Important! Please read

Description Nobel Biocare manufactures dental implants from biocompatible titanium, and abutments from titanium and ceramic materials. The implants are supplied with various titanium and hydroxyapatite surfaces. Accessory restorative components are produced in gold alloy and polymers, as well as titanium.

Indications Nobel Biocare’s dental implants are used as the foundation for anchoring tooth replacements in either jaw. Restorations range from replacing one single tooth to an entire arch of bridgework, as well as retentive elements for overdenture applications. Dental implants are intended to be used in a manner in which they integrate with the bone (osseointegration).

Contraindications Pre-operative patient evaluation is necessary to determine any factors which put the patient at risk from the implant placement procedure itself, or factors that may affect healing capabilities of either the bone or associated soft tissue. Dental implants should not be used in patients who are unfit medically for a general oral surgical procedure. For patients who have localized or systemic factors that could be expected to interfere with the healing process of either bone or soft tissue (e.g. connective tissue disorders, steroid therapy, infections in bone, cigarette smoking) the potential benefits and risks of treatment need to be carefully evaluated.

In addition, the patient needs to have an adequate volume of residual bone for placing sufficient size and numbers of implants to support the anticipated functional loads to which the patient will subject these implants. Insufficient size or numbers of implants to support biomechanical loads or undesirable positioning of implants can lead to mechanical failures including fatigue fracture of implants, prosthetic screws and/or abutment screws. Particular caution should be used when placing narrow platform internal connection implants in the posterior region. Implant placement and prosthetic design must accommodate individual patient conditions such as bruxism or unfavorable jaw relationships to reduce the risk of overload or fatigue failure, and treatment is contraindicated if adequate accommodation cannot be accomplished. If inadequate bone volume is present, augmentation procedures can be considered. Please consult appropriate clinical manuals and textbooks for information on treatment planning and medical evaluation (see above).

Warning Treatment planning and placement of dental implants requires special considerations compared to dentistry in general. It is recommended that practitioners take courses with hands-on training to learn proper techniques, including biomechanical requirements and radiographic evaluation. Improper technique in either implant placement or restoration can result in implant failure and substantial loss of surrounding bone.

Drilling procedures for implant placement use specific drill measurement systems and reference points unique for each system listed below:

- Replace® Select Tapered
- Replace® Select Straight
- Brånemark System®
- NobelDirect®
- NobelDirect® 3.0
- NobelActive™
- NobelSpeedy™
- NobelReplace™
- NobelPerfect™
- Brånemark System® Zygoma Implants
- Nobel Biocare Immediate Provisional Implant

The practitioner is directed to the measurement description in the appropriate clinical manual, specific to the implant system selected (see above) before any drill preparation takes place around vital structures. Each implant system has unique measuring characteristics to allow full seating of the implant to the desired depth. In some instances, drill length reference lines measure longer than the stated length of the implant. It is recommended that the implant surgeon be thoroughly familiar with the specific measurement system being utilized and provide a suitable safety margin adjacent to any teeth and vital structures. Failure to recognize actual lengths of drills relative to radiographic measurements can result in permanent injury to nerves or other vital structures by drilling beyond the depth intended, potentially resulting in permanent numbness to the lower lip and chin from lower jaw surgery or other injury.

Each implant system has specific design characteristics for mating implants, abutments and prosthetic components. Combining components that are not configured or dimensioned for correct mating can lead to mechanical failure of components, damage to tissue, or unsatisfactory esthetic results.

One-hundred percent success cannot be guaranteed. Lack of adequate quantity and/or quality of remaining bone, infection and generalized diseases are some potential causes for failure of osseointegration both immediately after surgery, or after osseointegration is initially achieved. Pre-operative hard tissue or soft tissue deficits may yield a compromised esthetic result or unfavorable implant angulation. With respect to children, routine treatment is not recommended until growth has stopped and epiphysial closure has occurred.

Sterility All implants, and various abutments (see labels) are shipped sterile, and are for single use only prior to the labeled expiration date. Do not use implants if the packaging has been damaged or previously opened. Abutments that are delivered sterile and have never been used in the oral cavity may be re-sterilized. (See manuals listed above). Abutments not delivered sterile should be sterilized prior to use using steam sterilization at 135 °C for five minutes. Products not provided sterile by the manufacturer must be cleaned and sterilized (if indicated) according to the instructions in the appropriate manual before intra-oral use (see above). For steam sterilization of kits (not applicable for Try-in Abutment Kit Box and Brånemark System® Zygoma Surgical Kit Box), sterilize at 134°C/274°F, for 6 minutes.

General Precautions Surgical and restorative products used to achieve and maintain osseointegration as described by Professor Brånemark, et al., should be utilized by persons trained in this method. Such training is offered at a number of centers. Please contact manufacturer for information. Each patient must be carefully examined and evaluated to determine radiographic, psychological and physical status. Additionally, the patient’s teeth and any associated bone or soft tissue deficits that will influence the final result should also be evaluated. Close cooperation between surgeon, restorative dentist and dental laboratory technician is essential for success.

Procedural Precautions, Surgery All efforts must be made to minimize damage to the host tissue, paying special attention to thermal and surgical trauma and to the elimination of contaminants and sources of infection. The surgical procedure requires a high degree of precision and care, and the limits for acceptable tissue handling are much narrower than in general oral surgery. Any divergence from the principle of least possible trauma at implant installation increases the risk of failure to establish osseointegration. Tilting implants – implants may be tilted up to 45°. If the angulation is 30° or more, it is necessary to split the tilted implants. All drilling procedures should be performed at low speed (approximately 800 rpm for tapered drills and up to 2000 rpm for straight drills). Pre-tapping (threading of the bone) and implant placement should be accomplished at very low speed (~ 25–30 rpm) or manually. All drilling and pre-tapping procedures require the use of dedicated, sharp instruments under constant and profuse irrigation for cooling. Implants are ideally installed in a stable manner; however, excessive insertion torque (greater than 45–50 Ncm) to overcome bone resistance may lead to damage to the implant; fracture or necrosis of the bone site (see appropriate clinical manuals). All instruments used in surgery must be maintained in good condition and care must be taken that instrumentation does not damage implants or other components. Because of the small size of implant components and instruments, care must be taken that they are not swallowed or aspirated by the patient. After the implant installation, the surgeon’s evaluation of bone quality and initial stability will determine when implants may be loaded.

Procedural Precautions, Prosthetics Especially important is proper stress distribution: passive adaptation and fitting of the bridge to the implant abutments; adjusting occlusion to the opposing jaw; avoiding excessive transverse loading forces, particularly in immediate loading cases. If the prosthesis metal substructure is made of gold alloy, this should have a high gold content. Because of the small size of prosthetic components, care must be taken that they are not swallowed or aspirated by the patient.

Adverse Effects Implant techniques have normal contraindications and risks. These are extensively documented in the dental literature.

Caution The caution text “Federal (USA) law restricts the sale of this device to, or on the order of, a licensed physician or dentist” is shown on labels with “Rx Only”.

Manufacturer: Nobel Biocare AB, Box 5190, SE-402 26 Göteborg, Sweden.
Phone: +46 31 81 88 00. Fax: +46 31 16 31 52 www.nobelbiocare.com
Important aspects of treatment with NobelActive™

- We strongly recommend that practitioners, new as well as experienced implant users, always go through special training before undertaking a new treatment method. Nobel Biocare provides a wide range of courses for various levels of knowledge. For more information on the courses we have to offer, visit our website: nobelbiocare.com, or consult our course catalog.

- Always work with an experienced colleague the first time you employ a new treatment method. Nobel Biocare has a global network of mentors available for this purpose.

- Read this manual carefully before starting treatment. The treatment must follow the manual precisely to be successful.

- Read also the general user instructions for use carefully before starting treatment.

