

BellaTek[®] Express and Flex Abutments

Restorative Clinician Procedure



BellaTek[®] Express and Flex Abutment

INTRODUCTION

This Restorative Clinician Manual was created for dentists placing final restorations with BellaTek Express and Flex Abutments with the Angled Screw Channel Driver or Tip for cement- and screw-retained restorations.

DEVICE DESCRIPTION

BellaTek Express and BellaTek Flex are the original cement- or screw-retained abutments with an angled screw access channel for Zimmer Biomet Dental Certain[®] and Tapered Screw-Vent[®] (TSV[®]) Implants. Add efficiency to your CAD/CAM single- or multi-unit implant restorations with the flexibility of adjusting the abutment at four different heights, and strength with thicker abutment walls on wider implant platform diameters.

The Angled Screw Channel Drivers and Tips solve the problem of screw-retained restorations in the anterior by moving the screw channel from buccal to lingual and makes it easier to access the challenging occlusal inter-arch space in the posterior by engaging the screw at an angle.

IMPORTANT CONSIDERATIONS

- **For Certain Implants:** The Angled Screw Channel Driver Tips [ASCDT24 and ASCDT30] are designed to be used with 0.048" hexed Gold-Tite Screws [IUNIHG and ILRGHG] only.
- **For TSV Implants:** The TSV Angled Screw Channel Drivers and Tips [TASCD24, TASCD30, TASCT24 and TASCT30] are designed to be used with the TSV ASC Screw [MHLASC].
- The BellaTek Express and Flex Abutments and the Angled Screw Channel Drivers and Tips are provided non-sterile.
- The Angled Screw Channel Drivers and Tips are reusable up to 15 uses and require cleaning and sterilization prior to each use. For recommended cleaning and sterilization procedures of the Angled Screw Channel Driver, please refer to Cleaning and Sterilization of Biomet 3i Kits and Instruments [P-ZBDINSTRP] available at <http://ifu.biomet3i.com>.
- The Angled Screw Channel Drivers and Tips should be inspected for wear before each use.

SCREW-RETAINED RESTORATION

1. REMOVE THE HEALING ABUTMENT

Remove the healing abutment from the implant. To help prevent accidental swallowing, thread floss through the spinner of the driver.

Certain Internal Connection: Use a .048" Large Hex Driver [PHD02N or PHD03N].

TSV Connection: Use a 1.25 mmD Hex Tool [HXGR1.25, HXLGR1.25, HX1.25, HXL1.25].

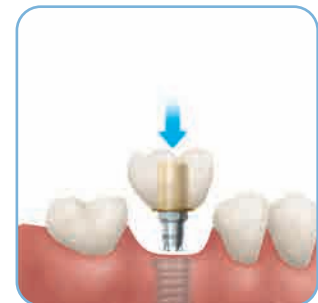
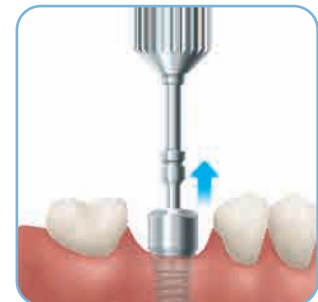
2. PLACE THE RESTORATION

a. Place the restoration onto the implant.

Certain Internal Connection: For single-unit restorations, line up the hex and press firmly onto the implant until hearing an audible and tactile click. Thread a Certain Gold-Tite[®] Hexed Screw [IUNIHG for single-unit or ILRGHG for multi-unit] into the implant and finger tighten using a .048" Large Hex Driver [PHD02N or PHD03N] or an Angled Screw Channel Driver Tip [ASCDT24 or ASCDT30] connected to the L-TIRW STANDARD ISO 1797 ADAPTER [C9980].

TSV Connection: For single-unit restorations, line up the hex and press firmly onto the implant. Thread a TSV ASC Screw [MHLASC] into the implant and finger tighten using a TSV Angled Screw Channel Driver [TASCD24 or TASCD30] or a TSV Angled Screw Channel Driver Tip [TASCT24 or TASCT30] connected to the L-TIRW STANDARD ISO 1797 ADAPTER [C9980].

b. Take a radiograph of the interface to verify if the abutment is fully seated. Adjust the occlusion, marginal fit and interproximal contacts as necessary.

