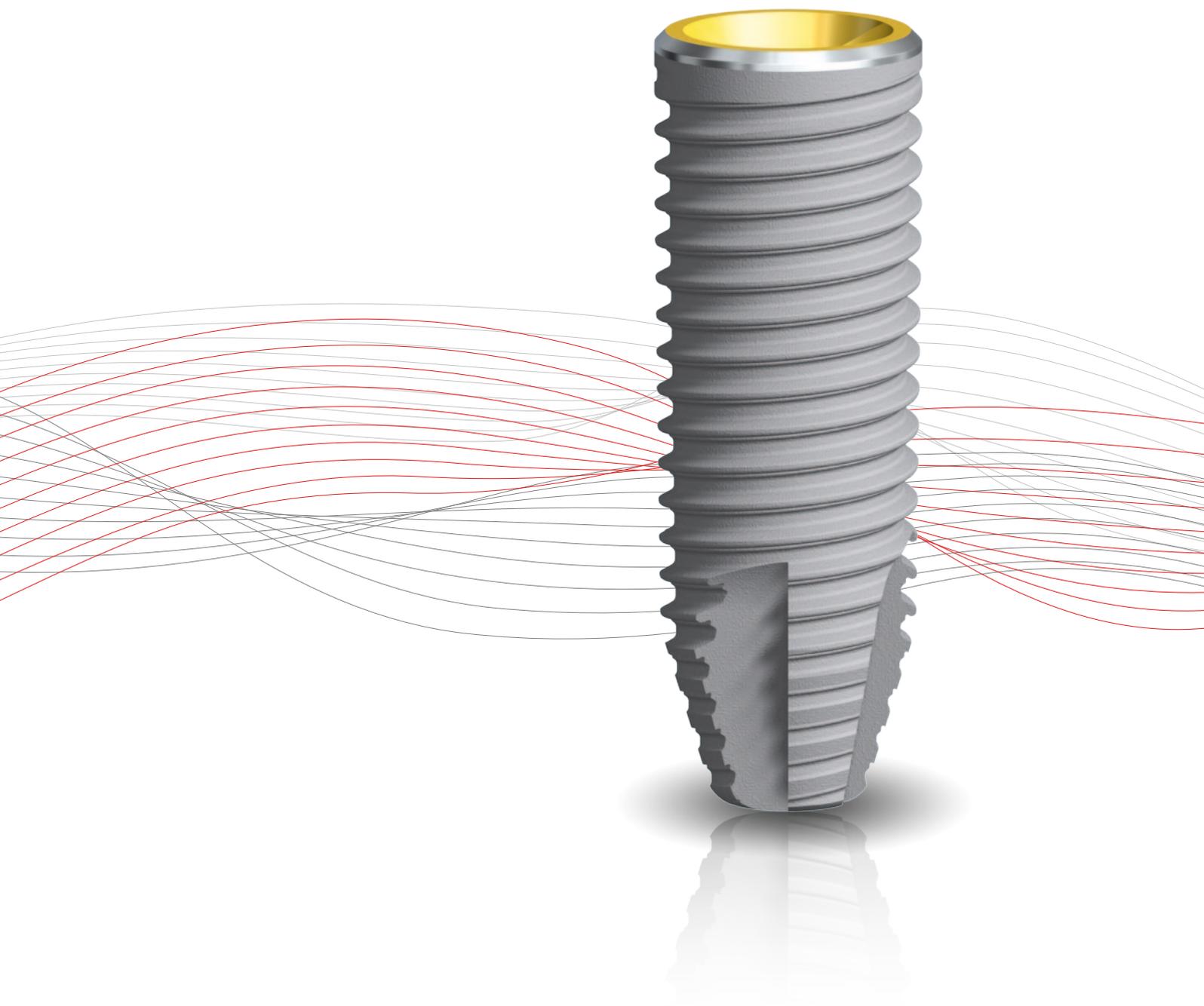


NobelParallel™ Conical Connection Procedures manual



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Quick guide

Flap technique

Twist Drill with Tip \varnothing 2 mm



Twist Step Drill
 \varnothing 2.4/2.8 mm



Twist Step Drill
 \varnothing 3.2/3.6 mm



Cortical Drill
 \varnothing 4.3 mm



Flapless technique

Twist Drill with Tip \varnothing 2 mm



Note: The illustrations show the drill sequence for NobelParallel Conical Connection RP 4.3 in medium bone. For other implant diameters and bone densities, see drill protocols on page 13.

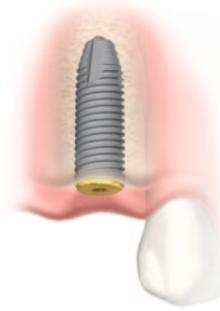
Screw Tap
Ø 4.3 mm
optional

Implant placement

Two-stage
delayed function

One-stage
Immediate Function

One-stage
delayed function



Color-coding for accurate component identification

The color of the implant vial cap refers to the diameter of the implant.



The color of the sticker on the implant vial cap refers to the implant platform size. All prosthetic components are color coded accordingly.

Implant platform	NP	RP	RP	WP
Implant diameter	3.75	4.3	5.0	5.5
Color coding	 	 	 	 

Technical specifications



Platform concept

– To facilitate treatment planning, clinical procedures, and component identification, NobelParallel Conical Connection implants are organized according to a “platform concept”. The platform marking corresponds to the implant-abutment interface.

– For accurate component identification prosthetic components are color-coded as follows: magenta for Narrow Platform (NP), yellow for Regular Platform (RP), and blue for Wide Platform (WP).

Platform	Platform diameter	Implant diameter	Abutment interface	Lengths						
	$\varnothing 3.5$	$\varnothing 3.75$	$\varnothing 3.0$	7	8.5	10	11.5	13	15	18

Narrow Platform: Limited interdental space. Not enough alveolar bone for an RP implant.

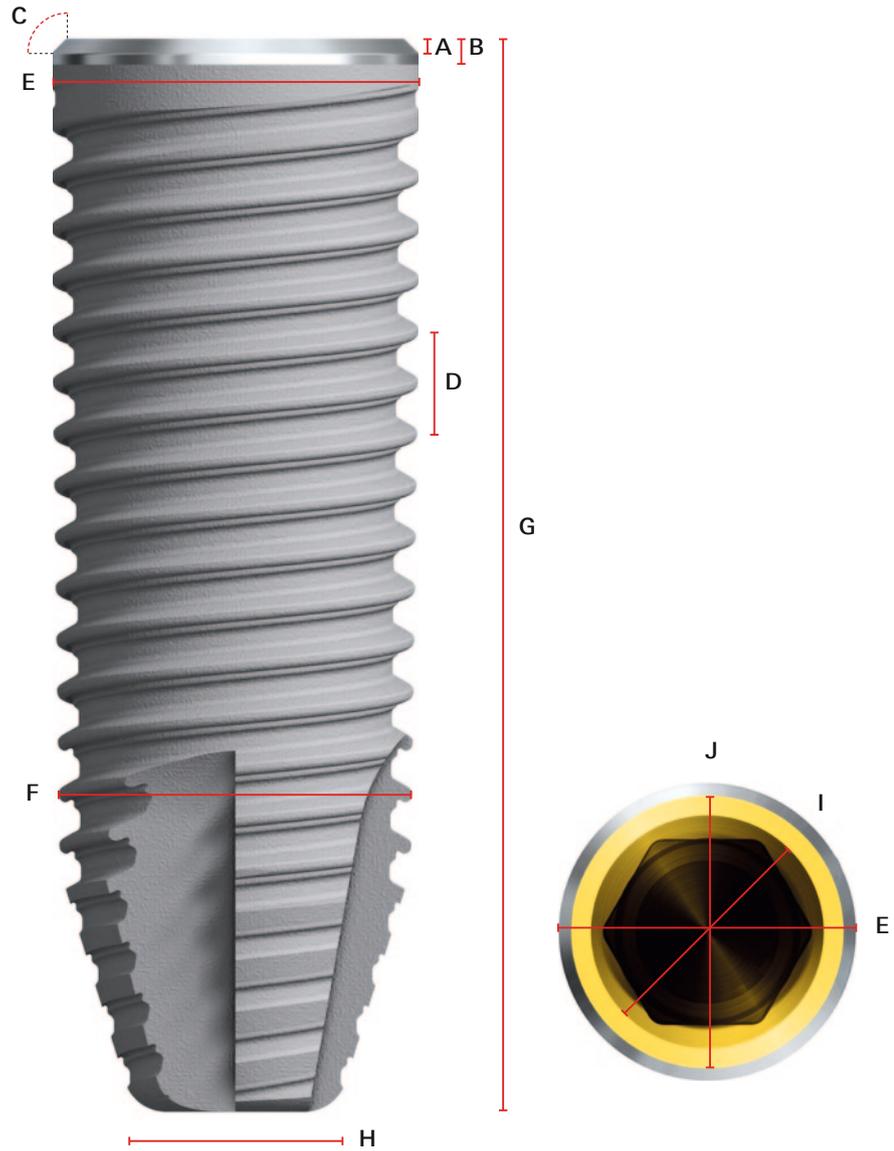
Caution: Narrow Platform implants are not recommended for use in the posterior region.

	$\varnothing 3.9$	$\varnothing 4.3$	$\varnothing 3.4$	7	8.5	10	11.5	13	15	18
		$\varnothing 5.0$	$\varnothing 3.4$	7	8.5	10	11.5	13	15	18

	$\varnothing 5.1$	$\varnothing 5.5$	$\varnothing 4.4$	7	8.5	10	11.5	13	15	–
---	-------------------	-------------------	-------------------	---	-----	----	------	----	----	---

All measurements are in mm.

