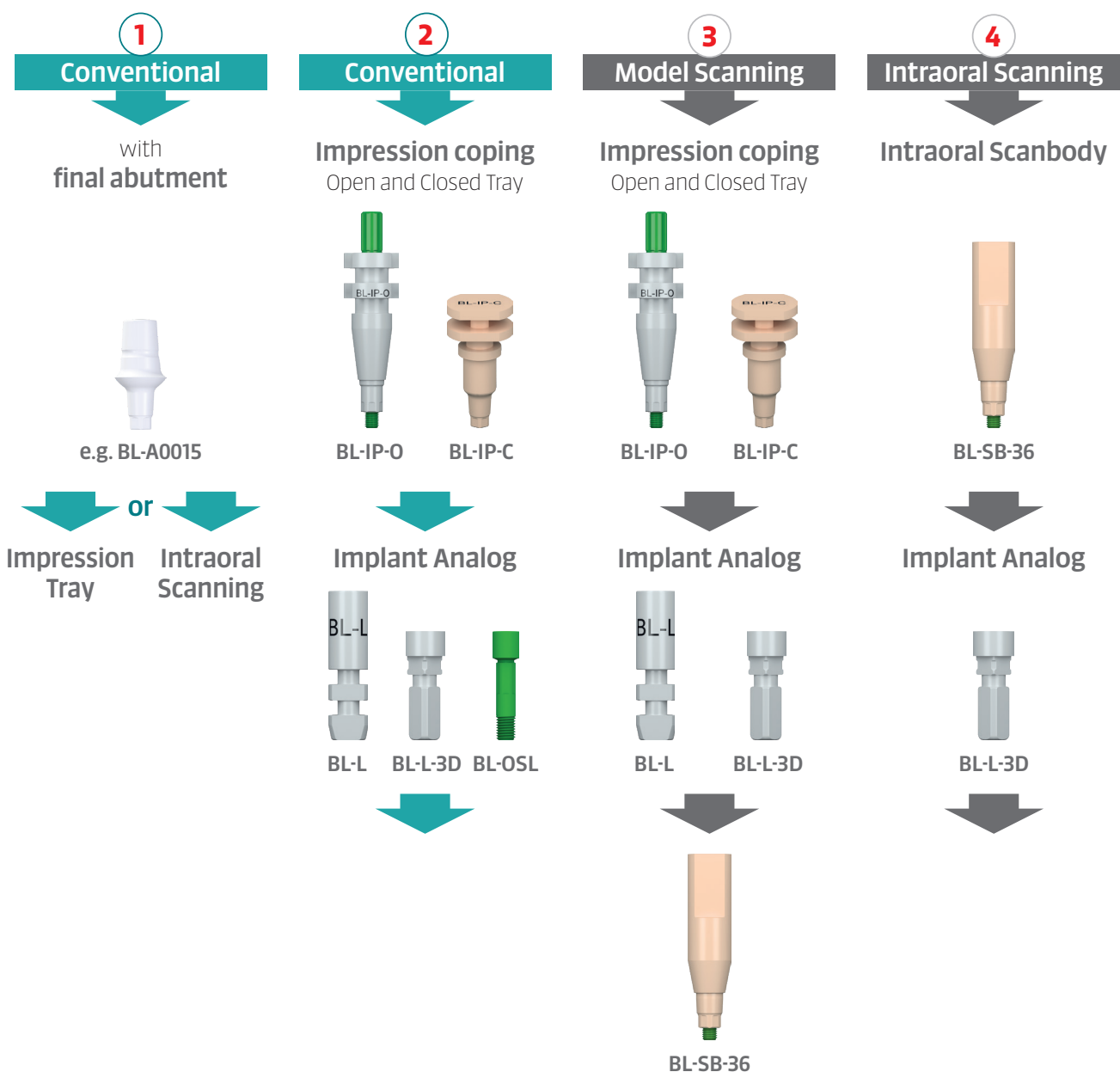


# HOW TO RESTORE A Z5-BL IMPLANT



# How to restore a Z5-BL implant



**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



BL-A0015, BL-A0025, BL-A1515, BL-A1525, BL-AN1515\*

### Z-Base



BL-ZB1538\*, BL-ZB1545, BL-ZB2545

### Crown abutment



BL-CB1545, BL-CB2545, BL-CB1555, BL-CB2555, BL-CB2565

### Bridge abutment



BL-BB1545, BL-BB2545

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

\* for 3.6 mm implants only

### Locator-type abutment



BL-LC0030, BL-LC0040, BL-LC1530, BL-LC1540

# How to restore a Z5-BL implant

## Extraoral cementation

Only recommended for single-tooth reconstructions!

