INSTRUCTIONS FOR USE
PROSTHETIC COMPONENTS

www.anteea.com

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prodotto da Anteea Srl
Viale Europa 126 O/P - 55012 loc. Lammari (Lu) Italy
Phone +39 0583 308371
www.anteea.com - info@anteea.com

The following instructions for use concern the Anteea® prosthetic components. Read carefully before use. The paragraphs in which the product is not mentioned are to be considered valid for all types of Anteea prosthetics listed below, unless otherwise specified.

1.1 INTENDED USE

The Anteea prosthetic structures have been designed to be used for the prosthetics of implants, while the laboratory accessories are suitable for taking dental impressions and reconstructing in the laboratory the model that represents the area of the mouth involved in the prosthetic implant restoration. These devices can be coupled, unless otherwise stated, only with the Anteea devices, detailed in the catalog and on the company website www.anteea.com.
The combination with different devices could cause a failure of the clinical case.

1.2 WARNINGS AND RISKS IN USE OF THE MEDICAL DEVICE

The use of these medical devices is reserved exclusively for trained personnel with the necessary training and who have read this instruction leaflet. Improper or incorrect use of the devices may cause damage to the components or injury to the patient. Before any surgery, a thorough anamnesis of the patient must be performed (clinical and radiographic analysis are necessary). Do not use if the packaging is damaged. Before use on a patient, the device must be cleaned and sterilized following the instructions in the section “INDICATIONS FOR USE”. Anteea devices have not been evaluated for safety and compatibility in magnetic resonance imaging (MRI) environments. They have not been tested for heating, migration or the possibility of creating artifacts in the MRI image in magnetic resonance imaging (MRI) environments. The safety of the devices in magnetic resonance imaging (MRI) environments is unknown. MRI scanning in a patient who has these devices may cause injury to the patient.
Regarding the Locator® Implant Attachment System, it is not appropriate where a completely rigid connection is required. The use of a single implant is not recommended where there is a divergence of more than 20 degrees from the vertical.

1.3 PATIENT INFORMATION

The patient must be informed by the doctor about all aspects of the procedure. The patient must also be instructed to maintain proper oral hygiene and to carry out check-ups if unexpected situations arise relating to the procedure and the inserted device. Furthermore, the patient must be instructed, when appropriate, to avoid mechanical loads on the implant area during the post-operative period.
With regard to Locator® attachments, patients must be informed of the following:
- Locator®attachments must be cleaned daily to prevent the
formation of plaque, using a soft-bristled nylon brush or a “tufted” brush, a non-abrasive toothpaste to clean the abutments and caps, and interdental floss to polish the abutments.
- Granular particles in abrasive toothpastes can scratch the surfaces of the dentures and cause plaque accumulation.
- Abundant irrigation is recommended to flush debris from inside the Locator® inserts.
- The caps/retainers are made of a soft plastic material (nylon) to allow for denture removal.
- The caps/retainers are subject to wear in normal use and therefore require periodic replacement.

1.4 CONTRAINDICATIONS AND RISKS

The device must not be used in the following cases:
- in a non-osseous site
- in a necrotic or infected site
- in the case of degenerative bone disease
- proven or suspected allergy to titanium or alloys
Implantology and bone regeneration procedures are not recommended in the following cases:
- poor bone quality
- suspected infection of the site
- inadequate oral hygiene
- poor cooperation by the patient
- heavy smoking
- general pathological conditions (AIDS, cancer, diabetes, osteoporosis, etc.). In the case of treatment with medicines that act on phospho-calcium metabolism, the use of the device must be carefully evaluated. Assess the possible danger of galvanic reactions due to the presence of different types of alloys in the oral cavity. In the intraoral use of the devices, it is essential to ensure protection against the risks of aspiration and/or swallowing of the components.

1.5 DIRECTIONS FOR USE

The prosthetic components and laboratory accessories are supplied in NON-STERILE packaging, therefore, before use, they must be properly cleaned and sterilized. The cleaning and sterilization processes are necessary to safeguard the health of patients and all the people who work in the practice.

Cleaning

Cleaning can be done manually with hot water and a specific non-aggressive detergent, using plastic or nylon brushes (never steel wool or metal brushes). When using the chosen detergent, follow the manufacturer's specific recommendations for use. Ultrasonic devices can also be used for cleaning. It is recommended to check each individual device after the washing cycle to verify that any residues have been completely removed. Do not leave the pieces wet after rinsing to avoid the formation of oxidation traces.

Sterilization

The recommended sterilization method depends on the type of device. The different methods are listed below.

Sterilization of plastic devices

Do not autoclave plastic devices or expose them to heat sources to avoid deformation or loss of elasticity. Caps or components made of plastic or nylon (such as Locator® caps) must be sterilized/disinfected using a liquid chemical sterilizer compatible with the material they are made of. To ensure that these products are sterilized/disinfected (all microorganisms including Clostridium sporogenes and Bacillus subtilis are eliminated), they must be soaked for a minimum of 3 hours in the liquid sterilizer at room temperature.
The plastic cap of the “Transfer-stump” device is supplied non-sterile. DO NOT sterilize the plastic cap or expose it to heat sources above 80 °C (approximately 176 °F), to avoid deformation or loss of elasticity. The plastic cap must be disinfected before use with common disinfectants for plastic products (follow the manufacturer's instructions).

Autoclave sterilization of metal devices

As a sterilization method, autoclave/steam sterilization is recommended: the standard recommended time* is 20 minutes at a temperature of 121 °C (approximately 250 °F) and a pressure of 1.1 bar. Failure to follow these instructions may result in cross-infection and failure of the procedure.
*Times and temperatures may vary depending on the nature and load of your device. Always follow the instructions provided by the manufacturer of the device. It is recommended to take care to bag the different types of components separately. The sterilized bags must be stored in a dry place, protected from dust and not exposed to direct heat sources or sunlight. Once the maximum storage time has passed (from 30 to 60 days depending on the type of bag used) it is necessary to re-sterilize the devices.

