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Important aspects of treatment with NobelActive™.

1. Full seating of implant
The unique thread design allows the implant to be redirected during insertion. However, this feature needs attention during placement, as the implant will not necessarily stop at the bottom of the prepared site.

2. Insertion speed of implant
The thread pitch allows the implant to be inserted up to four times faster compared to other implants. This means that less turns are required to fully seat the implant.

3. Implant insertion
If the Surgical Driver is used to insert the implant, special care needs to be taken to avoid overtightening.
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Quick Start – NobelActive™

Products needed for implant placement:
- NobelActive™ Surgery Kit
- NobelActive™ implants
- Disposable Drills
- Bone Mill with Guide NobelActive™ Internal (optional)

Products needed for Temporization / Immediate Function™:
- QuickTemp Abutment NobelActive™ Internal (multiple units)
- Immediate Temporary Abutment NobelActive™ Internal (single units)
- Temporary Abutment NobelActive™ Internal Engaging
- Temporary Abutment NobelActive™ Internal Non-Engaging
- Prosthetic Kit
Flapless technique

Twist Drill w Tip Ø 2 mm

Twist Step Drill Ø 2.4/2.8 mm

Twist Step Drill Ø 3.2/3.6 mm

Flap technique

Twist Drill w Tip Ø 2 mm

See table on page 13 for drill sequences for all platforms and different bone types.
Surgical procedures.

**NobelActive™ – Expands treatment options**
- High initial stability, even in compromised bone situations
- Bone-condensing property
- Redirecting capability for optimal placement
- Built-in Platform Shifting
- Dual-function prosthetic connection

**Clinical benefits of the implant design**
- Gradually bone condensing and high initial stability
- Enables "active" directional changes for optimal restorative position
- Allows for maximum alveolar bone volume around implant for improved soft tissue support
- Enables narrow ridge expansion
- Enables gradual widening of the osteotomy
- Enables smaller osteotomy

**Dual-function prosthetic connection**
- Sealed connection
- Increased mechanical strength
- Designed to enhance Soft Tissue Integration
- Secure reposition of prosthetic components
- Allows for prosthetic flexibility and implant level bridges

**Indications**
NobelActive™ Implants are indicated for all bone types and following clinical procedures.
- Single missing tooth, partial edentulism, total edentulism
- Upper and lower jaws, anterior and posterior regions
- Two stage surgical procedures
- Placement at time of extraction and Immediate Function
Considerations based on bone quality and quantity

Carry out examination and treatment planning according to normal routines.

Traditionally, the density of compact bone provides good initial stabilization for the installed implant, while cancellous bone provides much reduced density and thereby a strategy for achieving initial stability for each site is recommended. To facilitate stability in softer bone qualities, the body of the NobelActive™ implant is tapered, further enhanced by threads that increase in vertical thickness as insertion proceeds to condense bone. The combination of these features, combined with the possibility for under-preparation of site diameter in soft bone, allow for achievement of substantial stability also in predominantly cancellous bone sites. (see drill chart based on bone quality)

The amount of bone available for implant retention differs from site to site. The implant is “active” enabling an angle change during insertion. This ability for redirection allows the implant to be inserted into available bone, for example within the palatal wall of an anterior extraction socket, and then be redirected for maximal stabilization while establishing proper restorative alignment. (see p. 25–26)

To maintain vertical tissue dimension, make sure to allow at least 1.5 mm of bone lingual to and buccal to the implant collar. The special narrowing of the implant collar diameter allows for favorable ridge adaptation when crestal ridge width is limited.
Surgical procedures.

**Use flapless technique when:**
- There is sufficient quantity and quality of alveolar bone and soft tissue
- It is not necessary to reflect a flap to safely direct drilling procedure in relation to the anatomy
- Flapless procedure: measure soft tissue thickness with a probe. Add tissue thickness to drilling depth for correct site preparation.

**Use flap technique when:**
- It is necessary to observe the underlying alveolar bone and adjacent anatomical structures
- Placing bone and/or connective tissue grafts

**Caution!**
Confirm available bone and significant anatomical landmarks such as blood vessels, nerves, and concavities with conventional diagnostic tools such as radiographic imaging, probing and palpation.
Technical specifications.

- Conical 2-piece implant with a unique combination of design features that enable easy insertion and very high initial stability
- New internal connection using conical seating and hexagon interlocking

Platforms
To facilitate treatment planning, clinical procedures, and component identification, NobelActive™ Implants are organized according to a “platform concept”. The platform marking corresponds to the implant-abutment interface.

For component identification prosthetic components for Narrow Platform (NP) are color coded in magenta.

<table>
<thead>
<tr>
<th>Platform</th>
<th>Platform diameter</th>
<th>Implant diameter</th>
<th>Abutment interface</th>
<th>Lengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP</td>
<td>Ø 3.5</td>
<td>Ø 3.5</td>
<td>Ø 3.0</td>
<td>8.5</td>
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<tr>
<td></td>
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<td>10</td>
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</tbody>
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Narrow Platform: Limited inter-dental space. Not enough alveolar bone for an RP implant.

Note: Narrow Platform implants are not recommended to be used in the posterior region.

<table>
<thead>
<tr>
<th>RP</th>
<th>Ø 3.9</th>
<th>Ø 4.3</th>
<th>Ø 3.4</th>
<th>Lengths</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Ø 5.0</td>
<td></td>
<td></td>
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<td>15</td>
<td>18</td>
</tr>
</tbody>
</table>

Measurements are in mm.
The drills are made from surgical stainless steel and coated with an amorphous diamond coating which gives them their black color. The drills are used with external irrigation.

- Drills are available in two length versions, 10–18 mm and 7–15 mm. See height markings on image.
- Use an in-and-out motion and drill in bone for 1–2 seconds.
- Move drill out without stopping handpiece motor. This allows the irrigation to flush away debris.
- Proceed with this method to drill to a suitable depth in accordance with bone quality and implant diameter.
- Stop drilling if there is no irrigation.
- When using the Drill Extension shaft, it is important to supplement cooling at the tip of the drill with manual irrigation as necessary.

The Drill Extension Shaft is intended for use with Twist Drill used for site preparation; it is not recommended for use with screw taps or implant drivers.

**Caution!** The drill preparation extends up to 1 mm longer than the implant. Allow for this additional length when drilling near vital anatomical structures.

**Note:** Twist Drills and Twist Step Drills are disposable and should be used for one surgery only. Do not re-sterilize a disposable drill.

**Depth measurement system**

All drills and components are marked to enable you to prepare the site to the correct depth and obtain a secure and predictable position.

**Note:** The marks on the twist drills (7, 10, 13, and 15) indicate actual millimeter lengths and correspond to the top of the implant collar.

Final vertical positioning depends on several clinical parameters such as:

- Esthetics
- Tissue thickness
- Available vertical height
- Flapless procedure: measure soft tissue thickness with a probe. Add tissue thickness to drilling depth for correct site preparation.
Drills needed
This drill sequence is recommended to ensure optimal primary implant stability when applying Immediate Function.

<table>
<thead>
<tr>
<th>Implant Ø</th>
<th>Soft Bone Type IV</th>
<th>Medium Bone Type II–III</th>
<th>Dense Bone Type I</th>
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<tbody>
<tr>
<td>Ø 3.5</td>
<td>2.0 (2.4/2.8)</td>
<td>2.0 2.4/2.8 (2.8/3.2)</td>
<td>2.0 2.4/2.8 2.8/3.2</td>
</tr>
<tr>
<td>Ø 4.3</td>
<td>2.0 2.4/2.8 (2.8/3.2)</td>
<td>2.0 2.4/2.8 3.2/3.6 (3.8/4.2)</td>
<td>2.0 2.4/2.8 3.2/3.6 3.8/4.2 (4.2/4.6)</td>
</tr>
<tr>
<td>Ø 5.0</td>
<td>2.0 2.4/2.8 3.2/3.6</td>
<td>2.0 2.4/2.8 3.2/3.6 3.8/4.2 (4.2/4.6)</td>
<td>2.0 2.4/2.8 3.2/3.6 3.8/4.2 (4.2/4.6)</td>
</tr>
</tbody>
</table>

Note: All data is stated in mm.
Drills within brackets (---) denote widening of the cortex only, not drilling to the full drilling depth.

Depth of drilled site
In soft bone the self-drilling capability of the implant allows it to be inserted into sites that have been prepared to a reduced depth. This ability becomes very useful in situations of close proximity to vital anatomical structures. It can also be utilized in softer bone when maximum condensation is desirable. If it is desired to use this capability of the implant, drill to 2–4 mm less than the total implant length, insert implant to drilled depth and continue to insert. The implant will drill its way to final depth.

Caution! If strong resistance (close to 70 Ncm) is encountered at any point during insertion, rotate the implant counter clockwise approximately 1/2 turn to enable the self tapping capacity of the implant, then continue to insert the implant. If there is still strong resistance (close to 70 Ncm), remove the implant, place implant back in titanium casing; at this point, adequate depth of site can be verified with depth gauge or drill, and further widening of the site to either the cortical bone or to full depth can be considered.

Self-drilling should not be attempted in dense bone.

The drill preparation extends up to 1 mm longer than the implant.
Step-by-step clinical procedure.

**NobelActive™ Internal RP 4.3**
Illustration shows the drill sequence for NobelActive™ Internal RP 4.3 x 13 mm in medium bone.

For NobelActive™ implants with diameter 3.5 and 5.0 mm as well as drill protocol in various bone densities, please refer to the sequence table on page 13.

---

**OPTIONAL:**
**Precision Drill**
To facilitate initial penetration and creation of a crestal start point, a Precision Drill can be used before Twist Drill with Tip $\varnothing$ 2 mm.

$*$ High speed (Max. 2000 rpm)

---

**1 Twist Drill with Tip $\varnothing$ 2 mm**
Drill to the appropriate depth using the Twist Drill with Tip $\varnothing$ 2 mm. Drill Stops can be used.

