

# HOW TO RESTORE A Z5-TL IMPLANT



# How to restore a Z5-TL implant

### Currently only possible with exocad **Model Scanning** Intraoral Scanning Conventional Conventional Impression coping with **Intraoral Scanbody** Impression coping final abutment Open and Closed Tray Open and Closed Tray e.g. TL-A0045 TL-IP-O TL-IP-O TL-SB Impression Intraoral **Implant Analog Implant Analog Implant Analog** Scanning Tray TL-L40 TL-L50 BL-OSL TL-L40 TL-L50 TL-L40 TL-L50 TL-SB

NOTE: Always order the abutment with the laboratory screw "BL-OSL" for laboratory work. The BL-OSC-H/OST-H basal screws are intended for clinical use only.

#### **Abutment**

Straight/angled



TL-A0045, TL-A0055, TL-A1545, TL-A1555

#### Locator-type abutment



TL-LC0015, TL-LC0030, TL-LC0040, TL-LC1515, TL-LC1530, TL-LC1540

For temporary and healing abutments, see user manual or list of articles.

# How to restore a Z5-TL implant

#### Intraoral cementation\*



Insert the abutment into implant body by hand. The internal hexagon ensures the abutment is fully seated.



\* extraoral cementation is not possible



Connect abutment and implant using occlusal screw. Screw until driver breaks.



Pack the screw channel with teflon tape and cement on the final abutment.



**Important:** Remove all excess cement.

# NOTE

For abutment removal, remove the screw using screwdriver SD-BS-S/L then elevate the abutment with BL-CD.



Do not forget to use dental floss to secure the driver pieces.

# General Rules

### 1 Check before Final Prosthesis

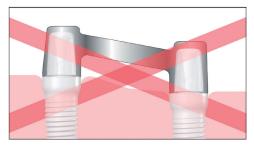
- No peri-implantitis
- No clinically noticeable loosening of the implant
- No pain in the vicinity of the implant
- No implant mobility under reverse torque testing
- No radiographic visible peri-implant gap

# **3** Bar restorations

- Stabilisation and primary blocking of the implants
- Securing the prosthesis against pulling and levering forces
- Force distribution
- Resilience compensation through degrees of freedom



Schematic diagram



Schematic diagram: No inclined arrangement of the bar link

## 2 Avoid Over-dimensioned Crowns

To prevent excessive bending movements, the crown should NOT exceed more than 10.5 mm in height above implant shoulder (as seen in the graphic).

Recommendation: The horizontal crown width should NOT exceed d/2 overhang (d = implant diameter) from the implant itself.



### **4** Multi-tooth restorations

Position implants parallel to each other (a divergence up to 7° is possible) to be able to withdraw the impression posts.

max. 7°

Please always check the Z5-TL user manual.

