

## Locator Instructions

For construction a new denture utilizing locator/retention style abutments there are two ways for accomplishing this;

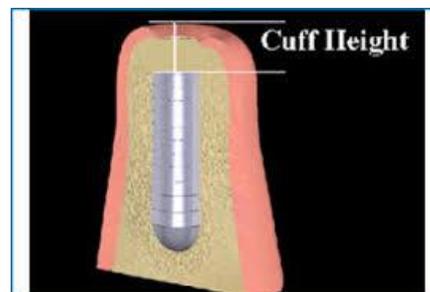
1. Initial impression with implant specific impression copings to construct a master case with implant analogs in place to select and purchase the correct tissue height abutments and fabricate the definitive denture. This technique allows the laboratory or clinician to immediately know the tissue/collar height of the abutments needed and if the clinician so chooses to process the definitive denture at the laboratory – this does increase the overall cost of the case due to the additional components needed for the impression, analogs for the laboratory model and the additional fee from the laboratory to process the denture with the retentive caps. Also, there can be less accuracy with this technique due to using the STONE model for processing. The locator abutments would be inserted at the time of delivery of the definitive restoration and the denture seated without the need for a “chairside” pick up of the retentive caps.
2. Initial impression utilizing uncovered “healing abutments” to indicate the implant locations and capture the definitive impression for the fabrication of the denture with openings in the denture base to process in chairside the retentive caps. With this technique the definitive denture impression is captured after the patient is released by the implant surgeon and the healing abutments are placed and that is sent to the laboratory to fabricate a denture in a normal protocol. During the denture steps, the healing abutments are removed, and the tissue depth is recorded for the clinician or the laboratory to order the locator abutments. These are also inserted after removal of the healing caps at the delivery of the definitive denture appointment, but there is an additional step and will require the curing material. This is an example of a kit that is available for that.



The retentive caps with  
Block out spacers in place!



3. Measuring is very important to ensure that the abutment is not more than 1-1.5 mm above the crest of the ridge!!!



4. Once the denture fabrications steps are complete and the denture is ready to be seated, with either technique the healing abutments are to be removed and the individual locator abutments are to be inserted and torqued to the manufacturers recommended torque value. The white space rings are then placed around the top of the abutments, in the undercut, as seen below.



5. With the white ring in place – place the retentive cap on the abutment, this will take some force – the BLACK processing nylons will be in place and will create a “ring” around the inside the retentive cap to protect it during cure in. If they have been processed at the lab, the denture will be returned to you with the black processing nylons in place also so that the clinician can select the amount of retention desired by the patient.



6. Utilizing the material mentioned above, if the caps are to be cured in chairside, the openings will already be created by the lab. Once the caps are in place, check for passivity of fit with the denture base and remove any interferences prior to curing them in. Some clinicians like to create a VENT hole to allow extra material to express out, if you do not overfill the opening this is not needed, it is an optional step.



7. Once the material has been added to the cap and the denture base as above, insert the denture and instruct the patient to close into light occlusion- do NOT have them clench or squeeze! Once the material has setup, remove the denture and clean up

any flash that may have occurred around the white rings. If there are any voids or gaps, there is a light cured tissue colored material that can be used to fill in these voids. The white ring may also adhere to the cap as seen above, remove this with an explorer and trim away any flash.

8. Some clinicians allow the patient to test drive the denture with the black processing caps, this is OK, but not advisable for long durations as the black cap is not very durable and damage can occur to the abutment or the cap inner retentive grooves.
9. The correct retention is selected and inserted into the retentive cap once the black nylon is removed. And the occlusion is equilibrated, and the patient is released with return instructions and home care instruction.



**TECHNIQUE MANUAL**

**LOCATOR® IMPLANT ATTACHMENT SYSTEM**

**IMPORTANT:** This document contains the most current instructions for use. Please, read and retain.

**DESCRIPTION:** Universal hinge, resilient attachment for endosseous implants.

**ATTACHMENT COMPONENT ORDER NUMBERS**

Product numbers of Locator Implant Abutments vary with implant type, implant diameter, and tissue cuff height. It is necessary to have this information available to place your order.

**PARTS IDENTIFICATION**

<b>Implant Abutment</b>  Titanium alloy with TiN coating	<b>Processing Denture Cap Male/Pkg. No. 8519</b>  Titanium Cap with black Low Density Polyethylene Male, Block Out Spacer, and Nylon Repl. Males (clear, pink, blue)	<b>Processing Denture Cap Male/Pkg. No. 8540</b>  Titanium Cap with black Low Density Polyethylene Male, Block Out Spacer, and Nylon Repl. Males (green, orange, red)	<b>Block Out Spacer No. 8514</b>  Silicon Rubber (White)	<b>5.0 lb. Repl. Male No. 8524</b>  Nylon (Clear)
<b>3.0 lb. Light Retention Repl. Male No. 8527</b>  Nylon (Pink)	<b>1.5 lb. Extra Light Retention Repl. Male No. 8529</b>  Nylon (Blue)	<b>4.0 lb Extended Range Repl. Male No. 8547</b>  Nylon (Green)	<b>2.0 lb Extended Range Repl. Male No. 8915</b>  Nylon (Orange)	<b>1.0 lb Extended Range Extra Light Retention Repl. Male No. 8548</b>  Nylon (Red)
<b>Locator Zero Retention Replacement Male No. 8558</b>  Nylon (Gray)	<b>Impression Coping No. 8505</b>  Aluminum housing with black low Density Polyethylene Male	<b>Female Analog (4mm) No. 8530</b>  Aluminum	<b>Female Analog (5mm) No. 8516</b>  Aluminum	<b>Processing Spacer No. 8569</b>  Delrin