Implant specifications



		A	B	C	D	E	F	G	H	I	J
Platform		Bevel height	Rim height	Bevel angle	Thread pitch (double thread)	Major diameter 1	Major diameter 2	Overall length	Tip diameter	Abutment interface	Bridge interface
NP 3.75	3.75×7mm	0.1	0.5	45°	1.2	3.75	3.5	6.5	2.0	3.0	3.5
	3.75×8.5mm	0.1	0.5	45°	1.2	3.75	3.5	8.0	2.0	3.0	3.5
	3.75×10mm	0.1	0.5	45°	1.2	3.75	3.5	9.5	2.0	3.0	3.5
	3.75×11.5mm	0.1	0.5	45°	1.2	3.75	3.5	11.0	2.0	3.0	3.5
	3.75×13mm	0.1	0.5	45°	1.2	3.75	3.5	12.5	2.0	3.0	3.5
	3.75×15mm	0.1	0.5	45°	1.2	3.75	3.5	14.5	2.0	3.0	3.5
	3.75×18mm	0.1	0.5	45°	1.2	3.75	3.5	17.5	2.0	3.0	3.5
RP 4.3	4.3×7mm	0.2	0.5	45°	1.2	4.3	4.1	6.5	2.4	3.4	3.9
	4.3×8.5mm	0.2	0.5	45°	1.2	4.3	4.1	8.0	2.4	3.4	3.9
	4.3×10mm	0.2	0.5	45°	1.2	4.3	4.1	9.5	2.4	3.4	3.9
	4.3×11.5mm	0.2	0.5	45°	1.2	4.3	4.1	11.0	2.4	3.4	3.9
	4.3×13mm	0.2	0.5	45°	1.2	4.3	4.1	12.5	2.4	3.4	3.9
	4.3×15mm	0.2	0.5	45°	1.2	4.3	4.1	14.5	2.4	3.4	3.9
	4.3×18mm	0.2	0.5	45°	1.2	4.3	4.1	17.5	2.4	3.4	3.9
RP 5.0	5.0×7mm	0.2	0.6	25°	1.6	5.0	4.7	6.5	2.7	3.4	3.9
	5.0×8.5mm	0.2	0.6	25°	1.6	5.0	4.7	8.0	2.7	3.4	3.9
	5.0×10mm	0.2	0.6	25°	1.6	5.0	4.7	9.5	2.7	3.4	3.9
	5.0×11.5mm	0.2	0.6	25°	1.6	5.0	4.7	11.0	2.7	3.4	3.9
	5.0×13mm	0.2	0.6	25°	1.6	5.0	4.7	12.5	2.7	3.4	3.9
	5.0×15mm	0.2	0.6	25°	1.6	5.0	4.7	14.5	2.7	3.4	3.9
	5.0×18mm	0.2	0.6	25°	1.6	5.0	4.7	17.5	2.7	3.4	3.9
WP 5.5	5.5×7mm	0.2	0.6	45°	1.6	5.5	5.3	6.5	3.0	4.4	5.1
	5.5×8.5mm	0.2	0.6	45°	1.6	5.5	5.3	8.0	3.0	4.4	5.1
	5.5×10mm	0.2	0.6	45°	1.6	5.5	5.3	9.5	3.0	4.4	5.1
	5.5×11.5mm	0.2	0.6	45°	1.6	5.5	5.3	11.0	3.0	4.4	5.1
	5.5×13mm	0.2	0.6	45°	1.6	5.5	5.3	12.5	3.0	4.4	5.1
	5.5×15mm	0.2	0.6	45°	1.6	5.5	5.3	14.5	3.0	4.4	5.1

All measurements in mm. Sectional measurements do not necessarily add up to total length.

Important considerations for implant placement

NobelParallel Conical Connection is an endosseous threaded dental implant made from biocompatible commercially pure grade 4 titanium with TiUnite surface.

Indications

NobelParallel Conical Connection implant restorations range from single tooth to fixed-removable full dental arch overdenture applications to restore chewing function. This can be achieved by a one-stage or two-stage surgical technique in combination with immediate, early or delayed loading protocols, recognizing sufficient primary stability and appropriate occlusal loading for the selected technique. Implants allow also for bi-cortical anchorage in cases of reduced bone density to obtain high primary stability.

Contraindications

It is contraindicated placing NobelParallel CC implants in patients:

- who are medically unfit for an oral surgical procedure.
- with inadequate bone volume unless an augmentation procedure can be considered.

- in whom adequate sizes, numbers or desirable positions of implants are not reachable to achieve safe support of functional or eventually parafunctional loads.
- allergic or hypersensitive to commercially pure titanium grade 4 or titanium alloy Ti-6Al-4V (titanium, aluminum, vanadium).

Warnings

Failure to recognize actual lengths of drills relative to radiographic measurements can result in permanent injury to nerves or other vital structures. Drilling beyond the depth intended from lower jaw surgery may potentially result in permanent numbness to the lower lip and chin or lead to a hemorrhage in the floor of the mouth.

Besides the mandatory precautions for any surgery such as asepsis, during drilling in the jaw bone, one must avoid damage the nerves and vessels by referring to anatomical knowledge and preoperative radiographs.

Narrow platform: Limited inter-dental space. Not enough alveolar bone for an RP implant.

Regular platform: From single anterior tooth loss to full arch restorations.

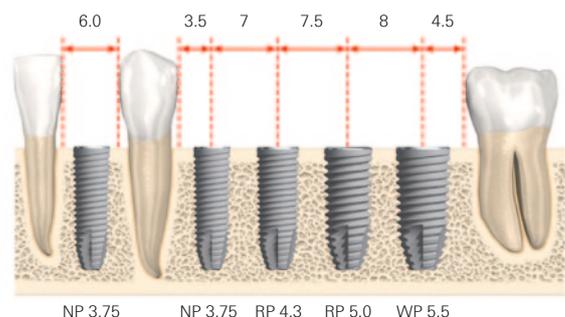
Wide platform: In molar areas a wider platform might be appropriate to maintain proper emergence profile to support the soft tissue.

Caution

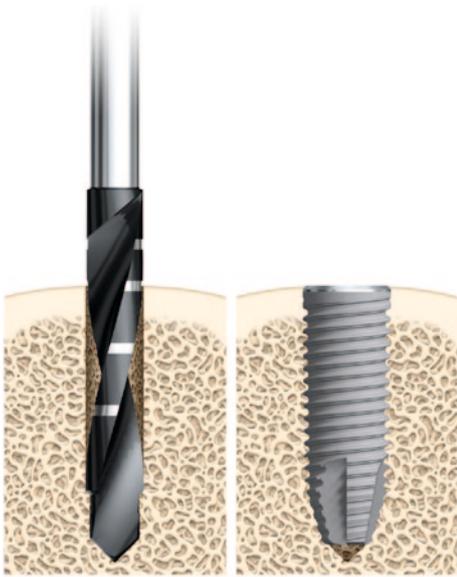
Particular caution should be used when placing narrow platform implants in the posterior region due to risk of prosthetic overload.

Minimal distances

Approximate minimal distances between implants (in mm) for restorative simplicity taking the average size of the final restoration (incisors, canines, premolars and molars) into account.



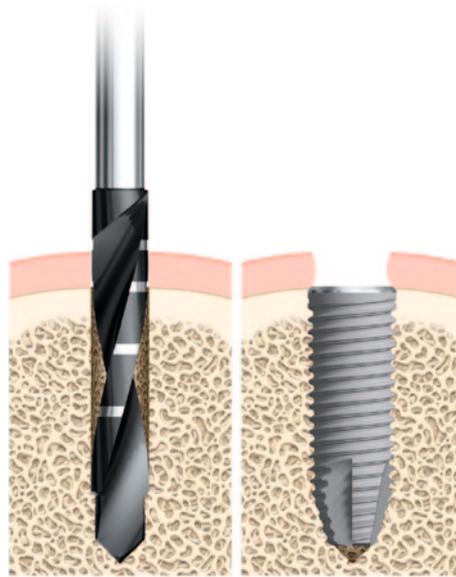
Surgical access



Standard flap procedure

Used when it is necessary:

- to observe the underlying alveolar bone and adjacent anatomical structures.
- to place bone and/or connective tissue grafts.



Flapless procedure

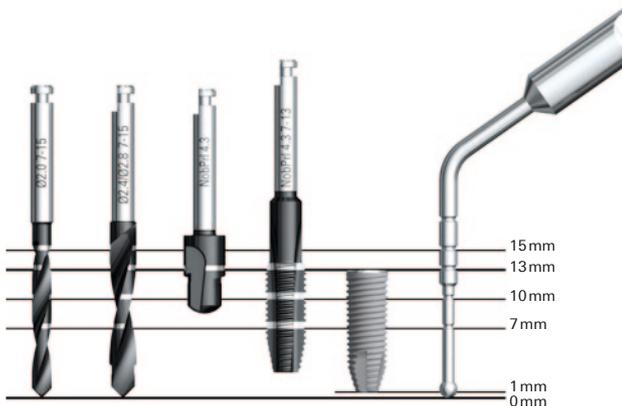
May be used when:

- there is sufficient quantity and quality of alveolar bone and soft tissue.
- it is not necessary to raise a flap to safely direct the drilling procedure in relation to the anatomy.

Caution:

- When using a flapless approach add soft tissue height to drill depth.
- Confirm available bone and significant anatomical landmarks, such as blood vessels, nerves, and concavities. Use conventional diagnostic tools, such as radiographic imaging, probing and palpation and 3D imaging if indicated.

Drill sequence



Caution: Twist Drills and Twist Step Drills extend up to 1 mm longer than the implant when seated. Allow for this additional length when drilling near vital anatomical structures.

Drills are made of stainless steel with a diamond like carbon (DLC) coating, which gives them their black color. They are used with external irrigation and are available in three lengths: 7–10, 7–15 and 10–18mm.