**Note:** When using a flapless procedure, measure the soft tissue thickness with a probe. Add this tissue thickness to the drilling depth for correct site preparation. Be aware of anatomical landmarks.

$*$ High speed (Max. 2000 rpm)

---

**2 Direction Indicator**
- Check orientation using Direction Indicator $\varnothing$ 2.0/2.4–2.8 mm
- If applicable, take a radiograph to verify correct direction
- When placing multiple implants, proceed to next implant site before continuing to next drill sequence
3 Twist Step Drill Ø 2.4/2.8 mm
Continue site preparation using Twist Step Drill
Ø 2.4/2.8 mm

Check orientation using Direction Indicator
Ø 2.0/2.4–2.8 mm

* High speed (Max. 2000 rpm)

4 Twist Step Drill Ø 3.2/3.6 mm
Continue site preparation using Twist Step Drill
Ø 3.2/3.6 mm

* High speed (Max. 2000 rpm)

5 Determine implant length
Use Depth Probe to verify the desired depth has been achieved
(including soft tissue thickness, if applicable)
6 Packaging
– Each implant is packaged in a double aseptic vial

– The outer package has a printed label with product data. Record implant size and LOT number on patient’s chart.

– Two peel-off labels on outer vial can be affixed directly to chart

– The outer implant vial cap is color coded to identify the implant platform. A label marks implant diameter and length.

– Lift off plastic cap to gain access to implant. No cover screw co-packed with implant.

7 Implant insertion
Depending on the clinical situation and accessibility, there are three different options to insert the NobelActive™ implant:

7.1 Using the NobelActive™ Manual Torque Wrench Surgical
7.2 Using the Surgical Driver
7.3 Using a drilling unit

It is possible to start the implant insertion manually, using the NobelActive™ Implant Driver and Surgical Wrench Adapter

The maximum tightening torque for the implant is 70 Ncm and may be measured with NobelActive™ Manual Torque Wrench Surgical.

Caution! Avoid overtightening of the implant. Overtightening may compromise the integrity of internal connection and overcompress the surrounding bone, compromising osseointegration.
8 Using NobelActive™ Manual Torque Wrench

Pick-up Implant

– Connect Implant Driver NobelActive™ Internal (A) to the NobelActive™ Manual Torque Wrench Surgical (B)

– Pick up implant by applying light pressure on implant driver

Make sure that the Implant Driver is fully seated.

– Start inserting the implant into the osteotomy
9 Using Surgical Driver

Pick-up Implant

– In anterior areas, a Surgical Driver may be used to place the implant
– Connect Implant Driver NobelActive™ Internal (A) to the Surgical Driver (B)

– Pick up implant by applying light pressure on implant driver

**Note:** The Surgical Driver is designed to be used while grasped with finger pressure only. Use of full palm grip can yield over 200 Ncm insertion torque.

[Image: Make sure that the Implant Driver is fully seated.]

– Start inserting the implant into the osteotomy

**Caution!** Avoid overtightening of the implant. Overtightening may compromise the integrity of internal connection and overcompress the surrounding bone, compromising osseo-integration.
10 Using a drilling unit
Pick-up Implant
– Connect Implant Driver NobelActive™ Internal to handpiece

– Pick up implant by applying light pressure on implant driver

Make sure that the Implant Driver is fully seated.

– Start inserting the implant into the osteotomy using low speed (25 rpm). The drilling unit may be set to the maximum 50 Ncm insertion torque.
11 Final tightening

– Connect the NobelActive™ Manual Torque Wrench Surgical to the Manual Torque Wrench Adapter and place implant to final depth
– For Immediate Function, the implant should be able to withstand a final tightening torque of at least 35 Ncm. Do not exceed 70 Ncm.
– Align driver with implant during installation
– Remove driver with an easy upward motion

Caution! Excessive force while inserting the implant with the wrench or implant driver must be avoided. It can cause undue compression of the bone and result in necrosis and impaired results. If strong resistance (close to 70 Ncm) is encountered at any point during insertion, rotate the implant counter clockwise approximately 1/2 turn to enable the self tapping capacity of the implant, then continue to insert the implant. If there is still strong resistance (close to 70 Ncm), remove the implant, place implant back in titanium casing; at this point, adequate depth of site can be verified with depth gauge or drill, and further widening of the site to either the cortical bone or to full depth can be considered.

Note: Removal of implant driver: If the implant driver is difficult to remove, slightly rotate it counter clockwise before lifting it up.
12 Final implant placement
– For maximum esthetic results place the implant on the level of the buccal bone or 0.5–1 mm below

13 Implant orientation
– When placing the implant, align one of the dots on the Implant Driver NobelActive™ Internal parallel to the buccal/facial wall. This positions the internal hexagon to ensure preferred prosthetic abutment orientation.

– Implant Driver NobelActive™ Internal has a 3 mm height marking to facilitate vertical implant positioning when using a flapless procedure

**Note:** Removal of implant driver: If the implant driver is difficult to remove, slightly rotate it counter clockwise before lifting it up.
Special surgical procedures.

The unique self-drilling and bone-condensing capabilities of NobelActive™ implants facilitate placement of these implants in clinically demanding situations. The ability to gain good primary stability in minimal bone is desirable in most clinical situations, such as placement in extraction sites.

The ability to redirect implant position during implant placement helps to facilitate parallelism between implants and optimize implant placement in the anterior zone.

1 Small changes for parallelism
The self-drilling capacity of the NobelActive™ implants makes it possible to change direction of the implant during implant placement.

If after placing the implant, a further change in implant alignment is desired:

– Back the implant out 2–3 turns.
– Start to insert the implant into the new direction as described previously. Do not exceed 70 Ncm.

Caution! Excessive force while inserting the implant with the wrench or implant driver must be avoided. It can cause undue compression of the bone and result in necrosis and impaired results. If strong resistance (close to 70 Ncm) is encountered at any point during insertion, rotate the implant counter clockwise approximately 1/2 turn to enable the reverse-cutting capacity of the implant, then continue to insert the implant. If there is still strong resistance (close to 70 Ncm), remove the implant, place implant back in titanium casing; at this point, adequate depth of site can be verified with depth gauge or drill, and further widening of the site to either the cortical bone or to full depth can be considered.

– Continue the insertion until the implant is fully seated in the desired position.
2 Stabilization in wide sockets with minimal bone

The unique design features of the NobelActive™ implants allow it to be anchored and stabilized in minimal bone.

Note: In these situations, a one-stage surgical approach is not recommended.

- Due to the special design it is possible to insert NobelActive™ implants into prepared sites of much narrower diameter than required for implants in general.
- Drill apically in the extraction socket, using Twist Drill w Tip Ø 2 or Precision Drill.
- Depending on the diameter of the implant and bone density, continue site preparation, using the drilling protocol described on page 13.
- Start to insert the implant into the under prepared site as described previously. Do not exceed 70 Ncm.

Caution! Excessive force while inserting the implant with the wrench or implant driver must be avoided. It can cause undue compression of the bone and result in necrosis and impaired results. If strong resistance (close to 70 Ncm) is encountered at any point during insertion, rotate the implant counter clockwise approximately 1/2 turn to enable the reverse-cutting capacity of the implant, then continue to insert the implant. If there is still strong resistance (close to 70 Ncm), remove the implant, place implant back in titanium casing; at this point further widening the site to reduce the resistance can be considered.

- Due to the unique thread design and bone-condensing capacity, sufficient retention and stabilization may be achieved.
- Bone augmentation may be immediately followed if indicated.
- Place a Cover Screw NobelActive™ Internal and suture.
3 Stabilization in soft bone

The unique design of the NobelActive™ implant allows insertion into small diameter osteotomies and gradual bone condensing in all directions throughout the entire length of the implant.

– Drill using Twist Drill w Tip Ø 2 mm
– Depending on the diameter of the implant and bone density, continue to drill, using the drilling protocol described on page 13
– Start to insert the implant into the under-prepared site as described previously. Do not exceed 70 Ncm.

Caution! Excessive force while inserting the implant with the wrench or implant driver must be avoided. It can cause undue compression of the bone and result in necrosis and impaired results. If strong resistance (close to 70 Ncm) is encountered at any point during insertion, rotate the implant counter clockwise approximately 1/2 turn to enable the reverse-cutting capacity of the implant, then continue to insert the implant. If there is still strong resistance (close to 70 Ncm), remove the implant, place implant back in titanium casing; at this point, adequate depth of site can be verified with depth gauge or drill, and further widening of the site to either the cortical bone or to full depth can be considered.

– Due to the unique thread design and bone-condensing capacity, sufficient retention and stabilization may be achieved all around the implant
4 Changing direction (Active placement)

Achieving esthetic results in the anterior maxilla is very difficult and considered a highly demanding treatment. The buccal bone plate is usually very thin and oftentimes missing altogether, whereas maintaining bone height and soft tissue architecture requires at least 1.5 mm of bone thickness buccal to the implant.

In order to achieve the desired results, bone augmentation must often be performed prior to implant placement. In many cases NobelActive™ implants simplify this procedure.

The ability to self drill and actively change direction with the implant allows anchorage of the implant adjacent to the palatal wall with excellent stability leaving ample space for bone augmentation on the buccal aspect.

OPTIONAL:
Precision Drill
– For creation of a start point in the palatal wall of the extraction socket, a Precision Drill can be used before Twist Drill with Tip Ø 2 mm

(*) High speed (Max. 2000 rpm)

Drill sequence
– For maxillary anterior teeth, the objective is to utilize bone palatal to the remaining socket in the apical 1/3 to 1/2 for stabilization of the implant. The palatal wall is first penetrated from a more perpendicular approach to gain a starting point with either the Precision Drill or the Twist Drill with Tip Ø 2 mm.

Note: When using a flapless procedure, measure the soft tissue thickness with a probe. Add this tissue thickness to the drilling depth for correct site preparation. Be aware of anatomical landmarks.

