Basic information on screw-retained hybrid restorations
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The new option within your edentulous treatment portfolio

Within the existing Straumann product portfolio, you have the possibility to choose several prosthetic treatment options for your edentulous patients:

Straumann Edentulous Portfolio

<table>
<thead>
<tr>
<th>Straumann Edentulous Portfolio</th>
<th>Straightforward</th>
<th>Advanced</th>
<th>Complex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removable</td>
<td>Fixed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maxilla LOCATOR® on 4 implants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed screw-retained restoration on 4 implants, posterior tilted avoiding sinus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed screw-retained restoration on 8 implants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandible LOCATOR® on 2 implants</td>
<td>Bar with pre-fabricated / individualized parts &gt; 3 implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed screw-retained restoration on 4 implants, posterior tilted avoiding mandibular nerve</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed screw-retained restoration on &gt; 6 implants</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In terms of treatment complexity for edentulous cases, removable options represent a more straightforward approach, whereas a fixed option with 4 or more implants (straight or tilted) represent a more advanced approach.

Depending on the patients’ expectations, straightforward restorations are not always a viable option. Even though their anatomical situation might be difficult, patients look for functional esthetics with high comfort. These patients challenge you as a dental professional to provide an immediate fixed solution.
Patient expectations change dental treatments for fixed edentulous restorations

Providing fixed restorations for edentulous patients is a very complex procedure and several clinical as well as individual aspects need to be considered.

Additionally, individual patient expectations have changed over the last years, where they demand natural looking rehabilitations with minimal effort.

1. Increased quality of life
Patients do not want to compromise but enjoy life, food and social life. They look for:
• High wearing comfort with fixed prosthesis
• Predictability and reliability even in challenging clinical cases

2. Increased esthetic awareness
72% of patients’ claim esthetic restorations are very/extremely important to them:
• Attractive appearance due to natural-looking teeth
• Get back teeth within a short period of time

3. Treatment option with minimal complexity
Patients are looking for less demanding procedures:
• Less invasive treatment with less discomfort
• More affordable treatment options without a compromising outcome
More than a fixed rehabilitation.
A smart solution with reduced complexity.

The new Straumann® solution for fixed edentulous restorations combines several treatment steps which reduce complexity without compromising the outcome. From planning and implant placement to final restorations, the entire treatment is seamless for the patient.

**Implant planning**
- 2D conventional implant and prosthetic planning based on (CB) CT scanning or x-rays
- 3D digital implant planning with coDiagnostiX® software for predictable results and treatment efficiency

**Surgical procedure**
- Well-documented Straumann® Bone Level Implants
- Unique Roxolid® material with excellent mechanical properties
- Outstanding SLActive® surface designed to restore increased predictability even in challenging protocols
- Straumann® Planning Guide to support tilted implant placement
- Internal CrossFit® connection for long-term stability

**Prosthetic treatment**
- Abutments with a low-profile design, additional abutment angulations and universal abutment connector
- Abutment portfolio allows immediate temporization to restore teeth within a short period of time
- High-end final restorations with the option for custom-milled fixed bar designs for fixed prosthetics
Focusing on the patient

The new Straumann® solution for fixed edentulous restorations offers dental professionals the opportunity to provide patients with an edentulous treatment option considering their individual needs and expectations.

1. Reduced complexity by addressing the individual anatomical situation and leveraging the unique Roxolid® material
   • Preserve bone and reduce invasive grafting procedures
   • More treatment options with smaller implants

2. Predictability even in challenging cases thanks to the SLActive® surface
   • Higher treatment predictability in challenging protocols
   • Broader treatment possibilities even for patients with compromised health

3. Time-saving treatment with the option for immediate temporization
   • Safer and faster treatment from 6–8 weeks down to 3–4 weeks in all indications
   • Comprehensive portfolio for immediate temporization

4. Increased efficiency with new prosthetic portfolio
   • Prosthetic flexibility due to smaller abutment dimensions and different angulations
   • Custom-milled fixed bar designs as a framework for final dentures
An excellent combination of scientifically proven implants and sleek prosthetic components

The new Straumann® Screw-retained Abutment provides a wide range of prosthetic options for screw-retained restorations. Various angulations and gingiva heights offer the flexibility to provide an individual solution for edentulous patients, including restoring posterior-tilted implants1.

