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WHY CHOOSE LITTLE IMPLANT CO.™ PROSTHETICS?

Little Implant Co.™ implants have an internal hexagon connection, with one prosthetic platform for all implants. This significantly reduces the inventory needed to manage prosthetic components and allows for a platform-switching solution.

This singular connection provides a value-driven solution that is easy to understand and offers predictable patient outcomes.

A singular connection for all implant diameters simplifies the restorative process and reduces the inventory of prosthetic components you need to keep on hand.
To streamline the process, The Marc Nevins®, The Pamela Ray™, and Performance™ implants have the same prosthetic platform for all implant diameters. This singular connection simplifies case planning and greatly reduces the inventory needed to manage prosthetic components.
**ABUTMENT TYPES**

**Cementable Titanium Abutments**
Used to attach crown and bridgework to implants for cemented restorations.

**Titanium Abutment Options:**
- Straight
- Straight with a Collar
- Angulated
- Anatomic
- Anatomic Angulated

**TiBase**
TiBases can be used for screw-retained or cemented restorations and include a wax-up sleeve and final screw.

**Titanium Blanks**
Titanium blanks are used for prosthetic restorations prepared by dental technicians.

**Castable Abutments—Gold and Chrome-Cobalt**
Gold and Chrome-Cobalt options are available. Both include a wax-up sleeve and final screw.
Scan Abutments, Impression Copings, and Analogs
Impressions can be taken digitally by using scan abutments, or by using open- or closed-tray impression copings. Our analogs can be used in both plaster and printed models.

Multi-Unit Abutments
Multi-Unit abutments are used for screw-retained bridges and full-arch restorations. Straight and angulated Multi-Units are available.

LOCATOR® Abutments
LOCATOR® abutments are used for retaining dentures in both the maxilla and the mandible. LOCATOR® males (attachments) and extended-range males within a metal housing embedded in the appliance snap on the LOCATOR® abutments and are available in different colors that represent different degrees of retention.

Temporary Abutments
These abutments provide a provisional esthetic solution for temporary restorations. PEEK and titanium options are available.

Healing Caps
In single-stage surgery, healing caps are used immediately after implant placement. While a cover screw can also be used, the healing cap has the advantage of giving the prosthetic team easy access to the platform of the implant.
The tray within the prosthetic kit has four legs and is intended to be removed for ease of use. There is extra storage space inside the kit for additional ratchets if desired.
PROSTHETIC KIT TOOLS

The prosthetic kit is compact and versatile, designed to simplify your restorative workflow.

PROSTHETIC KIT TOOLS

- Torque Ratchet
- Prosthetic Motor Driver
- Prosthetic Driver

Extra spaces are available for additional drivers.

Torque Ratchet

Prosthetic Driver
Short (10 mmL), Medium (15 mmL), and Long (20 mmL)

Prosthetic Motor Driver
HEALING PROTOCOLS

ONE-STAGE SURGERY

In a single-stage surgery, a healing cap is placed at the time of implant placement, eliminating the need for a second surgery. Healing caps should be hand-tightened using the prosthetic driver. Once healing caps are placed, proper seating into the implant platform should be confirmed with a radiograph.

TWO-STAGE SURGERY

In a two-stage surgery, the implant is placed below the soft tissue with a low-profile cover screw, protecting it from external forces during the period of osseointegration. During the second surgery, the implant is uncovered and replaced with a healing cap to support soft tissue healing.

A cover screw is located inside the top of the implant packaging and can be removed using a Prosthetic Driver.
TEMPORARY ABUTMENTS

PEEK TEMPORARY ABUTMENTS

Peek temporary abutments can be used for the fabrication of temporary single or multi-unit short-term restorations. Temporaries can be used at the time of surgery, after uncovering the implant, or following an implant-level impression.

1. Remove healing cap using the prosthetic driver, ensuring the platform is clear of soft tissue and bone.
2. Seat the PEEK temporary abutment using a prosthetic driver, and hand-tighten the abutment screw.
3. Seat the modified PEEK temporary abutment using a prosthetic driver to hand-tighten the abutment screw. The abutment screw can be hand-tightened up to 15Ncm.
4. Block the screw access hole with material of choice (temporary filling material, silicone, etc.) and fill the remaining space with another material of choice. This will provide easy access to the abutment screw in the future.
5. Try-in the temporary crown to confirm the fit, modify if necessary, and then polish.

