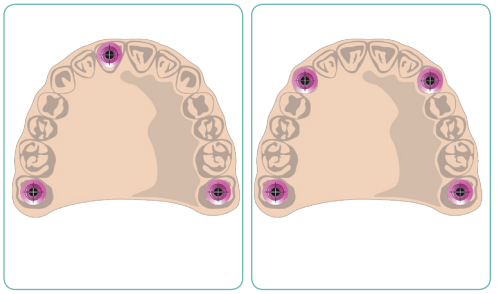
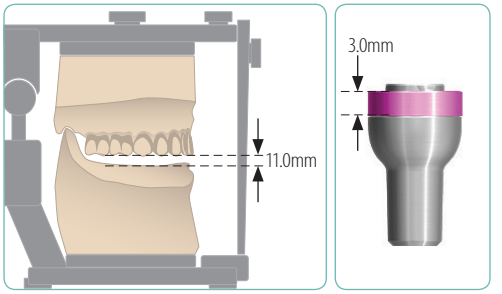
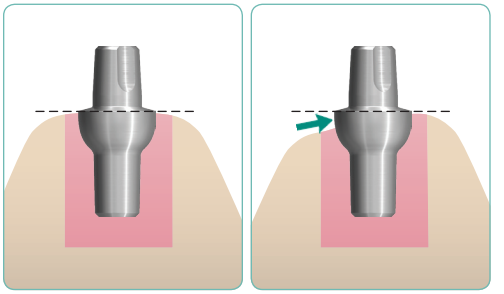


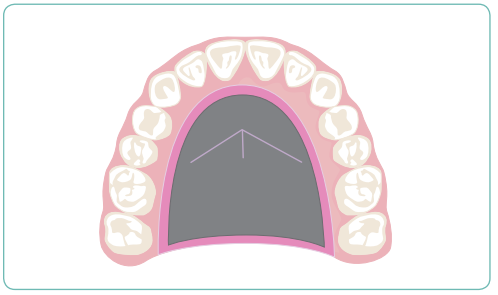
1. Use only 3 or 4 appropriately spaced implants to facilitate fabricating the prosthesis. 5 or more implants unnecessarily complicate the prosthetics. If possible place 3 implants, while there are still teeth present, and extract them when the final prosthesis is being inserted, since they provide the technician with significant landmarks for fabricating the TRINIA™™ prosthesis.



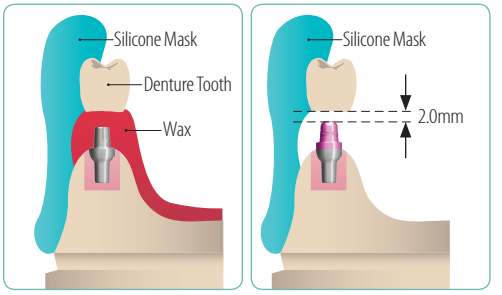
2. Open the bite, if necessary to achieve at least 11.0mm of clearance from ridge to opposing occlusion for sufficient prosthetic space. If the bite (VDO) cannot be opened, then the UA and Retentive Coping can be reduced. The coping can be retentive as a 3.0mm ring. Low Profile UA should NOT be used for full arch TRINIA™ prostheses.



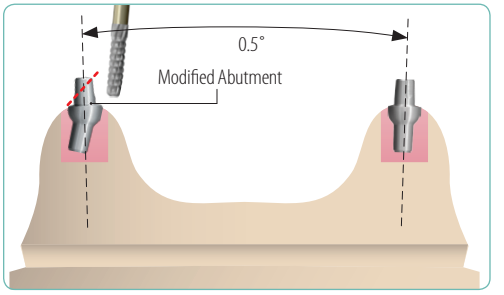
3. Standard profile or taller UAs should be used with their shoulder at least minimally above the soft tissue, and in non- aesthetic areas, such as sublingual areas the shoulder can be significantly higher to facilitate cleaning and mucosal health.



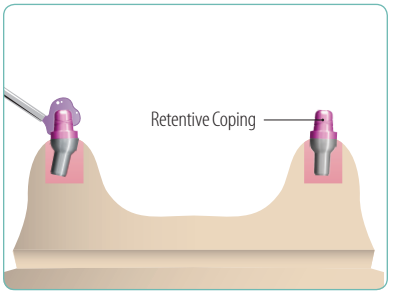
4. Record a Gothic Arch tracing to facilitate accurately recording of the patient's centric relation at the appropriate vertical dimension of occlusion(VDO).

