



American Association of Oral and Maxillofacial Surgeons 2013 Dental Implant Conference

December 5-7, 2013 ♦ Sheraton Chicago Hotel & Towers

G02: Transitioning the Patient with Dental Implants

12/6/2013 1:00PM - 4:30PM

Digital Intraoral Scanning and CAD CAM
Abutments. Applications for Full Arch
Restorations including Hybrid Designs
by
Dr. E. Karateew

WARNING: Consider file size/number of pages before printing. We recommend saving this document to your device, if possible.



DIGITAL INTRAORAL SCANNING AND CAD/CAM ABUTMENTS: PLICATIONS FOR FULL ARCH RESTORATIONS INCLUDING HYBRID DESIGNS

E. DWAYNE KARATEEW
DDS, CERT PERIO, CERT PROSTH

ZOLB DENTAL IMPLANT CONFERENCE

LEARNING AND INNOVATION GO HAND IN HAND. THE ARROGANCE OF SUCCESS IS TO THINK THAT WHAT YOU DID YESTERDAY WILL BE SUFFICIENT FOR TOMORROW.

WILLIAM POLLARD



THE DIGITAL PLAYGROUND

AAOMS-DENTAL IMPLANT CONFERENCE CHICAGO, ILL. DECEMBER 5-6-7,2013

THE DIGITAL PLAYGROUND

WHERE BIOLOGY MEETS TECHNOLOGY



EVIDENCE-BASED PRACTICE (EBP): ALL PRACTICAL DECISIONS MADE SHOULD

1. BE BASED ON RESEARCH STUDIES

 THESE RESEARCH STUDIES ARE SELECTED AND INTERPRETED ACCORDING TO SOME SPECIFIC NORMS, IGNORING THEORETICAL AND QUALITATIVE STUDIES AND CONSIDER QUANTITATIVE STUDIES.

HJORLAND B. EVIDENCE BASED PRACTICE: AN ANALYSIS BASED ON THE PHILOSOPHY OF SCIENCE, JOURNAL OF THE AMERICAN SOCIETY FOR INFORMATION SCIENCE AND TECHNOLOGY, 2011 62(7), (201-1210.

EVIDENCE BASED TREATMENT

EVIDENCE BASED TREATMENT (EBT) TRIES TO IDENTIFY THE EVIDENCE THAT THERE MAY BE FOR A PRACTICE AND RATING IT ACCORDING TO HOW SCIENTIFICALLY SOUND IT MAY BE.

ITS GOAL IS TO ELIMINATE UNSOUND OR EXCESSIVELY RISKY PRACTICES IN FAVOR OF THOSE THAT HAVE BETTER OUTCOMES.

IT ENCOURAGES PROFESSIONALS TO USE THE BEST EVIDENCE POSSIBLE-THE MOST APPROPRIATE INFORMATION AVAILABLE.

HJORLAND B. EVIDENCE BASED PRACTICE: AN ANALYSIS BASED ON THE PHILOSOPHY OF SCIENCE, JOURNAL OF THE AMERICAN SOCIETY FOR INFORMATION SCIENCE AND TECHNOLOGY, 2011 62(7), 1301-1310.

EVIDENCE BASED
TREATMENT IN
DENTISTRY

PROCEDURE OF SYSTEMICALLY FINDING, APPRAISING AND USING RESEARCH AS THE BASIS FOR OUR CLINICAL PRACTICE

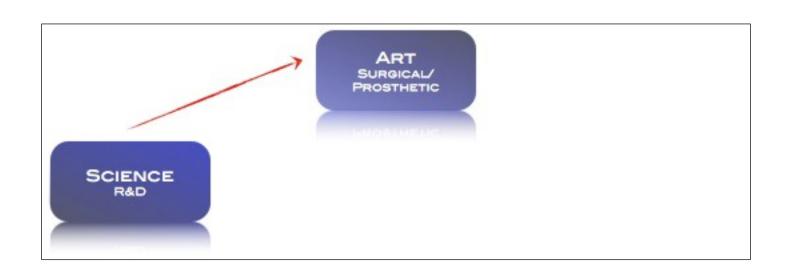
INTEGRATION OF:

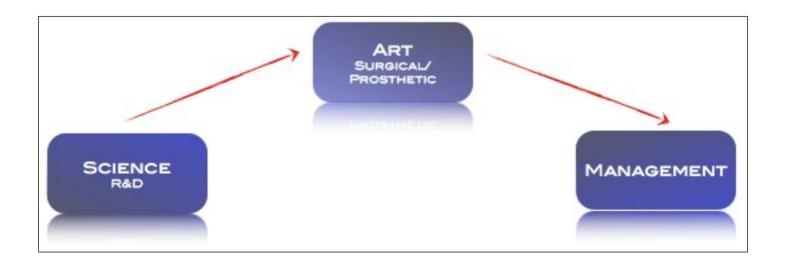
- 1. OUR CLINICAL EXPERTISE/EXPERIENCE
- 2. THE BEST AVAILABLE EXTERNAL CLINICAL RESEARCH EVIDENCE