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Even after use, having to dispose of the devices by conventional means, it is necessary to clean and sterilize them.
Anteea prosthetics and laboratory accessories are designed as SINGLE-USE.
In fact, in reuse there is the risk that potential mechanical damage, due to previous uses, could compromise their insertion and use.
Single-use means that each individual device must be used exclusively for a single patient and only in the context of the surgical procedure for which it was designed. It may be necessary to try the device in the mouth before actual use. This practice is legal and does not alter the concept of single-use, provided that the same device is always used only for the same patient and in the context of the same surgical procedure and in the same created site. In the event of reuse of the medical device by the doctor, this must be considered an off-label use and in such cases Anteea declines all liability.
To fix the prosthetics and accessories, it is necessary to respect the torques/couples indicated below. For further details, please refer to the catalogue or the company website www.anteea.com

SCREWING
The screwing of the prosthetic part and laboratory accessories must be carried out with the aid of the appropriate screwdrivers.
Torques higher than those recommended may cause the secondary component and/or the implant to break.
Torques lower than the recommended values may cause the secondary component to loosen, with consequent possible breakage of the same and/or the implant.
It is strongly recommended to always x the definitive prosthesis to the implant using a new screw, to avoid damage to the implant/prosthetic connection, which may occur, for example, by using screws already used in the laboratory.
*(see table attached to these Instructions for Use)

1.6 RETURNS
Anteea does not accept returned goods if the packaging is open, the seals are broken or if they do not comply with the company's sales specifications.

1.7 STORAGE PRECAUTIONS
Store in a dry, clean and dust-free place. Do not expose to direct heat sources or sunlight.

1.8 GENERIC SURGICAL PROCEDURE
Preliminary checks:
- Check that the packaging is intact and undamaged.
- Proceed with cleaning and sterilization as indicated in the paragraph

"INDICATIONS FOR USE".
- Check that the device has been properly cleaned and sterilized before use on the patient.
- Check that everything that may come into contact with the device during the clinical procedure is also clean and sterile.

Surgical indications
The procedural advice to follow and the complete list of all Anteea codes are shown in the catalog, in the brochures and on the website www.anteea.com
The device must be used in a surgically suitable environment and manipulation during the operation must be carried out using gloves or appropriate sterile instruments. A speci c treatment plan must be studied based on the patient's health status and the operation to be performed. For the success of the procedure, the management of soft tissues is a critical factor. It is necessary to study the most appropriate intervention and tissue preservation technique for the patient's needs and clinical picture. The use of protective glasses is recommended.
The screwing of the prosthetic part and laboratory accessories must be performed with the aid of the appropriate screwdrivers. The torque exerted must not exceed the maximum torque declared by Anteea.
It is recommended to always ensure that the screwdriver and device are correctly connected, to avoid making lever movements and therefore increasing the risk of fracture.

1.9 POST-OPERATIVE CARE
The patient must be instructed on the need for regular oral hygiene. During the post-operative period, mechanical loads must be avoided in the area of the operation.
It is important that the patient undergoes periodic checks that include specific tests such as radiological evaluation.

1.10 DISPOSAL
After removal of the medical device, if required, dispose of it, always referring to local laws regarding the disposal of special medical waste at risk of contamination. Anteea recommends always cleaning and sterilizing the device before disposing of it.

1.11 TRACEABILITY
All Anteea medical devices are identified by the product code, batch number, UDI (Unique Device Identify) code to ensure product traceability.

For devices intended to remain in the patient's mouth for a long time, in addition to the external label, an internal label with detachable parts containing traceability information can be found in the package. These labels must be applied by the doctor, one on the patient's medical record and one on the "Implant Passport", which is recommended to always be given to the patient.

1.12 LIMITATION OF LIABILITY
Anteea® products are designed to be used according to the instructions described above. No part of the Anteea® product must be replaced with a part from a manufacturer other than Anteea, not even if it were visually and dimensionally comparable to the original product. The use of products from other manufacturers together with Anteea products could lead to adverse reactions that cannot be assessed and/or foreseen, putting the patient, the user or a third party at risk.
The non-recommended use of non-original products or products not foreseen in the design phase in combination with Anteea® products will void any warranty and any other obligation, expressed or implied, of Anteea® .
The doctor, user of Anteea® brand products has the duty to determine whether or not a product is suitable for the specific patient and the particular circumstances.
Anteea declines any responsibility, expressed or implied, for direct, indirect, punitive or other damages arising from or connected to any errors of judgment or professional practice made in the use of the products themselves.
The user is also obliged to keep himself regularly updated on the latest developments relating to Anteea products and their applications. In case of doubt, the user must contact Anteea®.
Since the use of the product is under the supervision of the requesting physician, the latter assumes full responsibility for it.
Anteea® declines any responsibility for any resulting damages.

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CLASS IIB

PROSTHETIC COMPONENTS FOR CEMENTED / SCREWED TECHNIQUE

Temporary Abutment - Grade 5 Titanium
The temporary abutment is a component used for prosthetic restorations prepared by the dentist in the chair, its use serves as a support for screwed temporary restorations whether they are crowns, bridges or prostheses.

Straight Abutment - Grade 5 Titanium
Available in different heights and diameters. The particularity of this abutment that makes it "aesthetic" is the collar that reproduces the gingival profile, reducing preparation times and the risk of exposure of the titanium following tissue reabsorption. Suitable for restorations in the anterior and posterior group and indicated for single and multiple reconstructions.

Millable Abutment - Grade 5 Titanium
This device is the ideal solution for those who want to create a customized abutment by milling it from the solid. It is the solution to disparallelisms between multiple implants when the angle between the axis of the implant and the abutment cannot be resolved with preformed abutments. It offers the advantage of a fine aesthetic result and the customized milling allows for more precise positioning and finer orientation.