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 threadpitch 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.
# Table of Contents

**Important** ................................................................................................................ 3

**Quick start**
- NobelActive™ .......................................................................................................... 5
- Overview ............................................................................................................ 6–7

**Surgical procedures**
- NobelActive™ – Expands treatment options ........................................................... 8
- Examination and treatment planning .................................................................... 9
- Surgical procedures .............................................................................................. 10
- Technical specifications ........................................................................................ 11
- Drill sequence & depth .................................................................................. 12–13
- Step-by-step clinical procedure ...................................................................... 14–21
- Special surgical procedures ............................................................................ 22–26
- Finalization procedures NobelActive™ .................................................................. 27

**Prosthetic procedures**
- Unique prosthetic connection ........................................................................ 28–29
- Immediate Function™ – Procera® Esthetic Abutment ...................................... 30–31
- Immediate Function™ – QuickTemp™ Abutment ............................................ 32–33
- Procera® Abutment Zirconia ........................................................................... 34–36
- Esthetic Abutment .......................................................................................... 37–39
- Snappy Abutment™ ........................................................................................ 40–42
- Multi-unit Abutment ..................................................................................... 43–46
- Procera® Implant Bridge Zirconia ................................................................... 47–48
- Procera® Implant Bridge Titanium .................................................................. 49–51

**Appendices**
- Appendix I – Kits ............................................................................................ 52–53
- Appendix II – NobelActive™ Manual Torque Wrench ........................................... 54
- Appendix III – use of Drill Stop ............................................................................. 55
- Appendix IV – cleaning and sterilization .............................................................. 56
- Procera® Esthetic Abutment ................................................................................. 57

**Product catalog**
- Surgical components overview ...................................................................... 58–59
- Product specifications .................................................................................... 60–61

**Reference guide**
- Index in alphabetical order ............................................................................ 62–63
- Index in numeric order .................................................................................. 64–65
**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)
- Prosthetic Kit

*Product illustrations are not to scale*
Quick start

Flapless technique

*Twist Drill w Tip Ø 2mm*

Flap technique

*Twist Drill w Tip Ø 2mm*

See table on page 13 for drill sequences for all platforms and different bone types.
quick start

**Implant Placement**

**One-Stage Delayed Function**

**One-Stage Immediate Function™**

**Two-Stage Delayed Function**

*Product illustrations are not to scale*
**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:**

**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™
Examination and treatment planning

Carry out examination and treatment planning according to the routines of the clinic.

Bear in mind that in the majority of cases the implant’s special abilities may reduce the need for an additional surgical procedure of bone augmentation prior to the implant placement session. The implant can be stabilized in minimal bone and bone augmentation can be carried out in the same session.

Bone quality

Traditionally, dense compact bone provides good initial stabilization for the installed implant while cancellous bone provides much reduced retention and therefore more bone to implant contact is necessary for a sufficient initial stabilization.

Vertical bone quantity

The amount of bone available for implant retention differs from site to site.

The unique design features of NobelActive™ allow it to be anchored and stabilized in minimal bone anywhere along the length of the implant.

The implant is “active” enabling an angle change during insertion. This ability facilitates engaging it parallel to palatal bone walls allowing expanding the palatal aspect of the socket in the facial direction (see p. 25–26).

Horizontal bone quantity

To maintain vertical tissue dimension, make sure to allow at least 1.5mm 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>10 11.5 13 15</td>
</tr>
<tr>
<td>RP</td>
<td>Ø 3.9</td>
<td>Ø 4.3</td>
<td>Ø 3.4</td>
<td>10 11.5 13 15</td>
</tr>
<tr>
<td>RP</td>
<td>Ø 3.9</td>
<td>Ø 5.0</td>
<td>Ø 3.4</td>
<td>10 11.5 13 15</td>
</tr>
</tbody>
</table>

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.

Measurements are in mm.
Drill sequence

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, 10–18mm and 7–15mm. 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 1mm 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 ∅</th>
<th>Soft Bone Type IV</th>
<th>Medium Bone Type II–III</th>
<th>Dense Bone Type I</th>
</tr>
</thead>
<tbody>
<tr>
<td>∅ 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>∅ 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)</td>
</tr>
<tr>
<td>∅ 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 2–4mm less than the total implant length, insert implant to drilled depth and continue to insert. The implant will drill its way into 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 1mm 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 × 13mm in medium bone.

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

Precision Drill

• To facilitate initial penetration and creation of a crestal start point, a Precision Drill can be used before Twist Drill with Tip Ø 2mm

**Twist Drill with Tip Ø 2mm**

• Drill to the appropriate depth using the Twist Drill with Tip Ø 2mm. 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.

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

• If applicable, take a radiograph to verify correct direction

• When placing multiple implants, proceed to next implant site before continuing to next drill sequence
surgical procedures

**Twist Step Drill Ø 2.4/2.8mm**
- Continue site preparation using **Twist Step Drill Ø 2.4/2.8mm**
- Check orientation using **Direction Indicator Ø 2.0/2.4–2.8mm**

High speed

| Max 2000 rpm |

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

High speed

| Max 2000 rpm |

**Determine implant length**
- Use Depth Probe to verify the desired depth has been achieved (including soft tissue thickness, if applicable)
Depending on the clinical situation and accessibility, there are three different options to insert the NobelActive™ implant:

### 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.)

### Implant insertion

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!** Overtightening may compromise the integrity of the internal connection and overcompress the surrounding bone, compromising osseointegration.

1. Using the NobelActive™ Manual Torque Wrench Surgical

2. Using the Surgical Driver

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

3. Using a drilling unit
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

Product illustrations are not to scale
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.

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 over-compress the surrounding bone, compromising osseointegration.
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.
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.
Final implant placement

- For maximum esthetic results place the implant on the level of the buccal bone or 0.5–1mm below

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 3mm 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.
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
- 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, 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
- 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 ∅ 2mm**

- 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 1.5mm 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.

Thus tooth extraction, implant placement, bone augmentation and even immediate function can all be done in one session.

**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 ⌀ 2mm

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 ⌀ 2mm, 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, 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.*

- 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.

**Bone Mill**

**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.**
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

Prosthetic assortment overview

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procera® Esthetic Abutment NobelActive™ Internal</td>
<td>30</td>
</tr>
<tr>
<td>QuickTemp™ Abutment NobelActive™ Internal (multiple units)</td>
<td>32</td>
</tr>
<tr>
<td>Immediate Temporary Abutment NobelActive™ Internal (single restorations)</td>
<td>33</td>
</tr>
<tr>
<td>Product illustrations are not to scale</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Procera® Abutment Zirconia</strong>&lt;br&gt;NobelActive™ Internal</td>
<td>34</td>
</tr>
<tr>
<td><strong>Procera® Abutment Titanium</strong>&lt;br&gt;NobelActive™ Internal</td>
<td>34</td>
</tr>
<tr>
<td><strong>Esthetic Abutment</strong>&lt;br&gt;NobelActive™ Internal</td>
<td>37</td>
</tr>
<tr>
<td><strong>Narrow Profile Abutment</strong>&lt;br&gt;NobelActive™ Internal</td>
<td>38</td>
</tr>
<tr>
<td><strong>Snappy Abutment™</strong>&lt;br&gt;NobelActive™ Internal</td>
<td>40</td>
</tr>
<tr>
<td><strong>Multi-unit Abutment</strong>&lt;br&gt;NobelActive™ Internal</td>
<td>42</td>
</tr>
<tr>
<td><strong>Procera® Implant Bridge</strong>&lt;br&gt;Zirconia</td>
<td>47</td>
</tr>
<tr>
<td><strong>Procera® Implant Bridge</strong>&lt;br&gt;Titanium</td>
<td>49</td>
</tr>
<tr>
<td><strong>Screw Ceramic Abutment</strong>&lt;br&gt;Brånemark System® NP or RP</td>
<td>50</td>
</tr>
</tbody>
</table>
**Immediate Function™ – Procera® Esthetic Abutment NobelActive™ Internal**

**Zirconia**

**Indications**
- Single tooth or multiple unit anterior implant restorations
- Cement-retained restoration

### 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)

*Product illustrations are not to scale*
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 **NobelRondo™**
- **Procera® Bridge** veneered with **NobelRondo™**

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

Indications
Multiple teeth implant chair-side restorations

Immediate Temporary Abutment NobelActive™ Internal

Indications
Single tooth implant chair-side restorations

Note! Temporary Coping is included.

Abutment connection

• The abutment is mounted into the implant and tightened with the Screwdriver Machine Unigrip™ and Manual Torque Wrench Prosthetic to 35 Ncm

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

- 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

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.
**Procera® Abutment NobelActive™ Internal**

**Zirconia, Titanium**

These abutments are designed and ordered in Procera® Software.

