



PRODUCT CATALOGUE www.dentaltechworldwide.com



BWS® Implant Surface	2
FTZ Implant line (Cylindrical / Conical)	
Drill Stop	7
Recommended surgical sequence and drill speed	8
Drills - Reading depth notches and sharp drills	8
Drill Stop - Stop insertion and removal procedure	9
Screwdrivers	10
Screwdrivers - O-Ring replacement tool	10
Screwdrivers - Implants insertion procedure	11
Components for cemented/screwed prosthesis	12
Components for MUA screwed prosthesis	13
Prosthetic components for digital flow	14
Prosthetic components for digital flow - Connection on MUA	1!
Overdenture prosthetic components	16
Instruments	17
Dynamometric ratchet cleaning and maintenance	18
Preliminary indications for surgical instrument use	19
Bibliography	20
Sale Conditions - Warnings- Trademarks	2
Materials Legend	22
Packaging Symbols Legend	22



IMPLANT SURFACE

Osseointegration with over 30 years of history

OPTIMAL ROUGHNESS VALUE SANDBLASTING AND ACID ETCHING

Sandblasting and etching processes of the implant surface allow to obtain optimal roughness values that make the adhesion of fibrin to the surface more tenacious and facilitate the bone healing process, significantly reducing the time.

CONTACT OSSEOINTEGRATION FIBRIN ADHERENCE

The capacity of BWS® to retain fibrin, lets osteoblasts migrate from the bone to the implant surface and reproduce there, generating new bone in direct contact with the titanium (contact Osseointegration).

SEM CONTROL

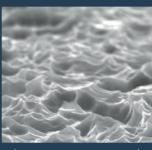
THE IMPLEMENTED PROTOCOL PROVIDES VERIFICATION OF EACH BATCH OF PRODUCTION

After the surface treatment and the classic washings, Dental Tech Implants are additionally cleaned with Argon Cold Plasma to minimize carbon contamination.

Subsequently, minute controls are performed on the fixture with scanning electron microscopes (SEM).

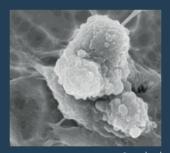
Packaging takes place in controlled environments (Clean Room ISO 7) with packaging impermeable to micro organisms.

A gamma-ray sterilisation process guarantees the destruction of all contaminants.



20 µm

SEM HV: 20.00 kV SEM MAG: 4.82 kx WD: 10.6470 mm Det: SE Detector View field: 62.05 µm VEGA\\TESCAN DentalTech

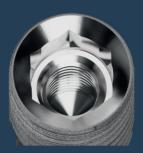


EHT = 18.00 kV WD =13 mm Mag = 6.50 KX Photo No. = 6159

Detector = SE1

BWS® surface is made by a sandblasting and acid etching process. This double process allow to obtain an extremely clean surface with a uniform and homogeneous roughness that promotes cell adhesion.

FTZ IMPLANT LINE PARALLEL Cylindrical / Conical

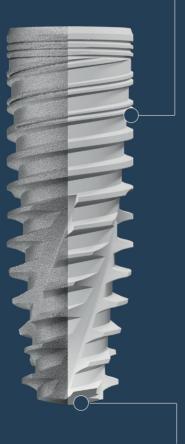


MICRO-GROOVES

Micro-grooves to limit bone resorption. The implant's screwing axis can be adjusted.

BETTER PENETRATION

Spiral profile with hybrid progress: flat and radiating towards the root, trianglar-shaped externally, for greater penetration into incompletely prepared sites.



APICAL

With helicoidal progress to enhance stable penetration.

DIAMETER - Ø 3.75 mm

Cover screw included

Warning! All DRP drills are 0.8 mm longer than the implant. In the planning stage and while drilling in proximity to vital anatomical structures, this added length must be considered.

*It is reccomanded if the cortical bone is very persistent



Length (L) mm	REF
8	PIZ3708/S
10	PIZ3710/S
11,5	PIZ3711/S
13	PIZ3713/S
16	PIZ3716/S



DIAMETER - Ø 4.25 mm

Cover screw included

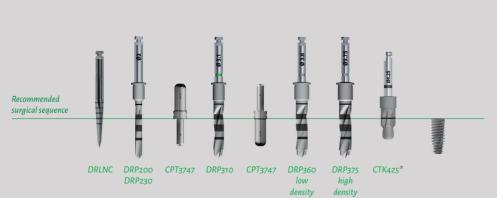
Warning!

All DRP drills are 0.8 mm longer than the implant. In the planning stage and while drilling in proximity to vital anatomical structures, this added length must be considered.