Angled Abutment - Grade 5 Titanium
This abutment with its “inclined” design is indicated to correct disparallelisms. Its angulation from 17° up to 55° makes it particularly suitable for restorations in the anterior and posterior group and for single and multiple reconstructions.

T-Base Abutment Dual System - Grade 5 Titanium
The T-Base DualSistem were created to provide those working in the implant sector (Dentist - Dental Technician - Milling Centers) with a complete system for creating dental prostheses on implants, with a CAD modeling technique for bonding interfaces, or manually with the lost-wax casting technique. The product is usually sold with a screw and a castable, which allows you to always have the programmed thicknesses for bonding both from a file generated by scanning the converter, and with the lost-wax casting technique. The Dual System allows you to create restorations in Titanium, Zirconia, Laser-Melting (SLM), pressed ceramics and all new-generation ceramic materials. The system offers a convenient alternative for crowns and bridges in alloys based on noble metals, without sacrificing the standard of precision of the connection and the compatibility of the implant house chosen by the customer. This abutment offers numerous advantages, including simple and effective modeling thanks to the castable pillar, the possibility of customizing the emergence profile. High standards of precision and compatibility during the connection phase. There are undeniable time savings during the individual modeling phase, the procedures in the preparation of the pre-packaged abdument, virtual construction and precision milling with a cad-cam system. There is also the possibility of direct and personalized control in your own laboratory, of the shape and height of the abutment with consequent quality. Furthermore, a lower cost of alloy for casting must be considered.

Cap Screw - Grade 5 Titanium
In implantology, the cap screw is a component that is screwed onto the dental implant after it has been inserted into the bone. Its main function is twofold: To guide the healing of the gum tissues. The cap screw serves to protect the implant: it covers the top of the implant, preventing debris, bacteria or food from entering the implant site and causing infection during the healing process. The cap screw is placed At the same time as the implant (one-stage procedure)

Healing Screw - Grade 5 Titanium
The healing screw is a fundamental component that is screwed onto the dental implant after it has been inserted into the bone. Its main function is twofold: to guide the healing of the gum tissues. The healing screw protrudes from the gum and serves to shape the soft tissue (gum) around the implant, so that it heals with an appropriate and natural shape, preparing the space for the insertion of the future dental crown. This is crucial for optimal aesthetic and functional results. Protect the implant: Covers the top of the implant, preventing debris, bacteria or food from entering the implant site and causing infection during the healing process.
There are two main scenarios for placing the healing abutment: At the same time as the implant (one-stage procedure): In some cases, the dentist places the healing abutment in the same session as the implant in the bone. The abutment remains visible through the gum. After a period of osseointegration (two-stage procedure): In other cases, the implant is placed and completely covered by the gum to allow for complete integration with the bone (osseointegration). Only later, with a small procedure, is the gum reopened to expose the implant and screw in the healing abutment.
The healing abutment remains in place until the surrounding tissues have completely healed and taken on the desired shape. This period can vary from a few weeks to several months, depending on the patient and the area of the mouth involved.
Once the tissues have healed, the healing screw is removed and replaced with the definitive abutment, which is the connection onto which the dental crown (the visible artificial tooth) will then be cemented or screwed.
In short, the healing screw is a temporary but essential element in the dental implantology process, which ensures proper healing and prepares the site for the final prosthesis, contributing to the long-term success of the implant.

Primary Screw - Grade 5 Titanium
A specific screw that has the task of fixing the definitive dental prosthesis (the crown, the bridge or the complete denture) to the dental implant. It can be screwed directly to the implant through an occlusal hole (that is, a hole in the chewing surface of the crown).
The main function of the prosthetic screw is to ensure the stability and retention of the prosthesis on the implant. Without it, the crown or bridge would not be fixed. The prosthetic screw is usually made of titanium or titanium alloys, to ensure biocompatibility and resistance. There are different shapes and sizes of prosthetic screws, depending on the implant system used (each implant manufacturing company has its own specific designs and compatible screws). They can have hex heads, torx, or other types of screwdriver coupling. Tightening torque: A crucial aspect is the tightening torque (torque) with which the prosthetic screw is screwed. Too weak a tightening could lead to the screw unscrewing over time, while too strong a tightening could damage the implant or the screw itself. For this reason, specific torque wrenches are used that allow the correct force to be applied, indicated by the manufacturer.

T-Base Abutment Comby Chrome - Cobalt Chrome
The T-Base Comby Chrome were created to give those who work in the implant sector (Dentist - Dental Technician - Milling Centers) a complete system for creating dental prostheses on implants, with a CAD modeling technique for bonding interfaces, or manually with the lost-wax casting technique. The product is usually sold with a screw and a castable, which allows you to always have the programmed thicknesses for bonding both from the file generated by scanning the converter, and with the lost-wax casting technique. The Dual System allows you to create restorations in Titanium, Zirconia, Laser-Melting (SLM), pressed ceramics and all new-generation ceramic materials. The system offers a convenient alternative for crowns and bridges in noble metal alloys, without sacrificing the standard of precision of the connection and the compatibility of the implant house chosen by the customer. There are numerous advantages that this abutment offers including simple and effective modeling thanks to the castable abutment, the possibility of customizing the emergence profile. High standards of precision and compatibility in the connection phase. There are undeniable time savings in the individual modeling phase, the procedures in the preparation of the pre-packaged abdutment, virtual construction and precision milling with a cad-cam system.
There is also the possibility of direct and personalized control in your laboratory, of the shape and height of the abutment with consequent quality. Furthermore, a lower cost of alloy for casting must be considered.

