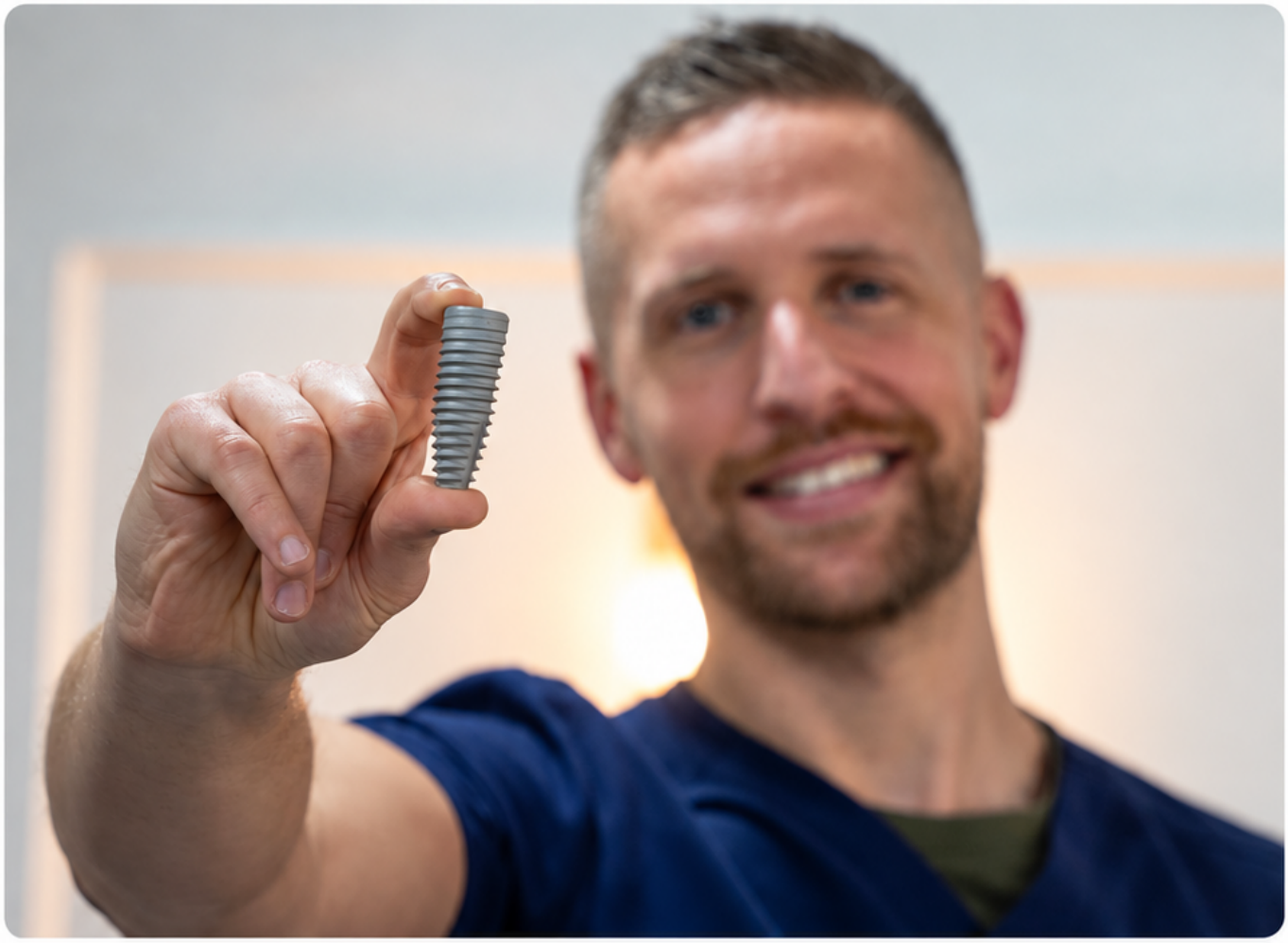
Engage One

Restoring the Simple Single Implant Crown

A practical GDP guide

Assessment, records, restorative workflow, fit protocol and maintenance



Engage Implant Training | engageimplant.co.uk

For general dental practitioners

Engage

1. Case Selection & Pre-Restorative Assessment

Successful implant restoration starts with choosing the right case and confirming the basics before you touch a component.