**Straumann® Screw-retained Abutment**

Sleek design and clear portfolio:
- Same connector design for all diameters allow for a streamlined portfolio of tertiary components
- Abutment angulations of 0°, 17° and 30°
- Only 2 diameters to cover complete Straumann® Bone Level product line.
- Product design allows abutment-level impression
- Simplified handling with the CrossFit® connection
- Different gingiva heights of 1 mm, 2.5 mm and 4 mm

For final restorations, Straumann also offers CADCAM customized screw-retained frameworks for both, implant- and abutment-level.
Straumann® Bone Level Tapered Implants provide an optimized choice for implant treatment. The unique material Roxolid® has been specifically designed for dental implantology and delivers outstanding mechanical results. In combination with the Straumann® SLActive® surface, Straumann delivers an excellent implant system with outstanding osseointegration and healing properties.

Roxolid® material

- Unique Roxolid® material with excellent mechanical properties
- Preserve bone and reduce invasive grafting procedures
- More treatment options with smaller implants
- Simplified handling with the CrossFit® connection
- Optimized crestal bone preservation with Bone Control Design™

SLActive® surface

- Safer and faster treatment from 6–8 weeks down to 3–4 weeks in all indications
- Higher treatment predictability in challenging protocols
- Broader treatment possibilities even for patients with compromised health
Less complex fixed edentulous treatment procedures with Straumann

<table>
<thead>
<tr>
<th>Phase</th>
<th>Planning</th>
<th>Surgical procedure including abutment placement and optional immediate temporization</th>
<th>Impression taking and transfer to the lab</th>
<th>Temporary/final dentures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure</td>
<td>• Medical history, examination and general health conditions&lt;br&gt;• Clarify patient’s expectation&lt;br&gt;• Treatment decision</td>
<td>• Implant-bed preparation and implant placement&lt;br&gt;• Abutment placement&lt;br&gt;• Placing provisional prosthesis</td>
<td>• Impression taking on abutment level&lt;br&gt;• Transfer to dental lab</td>
<td>• Placing provisional prosthesis&lt;br&gt;• Placing final prosthesis</td>
</tr>
<tr>
<td>Products involved</td>
<td>• 2D: (CB)CT-Scan, x-ray&lt;br&gt;• 3D: coDiagnostiX® software</td>
<td>• Straumann® Bone Level Implants and Instruments&lt;br&gt;• Straumann® Screw-retained Abutments&lt;br&gt;• Copings for Straumann® Screw-retained Abutments for temporary restorations&lt;br&gt;• Straumann® Planning Guide</td>
<td>• Auxiliaries for Straumann® Screw-retained Abutments: impression components for open-tray/closed-tray&lt;br&gt;• Abutment Analogs for transfer to dental lab</td>
<td>• Copings for Straumann® Screw-retained Abutments (bridge/bar)&lt;br&gt;• CADCAM customized screw-retained frameworks for both, implant- and abutment-level</td>
</tr>
<tr>
<td>Your benefits</td>
<td>• Predictable results and treatment efficiency with coDiagnostiX® software</td>
<td>• Reduced complexity through addressing the individual anatomical situation and leveraging the unique Roxolid® material&lt;br&gt;• Higher treatment predictability in challenging protocols&lt;sup&gt;14-20&lt;/sup&gt;&lt;br&gt;• Time-saving treatment with the option for immediate temporization</td>
<td>• Increased efficiency with new prosthetic portfolio</td>
<td>• Prosthetic flexibility by either using standard or CADCAM components&lt;br&gt;• Small prosthetic portfolio due to abutment connector design</td>
</tr>
</tbody>
</table>
Planning phase

For optimal and long-lasting results, a prosthetic-driven planning phase is essential and should be done with all stakeholders involved.

During the planning phase the following aspects need to be taken into consideration:
• Clarify patient’s expectations
• Analyze patient’s oral hygiene compliance
• Patient anamnesis (bone density, bone volume, sufficient lip support)
• Decide on final prosthetic restoration (fixed/removable)
• Decide on surgical procedure and implant placement
• Consider long-term post-operative care and maintenance

Proper diagnosis and treatment planning, including the patient’s needs as well as an evidence-based implant/prosthetic design, will result in a successful treatment. In combination, these factors can significantly improve the patient’s quality of life.

Planning and implant preparation for multi-unit and single-unit restorations can either be done via conventional methods or with the help of digital planning softwares (e.g. coDiagnostiX®). In this treatment guide, the focus will be on the conventional procedure with an open-flap approach.