Base For Press - Grade 5 Titanium
The Bases for Press are hybrid abutments, whose Peek superstructure adheres perfectly to a titanium base without creating micro-gaps. These bases combine the properties of a temporary abutment with those of a permanent abutment, so that it is no longer necessary to replace the abutment. This prevents repeated trauma to the soft tissue and reduces treatment time and costs.

Connektor Abutment - Grade 5 Titanium
The Connektor Abutment system is designed for use with overdentures or partial dentures, retained in whole or in part by endosseous implants in the mandible or maxilla. Connektor components are not suitable where a completely rigid connection is required. Likewise, their use on a single implant with an inclination greater than 20 degrees is not recommended.

Ball Abutment - Grade 5 Titanium
An efficient solution for overdentures, it allows a divergence from the implant angle of up to 30 degrees and provides a secure attachment of overdentures. It offers extreme prosthetic flexibility for full-arch prostheses, available in different heights depending on the variable height of the tissues.

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Ot Equator Abutment - Grade 5 Titanium
The OT Equator abutment is a very versatile and innovative prosthetic component and is a specific type of abutment, i.e. the connection that is screwed onto the dental implant and on which the prosthesis is fixed.
It stands out for its extremely reduced profile and its small dimensions, which make it particularly suitable in situations where space is limited or where high aesthetics are required.
It can be used for different types of prostheses, both removable (overdentures) and fixed (with the OT Bridge system). This multifunctionality simplifies management in the practice and in the laboratory. Compensation of disparallelism: One of its most appreciated features is the ability to correct significant divergences between implants. Thanks to the design of its hemisphere and the use of special "Smartbox" containers, the OT Equator system can compensate for disparallelisms of up to 50° between implants. This is essential when the implants are not perfectly parallel, a common occurrence in implant surgery. Adjustable retention: The OT Equator system uses retentive caps (females) available in different colors, each corresponding to a different degree of retention (from extra-soft to strong). This allows the clinician to customize the anchoring strength of the prosthesis based on the patient's needs and the desired stability.

COMPONENTS M.U.A. – Multi Unit Abutment

Abutment M.U.A. Multi Unit Abutment Straight and Angled
Made of Grade 5 Titanium The Anteea Multi Unit Abument is specifically designed for the rehabilitation of partially or totally edentulous arches, that is, where many or all teeth are missing. It is a fundamental component for the All-on-4 treatment concept. This protocol involves the insertion of only four implants (often tilted) to support an entire fixed dental arch, and the MUAs are essential to straighten the prosthetic emergency.
Two versions are available:
Straight: For when the desired prosthetic emergency is aligned with the implant.
Angled (17°, 30° and 45°): These angles are crucial to correct the disparallelism of the implants, especially the tilted ones inserted to make the most of the residual bone availability (typical of the All-on-4®). Collar in different heights: The "collar" (or gingival height) of the MUA can be of different sizes to adapt to the thickness of the patient's gingiva, ensuring excellent aesthetic and biological integration. Support for positioning: The presence of a "support" or carrier simplifies and makes more precise the insertion and orientation of the abutment on the implant during the procedure. In summary, the Anteea Multi-Unit Abutment is an advanced engineering solution that allows to overcome the challenges related to the angulation of the implants and the creation of complex fixed prostheses, offering great stability and functionality to the patients.

M.U.A. Cover Screw - Grade 5 Titanium
is a specific and very important component in complex implant prosthetic rehabilitations, such as those with the "All-on-X" approach (All-on-4, All-on-6, etc.) or extended bridges on implants. Once the Multi-Unit Abutment has been screwed onto the implant, it is necessary to protect its internal channel and the surrounding tissues during the healing phase or while waiting for the subsequent prosthetic phases. This is where the Multi-Unit Abutment cover screw comes in. Its function is similar to that of a "traditional" cover screw that protects the implant itself, but in this case, it protects the inside of the Multi-Unit Abutment, sealing the screw channel preventing food, plaque, bacteria or debris from entering the MUA, maintaining a clean environment and reducing the risk of infection and protecting the prosthetic interface. Its function is also to facilitate the healing of soft tissues.

M.U.A. Welding Abutment - Grade 5 Titanium
This component is used in prosthetic implantology when working with Multi-Unit Abutments (MUA) and you want to create a prosthetic structure welded (or brazed) directly onto these abutments. In practice, it is not an "abutment" in the traditional sense of an intermediate abutment, but rather a cylinder or connection component that screws onto the head of the Multi-Unit Abutment. Its purpose is to provide a rigid and precise base on which to weld (or more commonly, braze) a metal framework (a metal substructure) that will form the basis of the definitive prosthesis.

M.U.A. Morse Cone Abutment - Grade 5 Titanium
The Morse Cone connection (often also called "conical connection" or "cold welding") is a type of connection between the dental implant and the abutment characterized by a conical shape (truncated cone) that fits into the implant. These components have characteristics and advantages including: stability and bacterial seal. Furthermore, the conical shape, thanks to the friction and precision of coupling, creates an extremely stable and hermetically sealed bond. This significantly reduces bacterial penetration inside the implant, decreasing the risk of infections (peri-implantitis) and odors. Furthermore, the load distribution with the Morse Cone connection better distributes the masticatory loads along the axis of the implant, reducing stress on the screw-implant complex and the surrounding bone. Unlike other connections, the Morse Cone connection minimizes micro-mobility between the implant and abutment, preventing wear and potential unscrewing of the prosthetic screws over time. Furthermore, on an aesthetic level, the use of this component allows for a deeper positioning of the connection, which can be advantageous for aesthetics, especially in the anterior areas.

Morse Cone Abutment Welding M.U.A. - Grade 5 Titanium
Same characteristics as the Morse Cone Abutment but with the possibility of carrying out welding operations. Once the MUAs (which protrude from the gum) have been positioned and tightened, a specific cylinder is screwed onto each of them, designed to be welded. These designed cylinders have an internal part that mates with the screw interface of the MUA, and a smooth or slightly conical external part suitable for welding. The dental laboratory will use these cylinders screwed onto the master model will be used for the construction of the prosthetic structure: to build a bar or a metal armature that will join all the MUAs. This artifact will then be welded or brazed to the cylinders, ensuring extremely high passivity of the entire structure.

