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Preci Clix 1251 Castable Male



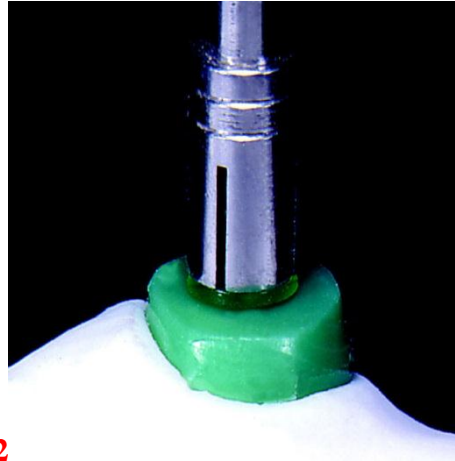
Benefits:

- Economical castable male pattern
- Universal components
- 1251 may be used for bar constructions, post and copings, or cast copings
- Audible CLICK of female with three different retentions

Fabricating the coping



1

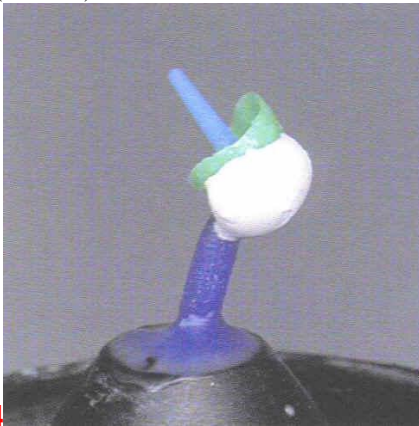


2



3

The abutment is prepared for either a post and coping (the [Preci Post system](#) is recommended), or a cast coping only. Accurate full arch impressions must be sent to the laboratory. Wax up the post-coping as low as possible (**FIG 1**). Use the **1201P Paralleling Mandrel** to incorporate the castable sphere into the wax-up and parallel to each other (**FIG 2**). The occlusal surface must be at an angle of 90 degrees to the path of insertion (**FIG 3**).



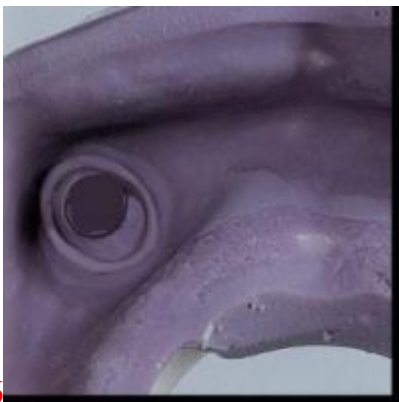
4



5

Invest, sprue, and cast in the alloy of choice (**FIG 4**). Do not sandblast the casting when devesting, as this will leave a rough surface on the cast sphere. Use the **Cup Bur** (**FIG 5**) to finish the cast sphere. This bur will assure a smooth, spherical shape of the casting.

Indirect pick-up of female



6



7



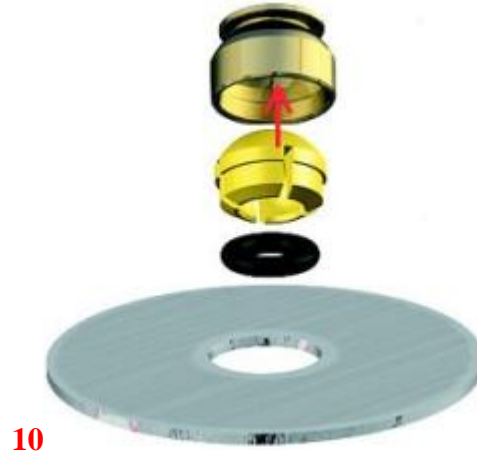
8

The completed casting is sent out for try-in. The cast coping(s) should be picked up in a new impression and a new master model poured for processing the females. Take an impression with the male in place (**FIG 6**). The

1201D (FIG 7) analogue will index in the recess created in the impression--exactly where the male is in the mouth. Pour the model (FIG 8).

Processing the Female

Snap the Preci Clix female insert into the metal housing using the Insertion Tool (FIG 9). Place the large tin spacer (FIG 10) over the ball and contour the pliable tin spacer around the ball and gingival area to pre-relieve the acrylic from contacting the cast coping. Be sure to use the big spacer.