- In dense bone situations, drill with continuous back and forth motion.
- Move the drill up without stopping the handpiece motor. This allows the irrigation to flush away debris.
- Proceed until the desired depth reference line is reached.
- Screw taps are available for dense bone situations to avoid excessive torque during implant insertion (max. 45Ncm).

Notes:

- In situations where adjacent natural teeth interfere with the contra-angle head and prevent the drill from reaching the desired depth, a drill extension shaft may be used.
- Stop drilling if there is no irrigation.
- When using a drill extension shaft, it is important to supplement cooling at the tip of the drill with manual irrigation.
- Drills and Screw Taps are delivered sterile and are for single use only. Do not resterilize.

Depth measurement system

All drills and components are marked to prepare the site to the correct depth and obtain a secure and predictable position. The marks on the Twist Drills and Twist Step Drills indicate actual millimeter lengths and correspond to the top of the implant collar.

Final vertical positioning depends on several clinical parameters such as:

- Esthetics
- Tissue thickness
- Available vertical height
- Flapless procedure: Measure soft tissue thickness with a probe. Add tissue thickness to drilling depth for correct site preparation.

Drill protocols according to bone quality

During drilling procedures bone quality should be considered. Recommended drill sequences are based on bone quality to ensure optimal primary stability when applying Immediate Function. Drills are used to the full drilling depth. Drill data are stated in mm.

Optional Drills

The drill protocol has been developed to achieve an implant insertion torque between 35 and 45 Ncm for all bone densities. This is to ensure sufficient primary stability to enable Immediate Function where appropriate.

If bone density is inconsistent (varying between medium and soft or medium and dense bone), optional drills can be added to the drill protocol to ensure the torque level does not exceed 45 Ncm. These optional Twist Step Drills and Screw Taps are denoted below in parentheses.

Caution: Never exceed an insertion torque of 45 Ncm for the implants. Overtightening may damage or fracture the implant and could cause necrosis of the bone site.

Platform	Implant Ø	Soft bone Type IV	Medium bone Type II–III	Dense bone Type I
NP	3.75	2.0 [2.4/2.8]	2.0 2.4/2.8 Cortical Drill 3.75 [Screw Tap 3.75]	2.0 2.4/2.8 2.8/3.2 Cortical Drill 3.75 Screw Tap 3.75
RP	4.3	2.0 2.4/2.8 [3.2/3.6]	2.0 2.4/2.8 3.2/3.6 Cortical Drill 4.3 [Screw Tap 4.3]	2.0 2.4/2.8 3.2/3.6 Cortical Drill 4.3 Screw Tap 4.3
RP	5.0	2.0 2.4/2.8 3.2/3.6 [3.8/4.2]	2.0 2.4/2.8 3.2/3.6 3.8/4.2 Cortical Drill 5.0 [Screw Tap 5.0]	2.0 2.4/2.8 3.2/3.6 3.8/4.2 Cortical Drill 5.0 Screw Tap 5.0
WP	5.5	2.0 2.4/2.8 3.2/3.6 4.2/4.6 [4.2/5.0]	2.0 2.4/2.8 3.2/3.6 4.2/5.0 Cortical Drill 5.5 [Screw Tap 5.5]	2.0 2.4/2.8 3.2/3.6 4.2/5.0 Cortical Drill 5.5 Screw Tap 5.5

Note: All data are in mm and the drills within square brackets denoted as optional.

Drilling must proceed at high speed (max. 2'000 rpm for Twist Drills and Twist Step Drills) under constant and profuse irrigation by sterile saline at room temperature.

Drill protocols / product reference lines

Demonstration of the drill protocol for a Ø4.3 × 13 mm implant in soft, medium and dense bone.

Soft bone



Medium bone



Dense bone

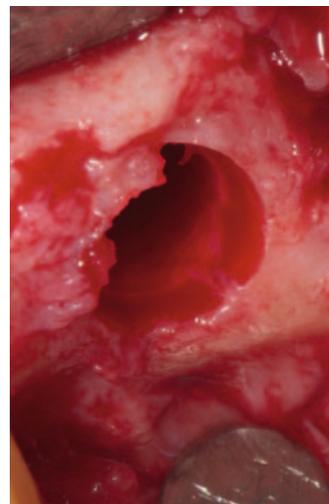


Dense bone situations

Use of a Cortical Drill

In situations with dense bone or a thick cortex, it is mandatory to use the cortical drill to avoid compression.

Note: It is not recommended to use a cortical drill for sinus lift procedures. This is in order to maximize the potential for primary stability.

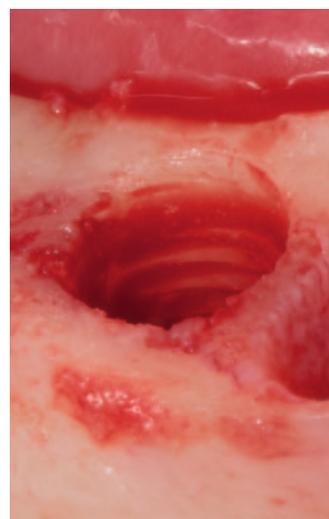


Courtesy of Dr. Claude Authelain, Strasbourg

Use of a Screw Tap

In situations with dense bone or a thick cortex, it is mandatory to use the screw tap in order to fully seat the implant.

Note: When the depth marking of the screw tap is aligned with the implant length the apical portion is not pre-tapped to allow direct engagement in the apical portion.



Courtesy of Dr. Claude Authelain, Strasbourg

Flapless procedure

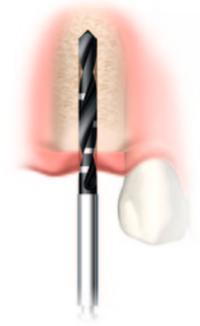
Choose between the following two options and continue with the drill sequence on page 17, starting with step 3.

Option A

– Drill to the appropriate depth using the Twist Drill with Tip \varnothing 2 mm. A drill stop can be used.

Maximum speed  2000 rpm

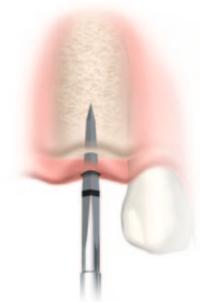
Note: Measure the soft tissue thickness with a probe. Add this tissue thickness to the drilling depth for correct site preparation. Be aware of anatomical landmarks.



Option B

– To facilitate initial soft tissue penetration and creation of a crestal starting point (also after flap preparation), the Precision Drill can be used before Twist Drill with Tip \varnothing 2 mm.
– Drill with the precision drill through soft tissue and into the alveolar crest.

Maximum speed  2000 rpm



Flap procedure

The following illustrations show the drill sequence for NobelParallel Conical Connection RP 4.3 in medium and dense bone. For other implant diameters and bone densities, see page 13.

1 Raise a flap

When using a flap procedure, make an incision and raise a flap.



2 Drill with Precision Drill

To facilitate creation of a crestal starting point, the Precision Drill can be used before Twist Drill with Tip \varnothing 2.0mm.

Maximum speed  2000 rpm



3 Drill with Twist Drill with Tip \varnothing 2 mm

Drill to the appropriate depth using the Twist Drill with Tip \varnothing 2 mm. A drill stop can be used.

Maximum speed  2000 rpm

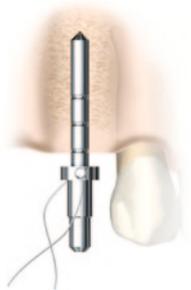


4 Check osteotomy direction

Check correct direction using Direction Indicator \varnothing 2.0/2.4–2.8 mm.

Notes:

- If applicable, take a radiograph to verify correct direction.
- When placing multiple implants, proceed to the next implant site before continuing to next drill sequence.



5 Drill with Twist Step Drills

- Continue site preparation using Twist Step Drill \varnothing 2.4/2.8 mm.
- Check orientation using Direction Indicator \varnothing 2.0/2.4–2.8 mm.
- Continue site preparation using Twist Step Drill \varnothing 3.2/3.6 mm.

Maximum speed  2000 rpm



6 Drill with Cortical Drill

Finalize site preparation using Cortical Drill RP 4.3mm.

Notes:

- It is mandatory to use a Cortical Drill in medium/dense bone and with thick cortical layers in order to fully seat the implant and release pressure around the implant neck.
- It is not recommended to use a Cortical Drill for sinus lift procedures in order to maximize the potential for primary stability.

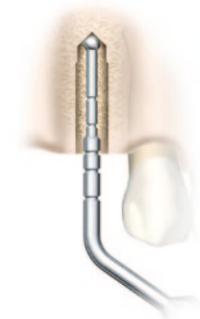
Maximum speed  2000rpm

For more information about the use of a Cortical Drill, please refer to page 15.



7 Determine implant length

Use the Depth Probe to verify the desired depth has been achieved (including soft tissue thickness, if applicable).



8 Use of Screw Tap in dense bone

- It is mandatory to use a Screw Tap in dense bone and with thick cortical layers in order to fully seat the implant.
- Place Screw Tap RP 4.3mm into prepared implant site using low speed to appropriate reference line of implant.
- When the threads engage, allow Screw Tap to feed without pressure to defined depth.
- Switch the handpiece to reverse mode and back the Screw Tap out.
- Continue with implant installation until desired position achieved using max. 45Ncm installation torque.

Low speed 25rpm 

For more information about the use of a Screw Tap, please refer to page 15.



Implant insertion

1 Unpack implant

Each implant is packaged in a double sterile vial system. The outer package has a printed label with product data including diameter and length. Its cap is color-coded to identify the implant diameter. The inner casing is also marked with implant diameter and length.