**Indications**
- Single tooth or multiple implant restorations
- Cement-retained

**Note!** *Procera® Abutment Zirconia NobelActive™ Internal is only for use in anterior region.*

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 *NobelRondo™*. 
3. Abutment connection

**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.

- 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 contacts. 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
### Product list for clinical procedures

**Procera® Abutment**

*Includes:*
- Abutment Screw

**Impression Coping Implant Level Closed Tray**

Alternatives for internal connection:
- Narrow Platform $\varnothing$ 3.6 and $\varnothing$ 5mm
- Regular Platform $\varnothing$ 3.6, $\varnothing$ 5 and 6mm

**Impression Coping Implant Level Open Tray**

- Narrow Platform $\varnothing$ 3.6 and $\varnothing$ 5mm
- Regular Platform $\varnothing$ 3.6, $\varnothing$ 5 and 6mm

**Implant Replica**

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

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 **NobelRondo™**
- **Procera® Bridge** veneered with **NobelRondo™**

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

Product illustrations are not to scale
### Product list for clinical procedures

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Includes</th>
<th>Internal Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esthetic Abutment</td>
<td>Abutment Screw</td>
<td><img src="image" alt="Image" /></td>
</tr>
<tr>
<td>Esthetic Abutment 15°</td>
<td>Abutment Screw</td>
<td><img src="image" alt="Image" /></td>
</tr>
<tr>
<td>Narrow profile Abutment NobelActive™ Internal</td>
<td></td>
<td><img src="image" alt="Image" /></td>
</tr>
<tr>
<td>• Narrow Platform length 7 and 9mm</td>
<td></td>
<td><img src="image" alt="Image" /></td>
</tr>
<tr>
<td>• Regular Platform length 7 and 9mm</td>
<td></td>
<td><img src="image" alt="Image" /></td>
</tr>
<tr>
<td>Impression Coping Implant Level Closed Tray</td>
<td></td>
<td><img src="image" alt="Image" /></td>
</tr>
<tr>
<td>• Narrow Platform Ø 3.6 and Ø 5mm</td>
<td></td>
<td><img src="image" alt="Image" /></td>
</tr>
<tr>
<td>• Regular Platform Ø 3.6, Ø 5 and 6mm</td>
<td></td>
<td><img src="image" alt="Image" /></td>
</tr>
<tr>
<td>Impression Coping Implant Level Open Tray</td>
<td></td>
<td><img src="image" alt="Image" /></td>
</tr>
<tr>
<td>• Narrow Platform Ø 3.6 and Ø 5mm</td>
<td></td>
<td><img src="image" alt="Image" /></td>
</tr>
<tr>
<td>• Regular Platform Ø 3.6, Ø 5 and 6mm</td>
<td></td>
<td><img src="image" alt="Image" /></td>
</tr>
<tr>
<td>Implant Replica</td>
<td></td>
<td><img src="image" alt="Image" /></td>
</tr>
</tbody>
</table>

For **Dental Laboratory Procedures** please refer to the applicable section in the **Laboratory Manual**.

*Product illustrations are not to scale*
Snappy Abutment™ NobelActive™ Internal RP
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! Removal of the tightened abutment, after loosening of the abutment screw, necessitates a clamp to slightly jiggle and remove the abutment.

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 acryls 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 **NobelRondo™**
- **Procera® Bridge Zirconia** or **Alumina** veneered with **NobelRondo™**
- **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

<table>
<thead>
<tr>
<th>Product</th>
<th>Internal connection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Snappy Abutment™</strong></td>
<td></td>
</tr>
<tr>
<td><em>Includes:</em></td>
<td></td>
</tr>
<tr>
<td>Abutment Screw</td>
<td></td>
</tr>
<tr>
<td>Healing Cap</td>
<td></td>
</tr>
<tr>
<td>Impression Coping</td>
<td></td>
</tr>
<tr>
<td></td>
<td><img src="image1" alt="Image of Snappy Abutment™" /></td>
</tr>
<tr>
<td><strong>Impression Coping Snappy Abutment™</strong></td>
<td><img src="image2" alt="Image of Impression Coping Snappy Abutment™" /></td>
</tr>
<tr>
<td><strong>Abutment Replica Snappy Abutment™</strong></td>
<td><img src="image3" alt="Image of Abutment Replica Snappy Abutment™" /></td>
</tr>
<tr>
<td><strong>Healing Cap Snappy Abutment™</strong></td>
<td><img src="image4" alt="Image of Healing Cap Snappy Abutment™" /></td>
</tr>
<tr>
<td><strong>Plastic/Temporary Coping Snappy Abutment™ Engaging/Non-Engaging</strong></td>
<td><img src="image5" alt="Image of Plastic/Temporary Coping Snappy Abutment™ Engaging/Non-Engaging" /></td>
</tr>
</tbody>
</table>

### 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

---

*Product illustrations are not to scale*
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 help to confirm accurate seating of the abutment
- 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.

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 illustrations are not to scale*
## Product list for clinical procedures

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Image</th>
</tr>
</thead>
</table>
| Multi-unit Abutment                                                                | ![image]
| Available as straight, 17°, 30°                                                    | ![image]    |
| *Includes:* Abutment Screw                                                          | ![image]    |
| Prosthetic Screw Multi-unit                                                        | ![image]    |
| for connection of Procera® Implant Bridge                                           | ![image]    |
| Impression Coping closed tray Multi-unit                                            | ![image]    |
| Impression Coping open tray Multi-unit                                              | ![image]    |
| Abutment Replica Multi-unit                                                        | ![image]    |
| Healing Cap                                                                        | ![image]    |
| Available as regular/wide                                                           | ![image]    |

For **Dental Laboratory Procedures** please refer to the applicable section in the **Laboratory Manual**.
Procera® Implant Bridge Zirconia

Indications
- Implant level only
- Multiple unit restorations
- Indicated for all positions in the mouth
- Screw-retained
- Up to 14 units
- Requires a minimum of $4 \times 2.5$mm connector between units (Height $\times$ Width) and a minimum cross-sectional area of $8$mm$^2$

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 Brånemark 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

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 NobelRondo™ Zirconia veneering dental ceramic

Product illustrations are not to scale
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

---

<table>
<thead>
<tr>
<th>Product list for clinical procedures</th>
<th>Internal connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procera® Implant Bridge – at Implant Level Does not include Abutment Screws</td>
<td><img src="image" alt="Internal connection" /></td>
</tr>
<tr>
<td>Screw Ceramic Abutment Brånemark System® NP or RP</td>
<td><img src="image" alt="Internal connection" /></td>
</tr>
<tr>
<td>Impression Coping Bridge open tray NobelActive™ Internal • Narrow Platform • Regular Platform</td>
<td><img src="image" alt="Internal connection" /></td>
</tr>
<tr>
<td>Healing Abutment Bridge NobelActive™ Internal • Narrow Platform • Regular Platform</td>
<td><img src="image" alt="Internal connection" /></td>
</tr>
<tr>
<td>Implant Replica</td>
<td><img src="image" alt="Internal connection" /></td>
</tr>
</tbody>
</table>

*Product illustrations are not to scale*
Procera® Implant Bridge Titanium

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

Product illustrations are not to scale
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

**Implant level components**

- Screw Ceramic Abutment Bränemark System® NP or RP

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

- Healing Abutment Bridge NobelActive™ Internal
  - Narrow Platform
  - Regular Platform

- Implant Replica

**Abutment level components**

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

- Prosthetic Screw Multi-unit

- Impression Coping closed tray Multi-unit

- Impression Coping open tray Multi-unit

- Abutment Replica Multi-unit

- Healing Cap Multi-unit
  - Available as regular/wide

---

*Procera® Implant Bridge – at Implant or Abutment Level does not include Abutment Screws/Prosthetic Screws*

*Product illustrations are not to scale*
Appendix I – Kits

NobelActive™ Surgery Kit

(The articles below can also be purchased separately)

* Article not included in this kit and also available in other lengths

Also included in kit:
NobelActive™ Radiographic Template 34989
NobelActive™ Wall Chart 21297
Implant/Prosthetic Organizer 29532
Implant Sleeve Holder 29543
## Appendix I – Kits

### Prosthetic Kit

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prosthetic Kit Box (without instrumentation)</td>
<td>32322</td>
</tr>
<tr>
<td>Manual Torque Wrench Prosthetic</td>
<td>29165</td>
</tr>
<tr>
<td>Screwdriver Machine Unigrip™ 20mm</td>
<td>29151</td>
</tr>
<tr>
<td>Screwdriver Machine Unigrip™ 30mm</td>
<td>29153</td>
</tr>
<tr>
<td>Screwdriver Machine Multi-unit 21mm</td>
<td>29158</td>
</tr>
</tbody>
</table>

(The articles below can also be purchased separately)

### Procera® Esthetic Abutment

#### NobelActive™ Internal Selection Kit

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procera® Esthetic Abutment NobelActive™ Kit Box</td>
<td>34185</td>
</tr>
<tr>
<td>Protection Analog NP</td>
<td>34184</td>
</tr>
<tr>
<td>Protection Analog RP</td>
<td>34185</td>
</tr>
<tr>
<td>Handle for Protection Analogs</td>
<td>29122</td>
</tr>
<tr>
<td>Screwdriver Manual UniGrip™ 36mm</td>
<td>29150</td>
</tr>
<tr>
<td>Illustration Chart Procera® Esth Abut NobelActive™ Int</td>
<td>18266</td>
</tr>
</tbody>
</table>

### Procera® Abutment Wax-up Kit NobelActive™

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wax-up Replica NobelActive™ Internal NP</td>
<td>34991</td>
</tr>
<tr>
<td>Wax-up Replica NobelActive™ Internal RP</td>
<td>34991</td>
</tr>
</tbody>
</table>

### Procera® Abutment 3D CADD Kit NobelActive™

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>T-bar NobelActive™ Internal NP</td>
<td>34992</td>
</tr>
<tr>
<td>Guide Pin Fixture Level NobelActive™ Internal NP</td>
<td>34992</td>
</tr>
<tr>
<td>T-bar NobelActive™ Internal RP</td>
<td>34992</td>
</tr>
<tr>
<td>Guide Pin Fixture Level NobelActive™ Internal RP</td>
<td>34992</td>
</tr>
</tbody>
</table>
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, 70 Ncm, 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 over-compression 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. 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 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 ∅ 4.2mm.