M.U.A. Connector Abutment - Grade 5 Titanium
Same characteristics as the traditional Connector Abutment but with the possibility of inserting it onto M.U.A.

Sphere Abutment M.U.A. - Grade 5 Titanium
Same characteristics as the traditional Sphere Abutment but with the possibility of inserting it on M.U.A.

T-Base Dual System Abutment M.U.A. - Grade 5 Titanium
Same characteristics as the traditional T-Base Dual System Abutment but with the possibility of inserting it on M.U.A.

T-Base Comby Chrome Abutment M.U.A. - Cobalt Chrome
Same characteristics as the traditional T-Base Comby Chrome Abutment but with the possibility of inserting it on M.U.A.

360° Comby Chrome M.U.A. Abutment - Cobalt Chrome
This type of abutment can be oriented in any direction 360 degrees with respect to the implant, before being tightened permanently. It is not constrained to predefined positions (such as internal or external hexagons that offer only a limited number of positions). Maximum prosthetic flexibility: Allows the clinician to orient the abutment optimally for the subsequent construction of the prosthesis, especially in aesthetic areas or in cases with complex implant angles. The most favorable emergence for the crown can be chosen. Improved aesthetics: Allows for obtaining an emergence profile of the crown that adapts perfectly to the shape of the gingiva, improving the aesthetic result. Furthermore, these devices eliminate the need to orient the implant during surgery to align the internal/external hexagon or octagon with the desired prosthetic axis, since the abutment can be freely rotated.

360° Comby Chrome M.U.A. Abutment - Grade 5 Titanium
This type of abutment can be oriented in any direction within 360 degrees of the implant, before being tightened permanently. It is not constrained to predefined positions (such as internal or external hexes that offer only a limited number of positions). Maximum prosthetic flexibility: Allows the clinician to orient the abutment optimally for the subsequent construction of the prosthesis, especially in aesthetic areas or in cases with complex implant angulations. The most favorable emergence for the crown can be chosen. Improved aesthetics: Allows for a crown emergence profile that perfectly adapts to the shape of the gingiva, improving the aesthetic result. Furthermore, these devices eliminate the need to orient the implant during surgery to align the internal/external hex or octagon with the desired prosthetic axis, since the abutment can be freely rotated.

Temporary Abutment M.U.A. - Grade 5 Titanium
Same features as the 360° Comby Chrome abutment but made of Grade 5 Titanium but with the possibility of inserting it on M.U.A.

M.U.A. Welding Abutment - Grade 5 Titanium

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CLASS I

PROSTHETIC COMPONENTS FOR CEMENTED / SCREWED TECHNIQUE

Analog - Steel
Made of steel, it is a metal component that faithfully reproduces the upper part of the dental implant or a specific abutment. Its function is crucial for the dental laboratory during the construction of the dental prosthesis.
Recreate the Clinical Situation: Once the dentist has taken an impression of the patient's mouth (with the help of a transfer or impression cap), this impression is sent to the laboratory. The transfer, which has been screwed onto the implant in the mouth, is then removed and screwed onto the analog. Build the Working Model: The analog with the transfer is placed inside the impression. Subsequently, the impression is poured with special plaster (or resins) to create a precise working model. In this model, the analog will be embedded in plaster and will exactly represent the position, orientation and interface of the implant (or abutment) present in the patient's mouth. Making the Prosthesis: On the working model, which reproduces the intraoral situation, the dental technician can screw or position the definitive prosthetic abutments and superstructures (crowns, bridges, complete dentures), ensuring that they adapt perfectly to the analogue and, consequently, to the actual implant in the patient's mouth.

A.D.M. Analog - Digital Model Analog - Steel
These components are designed to fit into 3D printed models of the patient's jaw. They precisely replicate the position and orientation of the actual dental implant in the patient's mouth on the physical model. After an intraoral scan of the implant site (usually with a "scanbody" placed over the implant), a 3D printable model of the patient's jaw is created.
Implant Position Replication: The digital analog is then inserted into this 3D printed model, mimicking the exact position, angle, and depth of the implant in the patient's mouth. This allows dental laboratories to fabricate the final prosthetic restoration (e.g., a crown or bridge) on a physical model that accurately represents the patient's oral anatomy and implant position.
Precision and Stability: Anteea® digital analogs are designed with specific geometries to ensure precise and stable fixation within the 3D printed model, minimizing errors during the prosthetic manufacturing process.
Bridge between Digital and Physical: They act as a crucial link, translating digital planning data into a tangible physical model for laboratory procedures, especially when some steps still require manipulation or physical verification.
The benefits of Digital Analogs and digital workflow are many: digital planning and guided surgery lead to more accurate implant placement, reducing the risk of complications and improving long-term success. There is also improved patient comfort: it eliminates the need for traditional impressions, which can be uncomfortable.
Efficiency and Reduced Time: Streamlined workflows can reduce the number of appointments and overall treatment time.
Improved Communication: Digital records facilitate better communication between dentists, specialists and dental laboratories.
Predictable Results: The ability to virtually plan and simulate the entire procedure leads to more predictable and consistent results.

Transfer Open / Closed Tray - Grade 5 Titanium
Made of grade 5 Titanium, the transfer is a crucial device that allows the dentist to detect with extreme precision the three-dimensional position, angle and orientation of one or more dental implants inside the patient's mouth. This information is then "transferred" to the dental laboratory for the creation of the working model and, subsequently, the definitive prosthesis.
Its main functions are: Record the position: The transfer is screwed onto the implant (or onto an intermediate abutment, such as a Multi-Unit Abutment) and serves as a reference for the impression material. Transfer the information to the laboratory: Once the impression is taken with the transfer in position, the latter "encapsulates" the spatial information of the implant. When the impression arrives at the laboratory, the dental technician can screw an analog (the exact replica of the implant) onto the transfer, and pour the plaster to create a working model faithful to the patient's mouth.