- Pull the red tab to disengage the plastic shrink-rap film and unscrew the color-coded lid.
- Take out the sterile inner casing and lift off the plastic cap to gain access to implant.
- Record the implant size and LOT number on the patient's chart with the two peel-off labels from the outer vial.

Note: The Cover Screw is co-packed with the implant.



2 Choose insertion instrument

Depending on the clinical situation and accessibility, there are two different options to insert the implant:

- A With a drilling unit and contra-angle
- B With Manual Torque Wrench Surgical

Note: It is possible to start the implant insertion manually, using the Manual Torque Wrench.

Caution: Over tightening of implant may lead to damage of the implant, fracture or necrosis of the bone site. If a Surgical Driver is used to insert the implant, special care needs to be taken to avoid over tightening.



A Drilling unit with contra-angle

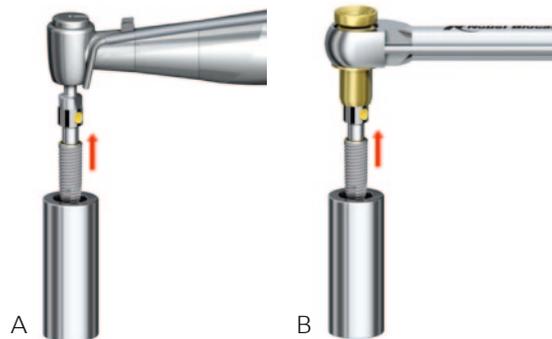


B Manual Torque Wrench Surgical

3 Pick up implant

- Connect the appropriate Implant Driver to the insertion instrument.
- Pick up the implant from the inner casing by applying light pressure on the implant driver and carefully turning the casing counter-clockwise until Implant Driver is fully seated.

Tip: The Implant Drivers have markings to facilitate the insertion of the driver into the implant.



Caution: Make sure that the Implant Driver is fully seated.



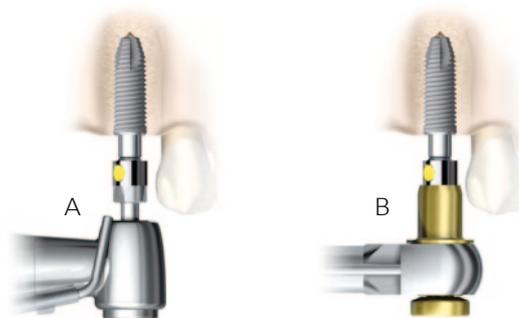
4 Insert implant

- Begin inserting the implant into the osteotomy.
- When using a drilling unit, start inserting the implant using low speed.

Low speed 25 rpm  Max. torque 45 Ncm

Notes:

- **Caution:** Never exceed insertion torque of 45 Ncm for the implants. Overtightening an implant may lead to damage of the implant, fracture or necrosis of the bone site. If a Surgical Driver is used to insert the implant, special care needs to be taken to avoid overtightening.
- **Caution:** If the implant gets stuck during implant installation or 45 Ncm of insertion torque is achieved before it is fully seated, rotate the implant counterclockwise using drilling device (reverse mode) or Manual Torque Wrench and remove the implant from site. Replace the implant back into the inner casing before proceeding further.
- Use Screw Tap to widen the osteotomy as outlined in step 8 (page 18) of the drill section.
- Pick up and insert the implant again as outlined in steps 3 and 4 above.



5 Tighten manually

- Connect the Manual Torque Wrench Surgical to the Manual Torque Wrench Adapter and place the implant to final depth.
- For Immediate Function, the implant should withstand a final insertion torque of at least 35 Ncm. Do not exceed 45 Ncm.
- Remove Implant Driver.
- If the Implant Driver is difficult to remove, slightly rotate it counter-clockwise before disengaging.

In case of strong resistance

Excessive torque while inserting the implant must be avoided. It can cause deformation of the implant or connection and may result in excessive compression of the bone.

If strong resistance (max 45 Ncm) is encountered at any point during insertion, remove the implant and place it back into the inner casing. Widen the implant site according to the drill protocol or use Screw Tap matching the diameter of the implant.



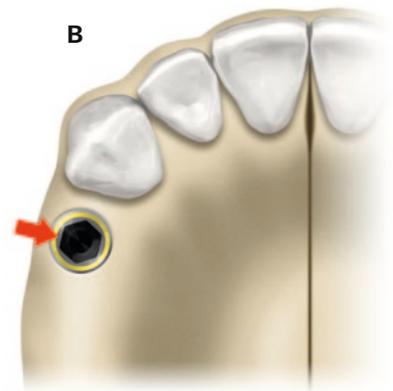
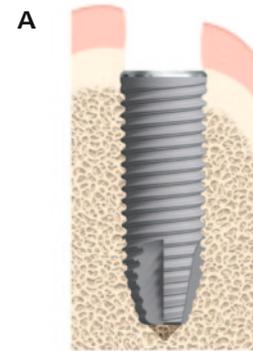
Markings for 15, 35 and 45 Ncm.

6 Final implant placement

- For maximum esthetic results, place the implant on the level of the buccal bone or 0.5 – 1 mm below (A).
- When placing the implant, align one of the black hex indicators on the implant driver parallel to the buccal wall. This ensures that one of the flat sides of the hexagon is parallel to the buccal side (B), ensuring preferred prosthetic abutment orientation.

Notes:

- The implant driver has a 3 mm height indicator to facilitate vertical implant positioning and six black lines correlating to the flat sides of the implant hexagon (C).



Hex and height indicators on implant driver

Important considerations

Prosthetic interface

- Restorative flexibility with dual-function prosthetic connection: internal conical connection for abutments and external platform for implant-level bridge restorations.
- Built-in platform shifting improves the soft-tissue interface for natural-looking esthetics.



Conical seal for abutments



Shoulder seating for NobelProcera Implant Bridge

Impression coping seating

Proper seating of the impression coping is essential for a correct impression.

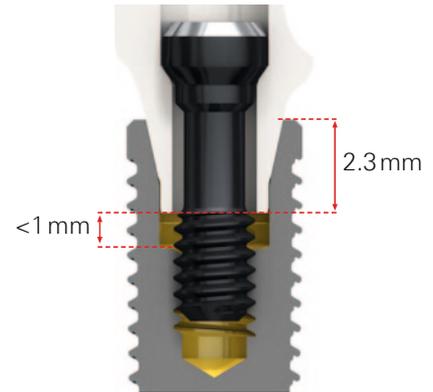
To verify that the impression copings are properly seated, check that the groove on the impression coping sits right at the level of the implant shoulder. Use a perpendicular radiograph if necessary.



Abutment seating

Correct positioning of the abutment is essential for the prosthetic outcome and long-lasting function. Verify correct vertical abutment seating by using radiographic imaging.

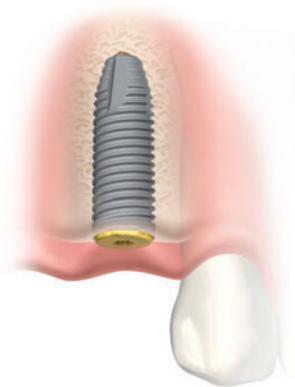
- Position the abutment into the implant head and make sure the hexagonal extension engages properly by gently turning and pushing.
- Make sure the abutment feels secure in place horizontally and vertically.
- Tighten the screw, but not to full torque.
- Take a radiograph to verify proper and full abutment seating:
 - No apparent bone interference
 - Alignment of long axes of implant and abutment
 - No gap in conical interface
- Space at the bottom of the connection should appear parallel and measure less than 1 mm.
- Tighten the abutment screw to final torque. Tightening torque for NP, RP and WP abutments is 35 Ncm.



Final abutment position with space less than 1 mm

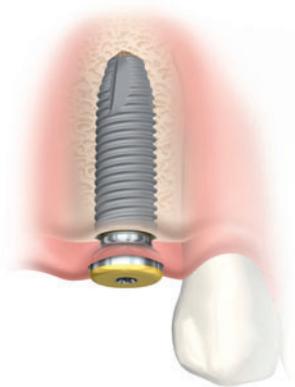
Finalization of implant surgery and temporary restorations

There are three options for finalizing the implant surgery.



Two-stage delayed function

Use Screwdriver Unigrip to connect the cover screw to the implant. Suture the tissue flap using the desired technique.



One-stage delayed function

Use Screwdriver Unigrip to connect the healing abutment to the implant. If applicable, suture back the soft tissue.



One-stage Immediate Function

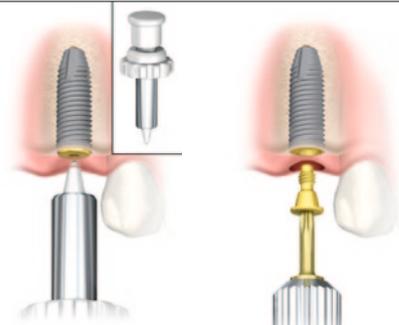
Provisionalize the implant for immediate esthetics and function, using Nobel Biocare temporary or final abutments.

Note: If the final restoration is an implant-level NobelProcera Implant Bridge or a non-engaging GoldAdapt Abutment, use a Healing Abutment Bridge to prevent tissue overgrowth on the horizontal implant platform.

Two-stage delayed function

1 Uncover the implant

- Make an incision to expose the Cover Screw or use the Soft Tissue Punch if there is sufficient amount of attached mucosa.
- Remove the Cover Screw using a Screwdriver Manual Unigrip.



2 Remove bone overgrowth

- In cases of bone growing over the Cover Screw, remove the bone with a rotating instrument and/or a curette. Be careful not to damage the seating for the Screwdriver Manual Unigrip.
- After removing the Cover Screw, remove any bone around the implant platform that will hinder an abutment being fully seated on the implant platform. This is often the case when the implant has been placed below the bone crest. For bone removal, use the Bone Mill Guide and Bone Mill for the corresponding platform.
- The Bone Mill can be handled either manually (with the handle for machine instruments) or with the drilling machine.