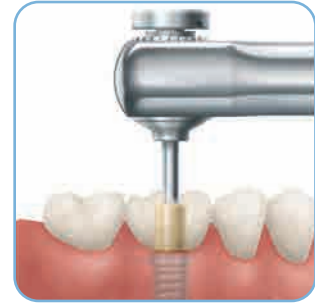


3. TORQUE THE RESTORATION

- a. **Certain Internal Connection:** Torque the Certain Gold-Tite Screw to **20 Ncm** using a .048" Large Hex Driver Tip [RASH3N or RASH8N] or an Angled Screw Channel Driver Tip [ASCDT24 or ASCDT30] with a torque device [L-TIRW or HTD-C].

TSV Connection: Torque the TSV ASC Screw to **30 Ncm** using a TSV Angled Screw Channel Driver [TASCD24 or TASCD30] with torque device [TWR] or a TSV Angled Screw Channel Driver Tip [TASCT24 or TASCT30] connected to the L-TIRW STANDARD ISO 1797 ADAPTER [C9980] with a torque device [L-TIRW or HTD-C].

- b. Seal the access opening with temporary filling material and composite resin. Make any necessary occlusal adjustments.



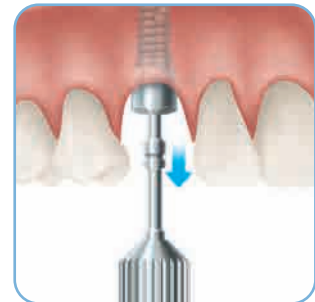
CEMENT-RETAINED RESTORATION

1. REMOVE THE HEALING ABUTMENT

Remove the healing abutment from the implant. To help prevent accidental swallowing, thread floss through the spinner of the driver.

Certain Internal Connection: Use a .048" Large Hex Driver [PHD02N or PHD03N].

TSV Connection: Use a 1.25 mmD Hex Tool [HXGR1.25, HXLGR1.25, HX1.25, HXL1.25].



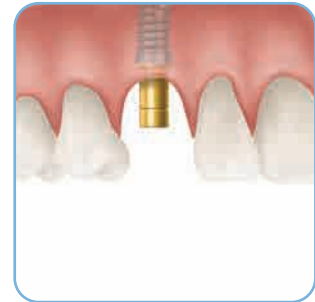
2. PLACE THE RESTORATION

- a. Place the BellaTek Express or Flex Abutment onto the implant, ensuring that the anti-rotation notch is facing the buccal aspect of the mouth.

Certain Internal Connection: For single-unit restorations, line up the hex and press firmly onto the implant until hearing an audible and tactile click. Thread a Certain Gold-Tite Hexed Screw [IUNIHG for single-unit or ILRGHG for mult-unit] into the implant and finger tighten using a .048" Large Hex Driver [PHD02N or PHD03N] or an Angled Screw Channel Driver Tip [ASCDT24 or ASCDT30] connected to the L-TIRW STANDARD ISO 1797 ADAPTER [C9980].

TSV Connection: For single-unit restorations, line up the hex and press firmly onto the implant. Thread a TSV ASC Screw [MHLASC] into the implant and finger tighten using a TSV Angled Screw Channel Driver [TASCD24 or TASCD30] or a TSV Angled Screw Channel Driver Tip [TASCT24 or TASCT30] connected to the L-TIRW STANDARD ISO 1797 ADAPTER [C9980].

- b. Take a radiograph of the interface to verify if the abutment is fully seated. Adjust the occlusion, marginal fit and interproximal contacts as necessary.

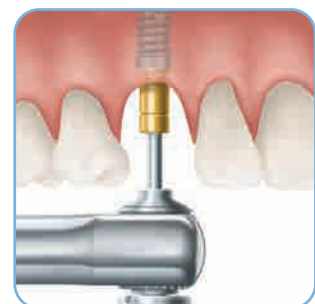


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TSV Connection: Torque the TSV ASC Screw to **30 Ncm** using a TSV Angled Screw Channel Driver [TASCD24 or TASCD30] with torque device [TWR] or a TSV Angled Screw Channel Driver Tip [TASCT24 or TASCT30] connected to the L-TIRW STANDARD ISO 1797 ADAPTER [C9980] with a torque device [L-TIRW or HTD-C].

- b. Place protective material into the screw access opening. Seal the access opening with temporary filling material. Cement the restoration to the abutment using temporary or permanent cement.





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Contact us at 1-800-342-5454 or visit zimmerbiometdental.com

Zimmer Biomet Dental
Global Headquarters
4555 Riverside Drive
Palm Beach Gardens, FL 33410
Tel: +1-561-776-6700
Fax: +1-561-776-1272

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