PARTIAL EDENTULISM

- Arch to operate, antagonist and centric
- Material:
  - If teeth are stable: silicone
    (polyether or similar polysiloxanes)
  - If teeth are not stable: alginate
    (after removal or splinting)
- Maximum extension, non-functionalised
  (anatomical)
  Reproduce the exact situation of the
  mouth at the time of surgery

- Extra-hard plaster model casting [no
  imperfections or bubbles]

- Fix the 3DMarkers to the bite according to the
  diagram above and glue them with a drop of
  cyanoacrylate
- Measure the bite on the model and if
  necessary shorten and fit it to the dimensions of
  the arch. It is advisable for the bite to reach
  the molars (not over)

- Arch to operate, antagonist and centric
- Maximum extension, without holes
  Reproduce the exact situation of the
  mouth at the time of surgery

- High definition 3D print of the STL file

- Secure the Evobite with transparent and
  not radiopaque resin (orthodontic type)
  on the model, particularly compensating
  the space in line with the edentulous
  areas
- Keep the front 3DMarker more central
  and as near to the incisor edge as
  possible.

- Apply a layer of universal adhesive between
  the silicone and the bite and apply the
  silicone on the side of the bite that interlocks
  with the model
- Compensate with the silicone on the model
  corresponding to the edentulous area
- Fix the bite on the model taking care that
  you keep the 3DMarker more centred and
  as near to the incisor edge as possible

- When hardened, position the bite on the patient
  and reline towards the antagonist with the same
  silicone supplied with the Evobite kit, taking care
  that you keep the bite steady (note: it is not a
  centric recording but a simple stabilisation key)

- Arch to operate, antagonist and centric
- Maximum extension, without holes
  Reproduce the exact situation of the
  mouth at the time of surgery

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  imperfections or bubbles]

- Fix the 3DMarkers to the bite according to the
  diagram above and glue them with a drop of
  cyanoacrylate
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  necessary shorten and fit it to the dimensions of
  the arch. It is advisable for the bite to reach
  the molars (not over)
The RealGUIDE procedure is compatible with DUAL SCAN protocol (double scan) that consists of the insertion of radiopaque points in the prosthesis duplicate and double CBCT scan (patient with radiological template and radiological template only) to automatically overlap the scan of the prosthesis with the anatomy of the patient directly into the 3Diagnosys software. However, it is advisable to follow the standard procedure and use the Evobite even in cases of total edentulism.

For the radiological guide to be stabilised, position the bite in the patient’s mouth and reline towards the antagonist with the same silicone supplied with the Evobite kit, taking care that you keep the bite steady.

**ALTERNATIVE PROTOCOL**
Mounting the Evobite to the antagonist can also be performed in the articulator ONLY IF a RAISED centric was used during the initial phase. The same should be done in the case of guided surgery on two arches during the same operation.

**NOTE:** THE COMPONENTS TO CONSTRUCT THE EVOBITE ARE DISPOSABLE.