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
If modification of the abutment is needed see page 30.
### Surgical components overview NobelActive™

#### Implants

<table>
<thead>
<tr>
<th>NobelActive™ Internal</th>
<th>NP</th>
<th>Implant diameter 3.5</th>
<th>Abutment interface diameter 3.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>TiUnite®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NobelActive™ Internal</td>
<td>NP</td>
<td>3.5 × 10mm</td>
<td>34125</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.5 × 11.5mm</td>
<td>34126</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.5 × 13mm</td>
<td>34127</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.5 × 15mm</td>
<td>34128</td>
</tr>
</tbody>
</table>

*cover screws not included*

#### Drills

<table>
<thead>
<tr>
<th>Twist Drills</th>
<th>Drills Stop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ø 2, 7–15mm</td>
<td>Ø 2mm</td>
</tr>
<tr>
<td>Ø 2,10–18mm</td>
<td>Ø 2.4/2.8mm</td>
</tr>
<tr>
<td>Ø 2.4/2.8, 7–15mm</td>
<td>Ø 2.4/2.8mm</td>
</tr>
<tr>
<td>Ø 2.4/2.8, 10–18mm</td>
<td>Ø 2.8/3.2mm</td>
</tr>
<tr>
<td>Ø 2.8/3.2, 7–15mm</td>
<td>Ø 2.8/3.2mm</td>
</tr>
<tr>
<td>Ø 2.8/3.2, 10–18mm</td>
<td>Ø 2.8/3.2mm</td>
</tr>
</tbody>
</table>

#### Drill Stop

<table>
<thead>
<tr>
<th>Ø 2mm</th>
<th>Ø 2.4/2.8mm</th>
<th>Ø 2.8/3.2mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>33063</td>
<td>33064</td>
<td>33077</td>
</tr>
</tbody>
</table>

#### NobelActive™ Internal | RP | Platform diameter 3.9 | Implant diameter 4.3 | Abutment interface diameter 3.4 |

<table>
<thead>
<tr>
<th>TiUnite®</th>
<th>NobelActive™ Internal</th>
<th>4.3 × 10mm</th>
<th>34131</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NobelActive™ Internal</td>
<td>4.3 × 11.5mm</td>
<td>34132</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Internal</td>
<td>4.3 × 13mm</td>
<td>34133</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Internal</td>
<td>4.3 × 15mm</td>
<td>34134</td>
</tr>
</tbody>
</table>

#### Twist Drills

<table>
<thead>
<tr>
<th>Ø 2, 7–15mm</th>
<th>Ø 2.4/2.8, 7–15mm</th>
<th>Ø 2.4/2.8, 10–18mm</th>
<th>Ø 2.8/3.2, 7–15mm</th>
<th>Ø 2.8/3.2, 10–18mm</th>
<th>Ø 3.2/3.6, 7–15mm</th>
<th>Ø 3.2/3.6, 10–18mm</th>
<th>Ø 3.8/4.2, 7–15mm</th>
<th>Ø 3.8/4.2, 10–18mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>32297</td>
<td>32261</td>
<td>32262</td>
<td>34638</td>
<td>34639</td>
<td>32264</td>
<td>32265</td>
<td>32267</td>
<td>32277</td>
</tr>
</tbody>
</table>

#### Drill Stop

<table>
<thead>
<tr>
<th>Ø 2mm</th>
<th>Ø 2.4/2.8mm</th>
<th>Ø 2.8/3.2mm</th>
<th>Ø 3.2/3.6mm</th>
<th>Ø 3.8/4.2mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>33063</td>
<td>33064</td>
<td>33077</td>
<td>33084</td>
<td>33081</td>
</tr>
</tbody>
</table>

#### NobelActive™ Internal | RP | Platform diameter 3.9 | Implant diameter 5.0 | Abutment interface diameter 3.4 |

<table>
<thead>
<tr>
<th>TiUnite®</th>
<th>NobelActive™ Internal</th>
<th>5.0 × 10mm</th>
<th>34137</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NobelActive™ Internal</td>
<td>5.0 × 11.5mm</td>
<td>34138</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Internal</td>
<td>5.0 × 13mm</td>
<td>34139</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Internal</td>
<td>5.0 × 15mm</td>
<td>34140</td>
</tr>
</tbody>
</table>

*cover screws not included*
<table>
<thead>
<tr>
<th>Implant Driver NobelActive™ Int</th>
<th>Healing Abut NobelActive™ Int</th>
<th>Healing Abut Bridge NobelActive™ Int</th>
<th>Cover Screw NobelActive™ Int</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NP 28mm</strong></td>
<td><strong>NP 3.6 × 3mm</strong></td>
<td><strong>RP</strong></td>
<td><strong>NP</strong></td>
</tr>
<tr>
<td>34141</td>
<td>34212</td>
<td>34681</td>
<td>34145</td>
</tr>
<tr>
<td><strong>NP 36mm</strong></td>
<td><strong>NP 3.6 × 5mm</strong></td>
<td><strong>NP 5 × 3mm</strong></td>
<td></td>
</tr>
<tr>
<td>34142</td>
<td>34213</td>
<td>34214</td>
<td></td>
</tr>
<tr>
<td><strong>NP 5 × 5mm</strong></td>
<td><strong>NP 5 × 5mm</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>34215</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implant Driver NobelActive™ Int</th>
<th>Healing Abut NobelActive™ Int</th>
<th>Healing Abut Bridge NobelActive™ Int</th>
<th>Cover Screw NobelActive™ Int</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RP 28mm</strong></td>
<td><strong>RP 3.6 × 3mm</strong></td>
<td><strong>RP</strong></td>
<td><strong>RP</strong></td>
</tr>
<tr>
<td>34143</td>
<td>34216</td>
<td>34682</td>
<td>34146</td>
</tr>
<tr>
<td><strong>RP 36mm</strong></td>
<td><strong>RP 3.6 × 5mm</strong></td>
<td><strong>RP 5 × 3mm</strong></td>
<td></td>
</tr>
<tr>
<td>34144</td>
<td>34217</td>
<td>34218</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>RP 5 × 5mm</strong></td>
<td><strong>RP 6 × 3mm</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>34219</td>
<td>34220</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>RP 6 × 5mm</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>34221</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Product illustrations are not to scale*
# Product specifications NobelActive™