The titanium temporary abutment is used for prosthetic restorations prepared chair-side by dentists and works as support for provisional screwed crowns, bridges, and prostheses. Make sure that the engaging parts of the abutment are correctly aligned with the implant retention parts. A radiograph should be taken to verify seating after the abutment is hand-tightened. Before placing the temporary restoration, check the torque according to implant connection and size. Seal the access hole with a material of choice. Any material excess near the implant platform should be removed, as it can provoke peri-implantitis and lead to bone loss. It is very important to check static and dynamic occlusion, avoiding excessive loading forces, which may prolong or prevent proper osseointegration, especially in cases of immediate load.

Polyetheretherketone (PEEK) is a synthetic, tooth-colored polymeric material that is frequently used in medical and dental applications.
Titanium abutments are customizable and can be modified by the dentist or laboratory technician for cement-retained implant restorations. These abutments are offered in a variety of styles, and a crown or bridge is cemented to the prepared titanium abutment.

**INDICATIONS**
- Single-tooth restorations
- Partially or totally edentulous arch

**BENEFITS**
- Customizable: Can be modified chair-side by the clinician or by a laboratory technician.

**LIMITATIONS**
- Limited retrievability with cement-retained restorations.

---

**Straight**

**Straight with a Collar**

**Anatomic**

**Angulated Anatomic**

**Angulated**
**When selecting the correct abutment height,** measure the tissue from the top of the implant to the height of the soft tissue. Seat the abutment using a prosthetic driver, and hand-tighten the abutment screw. Determine if the abutment height needs to be reduced, and mark the abutment with a surgical carbide bur.

**Remove the abutment using a prosthetic driver and modify as necessary.** * Attaching the abutment to an implant analog is recommended to improve stability while modifying.

*Prior to modifications, it is important to ensure the abutment is fully seated. Each time the abutment is removed and placed back into the implant, clinicians should consider taking a radiograph to confirm it is fully seated.

**After the abutment is prepared, place the abutment using a prosthetic driver, and take a radiograph to confirm the abutment is seated completely. Tighten the abutment screw to 25Ncm using the prosthetic driver and torque ratchet.

**NEXT, TAKE AN IMPRESSION USING A TRADITIONAL CROWN AND BRIDGE TECHNIQUE. (PG. 21)**
Little Implant Co.™ Torque Ratchet

The adjustable torque ratchet is made of stainless steel and can be sterilized. Several torque adjustments are available: 10Ncm, 15Ncm, 20Ncm, 25Ncm, 30Ncm, 35Ncm, and 40Ncm.

Instructions for Use:

- Adjust the torque by turning the knurling wheel to the desired torque value.
- For unscrewing or loosening, the ratchet needs to be turned over so that the black arrow is facing downward.
- When you do not use the torque ratchet, adjust it to the minimum torque value to avoid any modification of the elasticity properties of the spring that could cause torque variation.
- The key bends when the desired tightening torque is reached. You should not apply any additional stress on the handle at this time.

Recommended Torque:

- Healing caps and cover screws: Hand-tighten: 15Ncm
- Cementable Abutments: 25Ncm
- Temporary Abutment: Hand-tighten: 15Ncm
- Multi-Unit Abutment: 15Ncm
- LOCATOR® Abutment: 25Ncm
TiBASE

The interface is used for prosthetic restorations prepared by dental technicians. TiBases can be used for screw-retained or cemented restorations and include a wax-up sleeve and final screw.

CHROME-COBALT BASE

The Co-Cr Base is used for prosthetic restorations prepared by dental technicians. The Co-Cr abutment is an implant abutment that consists of a cast-on Co-Cr alloy base and a burn-out plastic sleeve.
1. Remove healing caps, and choose Multi-Unit abutments that allow for abutment platform to be ~1 mm above gingivae. Place the Multi-Unit Abutments using a prosthetic driver.

2. Place open-tray impression transfers for Multi-Unit abutments and take open-tray PVS impression.

3. Impression material should be syringed around the body of the impression copings. After taking the impression, be sure to unscrew transfer screws through openings in the impression tray before removing impression. The impression posts will remain in the impression.
4. Try-in verification jig. Ensure passive fit. If not passive, section and re-index with light-cured composite.

Contour occlusion rim, take bite registration, and select teeth.