Transfer Screw - Grade 5 Titanium
Screw made of grade 5 Titanium deviated from the transfer

Castable Abutment - Polymethylmethacrylate PMMA
is a temporary prosthetic component, which is used as a base for the personalized modeling of the definitive abutment or a prosthetic structure. Its main purpose is to allow the dental technician to create a customized abutment (or framework) that perfectly adapts to the specific clinical situation of the patient.
After taking the impression and obtaining a plaster model (on which the implant analogue is present), the castable abutment is screwed onto the analogue. The dental technician models the castable abutment (for example, with wax) to give it the desired shape, angle and emergence profile. This allows the creation of an abutment that is perfectly adapted to the patient's gingival anatomy and the aesthetics of the tooth that will be restored.
Casting process (or pressure casting): Once shaped, the castable abutment is embedded in a refractory investment and placed in a furnace. During heating, the castable material (plastic or wax) burns completely and volatilizes without leaving residues, creating a void. Metal/ceramic casting: In the empty space left by the castable material, a definitive material (typically metal such as cobalt-chrome or precious alloys, or in some cases pressed ceramic) is melted and cast. This process is called lost-wax casting (or casting/pressure casting technique). The result is a perfectly customized metal (or ceramic) prosthetic abutment with the same shape as the original wax/plastic model. This abutment is then finished and delivered to the dentist to be screwed onto the implant in the patient's mouth and onto which the crown or bridge will then be fixed.

Scanbody - Polyetheretherketone PEEK
Made of plastic material, it is a fundamental component in digital implantology and in the CAD/CAM (Computer-Aided Design / Computer-Aided Manufacturing) workflow. In simple terms, the scanbody is the "digital reference" that allows a scanner (both intraoral and laboratory) to detect with extreme precision the three-dimensional position, orientation and angulation of a dental implant (or abutment) inside the patient's mouth or on a laboratory model.

Intraoral Scanbody - Titanium Grade 4
An intraoral scanbody is a fundamental component in digital implantology, specifically designed to be used with an intraoral scanner directly in the patient's mouth. It is the bridge that connects the physical position of the dental implant (or abutment) to its digital representation in a CAD software.
Traditionally, a physical impression was taken with pastes and materials that were then cast in plaster. With this intraoral scanbody, this process goes digital: the position of the implant is detected. The scanbody is screwed tightly onto the implant (or Multi-Unit Abutment) in the patient's mouth. Digital acquisition: The intraoral scanner is passed over the area, capturing a 3D image of the mouth, including the unique shape of the scanbody. Identification by software: The CAD/CAM software receives the scanned image. Thanks to digital implant libraries, the software "recognizes" the shape of the scanbody and knows exactly what type of implant or connection it represents, and where it is located in three-dimensional space. Virtual design: The dental technician can now virtually design the prosthesis (e.g. crown, bridge, custom abutment) with millimeter precision, based on the exact digital position of the implant.

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www.anteea.com - info@anteea.com

CLASS I

COMPONENTS M.U.A. - Multi Unit Abutment

Analog M.U.A. - Steel
Same features as the traditional analog but with the possibility of inserting it on M.U.A.

Analog A.D.M. Analog for digital models M.U.A. - Steel
Same features as the analog for traditional digital models but with the possibility of inserting it on M.U.A.

Analog Protection M.U.A. - Steel
Same features as the traditional analog but with the possibility of inserting it on M.U.A.

Transfer Open / Closed Tray M.U.A. - Grade 5 Titanium
Same features as the traditional transfer but with the possibility of inserting it on M.U.A.

Impression Cap Closed Tray M.U.A. - Polymethylmethacrylate PMMA
This is an impression component specifically for multi-unit abutments (M.U.A.) with the closed tray technique, in order to take an accurate impression for the subsequent fabrication of an implant-supported prosthesis. It is a component that is screwed onto the M.U.A. abutment to take an accurate impression of the position of the implant in the patient's mouth. This is essential to make a prosthesis (crown, bridge, etc.) that fits perfectly. In the Closed Tray technique, this impression cap remains inside the impression once removed from the mouth, and is then repositioned on the plaster model in the laboratory.

Transfer Screw M.U.A. - Grade 5 Titanium
Same features as the traditional transfer screw but with the possibility of inserting it on M.U.A.

Morse Cone Analogue M.U.A. - Grade 5 Titanium
Same characteristics as the traditional analogue but with conical angulation characteristics and the possibility of inserting it on M.U.A.

Impression Copy Morse Cone Abutment M.U.A. - PEEK Polyetheretherketone
is a specific type of impression transfer designed to be used with implants (or intermediate abutments) that have a Morse Cone connection. It is used to ensure that the intrinsic precision of the Morse Cone connection is maintained even in the prosthetic phase of impression taking.

Castable M.U.A. - PMMA Polymethylmethacrylate
Same characteristics as the traditional castable but with conical angulation characteristics and the possibility of inserting it on M.U.A.

Castable 360° M.U.A. - Polymethylmethacrylate PMMA
Designed by Anteea®, it is a prosthetic component that has these characteristics: it can be modeled by the dental technician and that burns completely without leaving residues during the lost-wax casting process. This allows for the creation of a perfectly customized final metal (or pressed ceramic) abutment. 360° (orientation). This abutment can be oriented and locked in any 360-degree rotational position on the implant. It is not constrained by a limited number of predefined positions (as is the case with traditional hexagonal or octagonal connections that only allow 6 or 8 positions). On this castable abutment, the dental technician models the desired shape of the definitive abutment (or prosthetic structure) with wax or resin. This model will then be used in the lost-wax casting process to create the final metal or ceramic abutment. The greatest advantage is the ability to choose the ideal orientation of the abutment to optimize aesthetics (especially in the anterior areas), functionality and the emergence profile of the future prosthesis. You can decide precisely where to make the crown emerge from the gum.