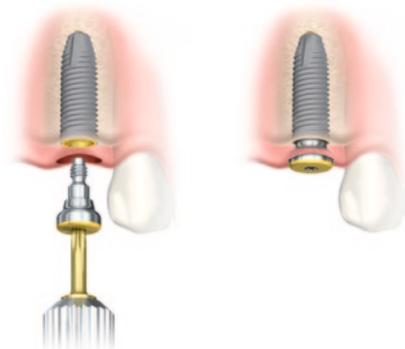


One-stage delayed function

1 Connect healing abutment

- Connect a suitable healing abutment to the implant using the Screwdriver Manual Unigrip.
- If a flap is prepared, suture back the soft tissue.

Alternative: If possible, connect the final abutment using corresponding Screwdriver.



One-stage Immediate Function procedures

Temporary single-unit restoration, cement-retained (chair-side procedure)

The following illustrations show the use of the Immediate Temporary Abutment. Please see also Instructions For Use for Immediate Temporary Abutment.

Provisionalization must be done in Immediate Function cases and is also a common option to altering the soft tissue after a healing abutment has been used (soft tissue management).



1 Connect abutment to implant

- Attach the abutment onto the implant and tighten with the Screwdriver Machine Multi-unit and the Manual Torque Wrench Prosthetic.
- If the implant rotates while tightening the abutment, re-evaluate primary stability of the implant and consider a submerged healing.



Caution:

- Tighten abutment screw to max. 35 Ncm.
- Never exceed recommended max. 35 Ncm tightening torque for the abutment screw. Overtightening may lead to a screw fracture.

2 Adjust the abutment

- Connect appropriate abutments and check inter-occlusal space.
- Adjust the height of the abutment post if applicable using copious irrigation.
- Try in plastic coping and check occlusal clearance.
- If abutment post height has been adjusted, perform corresponding adjustment also on the plastic coping.

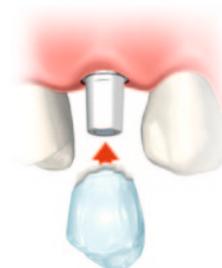


3 Fabricate and cement temporary crown

- Fabricate a chair side temporary crown with usual methods.
- Cement temporary crown. Remove any excess cement.
- Check occlusion.

Warning: Do not use Plastic Temporary Coping with polyurethane cements. The cement will not cure.

Caution: In a fresh/open wound, avoid getting any cement below the soft tissue or remove it carefully. Consider using a rubber dam or other options to prevent excess cement.



Temporary multiple-unit restoration, cement-retained (chair-side procedure)

The following illustrations show the use of the QuickTemp Abutment Conical. Please see also Instructions For Use for QuickTemp Abutment.

Provisionalization must be done in Immediate Function cases and is also a common option to altering the soft tissue after a healing abutment has been used (soft tissue management).



1 Connect abutments to implants

Attach the abutments onto the implants and tighten with the Screwdriver Unigrip and Manual Torque Wrench Prosthetic.

Caution:

- Tighten abutment screw to max. 35 Ncm.
- Never exceed recommended max. 35 Ncm tightening torque for the abutment screw. Overtightening may lead to a screw fracture.



2 Try-in plastic copings

Try-in the plastic copings; they should securely “snap” onto the abutments.



3 Fabricate a temporary bridge

- Fabricate a temporary bridge using traditional methods with either acrylic or composite.
- If the laboratory has made a pre-fabricated provisional bridge, adjust it and reline it to the abutments.
- Trim and polish the restoration. It is important to have a smooth surface adjacent to the surrounding soft tissue.



4 Cement bridge on to abutments

Cement temporary bridge using temporary cement. Remove any excess cement.

Warning: Do not use polyurethane cement with plastic/ temporary copings. The cement will not cure.

Caution: In a fresh/open wound, avoid getting any cement below the soft tissue or remove it carefully. Consider using rubber dam or other options to prevent excess cement.



Temporary multiple-unit restoration, screw-retained (chair-side procedure)

The following illustrations show the use of the Temporary Abutment Non-Engaging (for multiple splinted restorations). For individual implants, use Engaging abutments. Please see also Instructions For Use for Temporary Abutment.

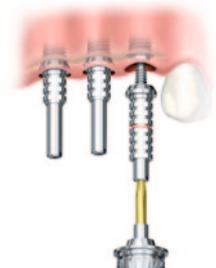
Provisionalization must be done in Immediate Function cases and is also a common option to altering the soft tissue after a healing abutment has been used (soft tissue management).



1 Connect abutments to implants

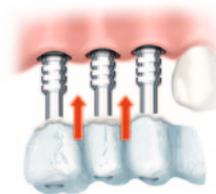
- Attach the abutments onto the implants, check inter-occlusal space and adjust for height and clearance if necessary.
- Modifications of abutments can be performed with a carborundum disk or carbide bur using copious irrigation. Extra-oral modification of abutment is recommended.
- Fasten the abutments with Guide Pins that extend beyond the occlusal plane with the Screwdriver Manual Unigrip.

Note: Abutment screw is included with the abutment. The Guide Pin shown on image (available in two lengths: 20 mm [standard length] and 30 mm) has to be ordered separately.



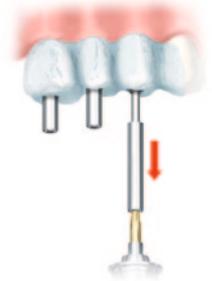
2 Make acrylic template

- Fabricate the template from acrylic or composite for chair-side temporization.
- Make access holes to allow guide pins to protrude.
- If the laboratory has made a prefabricated provisional bridge, make access holes to allow the guide pins to protrude (if not already done) and adjust it to the abutments.
- Fill template with acrylic or composite and seat it over the temporary abutments.



3 Adjust temporary restoration

- After seating, loosen the guide pins to remove the restoration.
- Trim and polish the restoration. It is important to have a smooth surface adjacent to the surrounding soft tissue.



4 Connect temporary restoration

- Connect the provisional restoration with the abutment screws.
- Tighten Abutment Screw using Manual Torque Wrench Prosthetic and Screwdriver Machine Unigrip.
- Fill the screw access holes with suitable material.



Caution:

- Tighten abutment screw to max. 35 Ncm.
 - Never exceed recommended max. 35 Ncm tightening torque for the abutment screw. Overtightening may lead to a screw fracture.
-

Temporary single-unit restoration, cement-retained (chair-side procedure)

The following illustrations show the use of the Anatomical PEEK Temporary Abutment (available for Wide Platform only). Please see also Instructions For Use for Anatomical PEEK Healing/ Temporary Abutment.

Indications:

The Anatomical PEEK Temporary Abutments are pre-manufactured, adjustable prosthetic components directly connected to

the implant and are intended for temporary use up to 180 days as an aid in prosthetic rehabilitation.

Provisionalization must be done in Immediate Function cases and is also a common option to altering the soft tissue after a healing abutment has been used (soft tissue management).

1 Connect abutment to implant and modify if necessary

- Select appropriate Temporary Abutment and check inter-occlusal space. Height and gingival margin may be adjusted by the use of rotary instrument (e.g. carbide or acrylic bur).
- Cut a small axial "flat" or "groove" into the Temporary Abutment to assure correct position of temporary crown during cementation.
- Attach the abutment onto the implant and tighten with the Unigrip Screwdriver.



Caution: Tighten abutment screw to max. 15 Ncm.

2 Block the screw access hole

- Place a resilient material of choice (gutta-percha, silicone or temporary filling material) into the screw access hole and fill the remaining channel with composite or another material of choice. This allows for easy access to the abutment screw in the future.
- Apply a separating solution onto the plastic abutment in preparation for fabricating the temporary crown.



3 Fabricate temporary crown

- Try-in the shell crown and modify following conventional procedures.
- Fill the shell crown with acrylic in preparation for doing a reline.
- Remove the excess acrylic and polish modified areas.



4 Cement the temporary crown

Make final adjustments, polish and secure with temporary cement.

Caution: In a fresh/open wound, avoid getting any cement below the soft tissue or remove it carefully. Consider using rubber dam or other options to prevent excess cement.



Flowcharts

Implant



NobelParallel™ Conical Connection NP

Length mm	7	8.5	10	11.5	13	15	18
Ø 3.75 mm	37963	37964	37965	37966	37967	37968	37969

Cover screw included



Drill

Precision Drill 36118



Twist Drill

Ø 2, 7–10 mm 32296

Ø 2, 7–15 mm 32297

Ø 2, 10–18 mm 32299



Twist Step Drill

Ø 2.4/2.8, 7–10 mm 32260

Ø 2.4/2.8, 7–15 mm 32261

Ø 2.4/2.8, 10–18 mm 32262

Ø 2.8/3.2, 7–10 mm 37873

Ø 2.8/3.2, 7–15 mm 34638

Ø 2.8/3.2, 10–18 mm 34639



Drill Stop

Ø 2 mm 33063

Ø 2.8 mm 33064

Ø 3.2 mm 33077



NobelParallel™ Conical Connection RP

Length mm	7	8.5	10	11.5	13	15	18
Ø 4.3 mm	37970	37971	37972	37973	37974	37975	37976

Cover screw included



Precision Drill 36118



Twist Drill

Ø 2, 7–10 mm 32296

Ø 2, 7–15 mm 32297

Ø 2, 10–18 mm 32299



Twist Step Drill

Ø 2.4/2.8, 7–10 mm 32260

Ø 2.4/2.8, 7–15 mm 32261

Ø 2.4/2.8, 10–18 mm 32262

Ø 3.2/3.6, 7–10 mm 32263

Ø 3.2/3.6, 7–15 mm 32264

Ø 3.2/3.6, 10–18 mm 32265



Ø 2 mm 33063

Ø 2.8 mm 33064

Ø 3.6 mm 33084



Cortical Drill

Ø 3.75 mm 38000



Screw Tap

NP 7–13 mm 37990

NP 7–18 mm 37991



Implant Driver

NP 28 mm 36718

NP 37 mm 36719



Healing Abutment Cover Screw

Healing Abutment

Height mm 3 5 7

Ø 3.6 mm 36639 36640 36867

Ø 5.0 mm 36641 36642 36868



Healing Abutment Bridge*

Height mm 3 5 7

Ø 4.0 mm 36864 36865 36866



Cover Screw

NP 36649



Ø 4.3 mm 38001



RP 4.3 7–13 mm 37992

RP 4.3 7–18 mm 37993



RP 28 mm 36720

RP 37 mm 36721



Healing Abutment

Height mm 3 5 7

Ø 3.6 mm 36643 36644 36872

Ø 5.0 mm 36645 36646 36873

Ø 6.0 mm 36647 36648 36874



Healing Abutment Bridge*

Height mm 3 5 7

Ø 5.0 mm 36869 36870 36871



Cover Screw

RP 36650



* Used for multiple-unit restorations with NobelProcera Implant Bridge and GoldAdapt Non-Engaging.

