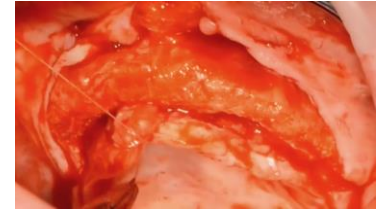


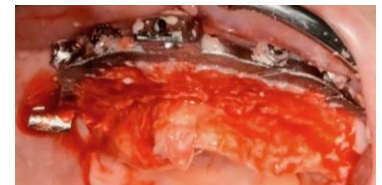
1. Flap gingival and palatal tissue.
2. Suture palatal tissue out of the way.



3. Seat positioning guide, ensuring it is indexed properly on the ridge and that the eXact platform is indexed along the buccal bone.
4. Using the Hybridge eXact Bone Screw and Drill Kit, drill the screw osteotomies, placing the screw before moving on to the next one.
5. Remove positioning guide.



6. Reduce bone to the level of the bone reduction guide.



7. Place the osteotomy guide (keyed or keyless, depending on guided drill system being used)
8. Using the guided drill system noted on the surgical planning, drill the implant osteotomies.
9. Place the implants through the osteotomy guide.
10. Remove the osteotomy guide.
11. If using MUA's, place them or place the verification water and then place the MUA's.



12. Relieve the access holes in the PMMA Provisional if necessary to prevent interference with the temporary cylinders.

13. Secure the verification wafer to the eXact platform

14. Place the rubber gaskets and the temporary cylinders.



15. Clean and dry the PMMA Provisional.

16. Apply monomer liquid to the acrylic surfaces of the PMMA and the temporary cylinders with a small brush or cotton tip, to maximize the chemical adhesion of the injectable Stellar Acrylic.

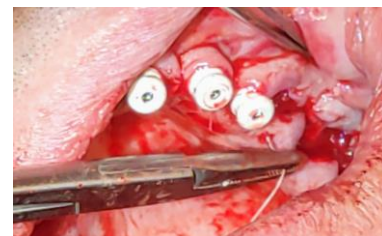


17. Seat the PMMA provisional over the temporary cylinders and place plugs in the screw access holes.

18. Apply Stellar acrylic in all of the facial vent holes or screw access holes. Light cure for 60 seconds.



19. Remove the PMMA provisional and suture to completion.



20. After provisional has been adjusted and polished, deliver the provisional to the mouth.

21. Check occlusion and ensure the posteriors are out of occlusion.

22. Place a sponge pellet into each screw channel. Then inject a quick setting light body impression material to seal each screw channel.

23. Remind patient to only eat foods that can be cut with a plastic spoon.



Preparation

1. Clean provisional and ensure it is completely dry
2. Screw analogs onto each temporary cylinder ensuring they are seated properly. Do not over-tighten.
3. Place plastic plugs into each screw channel, pushing them in so they are secure.
4. Prepare all surfaces with monomer to ensure a good chemical bond.
5. Starting with the occlusal, fill all access holes with Stellar acrylic & light cure. Once set, flip to the intaglio and fill all holes and voids, including the indexing holes and facial injection holes. Light cure.
6. Mark where you are going to reduce cantilevers and remove plugs.



Finishing

1. Using a diamond disc, remove cantilevers.
2. Using a large carbide cutter, contour the occlusal, lingual, and facial surfaces for a smooth, rounded transition on the intaglio. Tissue surface must be convex with no concavities.
 - ☐ Reduce thickness of lingual wall
 - ☐ Create a tapered and rounded transition on both the facial & lingual toward intaglio
 - ☐ Smooth any contours where acrylic was added
 - ☐ Using a long, thin carbide, relieve between each analog to create a cleaning embrasure
 - ☐ Using an inverted cone carbide with a flat end, remove 1-2 mm of acrylic around each analog as needed to expose metal collars
3. Remove analogs & screws and put somewhere safe.
4. Continue to refine exposing of the collars using a flat-ended inverted cone carbide.
5. Using a long, tapered bur, widen the occlusal screw access holes, tapering toward the screw.



Polishing

1. Use a soft, wet rag wheel with pumice to smooth all pink surfaces, especially lingual and between implants.

- ☐ Make sure wheel is wet
- ☐ Use a low setting
- ☐ Focus on where tongue meets provisional
- ☐ Smooth all irregularities



2. Rinse, dry well and inspect. Continue with pumice until smooth.
3. Using a dry, soft rag wheel and acrylic polish, high shine teeth and pink tissue.



4. Scrub provisional under running water with soap and a toothbrush

5. Dry and inspect

6. Disinfect screws and provisional

7. Place screws with driver

8. Deliver finished provisional