For additional information on Straumann® Guided Surgery, please consult the manual Basic Information on Straumann® Guided Surgery – Straumann® Dental Implant System, 152.753. For additional information on Dental Wings coDiagnostiX®, please contact your local Dental Wings distributor.
Surgical procedure (flap procedure), abutment placement and temporization

Make sure, surgical and prosthetic planning is done and critical anatomical sites are not harmed (maxilla: sinus/mandible: mandible nerve). In some cases, the individual patient situation may require tilting the implant. Posterior-tilted implants provide additional distal support for the prosthesis.

Prerequisites:
- Remaining dentition removed
- Flap opened and ready for implant placement

Intraoral verification:
1. To ensure proper implant position, it is recommended to use the Straumann® Planning Guide.
2. To prepare placement of the Planning Guide, do the necessary midline osteotomy by using the 2.2 mm Pilot Drill and drill down to 10 mm.
3. Place the Planning Guide in the midline osteotomy – the marks on the Planning Guide help aligning the axis of the implant.

Implant site preparation:
4. Drill to appropriate depth and check for correct angulation using the marks on the Planning Guide.

5. Place the appropriate implant.

6. If needed, use Straumann® Plan Abutments intraorally to determine the final Straumann® Screw-retained Abutment’s angulation and gingiva height.

Please note: Plan Abutments are only available in GH 2.5 mm.
7. Place the final abutments with a torque of 35 Ncm.
8. For anterior implant placement repeat steps 4 to 7.
9. Close the flap.

For optional chairside temporization, please refer to section Provisional denture (chairside)

Warning and indication: Straumann® Screw-retained Abutments straight NC GH 1.0 mm (Ø 3.5 mm and Ø 4.6 mm) are indicated for single-crown restorations of central and lateral incisors and for multi-unit restorations of incisors to pre-molars:

<table>
<thead>
<tr>
<th>Abutment Type</th>
<th>Diameter (mm)</th>
<th>GH (mm)</th>
<th>Single-unit restoration</th>
<th>Multi-unit restorations (incisors – premolars)</th>
<th>Multi-unit restorations (molars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC Ø 3.5 mm straight abutments</td>
<td>GH 1 mm</td>
<td>Central/lateral incisors</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GH 2.5/4 mm</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>NC Ø 4.6 mm straight abutments</td>
<td>GH 1 mm</td>
<td>Central/lateral incisors</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GH 2.5/4 mm</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>NC Ø 4.6 mm angled abutments</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>RC Ø 4.6 mm straight abutments</td>
<td></td>
<td></td>
<td>No limitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RC Ø 4.6 mm angled abutments</td>
<td></td>
<td></td>
<td>No limitation</td>
<td></td>
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</tr>
</tbody>
</table>

Note: For additional information on the surgical procedure, please consult the Basic Information on the Surgical Procedures – Straumann® Dental Implant System, 152.754

In case no immediate temporization is desired, place Protective Caps for Straumann® Screw-retained Abutments directly onto the abutments and hand-tighten them. Do not keep the Protective Caps in the patient’s mouth longer than 30 days. Prepare sufficient space in the patient’s temporary denture until the final prosthesis is placed.
Note on the Straumann® Planning Guide:

**Intended use:** The Straumann® Planning Guide is used for visual and three-dimensional orientation of the implant angulation (mesial/distal) and oral parallelization.

**Indication:** The surgical and prosthetic procedure is the placement of multiple implants in combination with Straumann® Screw-retained Straight or Angled Abutments.

**Product description:** The Planning Guide is used in edentulous jaws for surgical implant placement. The Planning Guide can easily be adapted to the dental arch by bending it. It is secured by drilling into the symphysis with a Ø 2.2 mm Pilot Drill and pinning in the jaw. The drilling depth for the bone cavity of the pin is 10 mm. The drilling depth can be checked optically using the depth markings on the drills or using the optional depth stop system.

For drilling, position the metal plate of the Planning Guide by sliding it into the correct position and drill the sites according to the surgical protocol. Each drill is aligned parallel to the template surface and at the implantation angle. Assure that the Planning Guide is properly assembled as well as clean and sterilized before use. Never use potentially contaminated components.