– Continue to drill with the Twist Drill w Tip Ø 2 mm, while gradually changing the direction to a more vertical direction Depending on the diameter of the implant and bone density, continue to drill as described above, using the drilling protocol described on page 13.
Implant insertion
– Start to insert the implant at the same angle as for the initial drilling. Do not exceed 70 Ncm.

– Continue inserting the implant to final position, while gradually changing the angulation

Caution! Excessive force while inserting the implant with the wrench or implant driver must be avoided. It can cause undue compression of the bone and result in necrosis and impaired results. If strong resistance (close to 70 Ncm) is encountered at any point during insertion, rotate the implant counter clockwise approximately 1/2 turn to enable the reverse-cutting capacity of the implant, then continue to insert the implant. If there is still strong resistance (close to 70 Ncm), remove the implant, place implant back in titanium casing; at this point further widening the site to reduce the resistance can be considered.

– In the anterior region it is recommended to use the Surgical Driver, to facilitate good control during insertion and angulation changes. This manual surgical driver is intended to be used while grasped with finger tips only to avoid excessive insertion torque.

Caution! Avoid overtightening of implant. Overtightening may compromise the integrity of internal connection and overcompress the surrounding bone, compromising osseointegration.
Finalization procedures NobelActive™.

There are three options for finalizing implant surgery with NobelActive™ implants.

**One-stage Immediate Function**
Provisionalize implant for immediate esthetics and function using Nobel Biocare temporary components or final abutments (see following procedures).

**One-stage delayed function**
Use a Screwdriver Unigrip to connect Healing Abutment NobelActive™ Internal. If applicable, suture back the soft tissue.

**Note:** If an implant level Procera® Implant Bridge is planned to be connected to the implant, a Healing Abutment Bridge NobelActive™ Internal, should be used.

**Two-stage delayed function**
Use Screwdriver Unigrip to connect Cover Screw NobelActive™ Internal.

Suture tissue flap using desired technique.

---

**Bonemill**
Bone Mill with Guide NobelActive™ Internal NP
Bone Mill with Guide NobelActive™ Internal RP

**Note:** If bone above the implant platform interferes with complete seating of any components, the Bone Mill with Guide is used either manually or at low speed in the handpiece to clear a path of insertion.
Prosthetic Procedures.

**Unique prosthetic connection**
- Conical connection – provides a sealed connection and increased mechanical strength
- Built-in Platform Shifting – designed to enhance Soft Tissue Integration
- Hexagonal interlocking – allows secure repositioning of prosthetic components
- Dual-function prosthetic connection – allows for prosthetic flexibility and Procera Implant Bridges Indications

**Impression coping seating**
Properly seating of the impression coping is essential for a correct impression.

To verify that the NobelActive™ impression copings are properly seated, check that the groove on the impression coping sits right at the level of the implant shoulder. Use a perpendicular radiograph if necessary.
**Abutment seating**

Correct positioning of the abutment is essential for the prosthetic outcome and long lasting function. Verify correct vertical abutment seating by radiographic imaging.

1. Position the abutment into the implant head and make sure the hexagonal extension engages properly by gentle turning and pushing.
2. Make sure the abutment feels in place horizontally and vertically.
3. Tighten the screw, but not down to full torque.
4. Take a radiograph to verify proper and full abutment seating. The radiograph should verify:
   - No apparent bone interference
   - Long axis of the implant and abutment are aligned
   - No gap shows in conical interface
   - Space at the bottom of the connection should appear parallel and measure less than 1 mm
5. Tighten the abutment screw to final torque – see respective abutment.

**Examples 1**

- Abutment not fully seated due to interfering bone. Long axis are not aligned. Gap in conical interface. Bottom space is not parallel and is larger than 1 mm.
- Abutment fully seated. All above parameters are verified.

**Examples 2**

- Abutment seems to be aligned with implant but space is larger than 1 mm.
- Abutment is fully seated.
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<td>NobelActive™ Internal (multiple units)</td>
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<td>Immediate Temporary Abutment</td>
<td>35</td>
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<td>NobelActive™ Internal (single restorations)</td>
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<td>Temporary Abutment NobelActive™ Internal Non-Engaging</td>
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<td>Procera® Abutment Zirconia</td>
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<td>Procera® Abutment Titanium</td>
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<td>GoldAdapt Non-Engaging NobelActive™</td>
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<tr>
<td>LOCATOR® Abutment for NobelActive™ implants</td>
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</tr>
</tbody>
</table>
Immediate Function – Procera® Esthetic Abutment NobelActive™ Internal.

Zirconia
Indications
– Single tooth or multiple unit implant restorations
– Cement-retained restoration
Contraindications: Procera® Esthetic Abutments for NobelActive™ are not indicated for posterior use.

1 Abutment try-in
– Measure the height of the soft tissue and select the correct abutment according to the illustration chart
– Place the clean and sterilized abutment on the implant.
  Slightly tighten the abutment screw using the Screwdriver Manual Unigrip
– Check the shape and fit
– Mark any area in need of modification
– Only for use in anterior region

2 Modification
– Remove the abutment and place it into the corresponding Protection Analog. Mount and tighten the Handle for Protection Analog (1).

Note: For strength and fit reasons, never modify the area of the abutments marked in red (2). Do not modify the abutments below the dimensions shown. These are the minimum default dimensions of the Procera® Manufacturing System.

– Modify extra-orally, using a high-speed turbine with copious water irrigation and diamond drills (3)
3 Temporary restoration
- Connect the abutment to the implant, hand tighten
- Try in a temporary crown of correct size
- Protect the screw access opening with cotton or some easily removable block-out material
- Fill the temporary crown with small amount of resin/composite and form restoration by normal routines assuring ability to remove before cementation.
- Remove the crown and abutment
- Make the final fill-up with composite outside the mouth thereby avoiding excess composite in the soft tissue
- With abutment remounted to laboratory handle, polish the cervical area

4 Abutment connection
- Connect the abutment to the implant

Note: A radiograph can help to confirm accurate seating of the abutment.

- Tighten the abutment screw to 35 Ncm using the Manual Torque Wrench Prosthetic and Screwdriver Machine Unigrip
- Block out abutment screw access hole to assure further access. Cement temporary restoration with minimal cement to avoid excess beyond margins of abutment.

5 Final restoration
- Follow established prosthetic procedures for the final restoration after a sufficient healing period

Prosthetic Alternatives:
- Procera® Crown veneered with dental ceramic
- Procera® Bridge veneered with dental ceramic

For Dental Laboratory Procedures please refer to the applicable section in the Laboratory Manual.
Immediate Function – QuickTemp Abutment NobelActive™ Internal

Immediate Temporary Abutment NobelActive™ Internal

**Indications**
- Multiple teeth implant chair-side restorations

**1 Abutment connection**
- The abutment is mounted into the implant and tightened with the Screwdriver Machine Unigrip and Manual Torque Wrench Prosthetic to 35 Ncm

**2 Provisional bridge**
- The abutment post is adjusted for height and clearance if necessary
- The plastic coping is tried in and relieved for clearance if necessary
- The receptor sites for the Unigrip screwdriver are blocked out with wax so they do not become filled with restorative materials or cement
- A temporary bridge is fabricated with traditional methods using either acrylic or composite
- Cement using provisional cement

**Warning!** Do not use with polyurethane cements. The cement will not cure.

Immediate Temporary Abutment NobelActive™ Internal

**Indications**
- Single tooth implant chair-side restorations
**Note:** Temporary Coping is included.
3 Immediate Temporary Abutment NobelActive™
   Internal
   – For single tooth implant chair-side restorations
   – The abutment is mounted into the implant and tightened with the Screwdriver Machine Multi-unit and Manual Torque Wrench Prosthetic to 35 Ncm

4 Provisional crown
   – The abutment post is adjusted for height and clearance if necessary
   – The plastic coping is tried in and relieved for clearance if necessary
   – A temporary crown is fabricated with traditional methods using either acrylic or composite
   – Cement using provisional cement

Warning! Do not use with polyurethane cements. The cement will not cure.
Temporary Abutments
NobelActive™ Internal.

Indications Non-Engaging
Provisional screw-retained multi-unit implant restoration

Indications Engaging
Provisional screw-retained single tooth implant restoration

The temporary abutments used for the fabrication of provisional screw-retained restorations are made of titanium. The retentive grooves on the abutments will help to bind the acrylic material when constructing the provisional restoration.

Provisional restorations may be made either at a dental laboratory or chair-side. For the direct chair-side method, an acrylic mold for the provisional restoration can be made.

1 Abutment connection
– Connect and modify the Temporary Abutment
– Block out undercuts on adjacent teeth if necessary
– Fill the screw access hole with suitable material

2 Making the Temporary Restoration
– Fill the plastic mold with temporary crown and bridge material and seat it
3 Remove the Restoration and make final adjustments
- Drill a hole through the mold and remove the material from the screw access holes
- Loosen the screws to remove the restoration
- Remove the mold
- Make final adjustments

4 Connection of temporary restoration
- The provisional restoration is fastened
- Fill screws access channel with suitable material

Extraction Screw NobelActive™
- Narrow Platform
- Regular Platform

Facilitates the removal of tight fitting
Temporary Abutment NobelActive™
See information on page 59.
Procera® Abutment
NobelActive™ Internal.

Zirconia, Titanium
These abutments are designed and ordered in Procera® Software.

Indications
– Cement-retained
– Single tooth or multiple implant restorations
– Screw-retained
– Single tooth

Contraindication: Procera® Abutments Zirconia for NobelActive™ are not indicated for posterior use.

1 Impression
– Place the impression coping into the implant and take an implant level impression.
– The healing abutment or temporary restoration is replaced in the patient’s mouth.
– Opposing jaw information and shade are included with the impression and impression coping when sent to the dental laboratory.

