

NobelGuide complete treatment concept for dental implant rehabilitations.

Complete treatment flexibility

Single- and partial-unit to fully edentulous dental implant rehabilitations can be planned and performed.

Excellent communication tool

Tools make share planning information and facilitating strategic decision-making among the cross-functional treatment team easy.

Versatility in loading strategy

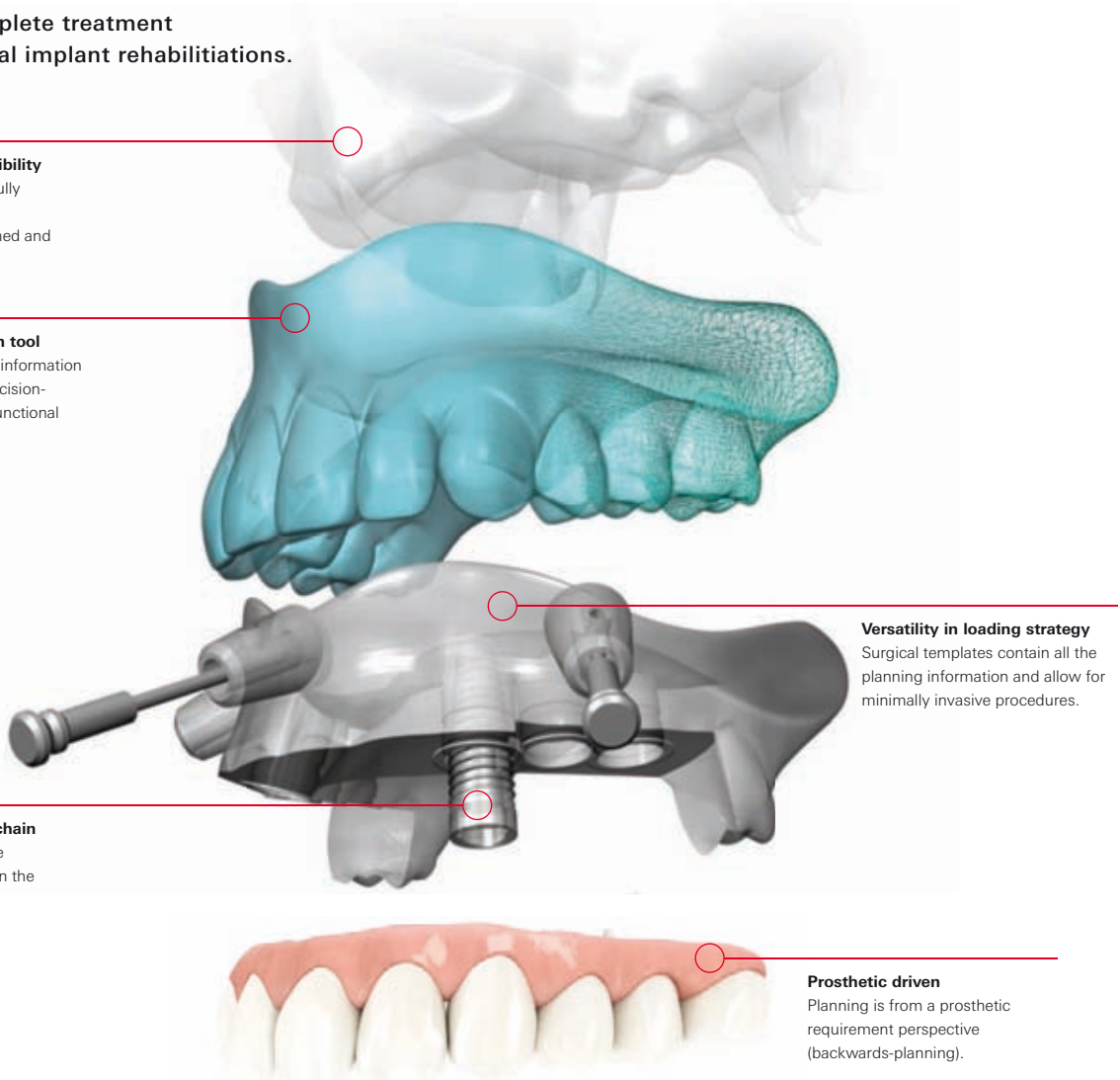
Surgical templates contain all the planning information and allow for minimally invasive procedures.

Fully integrated supply chain

All components for a single treatment can be ordered in the same order.

Prosthetic driven

Planning is from a prosthetic requirement perspective (backwards-planning).



NobelGuide™ – digital precision for all indications.

NobelGuide is a complete treatment concept for diagnosing, planning and placing dental implants, developed to work in harmony with the requirements of the future prosthetic restoration.^{34–36} NobelGuide is the perfect partner – assisting the entire team in making the appropriate treatment decisions and executing the planned result with high predictability. The digital integration of a conventional diagnostic tooth setup and full 3D view of the patient's anatomy in the software offer a profound basis for evaluating and defining implant positions for long-term success.^{35–36}

For all indications

NobelGuide provides diagnosis, planning and implementation of dental implant rehabilitations for all indications* – small partial-unit to fully edentulous cases. Functional, esthetic and biomechanical prosthetic considerations are optimized during the implant treatment planning phase. In fact, dental professionals can decide all elements of the treatment path, including the stage of implant loading (immediate or delayed loading), far in advance of the surgical procedure.³⁷

Prosthetic-driven planning

The NobelGuide workflow benefits from a prosthetic-driven, backwards-planning approach. Based on the proposed final restoration, and a clinically evaluated tooth setup, a radiographic guide is generated. This radiographic guide serves as a template for attaining the expected function and esthetics of the final restoration.

Integrated complete supply chain

Based on the planning, a surgical template is automatically designed and ordered via the Internet from a NobelProcera™ production facility. The surgical template is produced with consistent quality and shipped back to the dental professional within a few working days. In the same order, implants, anchor pins to secure the template, drills and prosthetic components can be included.

Minimally invasive

The surgical template guides all implant treatment steps from drilling to implant insertion, and allows for safe flapless surgical protocols, which help minimize patient discomfort as well as pain and swelling.

Safe and predictable treatment

Careful diagnostics, optimized assessment of bone and prosthetic considerations, allow for alignment of the entire treatment team, including the dental lab, and clear communication with the patient – all of which lead to a treatment that is optimized for safety and meeting the high esthetic demands of the patient.



Powerful indication-based diagnosis and treatment-planning platform.



NobelProcera™ prosthetics.

* Malo, P., M. de Araujo Nobre, and A. Lopes, The use of computer-guided flapless implant surgery and four implants placed in immediate function to support a fixed denture: preliminary results after a mean follow-up period of thirteen months. *J Prosthet Dent*, 2007. 97(6 Suppl): p. 26–34.

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Sanna, A.M., L. Molly, and D. van Steenberghe, Immediately loaded CAD/CAM manufactured fixed complete dentures using flapless implant placement procedures: a cohort study of consecutive patients. *J Prosthet Dent*, 2007. 97(6): p. 331–9.

Balshi, S.F., Wolfinger, G.J. and Balshi, T.J., Surgical planning and prosthesis construction using computer technology and medical imaging for immediate loading of implants in the pterygomaxillary region. *Int J Periodontics Restorative Dent*, 2006. 26(3): p. 239–47.