<table>
<thead>
<tr>
<th>Product</th>
<th>Specification</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP implant</td>
<td>NobelActive™ Internal NP 3.5 x 10mm</td>
<td>34125</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Internal NP 3.5 x 11.5mm</td>
<td>34126</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Internal NP 3.5 x 13mm</td>
<td>34127</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Internal NP 3.5 x 15mm</td>
<td>34128</td>
</tr>
<tr>
<td>RP 4.3 implant</td>
<td>NobelActive™ Internal RP 4.3 x 10mm</td>
<td>34131</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Internal RP 4.3 x 11.5mm</td>
<td>34132</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Internal RP 4.3 x 13mm</td>
<td>34133</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Internal RP 4.3 x 15mm</td>
<td>34134</td>
</tr>
<tr>
<td>RP 5.0 implant</td>
<td>NobelActive™ Internal RP 5.0 x 10mm</td>
<td>34137</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Internal RP 5.0 x 11.5mm</td>
<td>34138</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Internal RP 5.0 x 13mm</td>
<td>34139</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Internal RP 5.0 x 15mm</td>
<td>34140</td>
</tr>
<tr>
<td>Twist Drills</td>
<td>Twist Drill Ø 2, 7–15mm</td>
<td>32297</td>
</tr>
<tr>
<td></td>
<td>Twist Drill Ø 2, 10–18mm</td>
<td>32299</td>
</tr>
<tr>
<td>Twist Step Drills</td>
<td>Twist Step Drill Ø 2.4/2.8, 7–15mm</td>
<td>32261</td>
</tr>
<tr>
<td></td>
<td>Twist Step Drill Ø 2.4/2.8, 10–18mm</td>
<td>32262</td>
</tr>
<tr>
<td></td>
<td>Twist Step Drill Ø 2.8/3.2, 7–15mm</td>
<td>34638</td>
</tr>
<tr>
<td></td>
<td>Twist Step Drill Ø 2.8/3.2, 10–18mm</td>
<td>34639</td>
</tr>
<tr>
<td></td>
<td>Twist Step Drill Ø 3.2/3.6, 7–15mm</td>
<td>32264</td>
</tr>
<tr>
<td></td>
<td>Twist Step Drill Ø 3.2/3.6, 10–18mm</td>
<td>32265</td>
</tr>
<tr>
<td></td>
<td>Twist Step Drill Ø 3.8/4.2, 7–15mm</td>
<td>32276</td>
</tr>
<tr>
<td></td>
<td>Twist Step Drill Ø 3.8/4.2, 10–18mm</td>
<td>32277</td>
</tr>
<tr>
<td></td>
<td>Twist Step Drill Ø 4.2/4.6, 7–15mm</td>
<td>34582</td>
</tr>
<tr>
<td></td>
<td>Twist Step Drill Ø 4.2/4.6, 10–18mm</td>
<td>34583</td>
</tr>
<tr>
<td>Drill Stop</td>
<td>Drill Stop Kit</td>
<td>32430</td>
</tr>
<tr>
<td></td>
<td>Drill Stop Ø 2</td>
<td>33063</td>
</tr>
<tr>
<td></td>
<td>Drill Stop Ø 2.4/2.8</td>
<td>33064</td>
</tr>
<tr>
<td></td>
<td>Drill Stop Ø 2.8/3.2</td>
<td>33077</td>
</tr>
<tr>
<td></td>
<td>Drill Stop Ø 3.2/3.6</td>
<td>33084</td>
</tr>
<tr>
<td></td>
<td>Drill Stop Ø 3.8/4.2</td>
<td>33081</td>
</tr>
<tr>
<td>Implant Drivers</td>
<td>Implant Driver NobelActive™ Int NP 28mm</td>
<td>34141</td>
</tr>
<tr>
<td></td>
<td>Implant Driver NobelActive™ Int NP 36mm</td>
<td>34142</td>
</tr>
<tr>
<td></td>
<td>Implant Driver NobelActive™ Int RP 28mm</td>
<td>34143</td>
</tr>
<tr>
<td></td>
<td>Implant Driver NobelActive™ Int RP 36mm</td>
<td>34144</td>
</tr>
<tr>
<td></td>
<td>NobelActive™ Man Torque Wrench Surgical</td>
<td>34584</td>
</tr>
<tr>
<td></td>
<td>Surgical Driver</td>
<td>32180</td>
</tr>
<tr>
<td>Bone mills</td>
<td>Bone Mill w Guide NobelActive™ Int NP</td>
<td>34777</td>
</tr>
<tr>
<td></td>
<td>Bone Mill Guide NobelActive™ Internal NP</td>
<td>34778</td>
</tr>
<tr>
<td></td>
<td>Bone Mill w Guide NobelActive™ Int RP</td>
<td>34779</td>
</tr>
<tr>
<td></td>
<td>Bone Mill Guide NobelActive™ Internal RP</td>
<td>34780</td>
</tr>
<tr>
<td>Cover Screws</td>
<td>Cover Screw NobelActive™ Internal NP</td>
<td>34145</td>
</tr>
<tr>
<td></td>
<td>Cover Screw NobelActive™ Internal RP</td>
<td>34146</td>
</tr>
<tr>
<td>Healing abutments</td>
<td>Healing Abut NobelActive™ Int NP Ø 3.6 x 3mm</td>
<td>34212</td>
</tr>
<tr>
<td></td>
<td>Healing Abut NobelActive™ Int NP Ø 3.6 x 5mm</td>
<td>34213</td>
</tr>
<tr>
<td></td>
<td>Healing Abut NobelActive™ Int NP Ø 5 x 3mm</td>
<td>34214</td>
</tr>
<tr>
<td></td>
<td>Healing Abut NobelActive™ Int NP Ø 5 x 5mm</td>
<td>34215</td>
</tr>
<tr>
<td></td>
<td>Healing Abut NobelActive™ Int Ø 3.6 x 3mm</td>
<td>34216</td>
</tr>
<tr>
<td></td>
<td>Healing Abut NobelActive™ Int Ø 3.6 x 5mm</td>
<td>34217</td>
</tr>
<tr>
<td></td>
<td>Healing Abut NobelActive™ Int Ø 5 x 3mm</td>
<td>34218</td>
</tr>
<tr>
<td></td>
<td>Healing Abut NobelActive™ Int Ø 5 x 5mm</td>
<td>34219</td>
</tr>
<tr>
<td></td>
<td>Healing Abut NobelActive™ Int Ø 6 x 3mm</td>
<td>34220</td>
</tr>
<tr>
<td></td>
<td>Healing Abut NobelActive™ Int Ø 6 x 5mm</td>
<td>34221</td>
</tr>
<tr>
<td>Healing Abut Bridge NobelActive™ Int NP</td>
<td>34681</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Healing Abut Bridge NobelActive™ Int RP</td>
<td>34682</td>
</tr>
<tr>
<td>Impression copings (closed tray)</td>
<td>Impr Cop Cl Tr NobelActive™ Int NP Ø 3.6 x 13mm</td>
<td>34230</td>
</tr>
<tr>
<td></td>
<td>Impr Cop Cl Tr NobelActive™ Int NP Ø 5 x 13mm</td>
<td>34231</td>
</tr>
<tr>
<td></td>
<td>Impr Cop Cl Tr NobelActive™ Int Ø 3.6 x 13mm</td>
<td>34232</td>
</tr>
<tr>
<td></td>
<td>Impr Cop Cl Tr NobelActive™ Int Ø 3.6 x 9mm</td>
<td>34233</td>
</tr>
<tr>
<td></td>
<td>Impr Cop Cl Tr NobelActive™ Int Ø 5 x 13mm</td>
<td>34234</td>
</tr>
<tr>
<td></td>
<td>Impr Cop Cl Tr NobelActive™ Int Ø 5 x 9mm</td>
<td>34235</td>
</tr>
<tr>
<td></td>
<td>Impr Cop Cl Tr NobelActive™ Int Ø 6 x 13mm</td>
<td>34236</td>
</tr>
<tr>
<td></td>
<td>Impr Cop Cl Tr NobelActive™ Int Ø 6 x 9mm</td>
<td>34237</td>
</tr>
<tr>
<td>Impression copings (open tray)</td>
<td>Impr Cop Open Tr NobelActive™ Int NP Ø 3.6</td>
<td>34238</td>
</tr>
<tr>
<td></td>
<td>Impr Cop Open Tr NobelActive™ Int NP Ø 5</td>
<td>34239</td>
</tr>
<tr>
<td></td>
<td>Impr Cop Open Tr NobelActive™ Int Ø 3.6</td>
<td>34240</td>
</tr>
<tr>
<td></td>
<td>Impr Cop Open Tr NobelActive™ Int Ø 5</td>
<td>34241</td>
</tr>
<tr>
<td></td>
<td>Impr Cop Open Tr NobelActive™ Int Ø 6</td>
<td>34242</td>
</tr>
<tr>
<td></td>
<td>Impr Cop Bridge Open Tr NobelActive™ Int NP</td>
<td>34679</td>
</tr>
<tr>
<td></td>
<td>Impr Cop Bridge Open Tr NobelActive™ Int RP</td>
<td>34680</td>
</tr>
<tr>
<td>RP Procera® Esthetic Abutments Zirconia</td>
<td>Procera® Esth Abut NobelActive™ Int NP #1</td>
<td>34118</td>
</tr>
<tr>
<td></td>
<td>Procera® Esth Abut NobelActive™ Int NP #2</td>
<td>34119</td>
</tr>
<tr>
<td></td>
<td>Procera® Esth Abut NobelActive™ Int NP #3</td>
<td>34120</td>
</tr>
<tr>
<td></td>
<td>Procera® Esth Abut NobelActive™ Int NP #4</td>
<td>34121</td>
</tr>
</tbody>
</table>
**Procera® Abutment** (to be ordered in Procera® Software)
- Procera® Abutment Zr NobelActive™ Int NP
- Procera® Abutment Zr NobelActive™ Int RP
- Procera® Abutment Ti NobelActive™ Int NP
- Procera® Abutment Ti NobelActive™ Int RP

**Procera® Wax-up Sleeve**
- Procera® W-u Sl Eng NobelActive™ Int NP 34208
- Procera® W-u Sl Eng NobelActive™ Int RP 34209
- Procera® W-u Sl Non-E NobelActive™ Int NP 34671
- Procera® W-u Sl Non-E NobelActive™ Int RP 34672

**Temporary abutments**
- Immediate Temp Abut NobelActive™ Int NP 34222
- Immediate Temp Abut NobelActive™ Int RP 34223
- QuickTemp™ Abutment NobelActive™ Int NP 34226
- QuickTemp™ Abutment NobelActive™ Int RP 34227

**PIB components**
- Pos Locator Model NobelActive™ Int NP 34673
- Pos Locator Model NobelActive™ Int RP 34674
- Pos Locator Bridge NobelActive™ Int NP 34676
- Pos Locator Bridge NobelActive™ Int RP 34678

**Prosthetic screws**
- Screw Ceramic Abutment Bmk Syst NP 31171
- Screw Ceramic Abutment Bmk Syst RP 28815

**Laboratory components**
- Lab Screw Implant Level Bmk Syst NP 31168
- Lab Screw Implant Level Bmk Syst RP 5pkg 29290
- Guide Pin Implant Level Bmk Syst NP 20mm 31147
- Guide Pin Implant Level Bmk Syst RP 20mm 31148
- Guide Pin Implant Level Bmk Syst NP 30mm 31149
- Implant replica NobelActive™ Internal NP 34243
- Implant replica NobelActive™ Internal RP 34244
- Protect Analog NobelActive™ Internal NP 34365
- Protect Analog NobelActive™ Internal RP 5/pkg 34366

