SCORE-PD, PT-Snap, McCollum, SCORE-BR, Biloc, PDC, APM-Latch

Preliminary and Initial Attachment Procedures

Phase 1: Always refer to the Preliminary and Initial Attachments Procedures, page 8. Only this will guarantee a successful restoration.

Phase 2: TECHNICAL
1. Pour the impression, pin the dies, mount the casts, and articulate the models.
2. The TS or TSU may be used as a bite registration.
3. Wax the restoration to full contour. (A) Use the TS or TSU as a guide to insure that the crowns are not over contoured.
4. Survey the model to determine the most favorable path of insertion (B). It is preferable to mount the model in an intermediate base. This may be performed with the Transfer Rod and Nipple System. Measure the vertical space from the ridge to the opposing dentition, the width of the crown, and the vertical distance from the margin of the preparation to the TS or TSU. Select the appropriate attachment according to the measured space. Most intracoronal attachments, except the SCORE-PD and the Schatzman, may be used as a cross arch stabilizer. Attachments with an extension flange may interfere with the opposing dentition if there is inadequate vertical space. (C)
5. After selecting the proper intracoronal attachment, create a space for the female, (D) and wax it into the crown wax-up. Be sure to use the proper mandrel (E). Some plastic attachments have the mandrel attached. If a partial denture is being planned create a milled lingual arm whenever possible. Auxiliary attachments such as the Omega-M may be used directly opposing the partial denture attachment. (F)

NOTE: It is critical that at least 0.5mm or more wax is added around any metal attachment to prevent porcelain stress cracks.
6. If the male has an extension flange, ensure that adequate space exists for the denture tooth. (C)
7. Sprue the restoration and prepare for investing, do not use deebblizer on the attachment. If a ceramic core is used, leave it long and tack it to the female with sticky wax before investing. Invest with the proper investment for the alloy being used. You may use a small instrument to fill in the investment into the female element (G). Do not use a brush! Cast the crowns and/or bridge(s). Do not sandblast the attachments as this may damage them. Instead, use an Ai Glass Brush (H). Finish the restoration and return it to the dentist along with the TS or TSU.

Caution: Before applying porcelain, add silicone impression material in the female to prevent porcelain from entering. Remove silicone material from female and try-in male for fit before firing.

Phase 3: CLINICAL
1. Remove the temporary crowns.
2. Try in the crowns and/or bridge(s). Check the marginal fit and the occlusion. Check the shade of the porcelain, if it has already been fired to the framework.
3. If necessary, take a new master impression with the crowns in place. If you pour the models, apply a thin coat of petroleum jelly in the crowns before pouring the stone. This step will prevent damage to the margins and assure release of the crowns later.
4. Return the impression or model with written information for any changes to the technician. Include the TS or TSU.

Phase 4: TECHNICAL
1. Make any changes if any, outlined in the work order. Before pouring the impression, apply a thin coat of petroleum jelly inside the crowns. Then place some self-cure resin and a dowel pin into the crowns before the model is poured. This will ensure release of the crowns and will prevent damage to the margins and to the model. Pour the master model with crowns in place.
2. Rearticulate the models and check for any necessary adjustments.
3. Keep esthetics and the comfort of the patient in mind while designing the removable partial framework. On maxillary restorations, try not to cover the rugae, place instead, a wide thin palatal strap whenever possible (J). Research has shown that this design is preferred by most patients, as it is much more comfortable.
4. Cast and finish the partial framework. Ensure that the attachment does not interfere with the partial framework.
5. Cold cure, solder, or spot weld the appropriate male or female element to the partial framework. (K)

**NOTE:** Do not solder or spot weld an attachment that is designed to be cold cured!

6. Remove the teeth from the TSU and reset them onto the partial framework. For superior esthetics, select a wider first tooth that will close the interproximal space, and abut it directly to the ridge if possible.
7. Return the crowns, the bridge(s), and the partial to the dentist for the final try-in.

### Phase 5: CLINICAL

1. Remove the temporary crowns.
2. Seat the abutment(s), crowns or bridge(s).
3. Try-in partial and ensure that attachments function correctly. Check the occlusion and esthetics. Make any necessary adjustments and request patient’s approval.
4. Return abutment(s), crowns, or bridge(s) to the technician for final processing of the partial. Include written instructions for any additional changes.

### Phase 6: TECHNICAL

1. Complete the adjustments made or requested by the dentist.
2. Process the partial denture. Depending upon the technique, the crowns may need to be removed before the processing. In some cases the attachment must be blocked out to allow proper functioning. (L)
3. Remount the models and equilibrate the occlusion.
4. Return the completed restoration to the dentist. Include all of the information such as the shade, the mold number, and the attachment name, and order number for inclusion in the patient’s permanent file.