Send verification jig, bite registration, and occlusion rim back to lab with instructions to set teeth in wax on framework with desire mold and shade.


Record any changes if necessary, and reappoint for new try-in.

Send wax try-in on framework back to lab with instructions to process in denture acrylic, and return for initial placement.


7. Tighten framework screws to 15Ncm.

8. Place material of choice (example: Teflon tape) over screws and cover with composite.

Note: If Zirconia restoration is desired, the lab would send you a PMMA try-in instead of the framework for verification of esthetics, occlusion, and fit. The final Zirconia restoration would be milled Zirconium.
LOCATOR® ABUTMENTS

**INDICATIONS**
- Edentulous maxilla or mandible
- Partially edentulous maxilla or mandible

**BENEFITS**
- Simple and easy insertion and maintenance
- Removable
- Patient's existing denture can be used.

**CONSIDERATIONS**
- Requires periodic relining and maintenance

### MALE PROCESSING PACKAGE
The Male Processing Package provides 3 choices of retention. The Replacement Males (clear, pink, and blue) are used to restore implants with up to 10° of divergence (20° between implants).

### LOCATOR® CORE TOOL
This tool has three separate functions:

A. The gold portion can be unscrewed and used as a hand driver to tighten the LOCATOR® abutments.

B. The middle portion of the tool is used as a male retention insert tool to place the male inserts into the metal housings.

C. The male retention insert removal tool is used to remove the male retention inserts from the metal housings.

1. Place LOCATOR® abutments onto each implant using the LOCATOR® core tool hand driver. Take a radiograph to ensure the LOCATOR® abutments are completely seated.

2. Place white block-out spacers over each LOCATOR®, blocking out the area immediately surrounding the abutment. Next, place the metal cap with a black processing insert on each LOCATOR®.
Modify the denture by placing a transferable mark on the top of each LOCATOR®, and then seat the denture to identify the best location for the denture caps. Prepare recesses in the denture to make space for the LOCATOR® males, ensuring that there is no contact between the denture and metal caps; this prevents excess pressure from being placed on the implants.

Apply a permanent self-curing acrylic or chair-side light cure acrylic resin to bond the caps to the denture. A small amount of material should be placed surrounding the caps and in the recessed area of the denture.

Next, insert the denture and lead the patient into occlusion, ensuring to maintain a correct relationship with the opposing arch. The denture should be maintained in a passive position, making sure to avoid compressing the soft tissue while the material sets.

Remove the denture and white spacers after the acrylic has cured, filling any voids with acrylic and removing excess acrylic from around the lingual vent-hole and denture cap. Make sure to polish before switching to the final male retention insert.

Remove the black inserts from the metal caps.

Using the LOCATOR® core tool, push the male inserts into the denture cap so they are seated firmly in place and level with the top of the metal caps.

Seat the overdenture onto the LOCATOR® abutments, and then modify the occlusion and tissue side of the denture as needed. Polish after all adjustments are made.

Confirm the patient’s ability to seat and remove the denture. An insert with a different retention can be used if the denture doesn’t have enough, or needs additional retention.
IMPRESSION TECHNIQUE

CLOSED TRAY

The closed-tray impression technique utilizes a stock tray and records the implant location, soft tissue profile, and hex orientation. Once the impression material is set, the impression is removed, followed by removal of the transfer coping, which is then placed back into the impression for model fabrication.

**INDICATIONS**
- Implants in the posterior, or areas with limited intraoral access
- Single implants and short-span bridges

**BENEFITS**
- Stock tray can be used.
- Comparable to traditional crown and bridge impression technique

**CONSIDERATIONS**
- Not recommended when taking an impression for divergent implants

1. Remove healing cap using the prosthetic driver, ensuring the platform is clear of soft tissue and bone.

2. Place the closed-tray impression coping on the implant body and hand-tighten using the corresponding screw and prosthetic driver. After attaching the impression coping, it is recommended to take a radiograph to ensure the impression coping is seated completely.

**WHAT TO SEND TO THE LAB**
- Closed-Tray Impression Coping with Screw
- Implant Analog
- Impression
- Bite Registration
- Opposing Model or Impression
3. Block out the access hole on the impression coping using a material of choice.