**Kits and kit boxes**
- Procera® Est Ab NobelActive™ Int Sel Kit 34184
- Procera® E Ab NobelActive™ Int Sel Kit Box 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™ Internal Wall Chart 21297
- NobelActive™ Radiographic Template 34988
- Ill Chart Procera® Est Ab NobelActive™ Int 18266

**RP Procera® Incisor design**
- Procera® Est Abut NobelActive™ Int RP #5 34122
- Procera® Est Abut NobelActive™ Int RP #6 34123
- Procera® Est Abut NobelActive™ Int RP #7 34124
- Procera® Est Abut NobelActive™ Int RP #8 34175

**RP Procera® Premolar design**
- Procera® Est Abut NobelActive™ Int RP #9 34176
- Procera® Est Abut NobelActive™ Int RP #10 34177
- Procera® Est Abut NobelActive™ Int RP #11 34178
- Procera® Est Abut NobelActive™ Int RP #12 34179

**Multi-unit Abutment NP**
- Multi-unit Abut NobelActive™ Int NP 1.5mm 34186
- Multi-unit Abut NobelActive™ Int NP 2.5mm 34187
- 17° Multi-u Ab NobelActive™ Int NP 2.5mm 34188
- 17° Multi-u Ab NobelActive™ Int NP 3.5mm 34189
- 30° Multi-u Ab NobelActive™ Int NP 3.5mm 34367
- 30° Multi-u Ab NobelActive™ Int NP 4.5mm 34368

**Multi-unit Abutment RP**
- Multi-unit Abut NobelActive™ Int RP 1.5mm 34190
- Multi-unit Abut NobelActive™ Int RP 2.5mm 34191
- 17° Multi-u Ab NobelActive™ Int RP 2.5mm 34192
- 17° Multi-u Ab NobelActive™ Int RP 3.5mm 34193
- 30° Multi-u Ab NobelActive™ Int RP 3.5mm 34369
- 30° Multi-u Ab NobelActive™ Int RP 4.5mm 34370

For Multi-unit Abutment related prosthetic products, see p. 63

**Esthetic abutment NP Titanium**
- Esthetic Abut NobelActive™ Int NP 1.5mm 34194
- Esthetic Abut NobelActive™ Int NP 3mm 34195
- 15° Esthetic Ab NobelActive™ Int NP 1.5mm 34196
- 15° Esthetic Ab NobelActive™ Int NP 3mm 34197
- Narrow Profile Ab NobelActive™ Int NP 7mm 34371
- Narrow Profile Ab NobelActive™ Int NP 9mm 34372

**Esthetic abutment RP Titanium**
- Esthetic Abut NobelActive™ Int RP 1.5mm 34198
- Esthetic Abutment NobelActive™ Int RP 3mm 34199
- 15° Esth Abut NobelActive™ Int RP 1.5mm 34200
- 15° Esth Abutment NobelActive™ Int RP 3mm 34201
- Narrow Profile Ab NobelActive™ Int RP 7mm 34597
- Narrow Profile Ab NobelActive™ Int RP 9mm 34598

**Snappy Abutment™ RP**
- Snappy Abutment™ NobelActive™ Int RP 1.5mm 34206
- Snappy Abutment™ NobelActive™ Int RP 3mm 34207

Product illustrations are not to scale
Index in alphabetical order

Cover Screws

- Cover Screw NobelActive™ Internal NP 34145
- Cover Screw NobelActive™ Internal RP 34146

Drill Stop

- Drill Stop 2 33063
- Drill Stop 2.4/2.8 33064
- Drill Stop 2.8/3.2 33077
- Drill Stop 3.2/3.6 33084
- Drill Stop 3.8/4.2 33081

Esthetic abutment NP Titanium

- 15° Esthetic Ab NobelActive™ Int NP 1.5mm 34196
- 15° Esthetic Ab NobelActive™ Int NP 3mm 34197
- Esthetic Abut NobelActive™ Int NP 1.5mm 34194
- Esthetic Abut NobelActive™ Int NP 3mm 34195
- Narrow Profile Ab NobelActive™ Int NP 7mm 34371
- Narrow Profile Ab NobelActive™ Int NP 9mm 34372

Esthetic abutment RP Titanium

- 15° Esth Abut NobelActive™ Int RP 1.5mm 34200
- 15° Esth Abutment NobelActive™ Int RP 3mm 34201
- Esthetic Abut NobelActive™ Int RP 1.5mm 34198
- Esthetic Abut NobelActive™ Int RP 3mm 34199
- Narrow Profile Ab NobelActive™ Int RP 7mm 34597
- Narrow Profile Ab NobelActive™ Int RP 9mm 34598

Healing abutments

- Healing Abut NobelActive™ Int NP 3.6 x 3mm 34212
- Healing Abut NobelActive™ Int NP 3.6 x 5mm 34213
- Healing Abut NobelActive™ Int NP 5 x 3mm 34214
- Healing Abut NobelActive™ Int NP 5 x 5mm 34215
- Healing Abut NobelActive™ Int NP 3.6 x 3mm 34216
- Healing Abut NobelActive™ Int NP 3.6 x 5mm 34217
- Healing Abut NobelActive™ Int NP 5 x 3mm 34218
- Healing Abut NobelActive™ Int NP 5 x 5mm 34219
- Healing Abut NobelActive™ Int NP 6 x 3mm 34220
- Healing Abut NobelActive™ Int NP 6 x 5mm 34221
- Healing Abut NobelActive™ Int NP 34681
- Healing Abut NobelActive™ Int RP 34682

Implant

- NobelActive™ Internal NP 3.5 x 10mm 34125
- NobelActive™ Internal NP 3.5 x 11.5mm 34126
- NobelActive™ Internal NP 3.5 x 13mm 34127
- NobelActive™ Internal NP 3.5 x 15mm 34128

4.3 implant

- NobelActive™ Internal RP 4.3 x 10mm 34131
- NobelActive™ Internal RP 4.3 x 11.5mm 34132
- NobelActive™ Internal RP 4.3 x 13mm 34133
- NobelActive™ Internal RP 4.3 x 15mm 34134

5.0 implant RP

- NobelActive™ Internal RP 5.0 x 10mm 34137
- NobelActive™ Internal RP 5.0 x 11.5mm 34138
- NobelActive™ Internal RP 5.0 x 13mm 34139
- NobelActive™ Internal RP 5.0 x 15mm 34140

Implant Drivers

- Implant Driver NobelActive™ Int NP 28mm 34141
- Implant Driver NobelActive™ Int NP 36mm 34142
- Implant Driver NobelActive™ Int RP 28mm 34143
- Implant Driver NobelActive™ Int RP 36mm 34144

NobelActive™ Man Torque Wrench Surgical 34584

Implant replica

- Implant replica NobelActive™ Internal NP 34243
- Implant replica NobelActive™ Internal RP 34244

Impression copings (closed tray)

- Impr Cop Cl Tr NobelActive™ Int NP Ø 3.6 x 13mm 34230
- Impr Cop Cl Tr NobelActive™ Int NP Ø 5 x 13mm 34231
- Impr Cop Cl Tr NobelActive™ Int NP Ø 3.6 x 13mm 34232
- Impr Cop Cl Tr NobelActive™ Int NP Ø 3.6 x 9mm 34233
- Impr Cop Cl Tr NobelActive™ Int NP Ø 5 x 13mm 34234
- Impr Cop Cl Tr NobelActive™ Int NP Ø 5 x 9mm 34235
- Impr Cop Cl Tr NobelActive™ Int NP Ø 6 x 13mm 34236
- Impr Cop Cl Tr NobelActive™ Int NP Ø 6 x 9mm 34237

Impression copings (open tray)

- Impr Cop Open Tr NobelActive™ Int NP Ø 3.6 34238
- Impr Cop Open Tr NobelActive™ Int NP Ø 3.6 34239
- Impr Cop Open Tr NobelActive™ Int NP Ø 3.6 34240
- Impr Cop Open Tr NobelActive™ Int NP Ø 3.6 34241
- Impr Cop Open Tr NobelActive™ Int NP Ø 6 34242
- Impr Cop Bridge Open Tr NobelActive™ Int RP 34679
- Impr Cop Bridge Open Tr NobelActive™ Int RP 34680

Bone Mill Guide NobelActive™ Internal NP 34778
- Bone Mill w Guide NobelActive™ Int NP 34777
- Bone Mill w Guide NobelActive™ Internal RP 34780
- Bone Mill w Guide NobelActive™ Int RP 34779