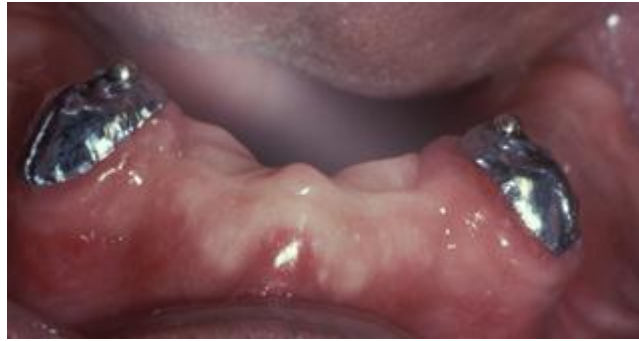
For cases with non-parallel abutments, use the 1211P female mandrel (FIG 11) to set the female housings parallel to each other. A divergence of up to 30° can be accommodated.



Seat the completed female component over both the ball and both spacers (shown in the mouth and model, FIG 12).

Use the [1211 Clix Female Paralleling Mandrel](#) to assure that the females are parallel.

Direct Placement by the Dentist

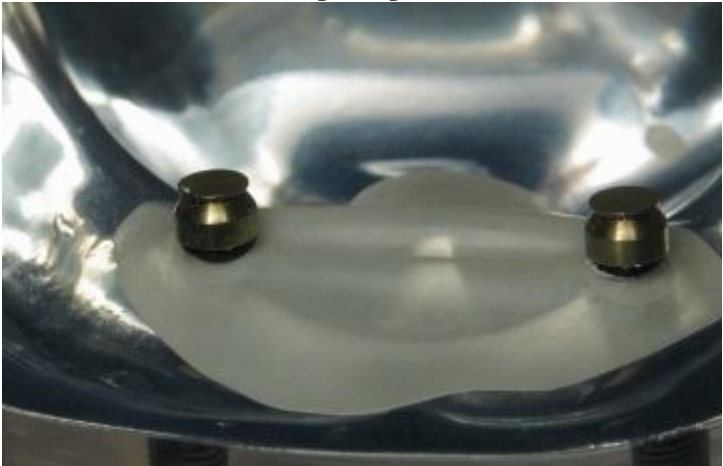


Blockout

Option 1, Tin Spacer: Place a large tin spacer over the ball and contour the pliable tin spacer around the ball and gingiva. You may need to cut a slot in the tin spacer for easier adaptation.

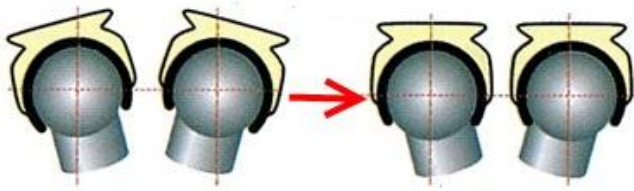
Option 2, Rubber Dam: place a piece of rubber dam over the ball and surrounding area.

Place the small black spacer over the ball, and seat the complete female (housing and plastic insert). Use the Clix insertion tool to snap the plastic insert into the housing.