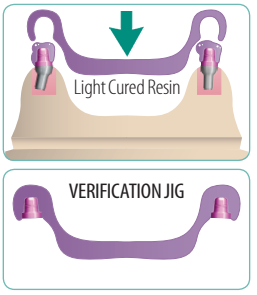


5. Fabricate a facial silicone mask of an approved waxed teeth arrangement to verify sufficient space for UA, Retentive Copings, milled prosthetic teeth, and the essential requirement to have 2.0mm of TRINIA™ material over the Retentive Copings for strength.

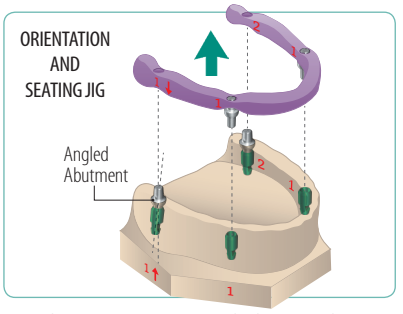


6. The UAs must have 0.5mm of divergence amongst them at their cervical area to provide for retention. The coronal aspect of a UA may be reduced (dotted red line) to facilitate a path of insertion and withdrawal without compromising the retentiveness of the TRINIA™ prosthesis.

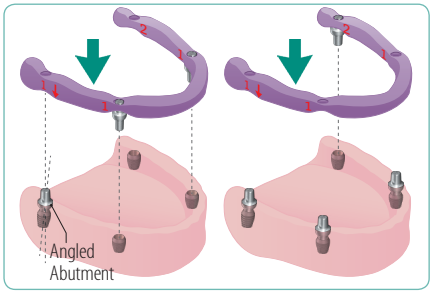




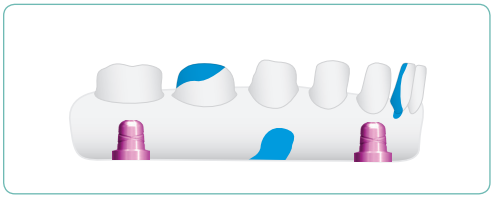
7. Fabricate a one piece light cured resin verification jig with Retentive Copings to verify that the TRINIA™ prosthesis will have a path of insertion and withdrawal as well as being retentive.



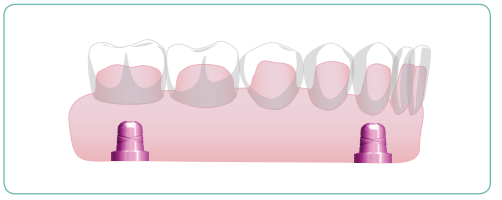
8. Fabricate one or two light cured resin, orientation and seating jigs, which are appropriately numerically marked coinciding with the numerical markings on the master model, to indicate the sequencing for inserting the UA into the well of the patient's implant.



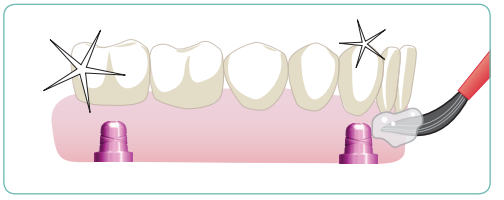
9. Most often the abutments are loosely placed into the seating jig for transport and seating into well of the implants; however, some angled abutments need to be loosely seated into the implant well and subsequently positioned by placing the jig onto it. An arrow on the model and jig can indicate this need.



10. Initially, digitally design and mill an inexpensive plastic substructure to manually and visually evaluate its appropriates, and, if necessary modify it prior to scanning it (blue color in graphic) for the fabrication of the permanent TRINIA™ substructure.



11. Milled TRINIA substructure from scanned modified plastic substructure. The prepped teeth design facilitates the fabrication of digitally milled crowns, which will be cemented onto the TRINIA™ substructure.



12. Enhance the aesthetics of the TRINIA™ substructure and the milled poly-ceramic crowns by cutting back their facial aspect and applying indirect poly-ceramic materials.