2 Laboratory procedures
– The dental technician designs the Procera® Abutment. When the design is completed, data is transferred to the Procera® production facility via the Internet.
– The abutment is produced and returned to the laboratory.
– In the laboratory the abutment is scanned for a Procera® Crown or Procera® Bridge, which after production, will be veneered with dental ceramic.
Note: For strength and fit reasons, never modify the area of the ceramic abutments marked in red. Do not modify the abutments below the dimensions shown. These are the minimum default dimensions of the Procera® Manufacturing System.

3 Abutment connection
– Ensure that the implant platform is free from any soft-tissue or bone remnants.
– Position the abutment/screw assembly into the implant and secure the screw in the implant using the Screwdriver Unigrip

A radiograph can be helpful to confirm accurate seating of the abutment
– Tighten the abutment screw to 35 Ncm using the Manual Torque Wrench Prosthetic and Screwdriver Machine Unigrip

Note: Removal of the tightened abutment, after loosening of the abutment screw, necessitates a clamp to slightly jiggle and remove the abutment.

4 Cementation of final restoration
– Gently seat the restoration on the abutment and check both the occlusion and the interproximal. The restoration should be in light occlusion. Excursive contact should be minimal.
– Fill the screw access channel with a block-out material to preserve abutment screw access.
– Cement the restoration using permanent cement.
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<thead>
<tr>
<th>Product list for clinical procedures</th>
<th>Internal connection</th>
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<tbody>
<tr>
<td><strong>Procera® Abutment</strong></td>
<td></td>
</tr>
<tr>
<td>Includes: Abutment Screw</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="Image of Procera® Abutment" /></td>
<td><img src="image" alt="NP" /> <img src="image" alt="RP" /></td>
</tr>
</tbody>
</table>

**Impression Coping Implant Level Closed Tray**

Alternatives for internal connection:
- Narrow Platform $\phi 3.6 \times 13 \text{ mm}$ and $\phi 5 \times 13 \text{ mm}$.
- Regular Platform $\phi 3.6 \times 13 \text{ mm}$, $\phi 5 \times 13 \text{ mm}$ and $\phi 6 \times 13 \text{ mm}$.
- Regular Platform $\phi 3.6 \times 9 \text{ mm}$, $\phi 5 \times 9 \text{ mm}$ and $\phi 6 \times 9 \text{ mm}$.

![Image of Impression Coping Implant Level Closed Tray](image) ![NP](image) ![NP](image) ![RP](image) ![RP](image)

**Impression Coping Implant Level Open Tray**

- Narrow Platform $\phi 3.6 \times 14 \text{ mm}$ and $\phi 5 \times 14 \text{ mm}$.
- Regular Platform $\phi 3.6 \times 14 \text{ mm}$, $\phi 5 \times 14 \text{ mm}$ and $\phi 6 \times 14 \text{ mm}$.
- Regular Platform $\phi 3.6 \times 10 \text{ mm}$, $\phi 5 \times 10 \text{ mm}$ and $\phi 6 \times 10 \text{ mm}$.

![Image of Impression Coping Implant Level Open Tray](image) ![NP](image) ![NP](image) ![RP](image) ![RP](image)

**Implant Replica**

![Image of Implant Replica](image) ![NP](image) ![RP](image)

For Dental Laboratory Procedures please refer to the applicable section in the Laboratory Manual.
Esthetic Abutment
NobelActive™ Internal.

Titanium
Indications
– Single tooth or multiple unit implant restorations
– Cement-retained restorations

The abutment is designed with a scalloped margin that profiles natural soft tissue contours with various collar heights available based on the implant platform.

1 Abutment connection
– Position the abutment/screw assembly into the implant and tighten the screw until resistance is felt using the Screwdriver Unigrip
– A radiograph can help to confirm accurate seating of the abutment to the implant
– Modifications – if needed: Remove the abutment, place it in a Protection Analog and Handle, and modify it with a carborundum disk and carbide bur. If the modification is made intra-orally, use profuse water irrigation.
– Tighten the abutment screw to 35 Ncm using the Manual Torque Wrench Prosthetic and Screwdriver Machine Unigrip

Note: For the removal of the tightened abutment, use the Extraction Screw NobelActive™ NP or RP. See information on page 59.

2 Impression
– Block out abutment screw channels
– Take a standard C&B impression
– Send the impression to the dental laboratory
3 Temporary restoration
– Clean and remove any debris from the Esthetic Abutment
– Provisionalize the Esthetic Abutment by normal crown and bridge routines

4 Laboratory procedures
In the laboratory, a model is made and a restoration is produced.
Alternatives:
– Procera® Crown veneered with dental ceramic
– Procera® Bridge veneered with dental ceramic

5 Cementation of final restoration
– Verify the tightness to 35 Ncm and block out the screw access channel
– Gently seat the restoration on the abutment and check both the occlusion and the interproximal contacts.
  The restoration should be in light occlusion. Excursive contact should be minimal.
– Cement the restoration using provisional or permanent cement

Note: Only use permanent cement when cementing all-ceramic crowns or bridges.

Narrow Profile Abutment NobelActive™ Internal
– For temporary restorations
– For implant restorations with limited interdental space
– Take an implant level impression

Laboratory Procedures
– A model is made, the abutment is modified, if needed, and a restoration is made
– Follow the prescribed procedures for modification, connection and cementation

Note: For the removal of the tightened abutment, use the Extraction Screw NobelActive™ NP or RP.
See information on page 59.
Product list for clinical procedures

**Esthetic Abutment**
Includes: Abutment Screw

**Esthetic Abutment 15°**
Includes: Abutment Screw

**Narrow profile Abutment NobelActive™ Internal**
- Narrow Platform, length 7 and 9 mm.
- Regular Platform, length 7 and 9 mm.

**Impression Coping Implant Level Closed Tray**
- Narrow Platform Ø 3.6 × 13 mm and Ø 5 × 13 mm.
- Regular Platform Ø 3.6 × 13 mm, Ø 5 × 13 mm and Ø 6 × 13 mm.
- Regular Platform Ø 3.6 × 9 mm, Ø 5 × 9 mm and Ø 6 × 9 mm.

**Impression Coping Implant Level Open Tray**
- Narrow Platform Ø 3.6 × 14 mm and Ø 5 × 14 mm.
- Regular Platform Ø 3.6 × 14 mm, Ø 5 × 14 mm and Ø 6 × 14 mm.
- Regular Platform Ø 3.6 × 10 mm, Ø 5 × 10 mm and Ø 6 × 10 mm.

**Implant Replica**

**Implant Replica**
- Narrow Platform
- Regular Platform
Facilitates the removal of tight fitting Esthetic Abutment NobelActive™.

For Dental Laboratory Procedures please refer to the applicable section in the Laboratory Manual.
Snappy Abutment
NobelActive™ Internal.

Titanium
Indications
– Single tooth or multiple unit implant restorations, ideal for posterior restorations
– Cement-retained restorations

1 Abutment connection
– Position the abutment/screw assembly into the implant and secure the screw until resistance is felt using the Screwdriver Unigrip
– A radiograph can help to confirm accurate seating of the abutment to the implant
– Tighten the abutment screw to 35 Ncm using the Manual Torque Wrench Prosthetic and Screwdriver Machine Unigrip

Note: For the removal of the tightened abutment, use the Extraction Screw NobelActive™ NP or RP. See information on page 59.

2 Impression
– Press the impression coping onto the abutment. A “snap” will indicate that the impression coping is fully engaged and well adapted to the margin of the abutment.
– Take a standard impression. When the impression is pulled, the impression coping will disengage from the Snappy Abutment and is picked up in the impression.
– Send the impression with traditional opposing arch, occlusal registration and shade information to the dental laboratory for model and prosthetic fabrication
3 Temporary restoration
– Clean and remove any debris from the Snappy Abutment
– Use the Manual Torque Wrench Prosthetic to verify the tightening of the abutment screw to 35 Ncm
– Provisionalize the Snappy Abutment chair-side using the plastic/temporary coping, or use the healing cap that is included in the Snappy Abutment package

**Warning!** Do not use Plastic/Temporary Coping Snappy Abutment with polyurethane acrylcs or cements. Polyurethane acrylcs and cements do not cure properly against the Plastic/Temporary Coping.

4 Laboratory procedures
– A model is made and the restoration is produced

Alternatives:
– Procera® Crown veneered with dental ceramic
– Procera® Bridge Zirconia or Alumina veneered with dental ceramic
– Plastic/Temporary Coping Snappy Abutment in a cast restoration

5 Cementation of final restoration
– Remove the healing cap or temporary prosthesis
– Verify the tightness to 35 Ncm and block out the screw access channel
– Cement the restoration over the abutment. For all-ceramic restorations, a permanent cement must be used. For other restorations, a provisional cement may be used if greater ease of retrievability is desired.

**Note:** Only use permanent cement when cementing all-ceramic crowns or bridges.
## Product list for clinical procedures

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<td>RP</td>
<td>RP</td>
<td>RP</td>
<td>RP</td>
<td>WP</td>
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<td>RP</td>
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<td>RP 5.5 mm</td>
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</tr>
</tbody>
</table>

### Internal connection

- NP: Narrow Platform
- RP: Regular Platform
- WP: Wide Platform

### Snappy Abutment
Includes: Abutment Screw, Healing Cap, Impression Coping.

### Impression Coping Snappy Abutment

### Abutment Replica Snappy Abutment

### Healing Cap Snappy Abutment

### Plastic/Temporary Coping Snappy Abutment
Engaging/Non-Engaging

### Extraction Screw NobelActive™
- Narrow Platform
- Regular Platform

Facilitates the removal of tight fitting Snappy Abutment NobelActive™

### Note
The Snappy Abutment NobelActive™ RP 5.5 mm correspond in size with Snappy Abutment NobRpl RP. Use RP sized prosthetic components for RP 5.5 mm abutments.
Multi-unit Abutment
NobelActive™ Internal.