Scanbody M.U.A. - Polyetheretherketone PEEK
Same characteristics as the traditional scanbody but with conical angulation characteristics and but the possibility of inserting it on M.U.A.

Intraoral Scanbody M.U.A. - Titanium Grade 4
Same characteristics as the traditional intraoral scanbody but with conical angulation characteristics and but the possibility of inserting it on M.U.A.

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STEEL KLEINOX 4598

Appearance	Solid
Color	Metallic grey
PHYSICAL AND MECHANICAL PROPERTIES	
Odor	Odorless
Tensile strength	approx. 740-960 N/mm2 (depending on size)
Heat treatment	annealing: 1050°C with H2O cooling
Cutting speed	45 to 60 m/min depending on tools and type of workpiece
CHEMICAL COMPOSITION (%)	
Carbon (C)	Max 0,03%
Silicon (Si)	Max 1,00
Manganese (Mn)	Max 2,00
Phosphorus (P)	Max 0,045
Sulfur (S)	0,10-0,20
Chromium (Cr)	16,5-18,5
Nickel (Ni)	10-13
Molybdenum (Mo)	2,0-2,5
Copper (Cu)	1,3-1,8

Kleinox 4598-4404+S+Cu is a Cr-Ni-Mo alloy steel suitable for machining on automatic lathes, used especially where very high corrosion resistance is required. In particular, with the addition of sulfur and copper, high machinability characteristics are obtained.

TITANIUM GRADE 5

EN TiAl6V4
ASTM F136
ISO 5832-3

Appearance	Solid
Color	Metallic Gray

CHEMICAL COMPOSITION

Carbon (C) %	Iron (Fe) %	Oxygen (O) %	Nitrogen (N) %	Hydrogen (H) %	Alluminium (Al) %	Vanadium (V) %	Yttrium (Y) %	Titanium (Ti)%
Max	Max	Max	Max	Max	5,50	3,50	Max	balance
0,08	0,25	0,13	0,05	0,012	6,50	4,50	0,005	

PHYSICAL AND MECHANICAL PROPERTIES

Tensile strength	900-1200 N/mm2
Stretching	>= 10 %
Elastic modulus	105 Kn/mm2
T° Transition temperature	~ 980 °C
Cutting speed	da 40 a 70 m/min
Progress	0.08 - 0.15 mm/turning
Cutting angle	- 10° / + 12° It is advisable to use tools with a polished cutting edge
Cutting oils	Motorex Ortho NFX

TITANIUM GRADE 4

ASTM F67
ISO 5832-3

Appearance	Solid
Color	Metallic Gray

CHEMICAL COMPOSITION

Carbon (C) %	Iron (Fe) %	Oxygen (O) %	Nitrogen (N) %	Hydrogen (H) %	Titanium (Ti)%
Max	Max	Max	Max	Max	saldo
0,08	0,50	0,40	0,05	0,0125	

PHYSICAL AND MECHANICAL PROPERTIES

Tensile strength	800-900 N/mm2 depending on the size
Cutting speed	da 80 a 100 m/min
Progress	0.1 - 0.2 mm/turning
Cutting angle	- 10° / + 12° It is advisable to use tools with a polished cutting edge

COBALT CHROME

Appearance	Solid
Color	Metallic grey
PHYSICAL AND MECHANICAL PROPERTIES	
Odor	Odorless
Melting range	1.310-1.330°C
Pouring temperature	1.450°C
Density	8.8 g/cm3
Breaking strength (MPa)	700 MPa
Yield strength Rp 0.2%	580 MPa
Elasticity modulus	210 MPa
Percentage elongation A%	8%
Area reduction %	10%
Vickers hardness HV 30	300
ELEMENTAL COMPOSITION BY WEIGHT	
Chromium (Cr)	22%
Molybdenum (Mo)	6.5%
Tungsten (W)	6%
Cobalt (Co)	63%

Elements such as P,S,Cu,Al,V,Nb,etc. may also be present.
The concentration by weight of these elements is lower than the limits reported in the ordinary supplement to the G.U. 29/02/1992, General Series no. 50.
They are not classified as dangerous to health or are not subject to recognized exposure limits.

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PEEK - POLY-ETHER-ETHER-KETONE

Appearance	Solid
Color	Natural (Sand)
MECHANICAL PROPERTIES	
Tensile strength - break	97 N/mm2
Elongation at break	25%
Tensile modulus	3,600 N/mm2
Impact resistance	NR
Rokwell hardness	M105
Steel ball hardness	230 N/mm2
Tensile limit	-
Compression-load to determine 2% strain	57 N/mm2
Dynamic friction coefficient (with steel)	-
THERMAL PROPERTIES	
Melting point Met. A	340°C
Use temperature:	
- minimum	-60°C
- for a few hours	300°C
- 5,000 hours (50% tensile strength)	260°C
- 20,000 hours (50% tensile strength)	250°C
Meth. A distortion temperature ISO 75 Met. B	152°C
Coefficient of linear thermal expansion	4,7 1/K-105
Thermal conductivity Met. A	0,25 W/K-m
Specific heat	-

All the values indicated here have been tested at a temperature of +23°c and relative humidity of 50%. The data reported here are intended to be an aid in order to identify and use the most suitable type of material in the various applications. Since the conditions of use generally do not correspond to those of the test methods, these values must be considered only as an indication and not as a basis for calculation to obtain specific limits in the design phase; all the data in this table are provided in good faith, but without guarantee and do not imply liability on our part