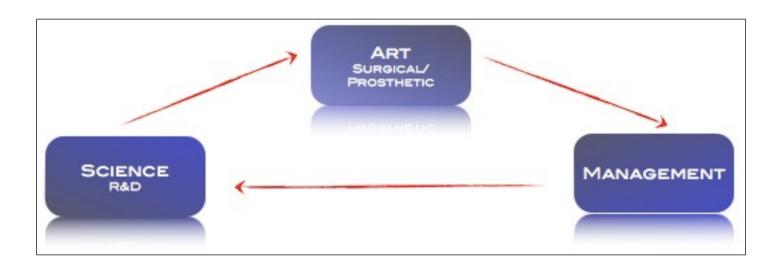
3. PATIENTS WISHES

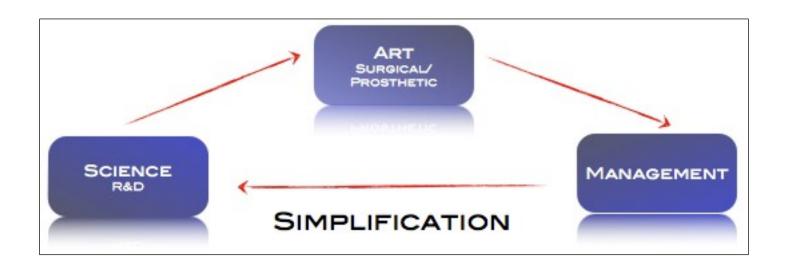
N. SAYNOR: AO 2012, PHOENIX AZ

SCIENCE R&D









PARAMETERS AND KEY FACTORS FOR OPTIMUM PROSTHETICS

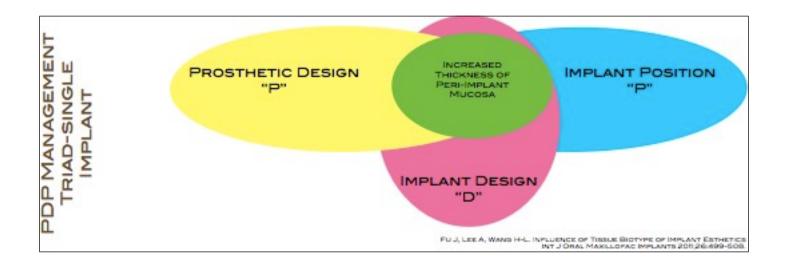
1. HARD TISSUE AROUND IMPLANTS

() VOLUME II) TOPOGRAPHY

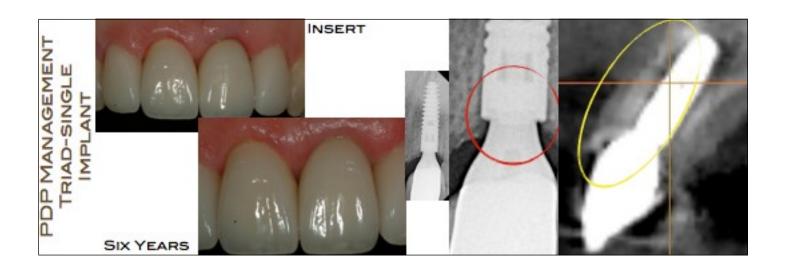
2. SOFT TISSUE AROUND THE TRANSGINGIVAL COMPONENTS

SOFT TISSUE AROUND THE FINAL RESTORATIONS

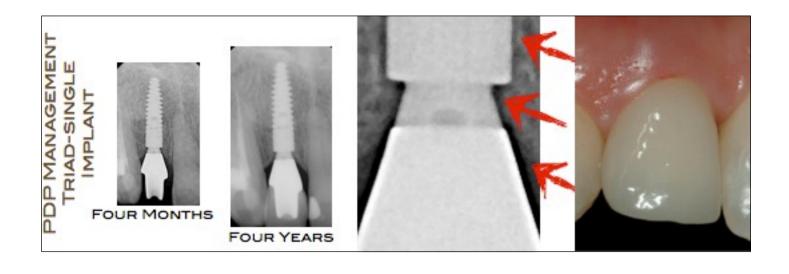
4. PINK AND WHITE AESTHETICS

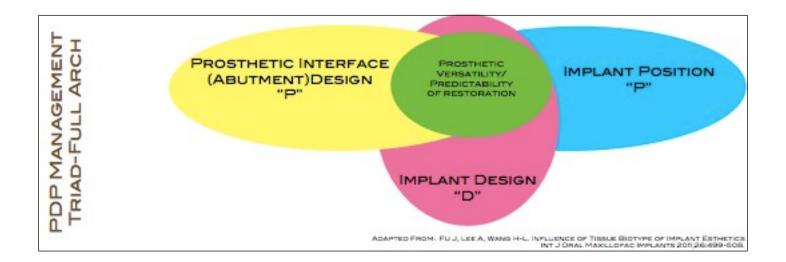


















PIELDS H.JR. BIRTLES JT. SHAY J. COMBINATION PROSTRESIS FOR OPTIMUM ESTRETIC APPEARANCE, J AM DENT ASSOC. 1980 AUG/01/21/276-9.

