CLINICAL & LABORATORY MULTI-UNIT WORKFLOW

DOCUMENT REF: TF-1004

1. Stage 1: Surgical Placement & Base Selection

• Uncover the implant platform and thoroughly debride any soft tissue remnants.

• Measure the gingival height using a depth gauge to select the appropriate cuff height.

• Thread the selected Straight or Angled Multi-Unit base to the implant. Tighten the base to 30 Ncm using a torque-controlled wrench.

2. Stage 2: Impression Taking (Clinic)

• Attach Multi-Unit Impression Transfers (Open Tray or Closed Tray system) onto the multi-unit head platform.

• Splint the open-tray transfers using pattern resin if desired to secure spatial matrix fidelity.

• Capture the master impression using polyether or heavy-body polyvinyl siloxane (PVS) materials.

• Remove transfers and place Multi-Unit Protective Caps.

3. Stage 3: Laboratory Fabrication

• Thread Multi-Unit Analogs tightly to the impression transfers inside the clinical impression matrix.

• Pour the master stone model using Type IV dental stone.

• Select and position appropriate Titanium or Castable Prosthetic Cylinders onto the analogs.

• Design and cast/mill the supportive metal or zirconia framework, ensuring a completely passive fit configuration.

4. Stage 4: Chairside Delivery and Passivity Verification

• Remove protective caps from the intra-oral multi-unit heads.

• Try-in the final framework and verify passive fit using the Sheffield test (one-screw test).

• Tighten the upper prosthetic restoration screws in a cross-pattern sequence to exactly 15 Ncm.

• Seal the screw access channels with gutta-percha or teflon tape and overlay with composite resin.

This is for informational purposes only. For medical advice or diagnosis, consult a professional. AI responses may include mistakes.