**Warnings and precautions:** The following precautions are to be met prior to or during treatment:

- Position the patient in such a way that the danger of aspirating components is minimized. All components that are used intraorally must be secured against aspiration or swallowing.
- Do not use damaged or blunt instruments. Always inspect instruments before use.
- If the laser markings are illegible, the device must be replaced.
- Do not use more than 20 times.

**Sterilization:** Autoclave, fractionated vacuum method or gravitation method: at least 18 min (for prion inactivation) at 134 °C (273 °F).
Impression taking on abutment level and transfer to the dental lab

Prerequisites:
▪ Implants placed
▪ Abutments and Protective Cap placed
▪ Implant site healed
▪ If temporary prosthesis is in place, make sure it is removed

Open-tray impression
1. Place the Impression Post accurately into the abutment and hand-tighten the Guide Screw.
2. Make perforations in the custom-made impression tray (light-cured resin) according to the individual situation so that the positioning screw of the Impression Post visibly sticks out.
3. Take the impression using a standard elastomeric impression material (e.g. polyvinyl siloxane or polyether rubber). Uncover the screws before the material is set.
4. Once the material is set, loosen the Guide Screws and remove the tray.
5. For easy abutment identification, include impression components when sending the dental impression to your dental lab partner.
6. In the dental lab, reposition and fix the Analog in the impression using the Guide Screw.
7. Fabricate the master cast. A gingival mask should always be used to ensure that the emergence profile is optimally contoured.
Closed-tray impression

1. For closed-tray impressions on abutment level, the Impression Post is screwed onto the Straumann® Screw-retained Abutment.

2. Ensure that the color of the cap corresponds to the color of the Positioning Screw in the Impression Post. If possible, allow a vestibular orientation of the arrow.

3. Take the impression using a standard elastomeric impression material (e.g. polyvinyl siloxane or polyether rubber).

4. Send the impression to the dental lab together with the impression components.

5. In the lab, mount the Impression Post on the Analog using the Guide Screw. Ensure that the color code of the different components correspond to each other.

6. Reposition the Impression Post in the tray. Smoothly push the Impression Post until you feel the tactile response of engagement. It is now firmly seated on the Impression Cap in the impression tray.

7. Fabricate the master cast. A gingival mask should always be used to ensure that the emergence profile is optimally contoured.

Please note:
All Impression Posts are intended for single use only to ensure optimal fit and precise impression taking for each patient. Hydrocolloid is not suitable for this application due to its low tensile strength.
Provisional denture (chairside)

Prerequisites:
- Implants placed
- Abutments placed

1. Place non-engaging Titanium Copings on anterior and posterior implant abutments.
2. Prepare temporary restoration by converting available denture into a bridge and relieve areas corresponding to Titanium Temporary Copings.
3. Check for clearance between prosthesis and Titanium Copings ensuring correct position.
4. Once the position is ensured, it is important to make sure the occlusal set-up fits the prepared prosthesis.
5. Fix the Titanium Copings with the existing reworked prosthesis.
6. Finalize the temporary restoration.
7. Place the temporary restoration in the patient’s mouth and tighten the Occlusal Screws to 15 Ncm using the SCS Screwdriver along with the Ratchet and the Torque Control Device.

Final denture including standard procedure

Prerequisites:
- Implants placed and completely osseointegrated
- Abutments placed
- Provisional denture available
- For conventional procedure: dental impression taken and available at dental lab

For the final framework, you can use the Titanium Copings for a standard bar procedure:
1. Fabricate a master cast based on a dental impression.
2. Click the corresponding analogs into the impression or reposition and fix the analog in the impression using the Guide Screw.
3. Before placing the copings, we recommend mounting the Occlusal Screws onto the SCS Screwdriver. After this step, place the Occlusal Screws into the copings for bars.
4. Mount the copings onto the abutment and hand-tighten the Occlusal Screws using the SCS Screwdriver.
5. Fabricate a soldered gold bar or laser-welded titanium bar using standard procedures.
6. Veneer the suprastructure.
7. In the dental office, remove the temporary prosthesis and insert the final prosthesis.
8. Check the tension-free fit of the final prosthesis.

