Impressions may be made directly to the implant, (UCLA technique), or indirectly to the tissue extension (abutment). See previous pages for Direct vs Indirect mode of fixation.

The Direct Impression Technique for hexed implants, technique #1, may be made with a two piece hexed impression coping to transfer the hex orientation or a one piece, flat sided impression coping that will transfer the thread timing.

For single tooth replacement and screw retained telescopic abutments, the hexed impression copings must be used.

I. Impression Direct to Hexed Implants

1. After the healing period, remove healing cap and attach impression coping onto the implant (A & B). The internal hex of the impression coping must interface with the external hex on the implant to relate the hex orientation.

2. It may be necessary to incorporate an access hole into the tray so that the coping can be disengaged before the tray is removed. Inject impression material around coping and fill the impression tray; take impression (C). After material has set, disengage the guide pin. When using a closed impression tray, seal the hex hole of the guide pin with wax before taking the impression. Remove tray and attach an implant analog to the coping. Fabricate soft tissue model and attach hexed UCLA abutment. (D)

II. Impression Direct to Non-Hexed Implants

1. A healing period of two to three weeks should follow the secondary surgery before impressions are made.

2. Attach non-hex impression coping(s). Try in impression tray to verify that adequate space is provided for the impression coping(s). Inject impression material around copings, fill tray heavily, and insert. Remove tray and unscrew impression copings. Attach implant analogs to impression copings and reinsert them into their original position in the impression. If a direct abutment is to be used as an impression post, it must have a flat side to transfer the thread orientation. Fabricate soft tissue model.

III. Impression to Abutment (Tissue Extension)

1. A healing period of two to three weeks should follow the secondary surgery before impressions are made.

2. Check the Tissue Extensions to make sure they are tight and attach tapered or square impression coping(s). Try in impression tray to verify that adequate space is provided for the impression coping(s). If square impression coping(s) are used, the impression tray must have a window (also referred to as open tray) for access to the copings’ internal guide pin. Inject impression material around copings, fill tray heavily, and insert. Guide pins of square copings must be disengaged before tray is removed. Attach abutment analogs to impression copings and pour model in die stone.