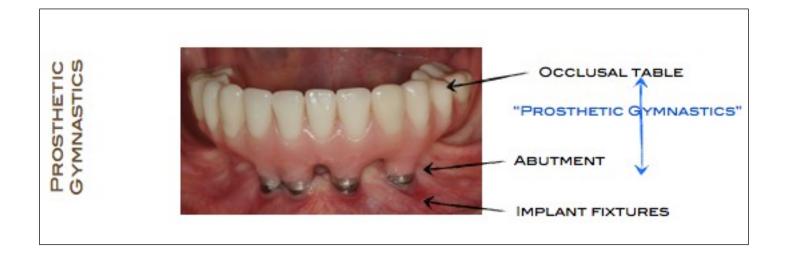
SEVERMAN SI. DIFFERENTIAL DIAGNOSIS. FIXED OR REMOVABLE PROSTRESIS. DENT CUN NORTH AM. 1987 JUL;31(3):347-62.

JEMT T, LEXHOLM U. IMPLANT TREATMENT IN EDENTILIQUE MAXILLAE: A 5-YEAR FOLLOW-UP REPORT ON PATIENTS WITH DIFFERENT DEGREES OF JAW RESORPTION. INT J GRAL MAXILLOFAC IMPLANTS. 1995 MAY-JUN:10(3):303-11.

OCCLUSAL TABLE

OCCLUSAL TABLE

IMPLANT FIXTURES



REALITIES AND CHALLENGES

WHAT PROBLEMS EXIST IN THE COMPREHENSIVE TREATMENT OF EDENTULISM USING DENTAL IMPLANTS?

COMPLICATIONS WITH EDENTULOUS IMPLANT PROSTHESIS (ISFP)

FRAMEWORK FRACTURE

ABUTMENT SCREW FRACTURE

ABUTMENT SCREW LOOSENING

PROSTHETIC SCREW FRACTURE

PROSTHETIC SCREW LOOSENING

MATERIAL WEAR

VENEER FRACTURE

BOZNET, PETRICIS H. GAREFIS K. GAREFIS P. A META-ANALYSIS OF PROSTHODONTIC COMPLICATION RATES OF IMPLANT-SUPPORTED FIXED DENTAL PROSTHESES IN EDENTALOUS PATIENTS AFTER AN OBSERVATION PERIOD OF AT LEAST 5 YEARS.

INT.J. CRIAL MAXILLOFAC IMPLANTS. 2018 MAR-APRI,26(2):3006-18.

REALITIES AND CHALLENGES

IF YOU DON'T KNOW WHERE YOU ARE GOING, ANY ROAD WILL TAKE YOU THERE

LEWIS CARROLL



REALITIES AND CHALLENGES

IF YOU DON'T KNOW WHERE YOU ARE GOING,

YOU BERRA

COMPLICATIONS WITH ISFP

YOU'LL END UP SOMEPLACE ELSE

281 ONE PIECE ISFP MEAN EXPOSURE TIME=9.5 YEARS

653 COMPLICATION EVENTS

COMPLICATION RATE: 24.6%/100 RESTORATION YEARS

RATE OF "PROSTHESIS FREE OF COMPLICATIONS": 29.3% (AT 5 YEARS)

8.6% (AT 10 YEARS)

PERI-IMPLANT BONE LOSS: 20.1% (AT 5 YEARS)

40.3% (AT 10 YEARS)

SCREW FRACTURE: 10.4% (AT 5 YEARS)

20.8% (AT 10 YEARS)

PERI-ABUTMENT TISSUE HYPERPLASIA: 13.0% (AT 5YEARS)

26.0%(AT 10 YEARS)

CHIPPING OR FRACTURE OF VENEERING MATERIAL: 33.3% (AT 5YEARS)

66.6% (AT 10 YEARS)

PARASPYRIDAKOS P. CHEN CJ. CHUANG SK. WEBER HP. GALLUCCI GO. A SYSTEMIC REVIEW OF BIOLOGIC AND TECHNICAL COMPLICATIONS WITH FORED MYLANT REHABILITATIONS FOR EDENTILIDUS PATIENTS. INT J ORAL MANILLOFAC IMPLIANTS. 2012 JAN-FEB 27(8):02-10.

COMPLICATIONS WITH ISFP

5 YEAR SURVIVAL IS 91.9% (AVE) FOR PROSTHESES WITH CANTILEVERS IMPLANT FRACTURE MAIN CAUSE OF FAILURE

5 YEAR SURVIVAL IS 95.8% (AVE) FOR PROSTHESES WITHOUT CANTILEVERS

COMPLICATIONS: 20.3% WITH CANTILEVERS; 9.7% WITHOUT CANTILEVERS

NO DIFFERENCE WITH PERI-IMPLANT BONE LEVELS BETWEEN THE TWO
GROUPS

ZURDO J. ROMAO C. WENNETROM JL. BURVIVAL AND COMPLICATION RATES OF IMPLANT-SUPPORTED FIXED PARTIAL DENTURES WITH CARTILEVERS, A SYSTEMIC REVIEW.