Titanium
Indications
– Multiple unit screw-retained restorations
– May be used in combination with an implant level framework design if not all implants benefit from abutments
– Used to elevate seating platform of restoration when restoration to implant level not practical or indicated due to depth or angle of implant

1a Abutment connection straight Multi-unit Abutment
– Selection of proper abutment height: measure the abutment collar height
– Use the premounted plastic holder to place the abutment into the implant and screw the abutment into the correct position
– If necessary, shorten the holder with a pair of scissors
– When the abutment is seated, the plastic holder should be removed with a slight bending movement
– A radiograph can be helpful to confirm accurate seating of the abutment
– Tighten the abutment to 35 Ncm using the Manual Torque Wrench Prosthetic and Screwdriver Machine Multi-unit

1b Abutment connection 17° and 30° Multi-unit Abutment
– The abutment is placed over the implant by using the premounted abutment holder. Please note that there are several possible positions in which to place the abutment.
– Tighten the abutment screw using a Screwdriver Unigrip until resistance is felt

Note: Caution needs to be taken when starting to insert the screw. It is important that correct seating is made.
– A radiograph can help to confirm accurate seating of the abutment
– The holder is then unscrewed from the abutment by turning it counter-clockwise
– Tighten the abutment screw to 15 Ncm only using the Manual Torque Wrench Prosthetic and Screwdriver Machine Unigrip

Note: Be sure not to exceed 15 Ncm for Multi-unit Angulated Abutment screw.

Note: Removal of the tightened abutment, after loosening of the abutment screw, necessitates a clamp to slightly jiggle and remove the abutment.
2a Closed tray – Abutment level impression
– Connect the impression coping to the abutment
– Inject impression material and record the impression
– After setting, remove the impression and disconnect the impression copings. Attach the abutment replicas to each coping.

– Place the impression coping abutment replica assembly into its corresponding location in the impression
– Connect the temporary restoration (see chapter Provisional Solutions) or healing cap and send the impression to the dental laboratory.

2b Open tray – Abutment level impression
– Connect the impression coping on the abutment and tighten using the Screwdriver Unigrip
– Relieve and perforate the impression tray to allow full seating of the tray and protrusion of the guide pins. Verify that there is access to the tops of all guide pins to at least the level of the impression tray opening. If there is a large opening, close it with baseplate wax, with the guide pins indenting or perforating the wax.

– Inject impression material and seat the impression tray fully so that the tips of all the guide pins are identified. After setting, unscrew the guide pins and remove the impression tray.
– Connect the temporary restoration (see chapter Provisional Solutions) or healing cap and send the impression to the dental laboratory
3 Laboratory procedures

– In the laboratory, a model is made and a restoration is produced.

Alternatives:
– Procera® Implant Bridge
– Gold Coping Multi-unit in cast restoration

4 Connection of final restoration

– Verify abutment screw tightness of 15 Ncm for angled abutments and 35 Ncm for regular Multi-unit abutments.
– Evaluate full seating of the restoration on the model and intra-orally.
– Connect the restoration to the abutments with prosthetic screws. Start with the mid region post and tighten the other screws alternating left and right sides.
– Tighten the prosthetic screws to 15 Ncm using the Manual Torque Wrench Prosthetic and Screwdriver Machine Unigrip
– Fill the screw access channel with a suitable material such as gutta-percha, silicone or temporary filling material
## Product list for clinical procedures

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<th>Internal connection</th>
<th>Multi-unit Abutment</th>
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<td>RP</td>
<td>Available as straight, 17°, 30°</td>
</tr>
<tr>
<td>RP</td>
<td>Includes: Abutment Screw</td>
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<table>
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<tr>
<th>Prosthetic Screw Multi-unit</th>
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<tr>
<td>RP</td>
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<tr>
<td>for connection of Procera® Implant Bridge</td>
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<tr>
<th>Impression Coping closed tray Multi-unit</th>
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<td>RP</td>
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<tr>
<th>Impression Coping open tray Multi-unit</th>
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<td>RP</td>
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<th>Abutment Replica Multi-unit</th>
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<td>RP</td>
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<tr>
<th>Healing Cap</th>
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<tbody>
<tr>
<td>RP</td>
</tr>
<tr>
<td>Available as regular/wide</td>
</tr>
</tbody>
</table>

For Dental Laboratory Procedures please refer to the applicable section in the Laboratory Manual.
Indications
– Implant level only
– Multiple unit restorations
– Indicated for all positions in the mouth
– Screw-retained
– Up to 14 units
– Requires a minimum of 4 x 2.5 mm connector between units (Height x Width) and a minimum cross-sectional area of 8 mm²

Contraindications
– Cases where the mesial/distal cantilevers have a length of more than one unit
– There should be no more than two pontics between the supporting implants
– Bruxism

Note: If an implant level Procera® Implant Bridge is planned to be connected to the implant, a Healing Abutment Bridge NobelActive™ Internal, should be used. For impression use Impression Coping Bridge Open Tray NobelActive™ Internal
– The screws used are: Screw Ceramic Abutment
  Bränemark System® NP or RP

1 Impression
– Place impression copings onto the implants. Take an impression to transfer the position of the implants to a working model.
– Connect the temporary restoration or healing abutments
– Attach the appropriate implant replicas to the impression copings and send the impression to the laboratory

Note: Removal of the tightened abutment, after loosening of the abutment screw, necessitates a clamp to slightly jiggle and remove the abutment.

2 Laboratory procedures
– A model and a framework are produced and scanned using the Procera® Forte Scanner. The data is transferred to a Procera® production facility.
– The framework is milled from a presintered piece of zirconia, sintered to full density and returned to the laboratory
– The restoration is completed using veneering dental ceramic
3 Connection of final restoration
– Ensure that the implants are free from any soft tissue or bone remnants
– Evaluate full seating of the restoration on the model and intra-orally
– Connect the restoration to the implants with abutment screws
– The Abutment Screws for NobelActive™ Internal are Screw Ceramic Abutment Brånemark System® NP or RP

Note: Abutment screws are not included.
– A radiograph may help to verify correct seating of the restoration
– Tighten the abutment screws to 35 Ncm using the Manual Torque Wrench Prosthetic and Screwdriver Machine Unigrip
– Fill the screw access channel with a suitable material such as gutta-percha, silicone or temporary filling material

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<thead>
<tr>
<th>Product list for clinical procedures</th>
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<tr>
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<tr>
<td>Impression Coping Bridge open tray NobelActive™ Internal</td>
<td>Narrow Platform</td>
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<td>Regular Platform</td>
<td>Screw Ceramic Abutment Brånemark System® NP or RP</td>
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<tr>
<td>Healing Abutment Bridge NobelActive™ Internal</td>
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<td>Regular Platform</td>
<td>Screw Ceramic Abutment Brånemark System® NP or RP</td>
</tr>
<tr>
<td>Implant Replica</td>
<td>Screw Ceramic Abutment Brånemark System® NP or RP</td>
</tr>
</tbody>
</table>
Indications
– Implant or abutment level
– Multiple unit restorations
– Screw-retained
The screws used are: Screw Ceramic Abutment Brånemark System® NP or RP

1a Impression implant level
– Place impression copings onto the implants and take an implant level impression
– Connect the temporary restoration or healing abutment and send the impression to the laboratory
Note: If an implant level Procera® Implant Bridge is planned to be connected to the implant, a Healing Abutment Bridge NobelActive™ Internal, should be used. For impression use Impression Coping Bridge Open Tray NobelActive™ Internal.

1b Impression abutment level
– Place the Impression Coping Multi-unit onto the Multi-unit Abutments
– Connect the temporary restoration (see the chapter: Provisional Solutions) or healing cap and send the impression to the laboratory

2 Laboratory procedures
– A model is made and a resin framework is produced and sent to a Procera® production facility or scanned by using the Procera® Forte scanner
– The framework is milled from a solid piece of titanium and returned to the laboratory
– The restoration is completed using conventional methods
3a Connection of final restoration at implant level
- Ensure that the implants are free from any soft tissue or bone remnants
- Evaluate full seating of the restoration on the model and intra-orally
- Connect the restoration to the implants with abutment screws using the Screwdriver Unigrip. Start with the mid region post and tighten the following screws alternating left and right sides.
- The Abutment Screws for NobelActive™ Internal are Screw Ceramic Abutment Brånemark System® NP or RP
- A radiograph can help confirm accurate seating
- Tighten the abutment screws to 35 Ncm using the Manual Torque Wrench Prosthetic and Screwdriver Machine Unigrip
- Fill the screw access channel with a suitable material such as gutta-percha, silicone or temporary filling material

3b Connection of final restoration at abutment level
- Connect the restoration to the abutments with prosthetic screws. Start with the mid region post and tighten the other screws alternating left and right sides.
- Tighten the prosthetic screws to 15 Ncm using the Manual Torque Wrench Prosthetic and Screwdriver Machine Unigrip
- Fill the screw access channel with a suitable material such as gutta percha, silicone or temporary filling material
## Product list for clinical procedures

### Internal connection

**Procer® Implant Bridge – at Implant Level or Abutment Level**  
Does not include Abutment Screws/Prosthetics Screws

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<th>Component</th>
<th>NP</th>
<th>RP</th>
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<tbody>
<tr>
<td>Screw Ceramic Abutment Bränemark System®</td>
<td>![NP]</td>
<td>![RP]</td>
</tr>
</tbody>
</table>

**Impression Coping Bridge open tray NobelActive™ Internal**  
- Narrow Platform  
- Regular Platform

<table>
<thead>
<tr>
<th>NP</th>
<th>RP</th>
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**Healing Abutment Bridge NobelActive™ Internal**  
- Narrow Platform  
- Regular Platform

<table>
<thead>
<tr>
<th>NP</th>
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**Implant Replica**

<table>
<thead>
<tr>
<th>NP</th>
<th>RP</th>
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</table>