## Intraoral cementation

For splinted crowns and bridges!

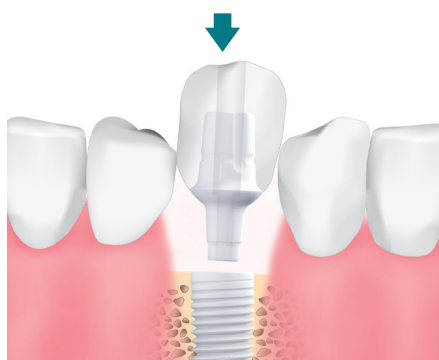
or

1



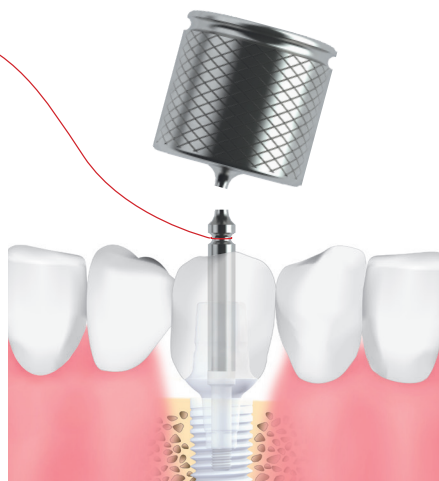
Cemented crown/abutment unit delivered by the lab

2



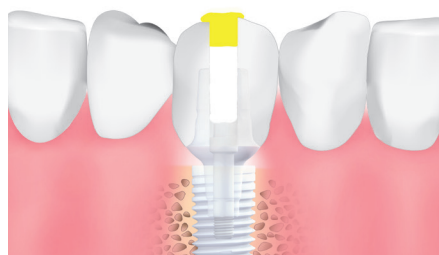
Insert the abutment into implant body by hand. The internal hexagon ensures the abutment is fully seated.

3



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

4



Pack the screw channel with teflon tape and composite on top of the crown to close the surface.

Screws delivered with both screw-driver options

titanium ceramic



BL-OST-H BL-OSC-H

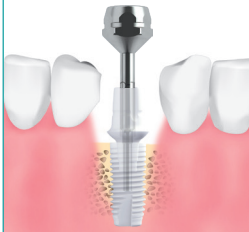


SD-BS-S SD-BS-L

### NOTE

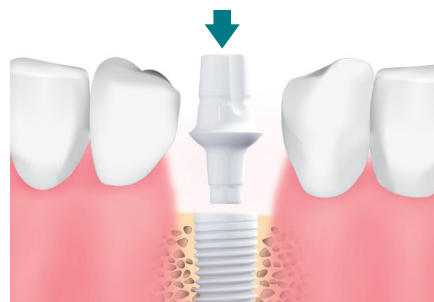
For abutment removal, remove the screw using screw-driver SD-BS-S/L, then elevate the abutment with BL-CD.

BL-CD



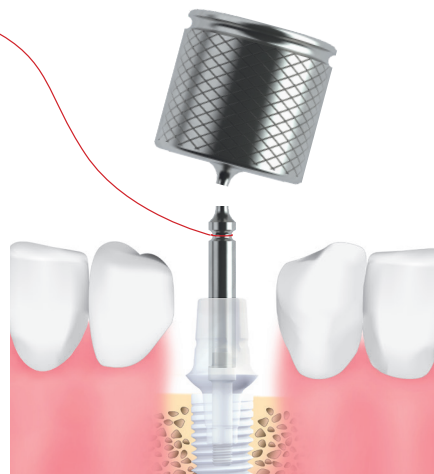
Do not forget to use dental floss to secure the driver pieces.