CLIN ORAL IMPLANTS RES. 2009 SEP 20: SURPL. 45:59-66.

SFP OUTCOMES

PROSTHESES MADE UTILIZING STANDARD 5 VISIT PROTOCOL

AVE. OF 10 UNITS (TEETH)

POSTERIOR CANTILEVERS OF 7-10MM

5 YEAR PROSTHETIC SURVIVAL WAS 100% FOR THE CONTEMPORARY GROUP

CLINICAL PROBLEMS: DICTION, FRACTURES, IMPLANT FAILURES, LOOSE SCREWS, MUCOSAL INFLAMMATION, PROSTHESIS ISSUES, TMD PROBLEMS

JEMY T. STENPORT V. EDENTULOUS MAXULLA PART 2: PROSTHETIC TECHNIQUE AND CLINICAL MAINTENANCE IN TWO PAYENT COHORTS RESTORED BETWEEN 1986 AND 1987 AND 15 YEARS LATER. INT J PROSTHODONT 201;24:356-362.

ISFP TAKE HOME MESSAGE

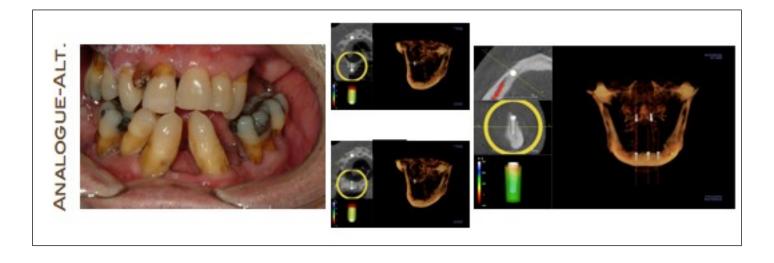
ISFD TREATMENT IS SUCCESSFUL

EVEN FOR THE MOST METICULOUS CLINICIAN/TEAM:

-15-30% COMPLICATIONS RATE FOR ISFC TREATMENTS UTILIZING
CURRENT SOLUTIONS

-PROSTHESES EXPERIENCES WEAR, COMPLICATIONS AND FAILURE









- 1. IMPLANTS WITH ROUGH SURFACES SHOWED A STATISTICALLY HIGHER SURVIVAL RATE THAN MACHINED IMPLANTS.
- 2. THE PROSTHETIC DESIGN, VENEERING MATERIAL AND THE NUMBER OF PROSTHESES PER ARCH HAD NO INFLUENCE ON THE SURVIVAL RATE.
 - 3. IMPLANT NUMBER AND DISTRIBUTION DID INFLUENCE PROSTHODONTIC SURVIVAL RATE.

LAMBERT FE, WEBER HP, SUSARLA SM, BELSER UC, GALLUCCI GO, DESCRIPTIVE ANALYSIS OF IMPLANT AND PROSTHODONTIO SURVIVAL RATES WITH FIXED IMPLANT-SUPPORTED REHABILITATIONS IN THE EDENTILIQUE MAXILLA. J PERIODONTOL. 2009 AUG;80(8):1220-30.

ANALOGUE-ALT.











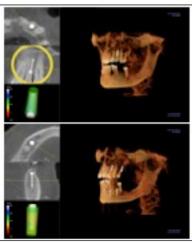
IMPLANT ASSISTED
TISSUE SUPPORTED











26% REDUCTION IN SURGICAL TIME WITH THE USE OF CBCT

BRITISH DENTAL JOURNAL

CBCT NOW FULFILLS THE REQUIREMENTS TO BE CONSIDERED A STANDARD OF CARE IN THE DIAGNOSIS AND PLANNING OF IMPLANT TREATMENT.

CORLEY A, HATCHER D.
CONE BEAM CT-ANATOMIC ASSESSMENT AND
LEGAL ISSUES: THE NEW STANDARDS OF CARE.
J CAUF DENTAL ASSOC 2009:37:653-662.

ANALOGUE-ALT.





ANALOGUE-ALT.







RIGID JIG FACILITATES TRANSFER BETWEEN MODELS AND MOUTH

ANALOGUE-ALT.







CURRENT LITERATURE

SIMILAR CLINICAL OUTCOMES WERE OBTAINED IRRESPECTIVE OF WHETHER ACRYLIC RESIN RESTORATIONS WERE REINFORCED WITH METAL OR NOT.

CRESM R, VINCER, CAPPARE P, ROMANDS, GE. SHERLONE. A CLINICAL STUDY OF EDENTLADUS PATIENTS REHABILITATED ACCORDING TO THE "ALL ON FOUR" IMMEDIATE FUNCTIONAL PROTOCOL. INT J ORAL MAXILLOFAC IMPLANTS. 2012 MAR-APR;27(2):428-34.







