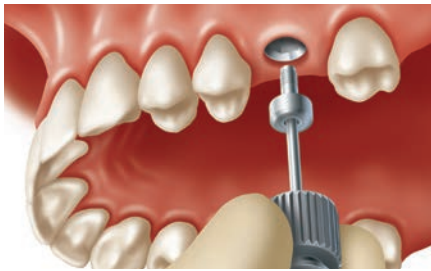
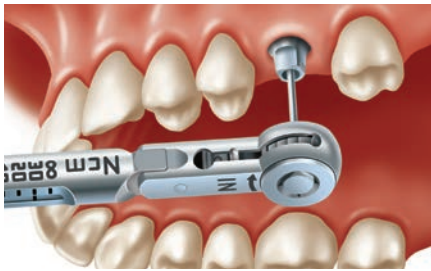


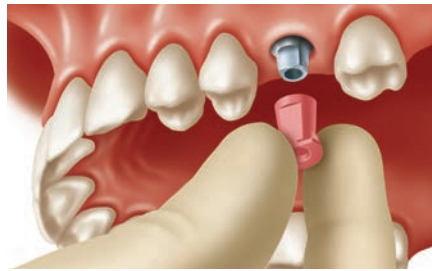
Hex-Lock® Short Abutment Restorations



1. Conventional protocol (shown): Remove Healing Collar from implant using the 1.25mmD (0.050") Hex Tool. *One Abutment-One Time™* protocol: *Hex-Lock* Short Abutment is placed immediately after implant placement or uncovering, when clinically appropriate, eliminating the healing collar.



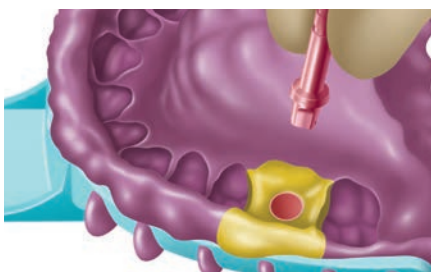
2. Seat the *Hex-Lock* Short Abutment onto the implant. Tighten the screw to 30 Ncm with a calibrated prosthetic torque wrench. Verify with x-rays that the abutment is fully seated.



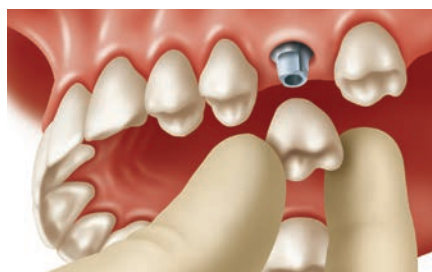
3. Place the Short Impression Cap over the abutment. Snap the cap into place. If modifications to the abutment are needed, the impression cap should not be used.



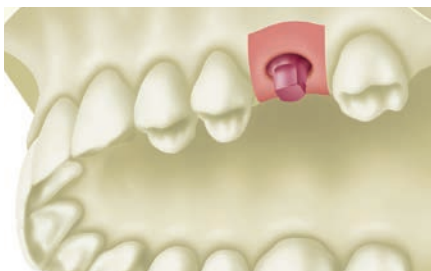
4. Syringe impression material around the impression cap and record a full-arch impression. The cap will be picked up in the impression.



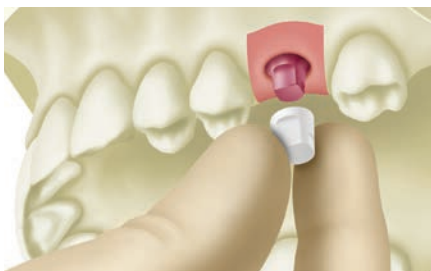
5. Align the Short Abutment Analog with the impression cap, using the flat on the analog to align with the flat on the inside of the impression cap. Insert the analog into the impression and snap into the impression cap.



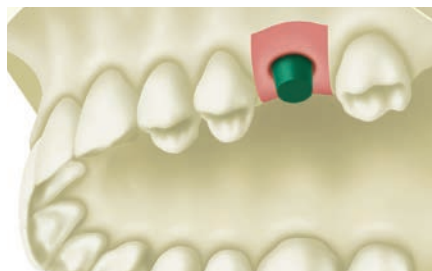
6. Prepare the provisional crown by applying acrylic to the Short Provisional Copping or use the coping alone. Block out the screw channel and cement the crown or cap in place using provisional cement.



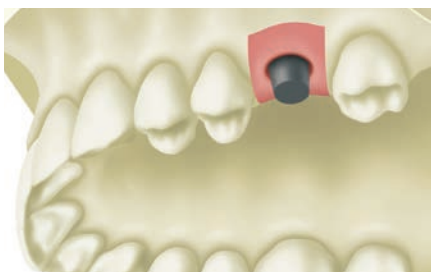
7. In the laboratory, pour the model in die stone using soft tissue material to represent gingival contours.