Screw Ceramic Abutment Bmk Syst NP 31171
- Screw Ceramic Abutment Bmk Syst RP 28815

Lab Screw Implant Level Bmk Syst NP 31168
- Lab Screw Implant Level Bmk Syst spkg 29290

Guide Pin Implant Level Bmk Syst 20mm 31147
- Guide Pin Impl Lev Bmk Syst 20mm 31148
- Guide Pin Impl Lev Bmk Syst 30mm 31149

Protect Analog NobelActive™ Int NP 5/pkg 34365
- Protect Analog NobelActive™ Int RP 5/pkg 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 3D CADD Kit NobelActive™ 34992
- Procera® Abutment Wax-up Kit NobelActive™ 34991

Multi-unit abutments NP

- 17° Multi-u Abut NobelActive™ Int NP 2.5mm 34188
- 17° Multi-u Abut NobelActive™ Int NP 3.5mm 34189
- 30° Multi-u Abut NobelActive™ Int NP 3.5mm 34367
- 30° Multi-u Abut NobelActive™ Int NP 4.5mm 34368
- Multi-unit Abut NobelActive™ Int NP 1.5mm 34186
- Multi-unit Abut NobelActive™ Int NP 2.5mm 34187
- Multi-unit Abut NobelActive™ Int NP 3.5mm 34595
Multi-unit abutments RP
17° Multi-u Ab NobelActive™ Int RP 2.5mm 34192
17° Multi-u Ab NobelActive™ Int RP 3.5mm 34193
30° Multi-u Ab NobelActive™ Int RP 3.5mm 34369
30° Multi-u Ab NobelActive™ Int RP 4.5mm 34370
Multi-unit Abut NobelActive™ Int RP 1.5mm 34190
Multi-unit Abut NobelActive™ Int RP 2.5mm 34191
Multi-unit Abut NobelActive™ Int RP 3.5mm 34596

Multi-unit abutment related products
Prosthetic Screw Multi-unit 29285
Impression Coping Open Tray Multi-unit 29089
Impression Coping Bar Closed Tray Multi-u 29093
Healing Cap Multi-unit 31145
Healing Cap Multi-unit S/pkg 29064
Healing Cap Wide Multi-unit 31146
Temporary Coping Multi-unit 29046
Temporary Coping Plastic Multi-unit DCA 468-0
Abutment Replica Multi-unit 31161
Abutment Replica Multi-unit S/pkg 29110
Guide Pin Multi-unit 10mm 31154
Guide Pin Multi-unit 10mm S/pkg 29102
Guide Pin Multi-unit 20mm 31155
Guide Pin Multi-unit 20mm S/pkg 29103
Lab Screw Multi-unit S/pkg 29287
Lab Screw Multi-unit Angled Bmk Syst RP 31165
Protection Analog Multi-unit S/pkg 29123
Gold Coping Multi-unit 29043
Gold Coping Multi-unit S/pkg 29042
Gold Coping Bar Multi-unit 29045

Other
NobelActive™ Internal Wall Chart 21297
NobelActive™ Radiographic Template 34989
Ill Chart Procera® Est Ab NobelActive™ Int 18266

PIB components
Pos Locator Bridge NobelActive™ Int NP 34676
Pos Locator Bridge NobelActive™ Int RP 34678
Pos Locator Model NobelActive™ Int NP 34673
Pos Locator Model NobelActive™ Int RP 34674
Protect Analog NobelActive™ Int NP S/pkg 34365
Protect Analog NobelActive™ Int RP S/pkg 34366

Procera® Abutment (to be ordered in Procera® Software)
Procera® Abutment Zr NobelActive™ Int NP
Procera® Ab Zr NobelActive™ Int NP Wax-up
Procera® Abutment Zr NobelActive™ Int RP
Procera® Abutment Ti NobelActive™ Int NP
Procera® Ab Ti NobelActive™ Int NP Wax-up
Procera® Abutment Ti NobelActive™ Int RP
Procera® Ab Ti NobelActive™ Int RP Wax-up

Procera® Wax-up Sleeve
Procera® W-u SI Eng NobelActive™ Int NP 34208
Procera® W-u SI Eng NobelActive™ Int RP 34209
Procera® W-u SI Non-E NobelActive™ Int NP 34671
Procera® W-u SI Non-E NobelActive™ Int RP 34672

Prosthetic screws
Screw Ceramic Abutment Bmk Syst NP 31171
Screw Ceramic Abutment Bmk Syst RP 28815

Snappy Abutment™ RP
Snappy Abutment™ NobelActive™ Int RP 1.5mm 34206
Snappy Abutment™ NobelActive™ Int RP 3mm 34207

Snappy Abutment™ related products
Plastic/Temp Cop Eng Snappy Abutm NP/RP 32356
Plastic/Temp Cop Non-Eng Snappy Ab NP/RP 32360
Abutment Replica Snappy Abutment™ RP 32369

Surgical Drivers
Surgical Driver 32180

Temporary abutments
Immediate Temp Abut NobelActive™ Int NP 34222
Immediate Temp Abut NobelActive™ Int RP 34223
QuickTemp™ Abutment NobelActive™ Int NP 34226
QuickTemp™ Abutment NobelActive™ Int RP 34227

Twist Drills
Twist Drill Ø 2, 7–15mm 32297
Twist Drill Ø 2, 10–18mm 32299

Twist Step Drills
Twist Step Drill Ø 2.4/2.8, 7–15mm 32261
Twist Step Drill Ø 2.4/2.8, 10–18mm 32262
Twist Step Drill Ø 2.8/3.2, 7–15mm 34638
Twist Step Drill Ø 2.8/3.2, 10–18mm 34639
Twist Step Drill Ø 3.2/3.6, 7–15mm 32264
Twist Step Drill Ø 3.2/3.6, 10–18mm 32265
Twist Step Drill Ø 3.8/4.2, 7–15mm 32276
Twist Step Drill Ø 3.8/4.2, 10–18mm 32277
Twist Step Drill Ø 4.2/4.6, 7–15mm 34582
Twist Step Drill Ø 4.2/4.6, 10–18mm 34583

Procera® Incisor design RP
Procera® Esth Abut NobelActive™ Int RP #5 34122
Procera® Esth Abut NobelActive™ Int RP #6 34123
Procera® Esth Abut NobelActive™ Int RP #7 34124
Procera® Esth Abut NobelActive™ Int RP #8 34175

Procera® Premolar design RP
Procera® Esth Abut NobelActive™ Int RP #9 34176
Procera® Est Abut NobelActive™ Int RP #10 34177
Procera® Est Abut NobelActive™ Int RP #11 34178
Procera® Est Abut NobelActive™ Int RP #12 34179

Procera® Abutment Zr NobelActive™ Int RP
Procera® Ab Zr NobelActive™ Int NP Wax-up
Procera® Abutment Zr NobelActive™ Int RP Wax-up
Procera® Abutment Ti NobelActive™ Int NP Wax-up
Procera® Ab Ti NobelActive™ Int RP Wax-up
Index in numeric order