### Abutment level components

**Multi-unit Abutment**  
Available as straight, 17°, 30°  
Includes: Abutment Screw

<table>
<thead>
<tr>
<th>RP</th>
<th>RP</th>
<th>RP</th>
</tr>
</thead>
</table>

**Prosthetic Screw Multi-unit**  
for connection of Procer® Implant Bridge

**Impression Coping closed tray Multi-unit**

**Impression Coping open tray Multi-unit**

**Abutment Replica Multi-unit**

**Healing Cap**  
Available as regular/wide
Indications Non-Engaging
– Screw-retained multiple unit implant restoration
– Implants with less than 40° overall divergence to allow path of insertion
– Screw access hole location through occlusal surface of posterior teeth or cingulum of anterior teeth without angle correction
– Limited interocclusal and/or interdental space

Note: For GoldAdapt Non-Engaging NobelActive™ use Impression Coping Bridge Open Tray NobelActive™ Internal and Healing Abutment Bridge

Indications Engaging
– Screw-retained single tooth implant restoration
– Cement-retained single tooth and multiple unit implant restorations
– Screw access hole location through occlusal surface of posterior teeth or cingulum of anterior teeth without angle correction
– Limited interocclusal and/or interdental space

1 Impression
– Place the impression copings implant level onto the implant and make an implant level impression
– Connect the temporary restoration or healing abutments and send the impression to the dental laboratory

Note: For GoldAdapt Non-Engaging NobelActive™, use Impression Coping Bridge Open Tray NobelActive™ Internal.
2 Laboratory procedures
- In the laboratory a model is made, GoldAdapts are connected and a conventional C&B restoration is made.

3 Connection of final restoration
- Ensure that the implant platforms are free from any soft tissue or bone remnants.
- Position the restoration/screw assembly into the implants and tighten the screws in the implants until resistance is felt using a Screwdriver Unigrip.
- A radiograph can be helpful to confirm accurate seating of the abutment.
- Check both the occlusion and the interproximal contacts. The restoration should be in light occlusion and excursive contact should be minimal.
- Tighten the abutment screws to 35 Ncm using the Manual Torque Wrench Prosthetic and Screwdriver Machine Unigrip.
- Fill the screw access channels with a suitable material such as gutta-percha, silicone or temporary filling.
### Product list for clinical procedures

<table>
<thead>
<tr>
<th>Internal connection</th>
<th>Internal connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP</td>
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<tr>
<td>RP</td>
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**GoldAdapt Non-Engaging NobelActive™**
Includes: Abutment Screw

| NP                  | NP                  |
| RP                  | RP                  |

**GoldAdapt Engaging NobelActive™**
Includes: Abutment Screw

| NP                  | NP                  |
| RP                  | RP                  |

**Impression Coping Implant Level Closed Tray**
Alternatives for internal connection:
- Narrow Platform Ø 3.6 × 13 mm and Ø 5 × 13 mm.
- Regular Platform Ø 3.6 × 13 mm, Ø 5 × 13 mm and Ø 6 × 13 mm.
- Regular Platform Ø 3.6 × 9 mm, Ø 5 × 9 mm and Ø 6 × 9 mm.
**Note:** To be used with GoldAdapt Engaging NobelActive™.

| NP                  | NP                  |
| RP                  | RP                  |

**Impression Coping Implant Level Open Tray**
- Narrow Platform Ø 3.6 × 14 mm and Ø 5 × 14 mm.
- Regular Platform Ø 3.6 × 14 mm, Ø 5 × 14 mm and Ø 6 × 14 mm.
- Regular Platform Ø 3.6 × 10 mm, Ø 5 × 10 mm and Ø 6 × 10 mm.
**Note:** To be used with GoldAdapt Engaging NobelActive™.

| NP                  | NP                  |
| RP                  | RP                  |

**Impression Coping Bridge open tray NobelActive™ Internal**

- Narrow Platform
- Regular Platform
**Note:** To be used with GoldAdapt Non-Engaging NobelActive™.

| NP                  | RP                  |
| NP                  | RP                  |

**Healing Abutment Bridge NobelActive™ Internal**

- Narrow Platform
- Regular Platform
**Note:** To be used with GoldAdapt Non-Engaging NobelActive™.

| NP                  | RP                  |
| NP                  | RP                  |

**Implant Replica**
Extraction Screw NobelActive™.

Indications
The extraction screw may be used when the implant to abutment connection is very firm or when the stability of the implant may be compromised during the removal of the abutment, such as during immediate load cases.

The Extraction Screw NobelActive™ may be used for following abutments:
- Esthetic Abutment NobelActive™ Internal
- 15° Esthetic Abutment NobelActive™ Internal
- Snappy Abutment NobelActive™ Internal
- Temporary Abutment NobelActive™ Engaging

Clinical procedure:
1. Remove the abutment screw using the Screwdriver Unigrip.
   Note: The abutment screw must be unthreaded from both the internal threads of the implant and the abutment. Use of a small amount of sticky wax on the tip of the Screwdriver Unigrip will aid in retention of the abutment screw head.

2. Insert the Extraction Screw into the abutment and screw to place with using the Screwdriver Unigrip until the tip of the screw touches the bottom of the hole inside the implant.
3. Apply torque to the Screwdriver Unigrip to release the abutment from the implant.
Try-in Abutments.

In order to facilitate the abutment selection, Try-in Abutments are available with the NobelActive™ connection. These are intended to be momentarily placed into an implant (intra-orally) or implant replica (dental laboratory) to aid the clinician or dental technician in the selection of an appropriate shape and size abutment for the patient.

The Try-in Abutments are available for Snappy Abutments, Esthetic Abutments, Narrow Abutments and Multi-unit Abutments.

The Try-in Abutments are reusable by the dentist or laboratory.

All try-in Abutments are assembled in a NobelActive™ Abutment Try-in Kit.
Appendix I – Kits.

NobelActive™ Surgery Kit 34987
(The articles below can also be purchased separately.)

Also included in kit:
NobelActive™ Radiographic Template 35455
NobelActive™ Wall Chart 22639
Implant/Prosthetic Organizer 29532
Implant Sleeve Holder 29543

* Article not included in this kit and also available in other lengths
Prosthetic Kit 32309
Kit includes:
(The articles below can also be purchased separately)
Prosthetic Kit Box (without instrumentation) 32322
Manual Torque Wrench Prosthetic 29165
Screwdriver Machine Unigrip 20 mm 29151
Screwdriver Machine Unigrip 30 mm 29153
Screwdriver Machine Multi-unit 21 mm 29158

Procera® Esthetic Abutment NobelActive™ Internal Selection Kit 34184
Kit includes:
Procera® Esthetic Abutment NobelActive™ Kit Box 34185
Protection Analog NP
Protection Analog RP
Handle for Protection Analogs 29122
Screwdriver Manual Unigrip 36 mm 29150
Illustration Chart Procera® Esth Abut NobelActive™ Int 18266

Procera® Abutment Wax-up Kit NobelActive™ 34991
Kit includes:
Wax-up Replica NobelActive™ Internal NP
Wax-up Replica NobelActive™ Internal RP

Procera® Abutment 3D CADD Kit NobelActive™ 34992
Kit includes:
T-bar NobelActive™ Internal NP
Guide Pin Fixture Level NobelActive™ Internal NP
T-bar NobelActive™ Internal RP
Guide Pin Fixture Level NobelActive™ Internal RP
Appendix II – NobelActive™ Manual Torque Wrench.

Instructions for use – Surgical application
Intended for tightening or position adjustment of implants.

Fig. 1, 2. Insert the implant driver.

Fig. 3. For correct handling and tightening torque, see the manual for the applicable product. The maximum tightening torque, 70Ncm, is indicated by the line on the scale.

Fig. 4. Warning: The use of the wrench body instead of the level arm may result in excessive torque being transferred to the implant site. This may cause overcompression of the bone, leading to bone resorption.

Fig. 5, 6. If necessary, the implant can be backed out using the wrench with the direction indicator arrow pointing counter-clockwise.

Fig. 7.

Fig. 8. Clean the parts thoroughly. Allow them to dry completely. Sterilize the instrument using a steam autoclave at 135°C for minimum hold time of 5 minutes or according to recommendations from the manufacturer of the autoclave.
Appendix III – Use of Drill Stop.

Mount a Drill Stop on Twist Drills for an added safety during the drilling procedure. The Kit for Drill Stops is used to store, autoclave and facilitate the mounting procedure of the Drill Stops. The Drill Stop Kit contains Drill Stops for Twist Drills and Twist Step Drills with diameter: ∅ 2, ∅ 2.8, ∅ 3, ∅ 3.2, ∅ 3.4, ∅ 3.6 and ∅ 4.2 mm.

**Note:** For Twist Drill 4.2/4.6 no drill stop is available.

**Mounting holes**
- Slide corresponding Drill Stop onto drill
- Place drill in mounting hole corresponding to desired drill depth

* Use large holes for drills ∅ 3.4 and above

**Connecting Drill Stop**
- Tighten the retaining screw using a Screwdriver Unigrip

**Caution!** The Drill Stop is only valid for Twist Drills and Twist Step Drills with actual millimeter lengths.
Appendix IV – Cleaning and sterilization.

Disposable Drills
- All Drills are disposable and should be used for one surgery only. Do not re-sterilize disposable drills.

Instruments
- Devices must be cleaned and sterilized before intraoral use in accordance with established procedures at the hospital/clinic

Principal cleaning and sterilization procedure
- Clean and disinfect instruments and drills in a dishwasher. Alternatively: Disinfect, clean by hand and put in an ultrasonic cleaner.
- Dry instruments and place them in sterilization packets
- Sterilize instruments using a steam autoclave (according to autoclave manufacturer recommendations)

Cleaning contra-angle
- The contra-angle must be cleaned carefully immediately after operation
- First clean in a washer or under running water. The head should be separated from the shank and both parts carefully lubricated.