4. A medium or heavy body impression material should be syringed over and around the body of the impression coping.

5. Fill the tray with impression material, and take a full arch impression.

6. After the material has set, remove the impression coping and replace with a healing cap immediately in order to prevent soft tissue from collapsing. When removing multiple impression copings, it is recommended to remove one at a time, replacing it with a healing cap without delay.
OPEN TRAY

This technique involves using a modified stock tray or custom tray and picks up the impression coping in the impression. The open-tray impression records the implant location, soft tissue profile, and hex orientation and is often believed to be the most precise impression technique.

INDICATIONS
- Single implants
- Multiple implants
- Multi-Unit (splinted) crown and bridge restorations

BENEFITS
- Useful when taking impressions of divergent implants

CONSIDERATIONS
- Custom or modified stock tray is necessary.
- Inconvenient in the posterior or areas with limited intraoral access

1. Remove healing cap using the prosthetic driver, ensuring the platform is clear of soft tissue and bone.

2. Place the open-tray impression coping on the implant body and retain using the corresponding screw. After attaching the impression coping, it is recommended to take a radiograph to ensure the impression coping is seated completely.

WHAT TO SEND TO THE LAB
- Impression with Open-Tray Impression Coping Embedded in the Impression
- Impression Coping Screw
- Implant Analog
- Bite Registration
- Opposing Model or Impression
If modifying a stock tray, prepare it by creating access holes for the impression post. Then, try-in the custom or modified stock tray to confirm that the screw extends through the tray without issue.

A medium or heavy body impression material should be syringed around the body of the impression coping, leaving the screw uncovered.

Next, fill the tray with impression material and take the impression. It is important to wipe impression material from the top of the screw before the material sets, so it remains uncovered and accessible.

After the impression material has set, remove the coping screws and tray from the mouth and confirm that the impression material is completely adapted around the copings. The healing caps should be replaced immediately in order to prevent soft tissue from collapsing. When removing multiple impression copings, it is recommended to remove one at a time, replacing it with a healing cap without delay.
IMPRESSION TECHNIQUE

TRADITIONAL CROWN AND BRIDGE

The traditional crown and bridge impression technique should be used after you have modified and seated an abutment, or if a prepared abutment is already in place. With this technique, an impression is taken to capture the modified abutment and margin.

**INDICATIONS**
- Impression of cementable abutments

**BENEFITS**
- Traditional method
- Efficient
- Fewer steps and components

**CONSIDERATIONS**
- The impression only records the modified abutment.

**WHAT TO SEND TO THE LAB**
- Impression
- Bite Registration
- Opposing Model or Impression

Chair-side Preparation of Titanium Abutments on page 10
1. Fabricate and cement a temporary restoration using the material and method of choice. Alternatively, the abutment can remain exposed based on its location and patient preference. It is recommended to cover the screw prior to cementation to allow for easier access in the future.

2. Take a full arch impression, using standard crown and bridge techniques. It is recommended to block the screw access hole prior to taking the impression to prevent impression material from entering the abutment.

3. After the abutment is prepared, place the abutment using a prosthetic driver, and take a radiograph to confirm the abutment is seated completely.

After confirming the abutment is fully seated, tighten the abutment screw to 25Ncm using the prosthetic driver and torque ratchet.
Digital Prosthetic Solution:
- Intraoral and desktop scan bodies
- Lab analogs for printed models
- Library files for CAD/CAM:
  - 3Shape®
  - Dental Wings
  - Exocad®

Guided Solution and Digital Planning for CBCT Software:
- Pilot guide with depth control
- The STL files for The Marc Nevins®, The Pamela Ray™, and Performance™ implants are available in the following software:
  - 3Shape Implant Studio®
  - coDiagnostiX®
  - Vatech®
  - Planmeca®
  - Exocad®
  - SICAT®
  - 3Diemme—Europe Only
SCAN ABUTMENTS

Scan abutments are used for prosthetic restorations prepared by dental technicians or chair-side by the dentist in the CAD/CAM process. Indicated for obtaining geometric data from the master model using a desktop laboratory 3-D scanner or for optical impressions using an intraoral 3-D scanner.