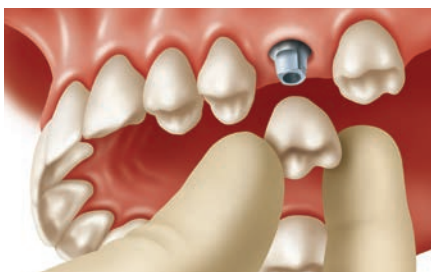
8. Place the Short Waxing Copping on the abutment analog in the master cast. Use the flat on the analog to align with the flat on the coping.



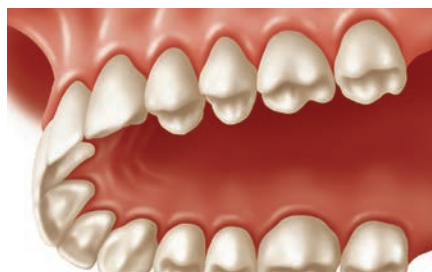
9. Seal the margins of the Short Waxing Copping. Wax and cast the coping using traditional prosthodontic techniques.



10. Apply porcelain to the casting to complete restoration.



11. Remove the provisional crown. Clean off any remaining cement. Block out the screw channel. Cement the final crown.



12. Completed restoration in place.

Note: This guide is for educational use only.

Refer to the *Hex-Lock* Short Abutment and Restorative System Instructions for Use (#8903, #8904 and #9889) for complete instructions on these products.

Hex-Lock Short Abutment and Restorative System Order Form



Qty.	Hex-Lock Short Abutments			
	Implant Platform	EP*	Cuff Height	
	SA341	3.5mmD	4.5mmD	1mm
	SA342	3.5mmD	4.5mmD	2mm
	SA451	4.5mmD	5.5mmD	1mm
	SA452	4.5mmD	5.5mmD	2mm
	SA561	5.7mmD	6.5mmD	1mm
	SA562	5.7mmD	6.5mmD	2mm

*Emergence Profile



Qty.	Short Impression Caps	
	Emergence Profile	
	SAIMP4	4.5mmD
	SAIMP5	5.5mmD
	SAIMP6	6.5mmD



Qty.	Short Waxing Copings	
	Emergence Profile	
	SAWAX4	4.5mmD
	SAWAX5	5.5mmD
	SAWAX6	6.5mmD



Qty.	Short Provisional Copings	
	Emergence Profile	
	SAPROVP4	4.5mmD
	SAPROVP5	5.5mmD
	SAPROVP6	6.5mmD



Qty.	Short Abutment Analogs	
	Emergence Profile	
	SAANA4	4.5mmD
	SAANA5	5.5mmD
	SAANA6	6.5mmD



Qty.	Short Restorative Kits**	
	Emergence Profile	
	SARKIT4	4.5mmD
	SARKIT5	5.5mmD
	SARKIT6	6.5mmD

** Includes Impression Cap, Titanium Analog, Waxing Coping and Provisional Coping

Color-Coding for Short Impression Caps and Short Abutment Analogs

Color	Emergence Profile
Tan	4.5mmD
Rose	5.5mmD
Yellow	6.5mmD

Note: Match restorative components to the emergence profile of the abutment.

For a complete list of products and tooling, please refer to the current product catalog.



Hex-Lock Short Abutment and Restorative System

For questions or to fax orders:

In the U.S. 1 (800) 854-7019
Fax 1 (888) 225-2483

Outside the U.S. +1 (760) 929-4300
Fax +1 (760) 431-7811

Australia +61 (0)2 9950 5434
Fax +61 (0)2 9975 3594

Canada +1 (905) 567-2073
or 1 (800) 265-0968
Fax +1 (905) 567-2076

Chile +562 231 5185

China + 86 21 2211 5147
Fax +86 21 22115047

France +33 (0)1 45 12 35 35
Fax +33 (0)1 45 60 04 88

Germany +49 (0)761 1 56 47 0
Fax +49 (0)761 1 56 47 490

Israel +972 (0)3 6124242
Fax +972 (0)3 6124243

Italy +39 0438 37681
Fax +39 043 855 3181

Spain +34 93 846 05 43
Fax +34 93 845 43 25

www.zimmerdental.com

Customer Account _____

Ship To: Dr. Name _____

Phone (____) _____

Address _____

City _____

State _____ Zip _____

Order Date _____

Ordered By _____

Ship Via Federal Express

2-Day Overnight (5:30 pm) P1 (10:30 am)

Must Arrive By _____

Payment Options

Invoice
 Visa Mastercard AmEx

Credit Card # _____

Exp. Date _____

Signature _____