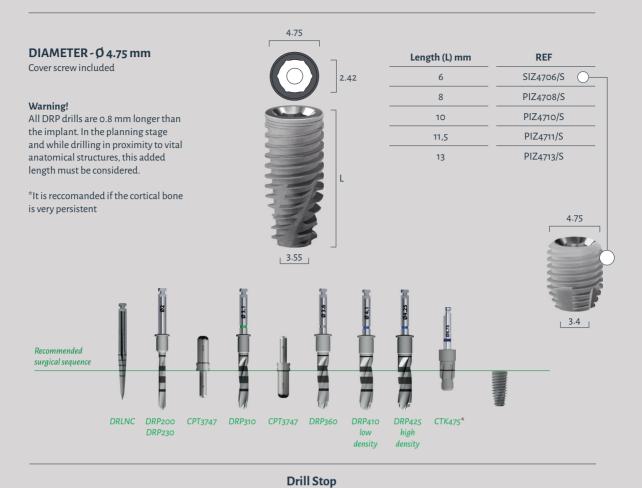
*It is reccomanded if the cortical bone is very persistent



Length (L) mm	REF
6	SIZ4206/S —
8	PIZ4208/S
10	PIZ4210/S
11,5	PIZ4211/S
13	PIZ4213/S
16	PIZ4216/S







STOP Ø 4.5 mm Material: Ti5

Length (L) mm	REF
6	STC2506
8	STC2508
10	STC2510
11,5	STC2511
13	STC2513
16	STC2516





Parallel drill L 23 mm Material: Inox

Diameter (Ø) mm	REF
2.0	DRP200
2.3	DRP230
2.8	DRP280
3.1	DRP310
3.25	DRP325

STOP Ø 5.5 mm Material: Ti5

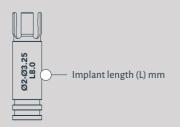
Length (L) mm	REF
6	STC3406
8	STC3408
10	STC3410
11,5	STC3411
13	STC3413
16	STC3416





Parallel drill L 23 mm Material: Inox

Diameter (Ø) mm	REF
3.6	DRP360
3.75	DRP375
4.1	DRP410
4.25	DRP425





Countersink

Material: Inox

Diameter (Ø) mm	REF
3.75	CTK375
4.25	CTK425
4.75	CTK475

Recommended surgical sequence and drill speed

	Ø	IMPLANT	3.25	3.75	4.25	4.75
	DRILL					
	2.0/2.3		~	~	~	~
	2.8	_	~	~	~	~
R.P.M. 600/900 max	3.1	_		S	~	~
1.600/9	3.25	_		R-D		
R.P.N	3.6	-			S	~
	3.75	-			R-D	
	4.1	_				S
	4.25	-				R-D
	CTK325	-	•			
отах	CTK375	-		•		
R.P.M. 600/900 max	CTK425				•	
R.P.M.	CTK475					•

LEGEND	
REQUIRED	~
OPTIONAL	•
Bone texture:	
REGULAR BONE	R
DENSE BONE	D
SOFT BONE	S

Warning! In the table "Recommended surgical sequence and drill speed" parameters should be considered as general indications; the clinical evaluation should always be subjected to careful analysis by the

practitioner in each specific case.

Based on the clinical features and bone consistency detected at the time of implant surgery, the choice of the available instrumentation will be made by the practitioner.

Drills - Reading depth notches and sharp drills

Lance drill - Parallel drills - Countersink



Drill Stop - Stop insertion and removal procedure

STOP insertion

Hold the drill on the stalk side and insert the stop, with the retentions facing the drill, until the point of contact with the metallic stop located on the drill itself. (Fig. 1 - 2 - 3).

STOP removal

Hold the stop and remove the drill by pulling on the stalk side.

Depth STOP for different lengths. The advantages:

- » Optimal check-depth during preparation of the surgical site, even in conditions of poor visibility of the operating field;
- » Reduction of surgical risk;
- » Reduction of operator stress;
- » Greater safety for the patient;
- » Easy Stop insertion and removal from the drills and greater safety in the surgical phase for the doctor and assistant.









Warning WRONG insertion STOP

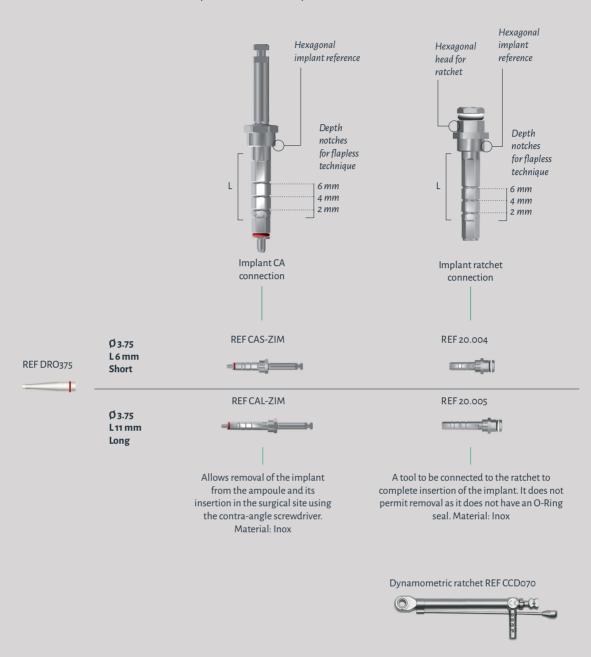
Stop insertion with the retentions facing the tip of the drill is incorrect. (fig. 4-5).