1



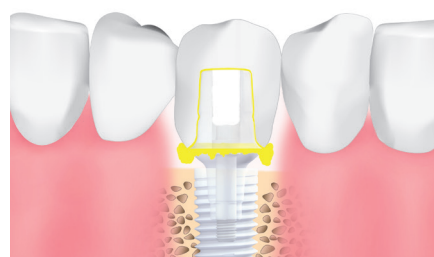
Insert the abutment into implant body by hand. The internal hexagon ensures the abutment is fully seated.

2



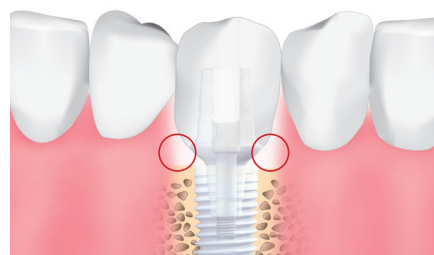
Connect abutment and implant using occlusal screw. Screw until driver breaks.

3



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

4



**Important:** Remove all excess cement.

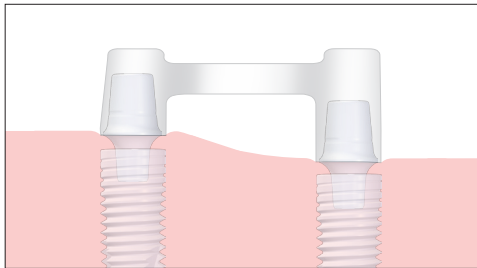
# General Rules

## 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



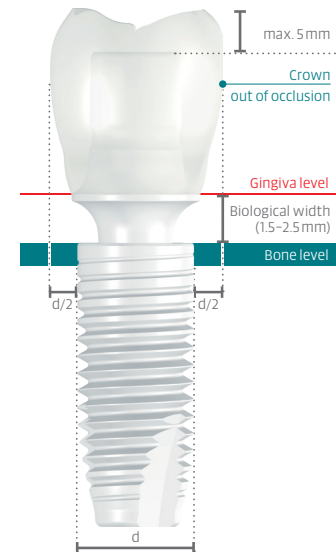
Schematic diagram



Schematic diagram: No inclined arrangement of the bar link

## 2 Avoid Over-dimensioned Crowns

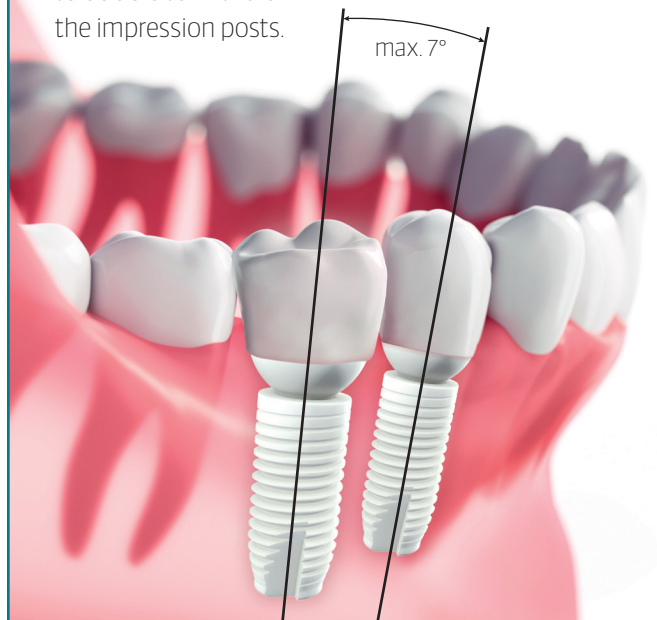
To prevent excessive bending movements, the crown should NOT exceed more than 5 mm in height above the abutment. (as seen in the diagram)



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  $7^\circ$  is possible) to be able to withdraw the impression posts.



Please always check the Z5-BL user manual.