For additional information on the prosthetic procedure, please consult the Basic Information on the Straumann® Prosthetic Procedures – Straumann® Bone Level, 152.810.
Final denture including digital impression taking and custom-milled bars

Prerequisites:
• Implants placed and completely osseointegrated
• Abutments placed
• Provisional denture available
• For digital procedure: digital impression taken from the dental model with the help of Straumann® CARES® Mono Scanbodies for Screw-retained Abutment and imported into Straumann® CARES® Visual

Digital impression on a dental model with scanbodies
If you decide to work with a custom-milled CARES® framework, please proceed as follows:
1. Fabricate a master cast based on the dental impression.
2. Place CARES® Mono Scanbodies for Screw-retained Abutments onto the abutments/abutment analogs on the dental model.
3. Scan the dental situation with the help of the Straumann CS2 Scanner.

In CARES® Visual software the following framework design for fixed screw-retained restorations is currently available:

<table>
<thead>
<tr>
<th></th>
<th>Tissue Level</th>
<th>Bone Level</th>
<th>Screw-retained Abutment-level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridge</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Bar Design</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Material</td>
<td></td>
<td></td>
<td>Titanium, coron®</td>
</tr>
</tbody>
</table>

CARES® Screw-retained Bridge
CARES® Basic Fixed Bar
CARES® Advanced Fixed Bar

For additional information on Straumann® CARES® products and services, please consult the following brochures:
• Straumann® CARES® Customized Prosthetic Solutions
• Straumann® CARES® Software Manual

Note: Straumann® CARES® may not be available in your country.
Care and maintenance

For long-term success and proper fit of the dentures, periodic check-ups (at least once a year) are recommended. During these visits, you should carefully examine:

- Condition of peri-implant tissues with regard to diseases:
- Plaque and calculus, bleeding, recession, bone loss, radiographs
- Superstructure: Occlusal fit and articulation, proper fit of the denture, wear of occlusal surface, denture retention, attachment loosening, abutment status,
- function of the prosthesis

For proper care at home, instruct the patient to clean the space between gingiva and dentures, especially around the implants on a regular base. Dental floss, bushy dental floss or interdental brushes are recommended.
## Product overview

<table>
<thead>
<tr>
<th>Pictures</th>
<th>Art. No.</th>
<th>Product description</th>
<th>Plan components / Screws</th>
</tr>
</thead>
<tbody>
<tr>
<td>∅ 3.5 mm</td>
<td>022.2745</td>
<td>NC Screw-retained Abutment, TAN, straight 0°, D 3.5 mm, GH 1 mm</td>
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<td>NC Screw-retained Abutment, TAN, straight 0°, D 3.5 mm, GH 4 mm</td>
<td>025.2653-04 NC Plan Screw-retained Abutment, POM, angled 30°, D 3.5 mm, GH 2.5 mm</td>
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<td>025.2655-04 NC Plan Screw-retained Abutment, POM, angled 17°, D 4.6 mm, GH 2.5 mm, Type A</td>
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<td>025.2658-04 NC Plan Screw-retained Abutment, POM, angled 17°, D 4.6 mm, GH 2.5 mm, Type B</td>
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<td>025.2665-04 NC Plan Screw-retained Abutment, POM, angled 17°, D 4.6 mm, GH 2.5 mm, Type B</td>
</tr>
</tbody>
</table>