Implant**NobelParallel™ Conical Connection RP**

Length mm	7	8.5	10	11.5	13	15	18
Ø 5.0 mm	37977	37978	37979	37980	37981	37982	37983

Cover screw included

**Drill**

Precision Drill 36118

**Twist Drill**

Ø 2, 7–10 mm 32296

Ø 2, 7–15 mm 32297

Ø 2, 10–18 mm 32299

**Twist Step Drill**

Ø 2.4/2.8, 7–10 mm 32260

Ø 2.4/2.8, 7–15 mm 32261

Ø 2.4/2.8, 10–18 mm 32262

Ø 3.2/3.6, 7–10 mm 32263

Ø 3.2/3.6, 7–15 mm 32264

Ø 3.2/3.6, 10–18 mm 32265

Ø 3.8/4.2, 7–10 mm 32275

Ø 3.8/4.2, 7–15 mm 32276

Ø 3.8/4.2, 10–18 mm 32277

**Drill Stop**

Ø 2.0 mm 33063

Ø 2.8 mm 33064

Ø 3.6 mm 33084

Ø 4.2 mm 33081

**NobelParallel™ Conical Connection WP**

Length mm	7	8.5	10	11.5	13	15
Ø 5.5 mm	37984	37985	37986	37987	37988	37989

Cover screw included



Precision Drill 36118

**Twist Drill**

Ø 2, 7–10 mm 32296

Ø 2, 7–15 mm 32297

Ø 2, 10–18 mm 32299

**Twist Step Drill**

Ø 2.4/2.8, 7–10 mm 32260

Ø 2.4/2.8, 7–15 mm 32261

Ø 2.4/2.8, 10–18 mm 32262

Ø 3.2/3.6, 7–10 mm 32263

Ø 3.2/3.6, 7–15 mm 32264

Ø 3.2/3.6, 10–18 mm 32265

Ø 4.2/4.6, 7–10 mm 37874

Ø 4.2/4.6, 7–15 mm 34582

Ø 4.2/4.6, 10–18 mm 34583

Ø 4.2/5.0, 7–10 mm 37875

Ø 4.2/5.0, 7–15 mm 37876



Ø 2.0 mm 33063

Ø 2.8 mm 33064

Ø 3.6 mm 33084

Ø 4.2 mm 33081



Cortical Drill

Ø 5.0 mm	38002
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Screw Tap

RP 5.0 7-13 mm	37994
RP 5.0 7-18 mm	37995



Implant Driver

RP 28 mm	36720
RP 37 mm	36721



Healing Abutment Cover Screw

Healing Abutment

Height mm	3	5	7
Ø 3.6 mm	36643	36644	36872
Ø 5.0 mm	36645	36646	36873
Ø 6.0 mm	36647	36648	36874



Healing Abutment Bridge*

Height mm	3	5	7
Ø 5.0 mm	36869	36870	36871



Cover Screw

RP	36650
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Ø 5.5 mm	38003
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WP 7-10 mm	37996
WP 7-15 mm	37997



WP 28 mm	37859
WP 37 mm	37860



Healing Abutment

Height mm	3	5
Ø 5.0 mm	37813	37814
Ø 6.5 mm	37815	37816



Healing Abutment Anatomical PEEK

WP 6x7 mm	37819
WP 7x8 mm	37820



Healing Abutment Bridge*

Height mm	3	5
Ø 6.0 mm	37817	37818



Cover Screw

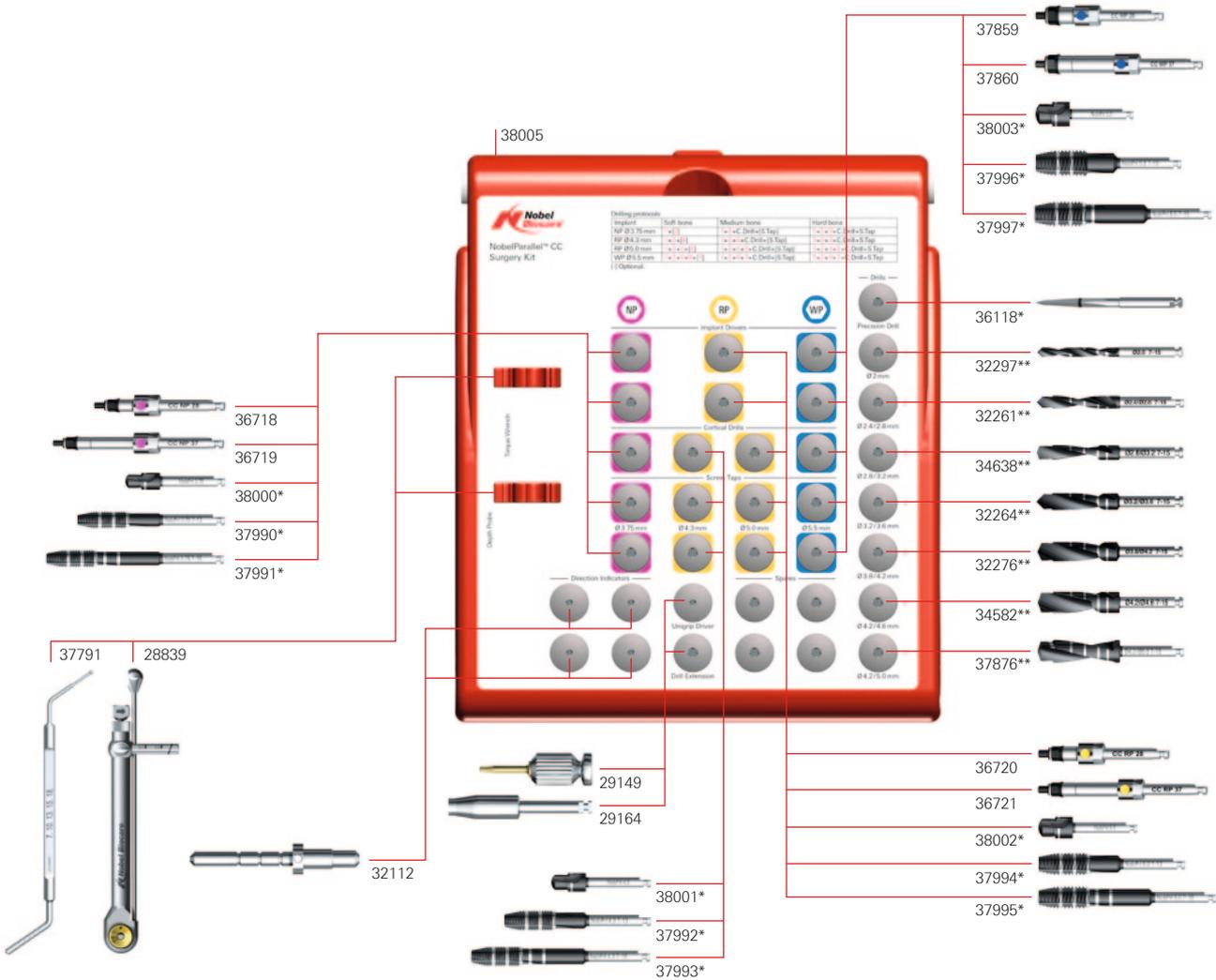
WP	37812
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* Used for multiple-unit restorations with NobelProcera Implant Bridge and GoldAdapt Non-Engaging.

Surgery kits

38004 NobelParallel™ Conical Connection Surgery Kit



* Article not included in this kit

** Article not included in this kit and also available in other lengths

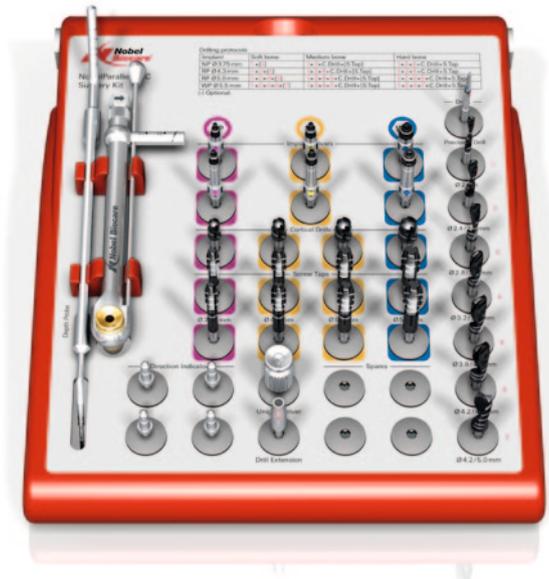
NobelParallel™ Conical Connection Surgery Kit 38004

(The articles below can also be purchased individually.)

