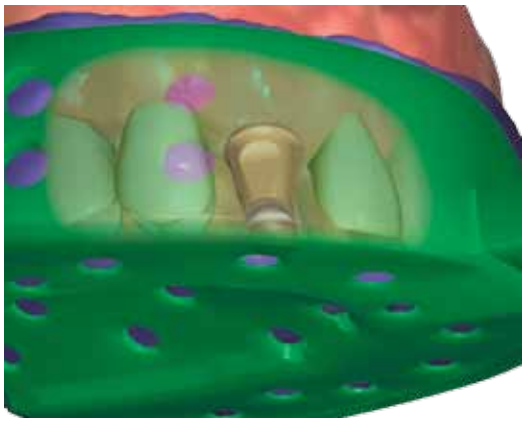
## 8. Fabricate working cast

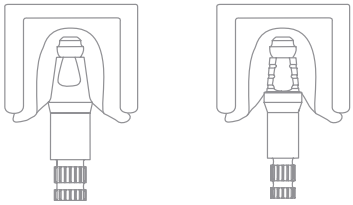
Fabricate a working cast. Articulate according to standard laboratory procedures.

# IMPRESSION TECHNIQUE OVERVIEW

**Procedure Objective**: This guide provides you with 3 of the most common impression techniques using the BioHorizons Internal implant system. Additional impression techniques can be found in the BioHorizons Internal Prosthetic Manual, available for downloading from www.biohorizons.com or by contacting us at 888-246-8338.

## Closed Tray (Indirect) Transfer

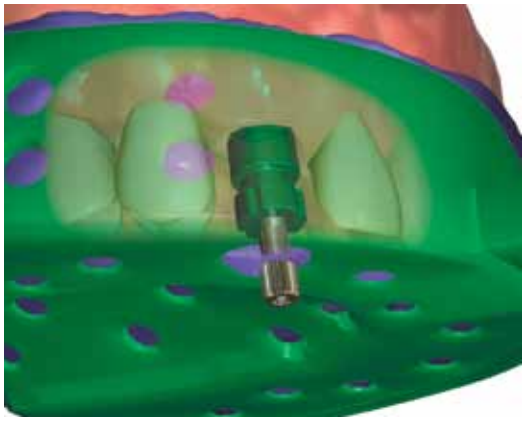


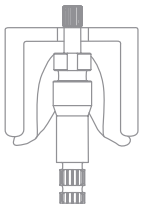


This indirect impression technique records the soft tissue profile as well as the implant's location. The implant's internal hex orientation is transferred when using the *3inOne* Abutment with a Ball-top Screw or any of the Indirect, Hexed (Closed Tray) Copings. *If the hex location is not needed for the prosthesis fabrication, the Direct Pick-up, Non-hexed (Open Tray) Coping may be used (described below).*

In this technique, the Indirect Transfer Coping remains in the mouth after the impression is removed from the mouth. The coping is then removed from the mouth and connected with the appropriate Implant Analog. The coping/analog assembly is then indexed (transferred) into its corresponding position in the impression. A working model is poured in dental stone, providing a replica of the implant's location in the patient's mouth.

## Open Tray (Direct) Pick-up





This impression technique records the soft tissue profile as well as the implant's location. The implant's internal hex orientation is transferred when using the Direct Pick-up Hexed (Open Tray) Copings. If the hex location is not needed for the prosthesis fabrication, the Direct Pick-up Non-Hexed (Open Tray) Copings are used.

In this technique, the Direct Pick-up Coping remains in the impression when it is removed from the mouth. For this technique, a custom tray or modified stock tray with a screw access hole in the area above the implant is required. The Direct Coping Screw that holds the Direct Pick-up Coping in place while the impression is made is removed through the access hole after the material sets. The impression is removed with the Direct Pick-up Coping embedded within the impression. The Implant Analog is connected to the embedded coping and a working model is poured in dental stone, providing a replica of the implant's location in the patient's mouth.

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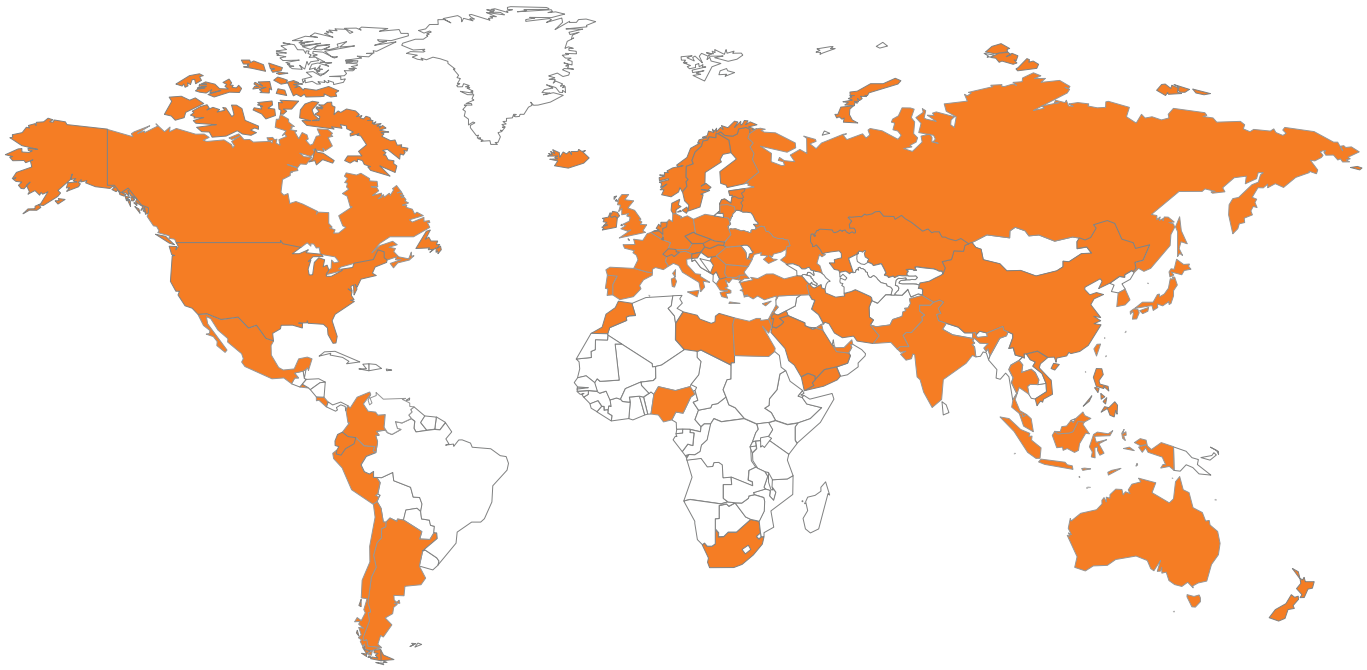



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