Intraoral

Before scanning, the abutment and analog should be visually checked for surface damage, and the implant connection should be checked for any tissue residue. For greater scanning precision, we recommend locating the flat surface of the scan abutment in palatal/lingual orientation. Fasten the abutment using the corresponding screw by hand or with a maximum torque of 10Ncm. For the intraoral scan abutments, fix it with fingers using the embedded screw. Scan abutments are a precise tool, and being tightened too tight may change their geometry, causing errors in the scanning process and discrepancy in accuracy. For most scanners, a scan-enhancing spray is not required. The scanning process should be performed as recommended by the CAD/CAM system manufacturer. It is important to choose the correct implant connection in the software and corresponding type for the chosen restoration (engaging/non-engaging). After this process, the scan abutment can be loosened and placed gently in the tray. To complete the scanning, it may be necessary to gather additional information (e.g., occlusion index, silicone bite, gingiva shape). When being used intraorally, sterilization is needed.

PRE-MILLED TITANIUM BLANK

Titanium blanks are used for prosthetic restorations prepared by dental technicians. The connection is more accurate, and the abutment shape can be milled with burs to meet specific patient requirements.
We’re a little company focused on expanding your dental implant practice with the highest quality products at exceptional value.

Our company is owned by clinicians – not banks, not Wall Street institutional investors, not dental distribution companies – just clinicians. This company's mission is defined so that “its products, its educational materials, its advanced mentoring programs are all about empowering General Practitioners to undertake successful implant procedures.”

We’re not about frills because we know that dentists are smart, value-oriented consumers who are well aware that if they pay for the frills they have to pass those costs onto their patients.

We have designed our new implant ourselves. Our new implants are manufactured in France by a superb family owned business; also a little company.

We are the first implant company to have “MENTOR IN A BOX™,” a clinician support system that accompanies each implant you purchase. What do we charge you for this access to leading clinicians who, like you, are 100% committed to patient treatment? Nothing. Zero. It’s free. Why? Because we want to earn your loyalty one implant at a time.

We offer a new implant design, a new surgical kit with an easy-to-use Multi-Drill® protocol, and education and mentoring that are all about the General Practitioner. We believe periodontists and oral surgeons will start using our implants but, first and foremost, our commitment is to you, the General Practitioner. **We’re about offering you great value in product, education, and mentoring. So…**

- No Booths at dental shows. We both know their cost is added into the cost of your implant.
- No Bundled packages where you are enticed to buy hundreds of implants at ridiculously high price points so you can get a supposedly “free” scanner.
- No Annual extravaganzas for our customers. Want a vacation? Take a vacation.
- No Wall Street analysts and public shareholders to define our success as a company every fiscal quarter, based on what we got you to buy.
- No Sales reps coming to your office. You need something from us? Call. Email. Text. We are here to support your successful patient care. We keep prices low because we are a direct sale company.

Our success will be judged by how you feel about our new implants, our new educational programs, our new MENTOR IN A BOX™ support system, and how your patients feel about the quality and cost of your care.
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• A new implant designed for you with HIGH PRIMARY STABILITY.
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• A new series of educational offerings that you can easily access.
• A new research and design team that uses global Key Opinion Leaders to help guide the development of our products for you.
• A cost effective, easy to use implant system that is designed for you, the GP.

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INDICATIONS FOR USE

This manual is intended to provide instructions for using Little Implant Co.™ products. It is not intended to describe the methods or procedures for diagnosis, treatment planning, or placement of implants, nor does it replace clinical training or a practitioner’s best judgment pertaining to the needs of each patient. Proper surgical procedures and techniques are the responsibility of the medical professional. Each dentist must evaluate the appropriateness of the procedure used based on personal medical training and experience, as applied to the patient at hand.

Little Implant Co.™ strongly recommends appropriate training as a prerequisite for the placement of implants and associated treatment. The procedures illustrated and described within this manual reflect idealized patient presentations, with adequate bone and soft tissue to accommodate implant placement. Practitioner’s own judgment as related to any specific case must always take precedence over any recommendations made in this or any Little Implant Co.™ guide.

Inappropriate patient selection, diagnosis, treatment planning, or technique can result in implant failure and/or loss of supportive bone. Thorough screening of prospective implant candidates must be performed. Patients should have no contraindications for the procedure, should be fully informed of the benefits and the risks, and should have executed an appropriate informed consent form.

Before beginning any surgical procedure, be sure to: (1) read and understand the Instructions for Use that accompany the products; (2) clean and sterilize the surgical tray and instruments following the Instructions for Use; (3) practitioners and dental assistants shall thoroughly familiarize themselves with all the instruments and their uses; (4) study the surgical kit layout and color-coding; and (5) design a surgical treatment plan to satisfy the prosthetic requirements of the case.

Disclaimer of Liability
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