### Phase 7: CLINICAL

1. Review and check the final restoration.
2. Before seating the abutments, check the function of the attachments. Initially, provide the patient with the least amount of retention possible by activating or deactivating the attachment.
3. Remove the temporary crowns.
4. Try in the abutment(s) and seat the partial.
5. Check for sore spots and adjust the occlusion.
6. Cement crowns, one at a time with temporary cement.
7. THE REMOVABLE PARTIAL MUST BE SEATED BEFORE THE CEMENT SETS.
8. In two to three weeks, recall the patient for a final cementation. At this time determine if a reline is required. See Reline Procedures page 61.
9. Record the attachment name and the order number in the patient’s file.
10. Recall the patient (in 3 to 6 months) to determine if the removable partial requires a reline, and to assure continued appropriate function of attachments.
SCORBR, PDC, Omega-M, Beyeler, etc.

Preliminary and Initial Attachment Procedures

Phase 1: Always refer to the Preliminary and Initial Attachments Procedures, page 8. Only this will guarantee a successful restoration.

Phase 2: TECHNICAL

1. Pour the impression, pin the dies, mount the cast, and articulate the models.
2. Wax the crowns to full contour. Separate the wax-up in the area where the attachment is required.
3. At this point a choice has to made in regard to the placement of the attachment. The female can be placed intracoronally (A) or if esthetics is critical the male can be placed upside down extracoronally (B). Place male directly on the model. Take care not to set inverted male too high vertically.
4. Place the female attachment into the crown wax-up, use a metal mandrel if available. Complete the wax-up of the first segment.
5. Invest, cast and finish the first segment. Do not start the second segment until the first is finished.
6. a. Intracoronal: Place the plastic or metal male element into the female and complete the wax-up of the second segment of the restoration. (C)
   b. Extracoronal: Place the female upside down over the male and complete the wax-up of the second segment of the bridge. Adjust the female and male making sure they contact the model. The gingival portion of the inverted attachment can be relieved before delivery for optimum hygiene. (D)
7. Invest, cast, and finish the second segment of the restoration. Deliver the bridge restoration to the dentist. (E)

Phase 3: CLINICAL

1. Evaluate the final restoration. Remove the temporary crowns.
2. Try in the crowns(s). Check, and if necessary, adjust the occlusion.
3. Prior to the final cementation, seat the crowns with temporary cement. Both sections must be seated before the cement sets.
4. After approximately two weeks, recall the patient for a final cementation.
5. Record the attachment name and order number in the patient’s file.
Parts-refer to page 74

**SCORE-UP or Pin Des Marets (PDM) Attachments using U-Pins**

**Preliminary and Initial Attachment Procedures**

*Phase 1:* Always refer to the Preliminary and Initial Attachments Procedures, page 8. Only this will guarantee a successful restoration.

*Phase 2: TECHNICAL*

1. Pour the impression, pin the dies, mount the casts, and articulate the models.
2. Wax the restoration to full contour. Use the TSU as a guide to insure that the crowns are not over contoured.
3. Survey the model for the most favorable path of insertion.
4. With the mandrel, wax the back plate area of the SCORE-UP female to crown (A). Insert the waxing pins into the female and let them extrude through the buccal / labial area. Complete the wax pattern buccally and lingually to contour. Carefully twist the two waxing pins and remove them from the wax-up (B). Countersink the holes using a round bur (C). Use the reamer to clean out the holes. (D)

**Investing the SCORE-UP:**

Hold sprued pattern horizontally without ring. Allow investment to fill holes. Return upright and place ring. Complete investment.

5. Invest, cast, and finish the crowns and/or bridge(s). Be careful not to sandblast attachments as this may cause damage.

6. Place the plastic male SCORE-UP element into the cast female, lock it with the waxing pin or the U-Pin and finish waxing the restoration.

7. Invest, cast, and finish the remaining units. Cut a small horizontal groove between the U-Pin holes so the dentist has easy access for removal of the U-Pin. The U-Pin may be removed with an explorer type instrument (E). Return the bridge or implant restoration to the dentist. Carefully close buccal holes with opaque. (F)

*Phase 3: CLINICAL*

1. Review and check the final restoration.
2. Before seating the abutments, check the function of the attachment.
3. Try in the abutment(s), place some dental floss around the U-Pin prior to insertion. The U-Pin may need some slight adjustments. Spread U-Pin very slightly. This will help prevent the U-Pin from falling out.
4. Check and if necessary adjust the occlusion.
5. Prior to the final cementation, seat the crowns with temporary cement.
6. After approximately two weeks, recall the patient for final cementation.
7. Record the SCORE-UP order number in the patient’s file.

**Treatment Planning Option**

1. If posterior abutments are questionable, a conversion attachment may be made in advance to allow the SCORE-UP to be converted to a resilient attachment such as the plastic Dalbo, SwissMini, ASC 52 or Swiss Anchor / Ceka. The attachment may be luted to the back of a SCORE-UP male. The extension of the SCORE-UP male is first cut off, then luted to the attachment (G). Cast and finish. Verify that the assembly also fits the female. This assembly (H) should be placed into the patient file for future treatments.

**Note:** The unmatched versatility of the SCORE attachment system allows long term treatment plans to include the conversion of a segmented bridge with or without the U-Pin to a SCORE precision partial. Refer to the SCORE-PD procedures for details.