Kit includes

NobelParallel™ Conical Connection Surgery Kit Box	38005
Implant Driver Conical Connection NP 28 mm	36718
Implant Driver Conical Connection NP 37 mm	36719
Implant Driver Conical Connection RP 28 mm	36720
Implant Driver Conical Connection RP 37 mm	36721
Implant Driver Conical Connection WP 25 mm	37859
Implant Driver Conical Connection WP 37 mm	37860
Screwdriver Manual Unigrip™ 28 mm	29149
Drill Extension Shaft	29164
Direction Indicator Ø2/Ø2.4–2.8 mm × 4	32112
Implant/Prosthetic Organizer	29532
NobelReplace® Manual Torque Wrench Surgical	28839
Depth Probe 7–18 mm Z-shaped	37791
Implant Sleeve Holder	29543
NobelParallel™ Conical Connection Wall Chart	38007
NobelParallel™ CC Radiographic Template	37792

Note: Drills and Screw Taps are available for separate purchase and are not included in the kit.

**Bone Mill Kit Conical Connection****37888****Kit includes**

Bone Mill Kit Box Conical Connection	37889
Bone Mill with Guide Conical Connection 3.0 Ø4.0	37861
Bone Mill with Guide Conical Connection NP Ø4.4	37863
Bone Mill with Guide Conical Connection NP Ø5.2	37864
Bone Mill with Guide Conical Connection RP Ø5.2	37866
Bone Mill with Guide Conical Connection RP Ø6.2	37867
Bone Mill with Guide Conical Connection WP Ø6.7	37869



Nobel Biocare® Flapless Surgery Kit 32304

(The articles below can also be purchased individually.)

Kit includes	
Nobel Biocare® Flapless Surgery Kit Box	32317
Tissue Punch NP	29628
Tissue Punch RP	29629
Tissue Punch WP	29630
Tissue Punch 6.0	32672
Tissue Punch Guide NP	29631
Tissue Punch Guide RP	29632
Tissue Punch Guide WP	29633
Tissue Punch Guide 6.0	32673
Drill Guide NP	29634
Drill Guide RP	29635
Drill Guide WP	29636
Drill Guide 6.0	32674

**Prosthetic Kit 37448**

(The articles below can also be purchased individually.)

Kit includes	
Prosthetic Kit Box	37443
Manual Torque Wrench Prosthetic	29165
Screwdriver Machine Unigrip 20 mm	29151
Screwdriver Machine Unigrip 30 mm	29153
Screwdriver Machine Multi-unit 21 mm	29158
Omnigrip Screwdriver Machine 20 mm	37379
Omnigrip Screwdriver Machine 30 mm	37381
Manual Torque Wrench Prosthetic	29165



Implants

STERILE

NobelParallel™ Conical Connection NP 3.75 × 7 mm	37963
NobelParallel™ Conical Connection NP 3.75 × 8.5 mm	37964
NobelParallel™ Conical Connection NP 3.75 × 10 mm	37965
NobelParallel™ Conical Connection NP 3.75 × 11.5 mm	37966
NobelParallel™ Conical Connection NP 3.75 × 13 mm	37967
NobelParallel™ Conical Connection NP 3.75 × 15 mm	37968
NobelParallel™ Conical Connection NP 3.75 × 18 mm	37969
NobelParallel™ Conical Connection RP 4.3 × 7 mm	37970
NobelParallel™ Conical Connection RP 4.3 × 8.5 mm	37971
NobelParallel™ Conical Connection RP 4.3 × 10 mm	37972
NobelParallel™ Conical Connection RP 4.3 × 11.5 mm	37973
NobelParallel™ Conical Connection RP 4.3 × 13 mm	37974
NobelParallel™ Conical Connection RP 4.3 × 15 mm	37975
NobelParallel™ Conical Connection RP 4.3 × 18 mm	37976
NobelParallel™ Conical Connection RP 5.0 × 7 mm	37977
NobelParallel™ Conical Connection RP 5.0 × 8.5 mm	37978
NobelParallel™ Conical Connection RP 5.0 × 10 mm	37979
NobelParallel™ Conical Connection RP 5.0 × 11.5 mm	37980
NobelParallel™ Conical Connection RP 5.0 × 13 mm	37981
NobelParallel™ Conical Connection RP 5.0 × 15 mm	37982
NobelParallel™ Conical Connection RP 5.0 × 18 mm	37983
NobelParallel™ Conical Connection WP 5.5 × 7 mm	37984
NobelParallel™ Conical Connection WP 5.5 × 8.5 mm	37985
NobelParallel™ Conical Connection WP 5.5 × 10 mm	37986
NobelParallel™ Conical Connection WP 5.5 × 11.5 mm	37987
NobelParallel™ Conical Connection WP 5.5 × 13 mm	37988
NobelParallel™ Conical Connection WP 5.5 × 15 mm	37989



Surgical components

STERILE R

Drills

Precision Drill	36118
Guide Drill	35426
Twist Drill with Tip 2 × 7–10 mm	32296
Twist Drill with Tip 2 × 7–15 mm	32297
Twist Drill with Tip 2 × 10–18 mm	32299
Twist Step Drill 2.4/2.8 7–10 mm	32260
Twist Step Drill 2.4/2.8 7–15 mm	32261
Twist Step Drill 2.4/2.8 10–18 mm	32262
Twist Step Drill 2.8/3.2 7–10 mm	37873
Twist Step Drill 2.8/3.2 7–15 mm	34638
Twist Step Drill 2.8/3.2 10–18 mm	34639
Twist Step Drill 3.2/3.6 7–10 mm	32363
Twist Step Drill 3.2/3.6 7–15 mm	32264
Twist Step Drill 3.2/3.6 10–18 mm	32265
Twist Step Drill 3.8/4.2 7–10 mm	32275
Twist Step Drill 3.8/4.2 7–15 mm	32276
Twist Step Drill 3.8/4.2 10–18 mm	32277
Twist Step Drill 4.2/4.6 7–10 mm	37874
Twist Step Drill 4.2/4.6 7–15 mm	34582
Twist Step Drill 4.2/4.6 10–18 mm	34583
Twist Step Drill 4.2/5.0 7–10 mm	37875
Twist Step Drill 4.2/5.0 7–15 mm	37876



STERILE R

Cortical Drills

Cortical Drill NobelParallel™ CC 3.75 mm	38000
Cortical Drill NobelParallel™ CC 4.3 mm	38001
Cortical Drill NobelParallel™ CC 5.0 mm	38002
Cortical Drill NobelParallel™ CC 5.5 mm	38003



STERILE R

Screw Taps

Screw Tap NobelParallel™ CC 3.75 7–13 mm	37990
Screw Tap NobelParallel™ CC 3.75 7–18 mm	37991
Screw Tap NobelParallel™ CC 4.3 7–13 mm	37992
Screw Tap NobelParallel™ CC 4.3 7–18 mm	37993
Screw Tap NobelParallel™ CC 5.0 7–13 mm	37994
Screw Tap NobelParallel™ CC 5.0 7–18 mm	37995
Screw Tap NobelParallel™ CC 5.5 7–10 mm	37996
Screw Tap NobelParallel™ CC 5.5 7–15 mm	37997

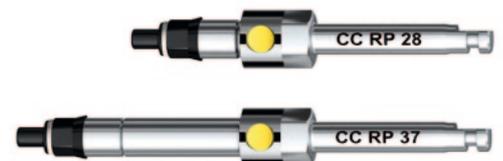


Direction Indicator Ø2/Ø2.4–2.8 mm	32112
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Implant Drivers

Implant Driver CC NP 28 mm	36718
Implant Driver CC NP 37 mm	36719
Implant Driver CC RP 28 mm	36720
Implant Driver CC RP 37 mm	36721
Implant Driver CC WP 28 mm	37859
Implant Driver CC WP 37 mm	37860



**Bone Mills and Guides**

Bone Mill with Guide CC NP Ø4.4mm	37863
Bone Mill with Guide CC NP Ø5.2mm	37864
Bone Mill Guide CC NP	37865
Bone Mill with Guide CC RP Ø5.2mm	37866
Bone Mill with Guide CC RP Ø6.2mm	37867
Bone Mill Guide CC RP	37868
Bone Mill with Guide CC WP Ø6.7mm	37869
Bone Mill Guide CC WP	37870

**Cover Screws**

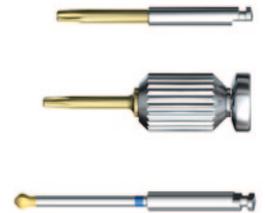
Cover Screw CC NP	36649
Cover Screw CC RP	36650
Cover Screw CC WP	37812

**Manual Torque Wrench**

Manual Torque Wrench Surgical	28839
Manual Torque Wrench Adapter Surgical	28840
Manual Torque Wrench Prosthetic	29165
Manual Torque Wrench Adapter Prosthetic	29167

**Screwdrivers**

Unigrip Screwdriver Machine 20 mm	29151
Unigrip Screwdriver Machine 25 mm	29152
Unigrip Screwdriver Machine 30 mm	29153
Unigrip Screwdriver Machine 35 mm	29154
Unigrip Screwdriver Manual 20 mm	29148
Unigrip Screwdriver Manual 28 mm	29149
Unigrip Screwdriver Manual 36 mm	29150
Omnigrip Screwdriver Machine 20 mm	37379
Omnigrip Screwdriver Machine 30 mm	37381

**Surgical Drape Kit 2-pack**

12T7400

**Drill Extension Shaft**

29164

**Surgical Driver**

32180

**Nobel Biocare® Osteotome Kit**

32321

**Soft Tissue Punches**

Soft Tissue Punch Ø 4.1 mm, 5/pkg	32Z2000
Soft Tissue Punch Ø 5.2 mm, 5/pkg	32Z2002
Soft Tissue Punch Ø 6.2 mm, 5/pkg	32Z2004



Temporary restorations

For the full assortment of abutments, see the Nobel Biocare product catalog.