18249  Procera® Abutment Zr NobelActive™ Int NP 34189  17° Multi-u Abut NobelActive™ Int NP 3.5mm
18261  Procera® Abutment Zr NobelActive™ Int RP 34190  Multi-unit Abut NobelActive™ Int NP 1.5mm
18266  Ill Chart Procera® Est Ab NobelActive™ Int 34191  Multi-unit Abut NobelActive™ Int NP 2.5mm
18374  Procera® Abutment Ti NobelActive™ Int NP 34192  17° Multi-u Ab NobelActive™ Int NP 2.5mm
18376  Procera® Abutment Ti NobelActive™ Int RP 34193  17° Multi-u Ab NobelActive™ Int NP 3.5mm
21297  NobelActive™ Internal Wall Chart 34194  Esthetic Abut NobelActive™ Int NP 1.5mm
28815  Screw Ceramic Abutment Bmk Syst RP 34195  Esthetic Abut NobelActive™ Int NP 3mm
29290  Lab Screw Implant Level Bmk Syst RP 5pkg 34196  15° Esthetic Ab NobelActive™ Int NP 1.5mm
31147  Guide Pin Implant Level Bmk Syst RP 20mm 34197  15° Esthetic Ab NobelActive™ Int NP 3mm
31148  Guide Pin Implant Level Bmk Syst RP 30mm 34198  Esthetic Abut NobelActive™ Int NP 3mm
31168  Lab Screw Implant Level Bmk Syst NP 34199  15° Esth Ab NobelActive™ Int RP 1.5mm
31171  Screw Ceramic Abutment Bmk Syst NP 34200  Snappy Abutment NobelActive™ Int NP 1.5mm
32180  Surgical Driver 34201  Procera® W-u SI Eng NobelActive™ Int NP
32261  Twist Step Drill Ø 2.4/2.8, 7–15mm 34202  Procera® W-u SI Eng NobelActive™ Int RP
32262  Twist Step Drill Ø 2.4/2.8, 10–18mm 34203  NobelActive™ Man Torque Wrench Surgical
32264  Twist Step Drill Ø 3.2/3.6, 7–15mm 34204  NobelActive™ Internal NP 3.5
32265  Twist Step Drill Ø 3.2/3.6, 10–18mm 34205  NobelActive™ Internal RP 3.8/4.2, 7–15mm
32276  Twist Step Drill Ø 3.8/4.2, 7–15mm 34206  Healing Abut NobelActive™ Int RP Ø 3.6 × 3mm
32277  Twist Step Drill Ø 3.8/4.2, 10–18mm 34207  Healing Abut NobelActive™ Int RP Ø 3.6 × 5mm
32297  Twist Drill Ø 2, 7–15mm 34208  Healing Abut NobelActive™ Int RP Ø 5 × 3mm
32299  Twist Drill Ø 2, 10–18mm 34209  Healing Abut NobelActive™ Int RP Ø 5 × 5mm
33063  Drill Stop Ø 2 34210  Healing Abut NobelActive™ Int RP Ø 6 × 3mm
33064  Drill Stop Ø 2.4/2.8 34211  Healing Abut NobelActive™ Int RP Ø 6 × 5mm
33077  Drill Stop Ø 2.8/3.2 34212  Healing Abut NobelActive™ Int RP Ø 6 × 13mm
33081  Drill Stop Ø 3.8/4.2 34213  Healing Abut NobelActive™ Int RP Ø 6 × 9mm
33084  Drill Stop Ø 3.2/3.6 34214  Impr Cop Open Tr NobelActive™ Int NP Ø 5
34118  Procera® Esth Abut NobelActive™ Int NP #1 34215  Impr Cop Open Tr NobelActive™ Int RP Ø 5
34119  Procera® Esth Abut NobelActive™ Int NP #2 34216  QuickTemp™ Abutment NobelActive™ Int NP
34120  Procera® Esth Nobel Active™ Int NP #3 34217  QuickTemp™ Abutment NobelActive™ Int RP
34121  Procera® Esth Nobel Active™ Int NP #4 34218  Im Cop CI Tr NobelActive™ Int NP Ø 3.6 × 13mm
34122  Procera® Esth Nobel Active™ Int RP #5 34219  Im Cop CI Tr NobelActive™ Int RP Ø 5 × 3mm
34123  Procera® Esth Nobel Active™ Int RP #6 34220  Im Cop CI Tr NobelActive™ Int RP Ø 5 × 13mm
34124  Procera® Esth Nobel Active™ Int RP #7 34221  Im Cop CI Tr NobelActive™ Int RP Ø 5 × 9mm
34125  NobelActive™ Internal NP 3.5 × 10mm 34222  Im Cop CI Tr NobelActive™ Int NP Ø 5 × 9mm
34126  NobelActive™ Internal NP 3.5 × 11.5mm 34223  Im Cop CI Tr NobelActive™ Int RP Ø 5 × 13mm
34127  NobelActive™ Internal NP 3.5 × 13mm 34224  Im Cop CI Tr NobelActive™ Int RP Ø 6 × 3mm
34128  NobelActive™ Internal NP 3.5 × 15mm 34225  Im Cop CI Tr NobelActive™ Int RP Ø 6 × 9mm
34131  NobelActive™ Internal RP 4.3 × 10mm 34226  Im Cop CI Tr NobelActive™ Int NP Ø 6 × 13mm
34132  NobelActive™ Internal RP 4.3 × 11.5mm 34227  Im Cop CI Tr NobelActive™ Int RP Ø 6 × 9mm
34133  NobelActive™ Internal RP 4.3 × 13mm 34228  Impr Cop Open Tr NobelActive™ Int NP Ø 3.6
34134  NobelActive™ Internal RP 4.3 × 15mm 34229  Impr Cop Open Tr NobelActive™ Int RP Ø 5
34137  NobelActive™ Internal RP 5.0 × 10mm 34230  Impr Cop Open Tr NobelActive™ Int RP Ø 6
34138  NobelActive™ Internal RP 5.0 × 11.5mm 34231  Impr Cop Open Tr NobelActive™ Int RP Ø 6
34139  NobelActive™ Internal RP 5.0 × 13mm 34232  Impr Cop Open Tr NobelActive™ Int RP Ø 6
34140  NobelActive™ Internal RP 5.0 × 15mm 34233  Impr Cop Open Tr NobelActive™ Int RP Ø 6
34141  Implant Driver NobelActive™ Int NP 28mm 34234  Implant replica NobelActive™ Internal RP
34142  Implant Driver NobelActive™ Int NP 36mm 34235  Implant replica NobelActive™ Internal RP
34143  Implant Driver NobelActive™ Int RP 28mm 34236  Protect Analog NobelActive™ Int NP 5/pkg
34144  Implant Driver NobelActive™ Int RP 36mm 34237  Protect Analog NobelActive™ Int RP 5/pkg
34145  Cover Screw NobelActive™ Internal RP 34238  30° Multi-u Ab NobelActive™ Int NP 3.5mm
34146  Cover Screw NobelActive™ Internal RP 34239  30° Multi-u Ab NobelActive™ Int NP 4.5mm
34147  Procera® Esth Abut NobelActive™ Int RP #8 34240  30° Multi-u Ab NobelActive™ Int RP 4.5mm
34175  Procera® Esth Abut NobelActive™ Int RP #9 34241  Narrow Profile Ab NobelActive™ Int RP 7mm
34176  Procera® Esth Abut NobelActive™ Int RP #10 34242  Narrow Profile Ab NobelActive™ Int RP 7mm
34177  Procera® Esth Abut NobelActive™ Int #11 34243  Twist Step Drill Ø 4.2/4.6, 7–15mm
34178  Procera® Esth Abut NobelActive™ Int #12 34244  Twist Step Drill Ø 4.2/4.6, 10–18mm
34179  Procera® Esth Nobel Active™ Int Sel Kit 34245  NobelActive™ Man Torque Wrench Surgical
34184  Procera® E Abut NobelActive™ Int Sel KitBox 34246  Multi-unit Abut NobelActive™ Int NP 3.5mm
34185  Multi-unit Abut NobelActive™ Int NP 1.5mm 34247  Narrow Profile Ab NobelActive™ Int RP 7mm
34186  Multi-unit Abut NobelActive™ Int NP 2.5mm 34248  Narrow Profile Ab NobelActive™ Int RP 9mm
34187  17° Multi-u Abut NobelActive™ Int NP 2.5mm 34249  Twist Step Drill Ø 2.8/3.2, 7–15mm
34188  Twist Step Drill Ø 2.8/3.2, 7–15mm
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>34639</td>
<td>Twist Step Drill Ø 2.8/3.2, 10–18mm</td>
</tr>
<tr>
<td>34671</td>
<td>Procera® W-u SI Non-E NobelActive™ Int NP</td>
</tr>
<tr>
<td>34672</td>
<td>Procera® W-u SI Non-E NobelActive™ Int RP</td>
</tr>
<tr>
<td>34673</td>
<td>Pos Locator Model NobelActive™ Int NP</td>
</tr>
<tr>
<td>34674</td>
<td>Pos Locator Model NobelActive™ Int RP</td>
</tr>
<tr>
<td>34676</td>
<td>Pos Locator Bridge NobelActive™ Int NP</td>
</tr>
<tr>
<td>34678</td>
<td>Pos Locator Bridge NobelActive™ Int RP</td>
</tr>
<tr>
<td>34679</td>
<td>Impr Cop Bridge CI Tr NobelActive™ Int NP</td>
</tr>
<tr>
<td>34680</td>
<td>Impr Cop Bridge CI Tr NobelActive™ Int RP</td>
</tr>
<tr>
<td>34681</td>
<td>Healing Abut NobelActive™ Int NP</td>
</tr>
<tr>
<td>34682</td>
<td>Healing Abut NobelActive™ Int RP</td>
</tr>
<tr>
<td>34777</td>
<td>Bone Mill w Guide NobelActive™ Int NP</td>
</tr>
<tr>
<td>34778</td>
<td>Bone Mill Guide NobelActive™ Internal NP</td>
</tr>
<tr>
<td>34779</td>
<td>Bone Mill w Guide NobelActive™ Int RP</td>
</tr>
<tr>
<td>34780</td>
<td>Bone Mill Guide NobelActive™ Internal RP</td>
</tr>
<tr>
<td>34987</td>
<td>NobelActive™ Surgery Kit</td>
</tr>
<tr>
<td>34988</td>
<td>NobelActive™ Surgery Kit Box</td>
</tr>
<tr>
<td>34989</td>
<td>NobelActive™ Radiographic Template</td>
</tr>
<tr>
<td>34991</td>
<td>Procera® Abutment Wax-up Kit NobelActive™</td>
</tr>
<tr>
<td>34992</td>
<td>Procera® Abutment 3D CADD Kit NobelActive™</td>
</tr>
</tbody>
</table>
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.