1 Suitable GDP cases

- Healed single-tooth sites
- Healthy peri-implant tissues
- Adequate restorative space
- Good access for impression/scan and crown fit
- Implant system and components clearly identified

2 Assessment checklist

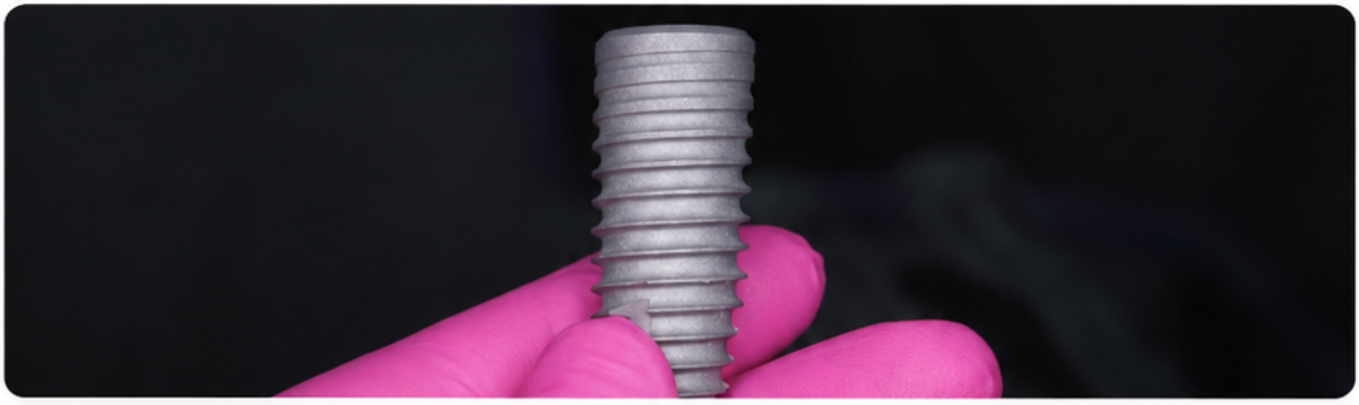
- Medical and periodontal stability
- Implant position, angulation and depth
- Soft-tissue contour and emergence profile
- Interocclusal and mesio-distal space
- Opposing occlusion and parafunction
- Aesthetic risk level

3 Essential records

- Current periapical radiograph
- Clinical photographs
- Implant system / platform confirmation
- Study casts or IOS when needed
- Notes on occlusion and shade

4 Refer rather than restore if...

- You cannot confidently identify the implant connection
- The case is highly aesthetic or deeply placed
- There is limited space or poor implant angulation
- There are signs of peri-implant disease
- The case is multi-unit or full-arch



GDP pearl

If the implant system or component fit is uncertain, stop. Misidentification at this stage causes many restorative complications later.

2. Digital scanning & Open-tray impressions

Accurate records start with a confirmed implant connection. Radiographic seating verification is a routine step in the Engage workflow.

Digital: scan-body protocol

- Confirm the system, platform and correct scan body.
- Remove the healing abutment; inspect the connection.
- Seat the scan body and hand-tighten as instructed.
- Always verify full seating with a periapical radiograph.
- Capture scan body, adjacent teeth, opposing arch and bite.
- Replace the healing abutment promptly.

Analogue: open-tray only

- Select correct open-tray coping and prepare an access window.
- Seat and secure the coping with the correct driver.
- Always take a verification periapical radiograph.
- Take the impression; disengage the screw before removing the tray.
- Confirm coping pick-up in the impression and replace the healing abutment.



Send a complete lab prescription

Record the system/platform, scan-body or open-tray components, site, retention design, crown material and shade, screw access, emergence profile, contacts, occlusion and relevant clinical photographs.

3. Definitive fit & Radiographic verification

Fit is confirmed before torque. Take a periapical radiograph to verify complete seating of the definitive restoration in every case.

The seven-step fitting protocol

- 1 Identify the implant system, platform, correct screw, driver and IFU torque.
- 2 Remove the healing abutment; inspect the connection and seat crown gently.
- 3 Check proximal contacts and eliminate any obstruction to seating.
- 4 Hand-tighten, then take a verification periapical radiograph.
- 5 Confirm seating before torquing to the component-specific manufacturer value.
- 6 Check ICP and excursions; avoid heavy excursive contacts.
- 7 Protect the screw with PTFE, seal access, check again and document.



If seating is incomplete

Stop. Check components, contacts, tissue interference and laboratory fit. Never use a torque wrench to pull a misfitting restoration into place.

Straumann BLC reminder

Confirm the RB/WB pathway, approved screw and exact current component-specific torque. Do not assume all BLC components share one value.

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4. Review, Maintenance & Referral Red Flags

The restorative appointment is not the end of treatment. Long-term success depends on maintenance, occlusal review and early recognition of complications.



At the review visit

- Assess plaque control and home care
- Check soft tissues for bleeding or suppuration
- Review probing depths where appropriate
- Check restoration stability and screw loosening
- Reassess occlusion
- Compare radiographs when indicated

Patient advice

- Clean around the implant daily
- Use appropriate interdental aids or floss systems
- Return promptly if the crown feels loose
- Report pain, swelling or bad taste early
- Attend regular supportive care appointments

Refer if you see...

- Persistent inflammation or suppuration
- Progressive bone loss
- Repeated loosening or fracture
- Uncertain component replacement needs
- Excess cement problems
- Aesthetic complications beyond your comfort level

Maintenance mindset

- Record a baseline after fit
- Use a risk-based recall interval
- Document tissue health and prosthesis condition
- Intervene early when small issues appear

Key takeaway

Simple implant restorations stay simple when diagnosis is careful, records are accurate and maintenance is taken seriously.