



Screw-Retained Denture

(CAD/CAM Ti Bar / Acrylic Hybrid)

Implant Level Restoration

3

■ First Appointment

– Preliminary Impressions

- ☐ Utilizing a stock tray, take a preliminary impression, including the palate and vestibules (Fig. 1 and 2). This impression should be made at the implant level, as it will be used to fabricate an implant verification jig and a custom tray for an open-tray impression technique.
- ☐ Remove the healing abutments from the implants and seat impression copings (take a PA to verify seatings).
- ☐ Take an implant level impression, including palate and vestibules, using a stock tray.
- ☐ Take an impression of opposing dentition as well as the denture to be replaced.
- ☐ Remove impression copings and replace the healing abutments.
- ☐ Send in the impressions with your lab Rx.

Note: if due to the implant inclinations, or if there is excessive soft tissue thickness, abutments may be required (please see the Screw-Retained Denture Abutment Level Restoration instructions).

■ Second Appointment

– Jaw Relation Records and Shade Selection

- ☐ To ensure a passive fit of your custom-milled framework, it is vital to obtain an accurate final impression. You will receive a bite block.

Jaw Relation Records

- ☐ Remove the healing abutments. Seat the bite block on the implants and tighten the cylinder screws (Fig. 3).
- ☐ With the patient sitting up, use conventional denture technique to achieve accurate jaw relation records.
 - a. For maxillary cases, shape the rim for lip contour – place a small amount of vaseline on the labial aspect of the wax rim and confirm.
 - b. With the patient facing toward you, mark the midline, high lip line and corners of the mouth in the wax rim. Move the central incisors as necessary. From a profile view, evaluate the mid-face support.
 - c. Determine centric relation and (record passively) the vertical dimension of occlusion (VDO).

Note: The patient's existing denture should be evaluated and can be utilized as a benchmark in determining the new VDO. Please see wax rim checklist enclosed with case.

- i. Place a dot with indelible marker on the tip of the patient's nose and chin.
- ii. Have the patient lick their lips, swallow, then relax their jaw. Measure the distance between the two dots. Repeat this procedure 3-4 times until you obtain a consistent vertical dimension of rest measurement (VDR).
- iii. Have the patient bite together gently. The measurement should be approximately 3 mm less than the vertical measurement at rest. Adjust the rims, if necessary, so they meet evenly.
- iv. There should be a 2-4 mm speaking space between the rims when the patient pronounces "s" sounds (e.g., Mississippi, sixty, sixty-one, etc.). The incisal edges of the maxillary central incisors should tightly touch the top of the lower lip during "t" sounds (e.g., forty, forty-one, etc.).

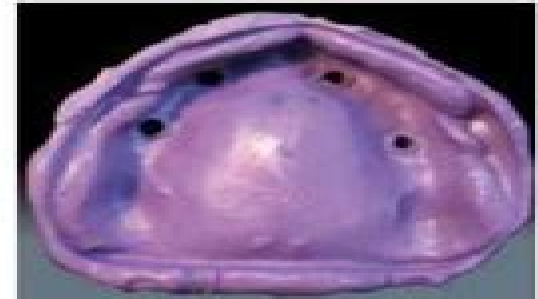


Fig. 1 & 2 Preliminary implant level impression

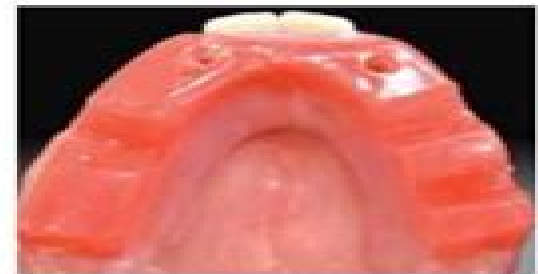


Fig. 3 Seat screw-retained block

Read Screw Retained Implant Level

Julia Schneider



Read Screw Retained Implant Level:

The Enigmatic Realm of **Read Screw Retained Implant Level**: Unleashing the Language is Inner Magic

In a fast-paced digital era where connections and knowledge intertwine, the enigmatic realm of language reveals its inherent magic. Its capacity to stir emotions, ignite contemplation, and catalyze profound transformations is nothing in short supply of extraordinary. Within the captivating pages of **Read Screw Retained Implant Level** a literary masterpiece penned by a renowned author, readers attempt a transformative journey, unlocking the secrets and untapped potential embedded within each word. In this evaluation, we shall explore the book's core themes, assess its distinct writing style, and delve into its lasting effect on the hearts and minds of those who partake in its reading experience.

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