Another alternative is to clean and lubricate the contra-angle in an automatic unit (for contra-angles).
- Place the disassembled contra-angle in double peel-open bag or in tray and sterilize in autoclave

Modified abutment and restoration
- If indicated, clean and sterilize modified abutments and restorations from the dental laboratory according to commonly accepted procedures for dental laboratory work

Manual Torque Wrench
- Clean parts thoroughly. Allow them to dry completely.

Abutment sterilization
- Abutments that require sterilization, should be sterilized prior to use, with steam sterilization at 135°C for 5 minutes
## Procera® Esthetic Abutment

NobelActive™ Internal

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<td>6</td>
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<td>Straight, high</td>
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If modification of the abutment is needed see page 32.
### Surgical components NobelActive™

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<td><strong>Twist Drills</strong></td>
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<tr>
<td>Ø Implant 3.5 mm</td>
<td>Ø 2, 10–18 mm 32299</td>
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<tr>
<td>Ø Abutment interface 3.0 mm</td>
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<tr>
<td><strong>TiUnite™</strong></td>
<td><strong>Twist Step Drills</strong></td>
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<td>Ø 2.4/2.8, 7–15 mm 32261</td>
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<td>NobelActive™ Internal x Ø 3.5 × 10 mm 34125</td>
<td>Ø 2.4/2.8, 10–18 mm 32262</td>
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<tr>
<td>NobelActive™ Internal x Ø 3.5 × 11.5 mm 34128</td>
<td>Ø 2.8/3.2, 7–15 mm 34638</td>
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<td>NobelActive™ Internal x Ø 3.5 × 13 mm 34127</td>
<td>Ø 2.8/3.2, 10–18 mm 34639</td>
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</table>

| **NobelActive™ Internal RP**    | **Twist Drills**        |
| Ø Platform 3.9 mm               | Ø 2, 7–15 mm 32297      |
| Ø Implant 4.3 mm                | Ø 2, 10–18 mm 32299     |
| Ø Abutment interface 3.4 mm     |                         |
| **TiUnite™**                    | **Twist Step Drills**   |
| NobelActive™ Internal x Ø 4.3 × 8.5 mm 35223 | Ø 2.4/2.8, 7–15 mm 32261 |
| NobelActive™ Internal x Ø 4.3 × 10 mm 34131  | Ø 2.4/2.8, 10–18 mm 32262 |
| NobelActive™ Internal x Ø 4.3 × 11.5 mm 34132 | Ø 2.8/3.2, 7–15 mm 34638 |
| NobelActive™ Internal x Ø 4.3 × 13 mm 34133  | Ø 2.8/3.2, 10–18 mm 34639 |
| NobelActive™ Internal x Ø 4.3 × 15 mm 34134  | Ø 3.3/3.8, 7–15 mm 32264 |
| NobelActive™ Internal x Ø 4.3 × 18 mm 35219  | Ø 3.3/3.8, 10–18 mm 32265 |
|                               | Ø 3.8/4.2, 7–15 mm 32276 |
|                               | Ø 3.8/4.2, 10–18 mm 32277 |

| **NobelActive™ Internal RP**    | **Twist Drills**        |
| Ø Platform diameter 3.9 mm      | Ø 2, 7–15 mm 32297      |
| Ø Implant diameter 5.0 mm       | Ø 2, 10–18 mm 32299     |
| Ø Abutment interface diameter 3.4 mm |                         |
| **TiUnite™**                    | **Twist Step Drills**   |
| NobelActive™ Internal x Ø 5.0 × 8.5 mm 35225 | Ø 2.4/2.8, 7–15 mm 32261 |
| NobelActive™ Internal x Ø 5.0 × 10 mm 34137  | Ø 2.4/2.8, 10–18 mm 32262 |
| NobelActive™ Internal x Ø 5.0 × 11.5 mm 34138 | Ø 3.2/3.6, 7–15 mm 32264 |
| NobelActive™ Internal x Ø 5.0 × 13 mm 34139  | Ø 3.2/3.6, 10–18 mm 32265 |
| NobelActive™ Internal x Ø 5.0 × 15 mm 34140  | Ø 3.8/4.2, 7–15 mm 32276 |
| NobelActive™ Internal x Ø 5.0 × 18 mm 35220  | Ø 3.8/4.2, 10–18 mm 32277 |
|                               | Ø 4.2/4.6, 7–15 mm 34582 |
|                               | Ø 4.2/4.6, 10–18 mm 34583 |
### NobelActive™ Int

#### NP 28 mm 34995
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 36 mm 34996
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 5 x 3 mm 34214
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 5 x 5 mm 34215
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

### NobelActive™ Int

#### NP 3.6 x 3 mm 34212
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 3.6 x 5 mm 34213
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 5 x 3 mm 34214
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 5 x 5 mm 34215
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

### NobelActive™ Int

#### NP 3.6 x 3 mm 34216
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 3.6 x 5 mm 34217
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 5 x 3 mm 34218
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 5 x 5 mm 34219
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- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 6 x 3 mm 34220
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- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
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#### NP 6 x 5 mm 34221
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- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

### NobelActive™ Int

#### RP 28 mm 34997
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- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
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#### RP 36 mm 34998
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- Ø 3.8/4.2 mm

#### RP 5 x 5 mm 34217
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#### RP 5 x 5 mm 34218
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- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
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#### RP 6 x 3 mm 34219
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- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### RP 6 x 5 mm 34220
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- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### RP 6 x 5 mm 34221
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

### NobelActive™ Int

#### Cover Screw

#### NP 3.6 x 3 mm 34212
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 3.6 x 5 mm 34213
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 5 x 3 mm 34214
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 5 x 5 mm 34215
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- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 6 x 3 mm 34216
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- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 6 x 5 mm 34217
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- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 6 x 5 mm 34218
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 6 x 5 mm 34219
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 6 x 5 mm 34220
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm

#### NP 6 x 5 mm 34221
- Ø 2 mm
- Ø 2.4/2.8 mm
- Ø 3.2/3.6 mm
- Ø 3.8/4.2 mm
### NobelActive™ Internal RP Implants

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### Impression Copings (closed tray)

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### Procera® Incisor Design

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nr Procera® Premolar design

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Procera® Est Abut NobelActive™ Int nr #10 34177
Procera® Est Abut NobelActive™ Int nr #11 34178
Procera® Est Abut NobelActive™ Int nr #12 34179

Multi-unit Abutment NP

Multi-unit Abut NobelActive™ Int nr 1.5 mm 34186
Multi-unit Abut NobelActive™ Int nr 2.5 mm 34187
Multi-unit Abut NobelActive™ Int nr 3.5 mm 34595
17° Multi-u Abut NobelActive™ Int nr 2.5 mm 34188
17° Multi-u Abut NobelActive™ Int nr 3.5 mm 34189
30° Multi-u Abut NobelActive™ Int nr 3.5 mm 34367
30° Multi-u Abut NobelActive™ Int nr 4.5 mm 34368

Multi-unit Abutment RP

Multi-unit Abut NobelActive™ Int nr 1.5 mm 34190
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Multi-unit Abut NobelActive™ Int nr 3.5 mm 34596
17° Multi-u Abut NobelActive™ Int nr 2.5 mm 34192
17° Multi-u Abut NobelActive™ Int nr 3.5 mm 34193
30° Multi-u Abut NobelActive™ Int nr 3.5 mm 34369
30° Multi-u Abut NobelActive™ Int nr 4.5 mm 34370

For Multi-unit Abutment related prosthetic products, see next column

Esthetic Abutment NP Titanium

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15° Esthetic Ab NobelActive™ Int nr 3 mm 34197
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Esthetic Abutment RP Titanium

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Esthetic Abut NobelActive™ Int nr 3 mm 34199
15° Esthet Ab NobelActive™ Int nr 1.5 mm 34200
15° Esthetic Ab NobelActive™ Int nr 3 mm 34201
Narrow Profile Ab NobelActive™ Int nr 7 mm 34597
Narrow Profile Ab NobelActive™ Int nr 9 mm 34598

Snappy Abutment

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Snappy Abutment NobelActive™ Int nr 1.5 mm 35200
Snappy Abutment NobelActive™ Int nr 1.5 mm 35200
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Snappy Abutment NobelActive™ Int nr 5.5 mm x 1.5 mm 35180
Snappy Abutment NobelActive™ Int nr 5.5 mm x 3 mm 35180

GoldAdapt

GoldAdapt Non-Engaging NobelActive™ NP 35141
GoldAdapt Engaging NobelActive™ NP 35143
GoldAdapt Non-Engaging NobelActive™ RP 35142
GoldAdapt Engaging NobelActive™ RP 35144

LOCATOR® Abutments

LOCATOR® Abut for nr NobelActive™ Int nr 1 mm REF01401
LOCATOR® Abut for nr NobelActive™ Int nr 2 mm REF01402
LOCATOR® Abut for nr NobelActive™ Int nr 3 mm REF01403
LOCATOR® Abut for nr NobelActive™ Int nr 4 mm REF01404
LOCATOR® Abut for nr NobelActive™ Int nr 5 mm REF01405
LOCATOR® Abut for nr NobelActive™ Int nr 6 mm REF01406
LOCATOR® Abut for nr 4.3, 5 mm NobelActive™ Int nr 1 mm REF01411
LOCATOR® Abut for nr 4.3, 5 mm NobelActive™ Int nr 2 mm REF01412
LOCATOR® Abut for nr 4.3, 5 mm NobelActive™ Int nr 3 mm REF01413
LOCATOR® Abut for nr 4.3, 5 mm NobelActive™ Int nr 4 mm REF01414
LOCATOR® Abut for nr 4.3, 5 mm NobelActive™ Int nr 5 mm REF01415
LOCATOR® Abut for nr 4.3, 5 mm NobelActive™ Int nr 6 mm REF01416

Try-in Abutments

For Try-in related products, see p. 70

PIB components

Pos Locator Model NobelActive™ Int nr 34673
Pos Locator Model NobelActive™ Int nr 34674
Pos Locator Bridge NobelActive™ Int nr 34675
Pos Locator Bridge NobelActive™ Int nr 34676

