Diameter Implants and is a clinical instructor at the cofounder of the American Academy of Small Academy of Implant Dentistry Maxi Course. He is Carolina at Chapel Hill School of Dentistry and

Figure 26: final cementation and full-arch fixed bridges were fabricated for impressions were then delivered to the lab team, 3-D slice view showed that the implants were taken; it demonstrated parallel placement in the sites accepted a two-piece 3.25 x 12 mm in the using the Aseptico surgical motor. With the surgical sites the minimal amount of trauma to the implant anesthetic was administered. The surgical guides daily medication regimen. Infiltration with local her appointed day with no changes made to her diabetes controlled with medication. The patient also had anticoagulant medication. The patient also had use of Plavix (Materialise NV; Plymouth, Mich.) were made for the patient and the final decision was made and SDIs were prescribed to support the full-arch guide. Upon completion of the CT scan, it was treatment planning and fabrication of a surgical space with a high-speed handpiece (KaVo corporation; Orange, Calif.) was taken using the initial osteotomy bone. Compression and fixation of the implant in Type II decision to use this brand was due to the I-Mini's (Anatomage; San Jose, Calif.) were ordered for a less obtrusive denture and a variety of structures were violated was taken to ensure that all of the SDIs were verified passive denture could be obtained. Once the relief areas would allowed to set, showing where relief areas would Indian Land, S.C.) material was placed and over the SDIs, Fit Test (VOCO America, Inc.; Woodinville, Wash.) with copious irrigation used to create the osteotomies through the and fit attachment (Zest Anchors LLC; Escondido, Calif.). bone, six SDIs would be placed in the maxilla with convergent roots can also preclude the use of a potential for bone and soft-tissue loss. The low profile of the attachment would allow with how much residual alveolar ridge remains to manage a highly resorbed ridge, significant with a history of diabetes. She had progressively with a chief Figure 20: fabrication of a monolithic zirconia crown light- and heavy-body materials. The case was 5, 6) for single-unit fixed restorations should be Restorations for 15 years. The clinical exam revealed the to reach the desired surface area to prevent functional load on any one SDI and increases the minimize any micro-movement. In function, the bone. (Figs. 3, 4) — A 54- — A 30 Ncm on all of the implants, and a was taken (i-CAT) be moderately atrophic dentures due to poor retention and difficulty with Figure 6: Maxillary surgical guide seated. Figure 7: Pre-op mandibular ridge. Figure 8: Maxillary surgical guide. Figure 9: Chairside Magazine: New Customer