PMMA - POLYMETHYL METHACRYLATE

Color	Transparent
THERMAL PROPERTIES	
Glass transition temperature (DIN 537665);	105°C
Distortion temperature (HTD method A - DIN 53461);	60°C
Distortion temperature (HTD method B - DIN 53461);	100°C
Maximum temperature for short-term use;	100°C
Maximum temperature for continuous use;	100°C
Thermal conductivity (23°C);	0,19 W/(mK)
Specific heat;	1,47 j/(gK)
Coefficients of linear thermal expansion at 23-55°C (DIN 53752).	7 x 10-5 1/K
PHYSICAL AND MECHANICAL PROPERTIES	
Density (DIN 53479);	1,18 g/cm3
Yield strength (ISO 527);	60 MPa
Ultimate tensile strength (ISO 527);	3-8 MPa
Tensile modulus (ISO 527);	3000 MPa
Penetration hardness (DIN 53456);	180
Impact strength at 23°C (Charpy, ISO 179);	18Kj/m2
Compressive strength;	110 MPa
MISCELLANEOUS	
Moisture absorption (23°C / 50% RH, ISO 62);	1%
Water absorption (ISO 62).	2%

POM - POLIOSSIMETILENE

Color	Matt white
THERMAL PROPERTIES	
Melting temperature (DIN 53736)	165°C
Glass transformation temperature (DIN 537665);	-60°C
Stability temperature (method A - ISO 75);	110°C
Stability temperature (method B - ISO 75);	160°C
Maximum temperature for short-term use;	140°C
Maximum temperature for continuous use;	100°C
Specific heat capacity;	1,5 j/(gK)
Thermal conductivity;	0,31 W/(mK)
Coefficients of linear thermal expansion.	10x10-5 1/K
PHYSICAL AND MECHANICAL PROPERTIES	
Density (DIN 53479);	1,18 g/cm3
Yield strength (ISO 527);	65 MPa
Elongation at break (ISO 527);	40%
Tensile modulus of elasticity (ISO 527);	3000 MPa
Ball penetration hardness (DIN 53456);	150
Impact strength at 23°C (Charpy, ISO 179);	Unbroken
Creep rupture strength (at 1000 hours static load.	40 MPa
MISCELLANEOUS	
Moisture absorption (23°C / 50% RH, ISO 62);	0,3%
Water absorption (ISO 62).	0,5%

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TIGHTENING DIAGRAMS*

For correct tightening of Anteea® screws, we recommend using our original drivers and dedicated torque wrench.
It is recommended to always respect the values contained in this reference table.
Anteea® is not responsible for any breakage of the screws, due to the use of non-compliant equipment.

***referring to the products in the Anteea® Catalogue**

THROUGH SCREWS FOR TIGHTENING IMPLANTS AND ABUTMENTS				
M 1.4	M 1.6	M 1.8	M 2.0	M 2.5
12 Ncm	25 Ncm	30 Ncm	35 Ncm	35 Ncm
A-Serie BH-Serie EV-Serie N-Serie	A-Serie B-Serie BX-Serie C-Serie CI-Serie CL-Serie D-Serie ETK-Serie EV-Serie FX-Serie GM-Serie MSC-Serie N-Serie OS-Serie S-Serie	AK-Serie AL-Serie BH-Serie BT-Serie CSR-Serie CX-Serie EV-Serie LP-Serie MG-Serie MS-Serie MSC-Serie MSV-Serie PH-Serie R-Serie SH-Serie SK-Serie SO-Serie Z-Serie	A-Serie B-Serie CL-Serie ETK-Serie EV-Serie I-Serie MO-Serie N-Serie NE-Serie O-Serie OS-Serie PH-Serie R-Serie S-Serie SO-Serie SK-Serie WX-Serie	B-Serie

MICRO-SCREWS FOR TIGHTENING PROSTHETIC SUPERSTRUCTURES TO M.U.A. ABUTMENTS			
M 1.4	M 1.6	M 1.8	M 2.0
12 Ncm	25 Ncm	30 Ncm	35 Ncm
A-Serie AL-Serie B-Serie Be-Serie BH-Serie BX-Serie C-Serie CI-Serie CL-Serie D-Serie ETK-Serie GM-Serie MS-Serie N-Serie O-Serie OS-Serie R-Serie SK-Serie SO-Serie T-Serie Z-Serie	AK-Serie FX-Serie	EV-Serie Z-Serie	LE-Serie S-Serie

TRANSMUCOUS HEALING SCREWS				
M 1.4	M 1.6	M 1.8	M 2.0	M 2.5
12 Ncm	25 Ncm	30 Ncm	35 Ncm	35 Ncm
A-Serie BH-Serie N-Serie	A-Serie B-Serie BX-Serie C-Serie CI-Serie CL-Serie D-Serie ETK-Serie FX-Serie GM-Serie MSC-Serie N-Serie OS-Serie S-Serie T-Serie	AK-Serie AL-Serie BT-Serie BH-Serie LP-Serie MS-Serie R-Serie SK-Serie SO-Serie Z-Serie	B-Serie O-Serie R-Serie S-Serie SO-Serie SK-Serie WS-Serie	B-Serie

SYMBOLS THAT MAY BE PRESENT ON THE LABELS OF ANTEEA MEDICAL DEVICES

- Manufacture
- CE 0425 — CE marked product compliant with directive 745/2017
- Read the warnings carefully
- Consult the instructions for use
- Do not reuse
- STERILE R — Sterile symbol
- NON STERILE — Non-sterile symbol
- LOT — Lot code
- eIFU — Consult the instructions for use online
- UDI — UDI Unique Device Identify Code Symbol
- MD — Medical Device Code Symbol
- REF — Product code
- Use by
- Do not use if package is damaged
- Keep away from sunlight
- Do not dispose of in the environment after use