Temporary Abutments

STERILE	Immediate Temporary Abutment CC NP 1.5 mm	36653
	Immediate Temporary Abutment CC NP 3.0 mm	36655
	Immediate Temporary Abutment CC RP 1.5 mm	36654
	Immediate Temporary Abutment CC RP 3.0 mm	36656
STERILE	Plastic Coping Immediate Temporary Abutment	31656
STERILE	QuickTemp™ Abutment CC NP 1.5 mm	36659
	QuickTemp™ Abutment CC NP 3.0 mm	36657
	QuickTemp™ Abutment CC RP 1.5 mm	36660
	QuickTemp™ Abutment CC RP 3.0 mm	36658
STERILE	Plastic Coping QuickTemp™ Abutment Conical	33404
	Temporary Abutment Engaging CC NP	36663
	Temporary Abutment Engaging CC RP	36664
	Temporary Abutment Engaging CC WP 1.5 mm	37823
	Temporary Abutment Engaging CC WP 3 mm	37824
	Temporary Abutment Non-Engaging CC NP	36661
	Temporary Abutment Non-Engaging CC RP	36662
	Temporary Abutment Non-Engaging CC WP 1.5 mm	37825
	Temporary Abutment Non-Engaging CC WP 3 mm	37826
STERILE	Temporary Abutment Anatomical PEEK WP 6×7 mm	37821
	Temporary Abutment Anatomical PEEK WP 7×8 mm	37822
STERILE	Slim Temporary Abutment NP 6.5 mm	37671
	Slim Temporary Abutment NP 7.5 mm	37672
	Slim Temporary Abutment RP 6.5 mm	37673
	Slim Temporary Abutment RP 7.5 mm	37674



STERILE

Healing Abutments

Healing Abutment CC NP Ø3.6×3 mm	36639
Healing Abutment CC NP Ø3.6×5 mm	36640
Healing Abutment CC NP Ø3.6×7 mm	36867
Healing Abutment CC NP Ø5×3 mm	36641
Healing Abutment CC NP Ø5×5 mm	36642
Healing Abutment CC NP Ø5×7 mm	36868
Healing Abutment CC RP Ø3.6×3 mm	36643
Healing Abutment CC RP Ø3.6×5 mm	36644
Healing Abutment CC RP Ø3.6×7 mm	36872
Healing Abutment CC RP Ø5×3 mm	36645
Healing Abutment CC RP Ø5×5 mm	36646
Healing Abutment CC RP Ø5×7 mm	36873
Healing Abutment CC RP Ø6×3 mm	36647
Healing Abutment CC RP Ø6×5 mm	36648
Healing Abutment CC RP Ø6×7 mm	36874
Healing Abutment CC WP Ø5×3 mm	37813
Healing Abutment CC WP Ø5×5 mm	37814
Healing Abutment CC WP Ø6.5×3 mm	37815
Healing Abutment CC WP Ø6.5×5 mm	37816
Healing Abutment CC NP Bridge Ø4×3 mm	36864
Healing Abutment CC NP Bridge Ø4×5 mm	36865
Healing Abutment CC NP Bridge Ø4×7 mm	36866
Healing Abutment CC RP Bridge Ø5×3 mm	36869
Healing Abutment CC RP Bridge Ø5×5 mm	36870
Healing Abutment CC RP Bridge Ø5×7 mm	36871
Healing Abutment CC WP Bridge Ø6×3 mm	37817
Healing Abutment CC WP Bridge Ø6×5 mm	37818
Healing Abutment Anatomical PEEK WP 6×7 mm	37819
Healing Abutment Anatomical PEEK WP 7×8 mm	37820
Slim Healing Abutment NP 5 mm	37666
Slim Healing Abutment NP 7 mm	37665
Slim Healing Abutment RP 5 mm	37667
Slim Healing Abutment RP 7 mm	37668



Manual torque wrench

For the surgeon, the torque required to place implants provides insight into the primary stability of the implant. For restorative procedures, tightening the abutment and prosthetic screws to the recommended torque specifications will more effectively control screw-joint integrity during patient function.

The manual torque wrench is a convenient tool for achieving the desired torque.

Manual Torque Wrench – Surgical

Intended for tightening or adjusting implant position.

– Insert Implant Driver NobelReplace or Conical Connection.



Manual Torque Wrench – Prosthetic

Intended for retaining screws with a tightening torque of 15–35 Ncm. Compatible with all machine screwdrivers.

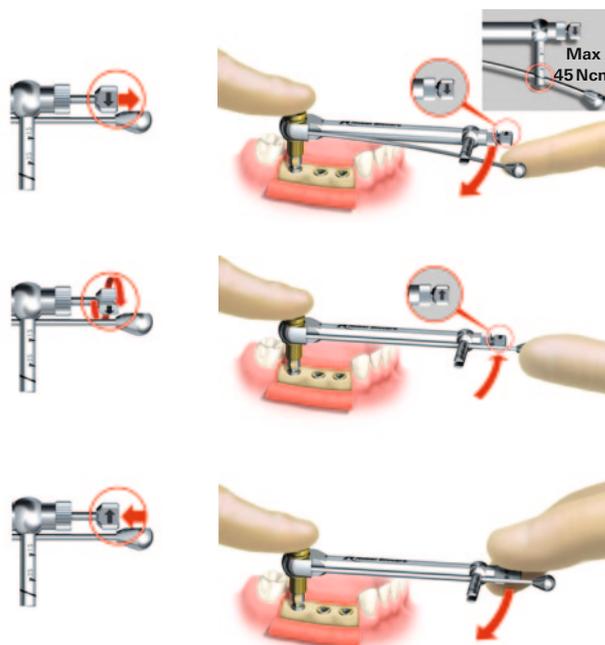
– Insert the applicable driver.



Use of the Manual Torque Wrench Surgical

- Assemble the torque wrench by inserting the implant driver.
- To tighten an implant, adjust the direction indicator so that the arrow is pointing toward the level arm and rotate clockwise.
- To loosen an implant, adjust the direction indicator so that the arrow is pointing away from the level arm and rotate counterclockwise.

Warning: Using the wrench body instead of the level arm may result in excessive torque being transferred to the screw and/or implant site.



Drill stops

Drill Stop Kit 32430

Kit includes	
Drill Stop Kit Box	33062
Drill Stop Ø 2 mm	33063
Drill Stop Ø 2.8 mm	33064
Drill Stop Ø 3 mm	33075
Drill Stop Ø 3.2 mm	33077
Drill Stop Ø 3.4 mm	33078
Drill Stop Ø 3.6 mm	33084
Drill Stop Ø 4.2 mm	33081



The drill stops allow for a safe and accurate surgical procedure by predetermining the drill depth of twist drills and twist step drills. The kit is used to store, autoclave and facilitate the mounting of the drill stops.

1 Mount drill stop

- Slide drill stop onto corresponding drill.
- Place drill in mounting hole corresponding to desired drill depth. Use large holes for drills Ø 3.4 and above.



2 Tighten drill stop

Tighten the screw on the drill stop using the Screwdriver Unigrip.



3 Drill to drill stop

Drill until predetermined drill depth is reached.



Cleaning and sterilization

Sterile components

The devices delivered sterile have a “Sterile” marking on the label. See current cleaning and sterilization guidelines for details: www.nobelbiocare.com/sterilization.



Note: Implants must never be re-sterilized.

Implants

Implants are delivered sterile, are for single-use only, and must be used prior to the labeled expiration date. Do not use implants if the packaging has been damaged or previously opened.



Twist and Twist Step Drills, Precision Drill and Screw Taps

Twist Drills, Twist Step Drills, Cortical Drills and Screw Taps are delivered sterile and for single use only.



Abutments and plastic copings

Multi-unit Abutment, Snappy Abutment, QuickTemp Abutment and Immediate Temporary Abutment are delivered sterile. If resterilization is required. See current cleaning and sterilization guidelines: www.nobelbiocare.com/sterilization.



Notes:

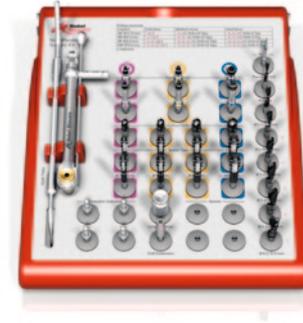
- For resterilization of the straight Multi-unit Abutment, remove the plastic holder prior to the procedure.
- Sterile plastic copings are for single-use only and should not be re-sterilized.



Non-sterile components

Care and maintenance of reusable instruments are crucial for successful treatment. Well-maintained instruments not only safeguard your patients and staff against infection, but are also essential for the outcome of the total treatment.

See current cleaning and sterilization guidelines for details: www.nobelbiocare.com/sterilization.



Contra-angle

For cleaning and sterilization procedures, see specific instructions from the respective manufacturer.

Abutments and plastic copings

Some abutments made of titanium, gold alloy, and plastic (PEEK) are delivered non-sterile. For more information refer to the label on the specific abutment. It is recommended to sterilize the abutment prior to placing it in the oral cavity. For sterilization, see current cleaning and sterilization guidelines: www.nobelbiocare.com/sterilization

Notes:

- If modifications have been made to the abutment, clean the abutment prior to sterilization.
 - Non-sterile plastic copings should not be re-sterilized, as they are for single use only.
-

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