RC Screw-retained Abutment, TAN, straight 0°, D 4.6 mm, GH 1 mm
RC Screw-retained Abutment, TAN, straight 0°, D 4.6 mm, GH 2.5 mm
RC Screw-retained Abutment, TAN, straight 0°, D 4.6 mm, GH 4 mm
RC Screw-retained Abutment, TAN, angled 17°, D 4.6 mm, GH 1 mm
RC Screw-retained Abutment, TAN, angled 17°, D 4.6 mm, GH 2.5 mm, Type A
RC Screw-retained Abutment, TAN, angled 17°, D 4.6 mm, GH 2.5 mm, Type B
RC Screw-retained Abutment, TAN, angled 17°, D 4.6 mm, GH 4 mm
RC Screw-retained Abutment, TAN, angled 30°, D 4.6 mm, GH 1 mm
RC Screw-retained Abutment, TAN, angled 30°, D 4.6 mm, GH 2.5 mm, Type A
RC Screw-retained Abutment, TAN, angled 30°, D 4.6 mm, GH 2.5 mm, Type B
RC Screw-retained Abutment, TAN, angled 30°, D 4.6 mm, GH 4 mm, Type A
RC Screw-retained Abutment, TAN, angled 30°, D 4.6 mm, GH 4 mm, Type B
RC Screw-retained Abutment, TAN, angled 30°, D 4.6 mm, GH 4 mm, Type B
RC Screw-retained Abutment, TAN, angled 30°, D 4.6 mm, GH 4 mm, Type B
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RC Screw-retained Abutment, TAN, angled 30°, D 4.6 mm, GH 4 mm, Type B
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<th>Temporary restorations / Copings / Screws</th>
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<tr>
<td>025.2243 Impression Post for open tray, TAN, for Screw-retained Abutment, abut. level, 0°, D 3.5 mm</td>
<td>024.2323-04 NC Protective Cap for Screw-retained Abutment, D 3.5 mm, H 5 mm, PEEK/TAN</td>
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<td>025.2245 Impression Post for closed tray, TAN/POM, for Screw-retained Abutment, abut. level, D 3.5 mm</td>
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<td>025.0000 CARES® Scanbody for Screw-retained Abutment, D 3.5 mm (NC)</td>
<td>023.2749 NC Coping for Screw-retained Abutment, Ti, Bridge, D 3.5 mm</td>
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<td>023.2754 NC Analog for Screw-retained Abutment, TAN, straight 0°, D 3.5 mm</td>
<td>023.2750 NC Coping for Screw-retained Abutment, Ti, Bar, D 3.5 mm</td>
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<td>023.2747 NC Coping for Screw-retained Abutment, Ti, Crown, D 3.5 mm</td>
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<td>023.2755 NC Burn-out Coping for Screw-retained Abutment, POM, Bridge/Bar, D 3.5 mm</td>
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<td>023.2748 NC Burn-out Coping for Screw-retained Abutment, POM, Crown, D 3.5 mm</td>
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<td>023.2751 NC Gold Coping for Screw-retained Abutment, engaging, D 3.5 mm, Ceramicor®/POM*</td>
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<td>023.2752 NC Gold Coping for Screw-retained Abutment, non-engaging, D 3.5 mm, Ceramicor®/POM*</td>
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<td>023.2753 NC Gold Coping for Screw-retained Abutment, bar, D 3.5 mm, Ceramicor®/POM*</td>
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* available as of 4th quarter of 2014
### Impression / transfer components

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<td>023.4757</td>
<td>NC/RC Analog for Screw-retained Abutment, TAN, angled 17°/30°, D 4.6 mm</td>
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### Temporary restorations / Copings / Screws

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### Straumann® Planning Guide for Screw-retained Abutment

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### CrossFit® Plan Set

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* available as of 4th quarter of 2014
Compared to existing Straumann Multi-base portfolio

References

1 based on “The SAC Classification in Maxilla/ Mandible” in General maxillary implant-supported/retained overdentures are considered Advanced restorations

3 Riegli Survey Patient Satisfaction, Europe, September 2011. 

4 Norm ASTM F67 (states min. tensile strength of annealed titanium). 


9 1 1 2 1 3 1 4 1 5 1 6 1 7 1 8 1 9 2 0 2 1 2 2 2 3 2 4 2 5 2 6 2 7 2 8 2 9 3 0 3 1 3 2 3 3 3 4 3 5 3 6 3 7 3 8 3 9 4 0 4 1 4 2 4 3 4 4 4 5 4 6 4 7 4 8 4 9 5 0 5 1 5 2 5 3 5 4 5 5 


31 Kopp C, Scheideler L, Ohashina N, de Wild M, Wieland M, Geiss-Gerstorfer J. Enhancing surface free energy and hydrophilicity through chemical modification of micro-structured titanium implant surfaces. European Association of Osseointegration 20th Annual Scientific Meeting, Copenhagen, Denmark, October 2012. Poster presentation. Other Source: 

32 Kopp C, Scheideler L, Ohashina N, de Wild M, Wieland M, Geiss-Gerstorfer J. Enhancing surface free energy and hydrophilicity through chemical modification of micro-structured titanium implant surfaces. European Association of Osseointegration 20th Annual Scientific Meeting, Copenhagen, Denmark, October 2012. Poster presentation. Other Source: 


42 Straumann® Roxolid® Implants will be delivered with the Luxi®m Transfer Piece, which is connected to the implant with a snap-in mounting. After insertion of the implant, the Luxi®m can be released by hand or with the help of tweezers. 


44 RieglSurvey Patient Satisfaction, Europe, September 2011, How important are attractive teeth to patients?


47 Riegl Survey Patient Satisfaction, Europe, September 2011, How important are attractive teeth to patients? 