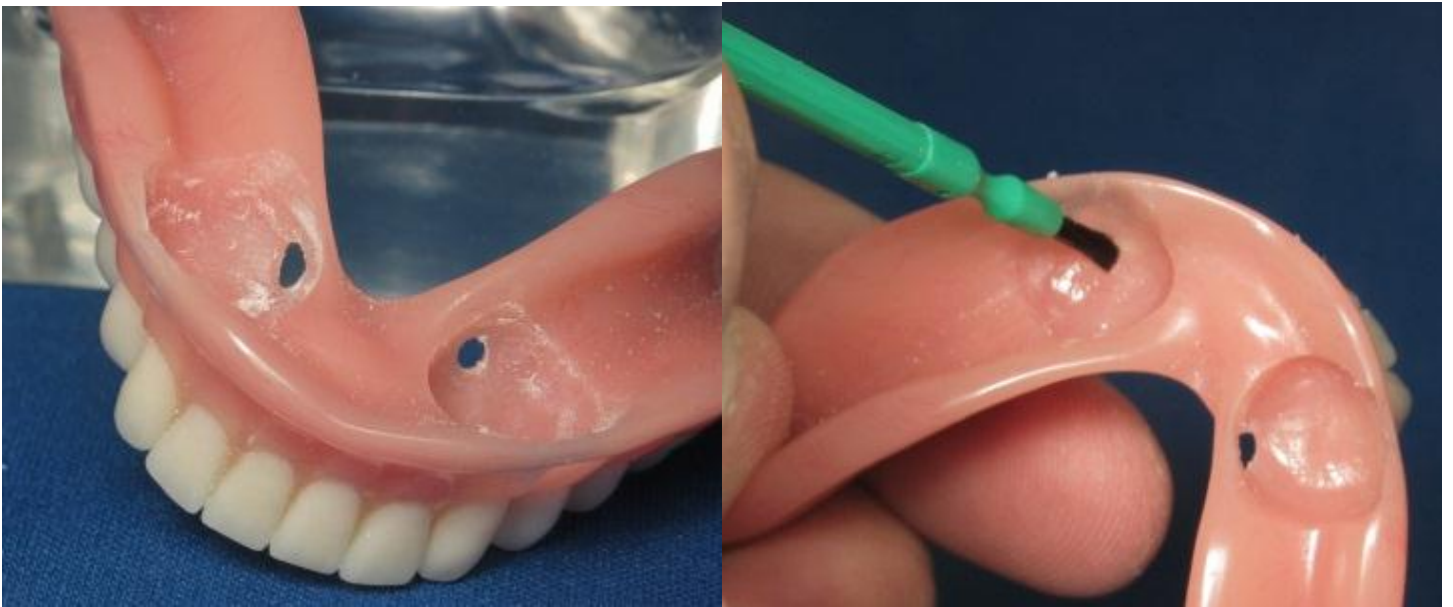
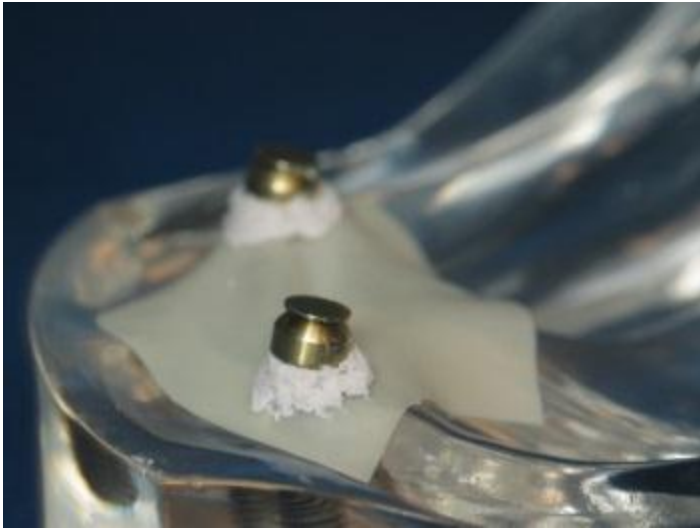
Parallel

To compensate for divergent abutments, it is simple to parallel the Clix females. Rotate the housing around the sphere until the flat top of the housings have the same draw. This can be done chairside with any flat instrument, like a tongue depressor, or in the Laboratory with the Clix Female Paralleling Mandrel.



Pickup

After setting the Clix housings in a parallel position, blockout any additional undercuts with material of choice, such as Perma Block. Relieve the denture to receive the Clix housings. Make sure that the denture can fully seat without any premature contact between the housings and the denture.



Use a small round bur to cut escape vents from the relieved area out to the lingual of the denture. These lingual escape vents will eliminate the lifting or hydraulic effect of autopolymerizing acrylic resin, as well as provide an "escape" for any excess acrylic. It is preferable that excess acrylic flows to the lingual instead of underneath the attachments! After cutting the lingual escape vents, prime the existing acrylic with monomer.



Place a low viscous mix of self curing acrylic resin into the relieved area of the denture, and seat the denture with finger pressure only on the attachment area. Do not have the patient come into full occlusion and displace soft tissue in the saddle area. This will cause the prosthesis to cant, or rotate anterior to posterior, and take the attachments out of alignment.

The prosthesis is seated in the mouth for approximately 6 minutes, or what the acrylic resin manufacturer indicates. Remove any excess resin as well as the tin spacer and black rubber spacer. Finish and polish. The female may be easily changed in the metal housing to adjust retention.

Instruct the patient in the path of insertion. Have the patient insert and remove the appliance several times.