SYSTEM SPECIFIC ABUTMENT
PROPRIETARY
TELESCOPIC IMPLANT SUPPORTED REMOVABLE PROSTHESIS

CLASSIC LITERATURE



IMPLANT TREATMENT IN THE EDENTULOUS UPPER JAW FUNCTIONS WELL IN A 15YEAR TIME PERSPECTIVE. BESIDES WEAR AND FRACTURES OF VENEERS, NO
OTHER PARAMETER SHOWED ANY TIME-RELATED RELATIONSHIP. INCREASING
NUMBER OF IMPLANTS AND PATIENTS WITH BONE LEVELS BELOW THE THIRD
THREAD, WHICH COULD BE SPECULATED TO INCREASE WITH FUTURE
MAINTENANCE AFTER 15 YEARS.

JEMY T. JOHANSSON J. IMPLANT TREATMENT IN THE EDENTULOUS MARILLAE: A 15-YEAR FOLLOW-UP STUDY ON 75 CONSECUTIVE PAYENTS PROVIDED WITH PIXED PROSTHERES. CLIN IMPLANT DENT RELAT RES. 2006;8(2):61-9.

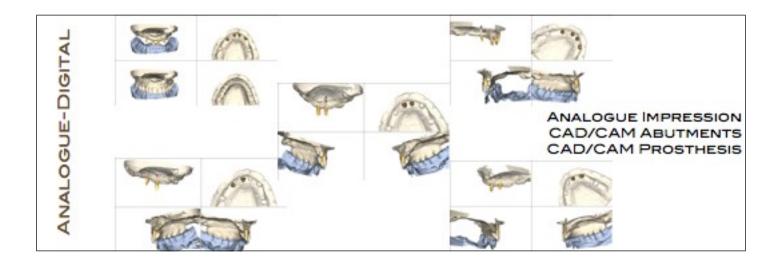
ANALOGUE-DIGITAL

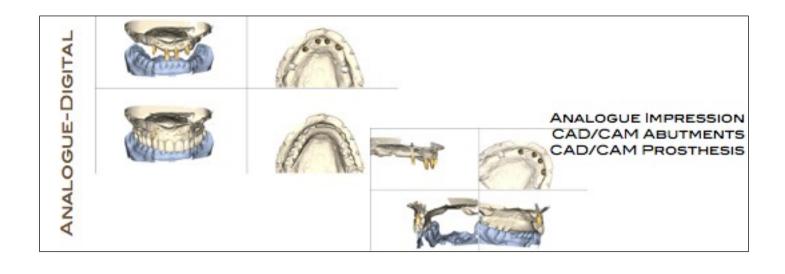


LET'S OPEN OUR EYES AND MIND TO THE DIGITAL WORLD

TO CHANGE IS DIFFICULT, NOT TO CHANGE IS FATAL

WILLIAM POLLARD







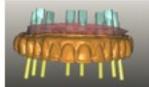




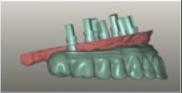


ANALOGUE IMPRESSION CAD/CAM ABUTMENTS CAD/CAM PROSTHESIS









ANALOGUE-DIGITAL



ANALOGUE IMPRESSION CAD/CAM ABUTMENTS CAD/CAM PROSTHESIS

ANALOGUE-DIGITAL





ANALOGUE IMPRESSION CAD/CAM ABUTMENTS CAD/CAM PROSTHESIS



PROSTHETIC TISSUE MODELING-INDIVIDUALIZED IMPRESSION TECHNIQUE

- 1. WHICH IS MOST RELIABLE TECHNIQUE FOR CAPTURING IMPLANT POSITIONING
 - 2. ENSURE PRECISE COMMUNICATION WITHE THE DENTAL TECHNICIAN REGARDING THE DESIRED TRANSITION ZONE CONTOURS
 - 3. AVOID UNEXPECTED AND UNWANTED COMPLICATIONS

ADAPTED FROM: HAMMERLE C, JUNG R (2007) PROSTHETIC MANAGEMENT OF IMPLANTS IN THE ESTHETIC ZONE.

GENERAL PRINCIPLES AND SCIENTIFIC DOCUMENTATION. IN: BUSER C, BELSER U, WISMELJER D: ITI TREATMENT
GUIDE. VOL.1: IMPLANT THERAPY IN THE ESTHETIC ZONE. QUINTESSENCE PUBLISHING, BERLIN.

ANALOGUE-DIGITAL

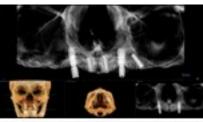
CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS



CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS

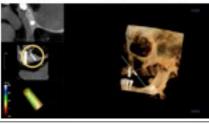
DIGITAL TREATMENT PLANNING

ANALOGUE-DIGITAL

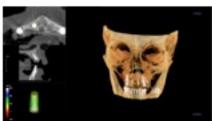




DIGITAL TREATMENT PLANNING







ANALOGUE-DIGITAL

CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS

DIGITALLY GUIDED SURGERY







TREATMENT OF THE POSTERIOR ATROPHIC MAXILLA WITH GUIDED SURGERY AND TILTED AND STRAIGHT IMPLANTS IS EFFECTIVE.