Procera® Abutment (to be ordered in Procera® Software)

Procera® Abutment Zr NobelActive™ Int nr
Procera® Abutment Zr NobelActive™ Int nr
Procera® Abutment Ti NobelActive™ Int nr
Procera® Abutment Ti NobelActive™ Int nr

Procera® Wax-up Sleeve

Procera® W-u Sl Eng NobelActive™ Int nr 34208
Procera® W-u Sl Eng NobelActive™ Int nr 34209
Procera® W-u Sl Non-E NobelActive™ Int nr 34671
Procera® W-u Sl Non-E NobelActive™ Int nr 34672

Temporary Abutments

Immediate Temp Abut NobelActive™ Int nr 35269
Immediate Temp Abut NobelActive™ Int nr 35246
Immediate Temp Abut NobelActive™ Int nr 35270
Immediate Temp Abut NobelActive™ Int nr 35246
QuickTemp Abutment NobelActive™ Int nr 35226
QuickTemp Abutment NobelActive™ Int nr 35255
QuickTemp Abutment NobelActive™ Int nr 35227
QuickTemp Abutment NobelActive™ Int nr 35256
Temporary Abut NobelActive™ Non-Eng nr 34224
Temporary Abut NobelActive™ Eng nr 34225
Temporary Abut NobelActive™ Eng nr 34226
Temporary Abut NobelActive™ Non-Eng nr 35028

Prosthetic screws

Screw Ceramic Abutment Bmk Syst nr 31171
Screw Ceramic Abutment Bmk Syst nr 28815

Extraction screws

Extraction Screw NobelActive™ nr 35259
Extraction Screw NobelActive™ nr 35260
Laboratory components

Lab Screw Implant Level Bmk Syst np 31168
Lab Screw Implant Level Bmk Syst np 5pkg 29290
Guide Pin Implant Level Bmk Syst np 20mm 31147
Guide Pin Implant Lev Bmk Syst np 20mm 31148
Guide Pin Implant Lev Bmk Syst np 30mm 31149
Implant replica NobelActive™ Internal np 34243
Implant replica NobelActive™ Internal np 34244
Protect Analog NobelActive™ Int np 5pkg 34365
Protect Analog NobelActive™ Int np 5pkg 34366

Kits and kit boxes

Procera® Est Ab NobelActive™ Int Sel Kit 34184
Procera® Est Ab NobelActive™ Int Sel KitBox 34185
NobelActive™ Surgery Kit 34987
NobelActive™ Surgery Kit Box 34988
Procera® Abutment Wax-up Kit NobelActive™ 34991
Procera® Abutment 3D CADD Kit NobelActive™ 34992
NobelActive™ Try-in Kit Box 35389
NobelActive™ Try-in Kit 35676

NobelActive™ Internal Wall Chart 22639
NobelActive™ Radiographic Template 35455
III Chart Procera® Est Ab NobelActive™ Int 18266

Try-in Abutments

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Try-in NobelActive™ Esthetic Abutment 3.0 mm np 35358
Try-in NobelActive™ 15° Esthetic Abutment 1.5 mm np 35359
Try-in NobelActive™ 15° Esthetic Abutment 3.0 mm np 35360
Try-in NobelActive™ Narrow Profile Abutment 7 np 35361
Try-in NobelActive™ Narrow Profile Abutment 9 np 35362
Try-in NobelActive™ Snappy Abutment 1.5 mm np 35363
Try-in NobelActive™ Snappy Abutment 3.0 mm np 35364
Try-in NobelActive™ Multi-unit Abutment 1.5 mm np 35365
Try-in NobelActive™ Multi-unit Abutment 2.5 mm np 35366
Try-in NobelActive™ Multi-unit Abutment 3.5 mm np 35367
Try-in NobelActive™ 17° Multi-unit Abutment 2.5 mm np 35368
Try-in NobelActive™ 17° Multi-unit Abutment 3.5 mm np 35369
Try-in NobelActive™ 30° Multi-unit Abutment 3.5 mm np 35370
Try-in NobelActive™ 30° Multi-unit Abutment 4.5 mm np 35371
Try-in NobelActive™ Esthetic Abutment 1.5 mm np 35372
Try-in NobelActive™ Esthetic Abutment 3.0 mm np 35373
Try-in NobelActive™ 15° Esthetic Abutment 1.5 mm np 35374
Try-in NobelActive™ 15° Esthetic Abutment 3.0 mm np 35375
Try-in NobelActive™ Narrow Profile Abutment 7 np 35376
Try-in NobelActive™ Narrow Profile Abutment 9 np 35377
Try-in NobelActive™ Snappy Abutment 1.5 mm np 35378
Try-in NobelActive™ Snappy Abutment 3.0 mm np 35379
Try-in NobelActive™ Snappy Abutment 1.5 mm, 5.5 mm 35380
Try-in NobelActive™ Snappy Abutment 3.0 mm, 5.5 mm 35381
Try-in NobelActive™ Multi-unit Abutment 1.5 mm np 35382
Try-in NobelActive™ Multi-unit Abutment 2.5 mm np 35383
Try-in NobelActive™ Multi-unit Abutment 3.5 mm np 35384
Try-in NobelActive™ 17° Multi-unit Abutment 2.5 mm np 35385
Try-in NobelActive™ 17° Multi-unit Abutment 3.5 mm np 35386
Try-in NobelActive™ 30° Multi-unit Abutment 3.5 mm np 35387
Try-in NobelActive™ 30° Multi-unit Abutment 4.5 mm np 35388
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<th>Esthetic abutment</th>
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<th>GoldAdapt</th>
<th>Healing abutments</th>
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<td>Cover Screw NobelActive™ Internal NP</td>
<td>Drill Stop</td>
<td>15° Esthetic Ab NobelActive™ Internal NP</td>
<td>Extraction Screw NobelActive™ NP</td>
<td>GoldAdapt Non-Engaging NobelActive™ NP</td>
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<td>NobelActive™ Internal NP 3.5 x 8.5 mm</td>
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<td>Cover Screw NobelActive™ Internal RP</td>
<td>Drill Stop</td>
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<td>Extraction Screw NobelActive™ NP Express</td>
<td>GoldAdapt Engaging NobelActive™ NP Express</td>
<td>Healing Abut Bridge NobelActive™ Int RP Express</td>
<td>NobelActive™ Internal NP 3.5 x 13 mm</td>
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### 4.3 implant

- NobelActive™ Internal NP 4.3 x 8.5 mm
- NobelActive™ Internal NP 4.3 x 10 mm
- NobelActive™ Internal RP 4.3 x 11.5 mm
- NobelActive™ Internal RP 4.3 x 13 mm
- NobelActive™ Internal RP 4.3 x 15 mm
- NobelActive™ Internal RP 4.3 x 18 mm

### 5.0 implant

- NobelActive™ Internal NP 5.0 x 8.5 mm
- NobelActive™ Internal NP 5.0 x 10 mm
- NobelActive™ Internal NP 5.0 x 11.5 mm
- NobelActive™ Internal RP 5.0 x 15 mm
- NobelActive™ Internal RP 5.0 x 18 mm

### Impression copings (closed tray)

- Im Cop Cl Tr NobelActive™ Int Ø 3.6 x 13 mm
- Im Cop Cl Tr NobelActive™ Int Ø 3.6 x 14 mm
- Im Cop Cl Tr NobelActive™ Int Ø 3.6 x 15 mm
- Im Cop Cl Tr NobelActive™ Int Ø 3.6 x 16 mm
- Im Cop Cl Tr NobelActive™ Int Ø 3.6 x 17 mm
- Im Cop Cl Tr NobelActive™ Int Ø 3.6 x 18 mm

### Impression copings (open tray)

- Im Cop Op Tr NobelActive™ Int Ø 3.6 x 14 mm
- Im Cop Op Tr NobelActive™ Int Ø 3.6 x 15 mm
- Im Cop Op Tr NobelActive™ Int Ø 3.6 x 16 mm
- Im Cop Op Tr NobelActive™ Int Ø 3.6 x 17 mm
- Im Cop Op Tr NobelActive™ Int Ø 3.6 x 18 mm
- Im Cop Op Tr NobelActive™ Int Ø 3.6 x 19 mm

### Impression copings (open tray)

- Impr Cop Bridge Op Tr NobelActive™ Int Ø 6 x 3 mm
- Impr Cop Bridge Op Tr NobelActive™ Int Ø 6 x 5 mm
- Impr Cop Bridge Op Tr NobelActive™ Int Ø 6 x 7 mm
- Impr Cop Bridge Op Tr NobelActive™ Int Ø 6 x 9 mm
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- Impr Cop Bridge Op Tr NobelActive™ Int Ø 6 x 13 mm
- Impr Cop Bridge Op Tr NobelActive™ Int Ø 6 x 14 mm
- Impr Cop Bridge Op Tr NobelActive™ Int Ø 6 x 15 mm

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**Note:** The above list includes various surgical implants and guides for dental procedures, organized alphabetically for easy reference. Each item is linked to its corresponding page number in the document. The list covers bone mills, cover screws, drill stops, esthetic abutments, healing abutments, and impression copings among other surgical tools and implants available in NobelActive™ systems.
### Screw Ceramic Abutment Bmk Syst

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## PIB components

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## Procera® Abutment (to be ordered in Procera® Software)

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- **Nobel Biocare AB and all production units are certified according to the Environmental Management System ISO 14001, the Quality Management System ISO 13485 and the Information Security Management System.**

- **Some products may not be available in all markets. Please contact your local Nobel Biocare office for current product assortment and availability.**

- **Nobel Biocare is in compliance with the Directive 93/42/EEC related to Medical Devices and Canadian Medical Devices Regulation.**

- **For USA only: Federal law restricts this device to sale by or on the order of a licensed dentist or physician. All products are subject to change without notice.**

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