POZZI A, SANNING G, BARLATTANI A. MINIMALLY INVASIVE TREATMENT OF THE ATROPHIC POSTERIOR MAXILLA: A PROOF-OF-CONCEPT PROSPECTIVE STUDY WITH A POLLOW-UP OF BETWEEN 36 AND 54 MONTHS. J PROSTNET DENT. 2012 NOV:108(5):286-97.

LONG-TERM FOLLOW-UP (MEAN=10YEARS) DEMONSTRATES THAT PATIENTS WITH A SEVERELY RESORBED MAXILLA CAN BE TREATED SUCCESSFULLY WITH CONVENTIONAL IMPLANT TREATMENT. A SIMPLIFIED TECHNIQUE [WITH TILTED IMPLANTS] CAN BE AN ALTERNATIVE

ROSEN A, GYNTHER G, IMPLANT TREATMENT WITHOUT BONE GRAFTING IN EDENTULOUS SEVERELY RESORBED MAXILLAS: A LONG-TERM FOLLOW-UP STUDY. J GRAL MAXILLOFAC SURG. 2007 MAY 65(5): 1010-6.

E

USE OF TILTED IMPLANTS IS AN EFFECTIVE AND SAFE ALTERNATIVE TO MAXILLARY SINUS FLOOR AUGMENTATION PROCEDURES.

APARICIO C, PERALES P, RANGERT B. TILTED IMPLANTS AS AN ALTERNATIVE TO MAXILLARY SINUS GRAFTING: A CLINICAL, RADIOLOGIC, AND PERIOTEST STUDY. CUIN IMPLANT DENT RIGLAT RIS. 2001;3(1):39-49.

THERE WAS NO EVIDENCE OF DIFFERENCES IN SUCCESS RATE BETWEEN TILTED AND AXIAL IMPLANTS...IN STUDIES REVIEWED. IT CAN BE DEDUCED THAT TILTED IMPLANTS EXHIBIT THE SAME BEHAVIOUR AS AXIAL IMPLANTS.

ATA-ALL J. PENARROCHA-OLTRA D. CANDEL-MARTI E. PENARROCHA-DIAGO M. ORAL REHABILITATION WITH TILTED DENTAL IMPLANTS: A METANALYSIS MED ORAL PETOL ORAL DIR BUCCAL, 2012 JUL 117(4):3582-7

CURRENT LITERATUR

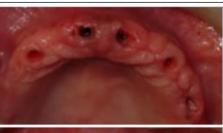
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THE LITERATURE ON TILTED IMPLANTS SHOWS THAT IMPLANTS PLACED WITH THIS TECHNIQUE, HAVE HIGH SUCCESS RATES, MINIMAL COMPLICATIONS AND HIGH PATIENT SATISFACTION.

PENARROCHA-OLTRA D, CANDEL-MARTI E, ATA-ALI J, PENARROCHA-DIAGO M. REHABILITATION OF THE ATROPHIC MAXILIA WITH TILED IMPLANTS.

REVIEW OF THE LITERATURE. J ORAL IMPLANTS.. 2013 OCY.39(5):625-32.

ANALOGUE-DIGITAL





IMPLANT LEVEL IMPRESSION







ANALOGUE-DIGITAL



CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS

OCCLUSAL REGISTRATION-IMPLANT LEVEL









CURRENT LITERATURE

EXCEPT FOR REGULAR IMPLANTS PLACED IN NONAUGMENTED NATIVE BONE, THE PUBLISHED DATA PROVIDE INSUFFICIENT EVIDENCE ABOUT THE OUTCOME OF OTHER PROCEDURES. UNTIL LONG-TERM DATA ARE AVAILABLE SUCH PROCEDURES SHOULD NOT BE CONSIDERED RELIABLE TREATMENT MODALITIES.

ATTW, BERNHART J, STRUB JR. FIXED REHABILITATION OF THE EDENTULOUS MARILLA: POSSIBILITIES AND CLINICAL OUTCOME. J ORAL MARILLOFAC SURG. 2009 Nov;7801 SURPLISO:73.



CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS

SELECTION AND PLACEMENT OF MULTI-UNIT ABUTMENTS





ANALOGUE-DIGITAL





CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS

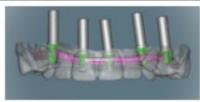
ABUTMENT LEVEL VERIFICATION





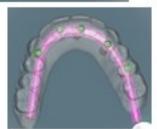


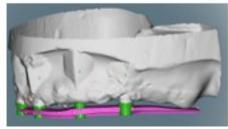
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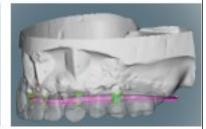


CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS

DIGITAL PROSTHESIS DESIGN







CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS





CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS

INSERTION

ANALOGUE-DIGITAL

CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS





DIGITAL WORK FLOW

CURRENT LITERATUR

DENTURE (TRY-IN) IMPLANT LEVEL IMPRESSION

DUPLICATE DENTURE INTER-ARCH REGISTRATION ABUTMENT LEVEL IMPRESSION INTER-ARCH REGISTRATION VERIFICATION JIG

SCANNING

DATA CONSOLIDATION

DESIGN

DESIGN VERIFICATION

CNC MILLING

VENEERING

TRY-IN

DELIVERY

OCCLUSAL ADJUSTMENT

MAINTENANCE

THE PRECISION OF CLINICAL TREATMENT PROVIDED BY THE INTEGRATION OF CAD/CAM AND CBCT ALLOWS DENTISTS TO PLAN FOR IDEAL SURGICAL PLACEMENT AND THE APPROPRIATE THICKNESS OF RESTORATIVE MODALITIES BEFORE PLACING IMPLANTS.

PATEL N. INTEGRATING THREE-DIMENSIONAL DIGITAL TECHNOLOGIES FOR COMPREHENSIVE IMPLANT DENTISTRY. J AM DENT ASSOC. 2010 JUN;MI SUPPL 2:205-45

CAD/CAM TECHNOLOGY USING THE THREE-DIMENSIONAL IMAGES ALLOWS FOR FABRICATION OF THE SURGICAL GUIDE AND FINAL PROSTHESIS. THIS IS A SIGNIFICANT ADVANCEMENT IN IMPLANT DENTISTRY AND PROSTHODONTICS.

BALEH SF, WOLFINGER GJ, BALEH TJ. SURGICAL PLANNING AND PROSTHESS CONSTRUCTION USING COMPUTER TECHNOLOGY AND MEDICAL IMAGING FOR IMMEDIATE LOADING OF IMPLANTS IN THE PTERYGOMAXILLARY REGION. INT J PERIODONTIOS RESTORATIVE DENT. 2006 JUN;26(3):239-47.

CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS

DIGITAL



INITIAL PRESENTATION

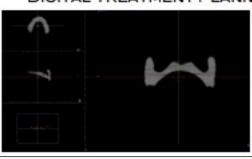


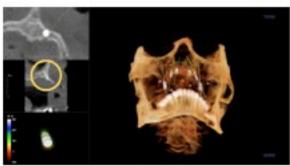
GITAL



CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS

DIGITAL TREATMENT PLANNING

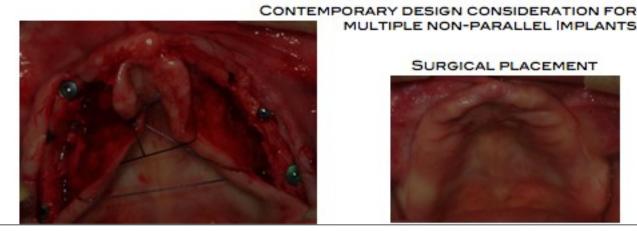




CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS

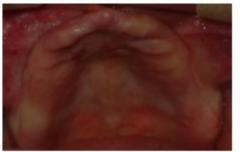
DIGITAL TREATMENT PLANNING





MULTIPLE NON-PARALLEL IMPLANTS





CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS



IMPRESSION ABUTMENTS-DIGITAL

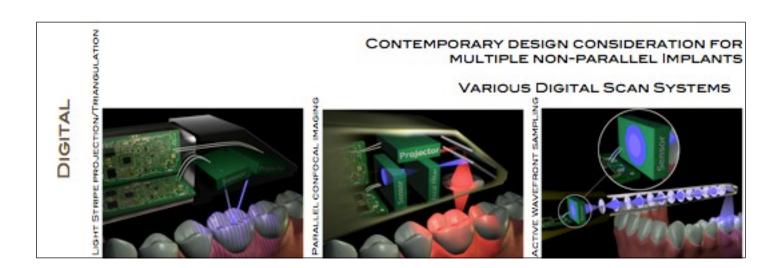


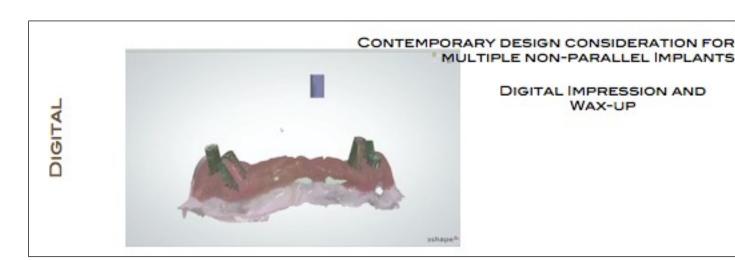


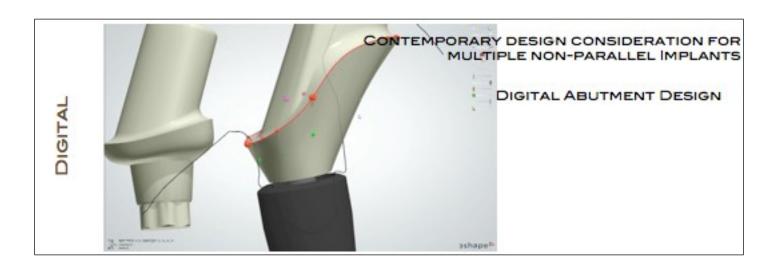
CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS

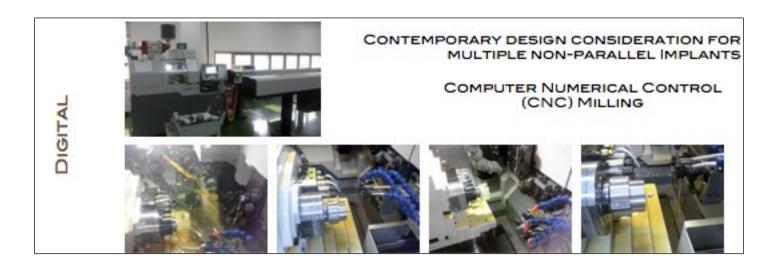
IMPRESSION ABUTMENTS-DIGITAL











THE CUTTING EDGE TECHNOLOGY OF COMPUTER-ASSISTED IMPLANT IMPRESSIONS AND COMPUTER-GENERATED ABUTMENTS WILL LIKELY REPLACE TRADITIONAL IMPLANT RESTORATIVE PROTOCOLS AND BECOME THE STANDARD FOR IMPLANT DENTISTRY IN THE FUTURE.

PREST G. VIRTUAL-DESIGNED AND COMPUTER-MILLED IMPLANT ABUTMENTS. J ORAL MAXILLFAC SURG. 2005 SEP.63(9 SUPPL 2):22-32.

CAD/CAM ABUTMENTS PRESENT THE ADVANTAGES OF BEING SPECIFIC TO EACH PATIENT AND PROVIDING A BETTER FIT.

PUSTER-TORRES MA, ALBALAY-ESTELA S, ALCANIZ-RAYA M, PENARROCHA-DIAGO M, CAD/CAM DENTAL SYSTEMS IN IMPLANT DENTISTRY:
UPDATE: MED CHAL PATOL CHILL CHI BUCAL 2009 MAR (1403) EN1-45.

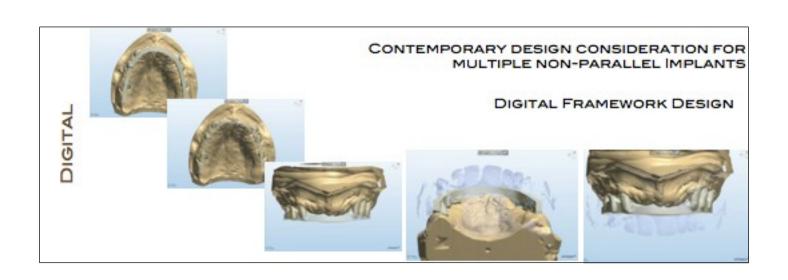
DIGITAL



CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS

ABUTMENT TRY-IN





CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS

DIGITAL FRAMEWORK DESIGN





BASED ON A SYSTEMIC REVIEW OF THE LITERATURE CONCERNING CAD/ CAM USED FOR FABRICATION OF FRAMEWORKS AND ABUTMENTS, PROOF OF CONCEPT WAS ESTABLISHED. NO SIGNIFICANT FAILURES OR COMPLICATIONS WERE REPORTED IN ASSOCIATION WITH THE IMPLANTS AND THEIR RESTORATIONS.

KAPOS T, ABHY LM, GALLUCCI GO, WEBER HP, WISMEUER D. COMPUTER-ADED DESIGN AND COMPUTER-ASSISTED MANUFACTURING IN PROSTHETIC IMPLANT DENTISTRY. INT J ORAL MAXILLOFAC IMPLANTS. 2009:24 SUPPLITO-7.

CONTEMPORARY DESIGN CONSIDERATION FOR MULTIPLE NON-PARALLEL IMPLANTS



DEFINITIVE PROSTHESES DELIVERY





MULTIPLE NON-PARALLEL IMPLANTS

DEFINITIVE PROSTHESES DELIVERY



THREE TYPES OF TREATMENT

GOOD-CHEAP-FAST

C JANSEN 2013

THREE TYPES OF TREATMENT

GOOD TREATMENT CHEAP IS NOT FAST

C JANSEN 2013

THREE TYPES OF TREATMENT

GOOD TREATMENT CHEAP IS NOT FAST FAST TREATMENT CHEAP IS NOT GOOD

C JANSEN 2013

THREE TYPES OF TREATMENT

GOOD TREATMENT CHEAP IS NOT FAST FAST TREATMENT CHEAP IS NOT GOOD GOOD TREATMENT FAST WON'T BE CHEAP

C JANSEN 2013

IMPLANT DENTISTRY

WITH IMPLANT DENTISTRY

WE ARE NOT SAVING LIVES

WE ARE CHANGING THEM

ONE SMILE AT A TIME



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