Screwdrivers

Implant CA connection - Implant ratchet connection



Screwdrivers - O-Ring replacement toolDRO₃₇₅

The tool facilitates replacement of the O-Ring on screwdrivers.





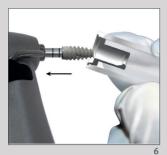


Warning

The O-Ring support tool is made of PMMA and, therefore, it cannot be sterilised in an autoclave.



Screwdrivers - Implants insertion procedure





With contra-angle implant connection

Insert the direct contra-angle screwdriver into the implant with a slight rotating motion to allow the correct coupling of the two hexagons (implant - screwdriver) and remove the implant (Fig. 6).

Begin insertion of the implant in the alveolar surgery (Fig. 7) after having set the following parameters on the surgical unit:

- » Bi-phase procedure (submerged) RPM 15-20. Torque max. 35-40 Ncm
- » Monophasic procedure realized with submerged implants and healing screws, with deferred load RPM 15-20. Torque max. 40-45 Ncm
- Monophasic procedure with immediate load/prosthesis RPM 15-20. Torque is incremental from 20 to 70 Ncm

If a surgical unit with good torque control is available, both in quantity and quality, it is possible to terminate insertion of the implant with the contra-angle; if the opposite is true, insert the device in the alveolar surgery as long as the power of the machine permits and complete the insertion manually proceeding as follows →





Implant ratchet connection

Ensure that the tool is inserted in the position suitable for screwing and turn until the implant reaches the desired position (Fig. 8).

Complete the insertion of the implant using the dynamometric wrench connected to the direct screwdriver of the ratchets (REF 20.004 - 20.005). At times it is necessary to use the extensions, short REF PMC115 and long REF 110026 to connect to the tools described above (Fig. 9).

Components for cemented/screwed prosthesis

Parallel healing abutment

Material: Ti5 8/10 Ncm Lock manually



Н	REF
2	ZPH1001
4	ZPH1002
6	7PH1003

Taper healing abutment

. Material: Ti5 8/10 Ncm Lock manually



Н	REF
2	ZTH 1004
4	ZTH 1005
6	ZTH 1006

Taper large healing abutment

Material: Ti5 8/10 Ncm Lock manually



Н	REF
2	ZTL1007
4	ZTL1008
6	ZTL1009



Open tray impression coping

Material: Ti5 Fastening screw included and available as a replacement (pack. 2 pcs.) REF 05010VF 8/10Ncm Lock manually



ZOP1012

Parallel



Closed tray impression coping

Material: Ti5 Fastening screw included and available as a replacement (pack. 2 pcs.) REF 020237VF 8/10Ncm Lock manually

	p	ML	REF	
4	.5	Z	ZCT1013	Taper
3	.5	Z	ZCP1014	Parallel





Implant analog Material: Ti5

REF ML Z ZIA1076



Z

3.5



Fastening screw included and available as a replacement (pack. 2 pcs.) REF 020022



Straight abutment

Material: Ti5 20Ncm Torque adapter REFTW0001

Ø	ML	REF
3.75	Z	ZSA1015



Straight abutment

Material: Ti5 20Ncm Torque adapter REFTW0001

Н	Ø	ML	REF
1,5	4.5	Z	ZSA1016
3	4.5	Z	ZSA1017
1.5	5.5	ZL	ZSA1018
3	5.5	ZL	ZSA1019



Straight abutment

Material: Ti5 (pack. 10 pcs.) 20Ncm Torque adapter REFTW0001

Ø	ML	REF
4.5	7	MFR3765





Angled abutment

Material:Ti5 20Ncm Torque adapter REFTW0001

Н	Ø	ML	REF
1,5	4.5	Z15	ZAA1020
1,5	4.5	Z25	ZAA1021
3	4.5	Z15	ZAA1022
3	4.5	Z25	ZAA1023
1,5	5.5	ZL15	ZAA1024
1,5	5.5	ZL25	ZAA1025
3	5.5	ZL15	ZAA1026
3	5.5	ZL25	ZAA1027



Castable abutment

Material: Pmma 20Ncm Torque adapter REFTW0001

REF	
ZPA1028	0
7PΔ1020	$\overline{\cap}$



Temporary cylinder

Material: Peek 20Ncm Torque adapter REFTW0001

ML	REF
Z	ZTC1030 🔿
Z	ZTC1031 (





Cylinder abutment Material: Ti5 20Ncm Torque adapter

ML **REF** ZCA1032 🔷

ZCA1033 ()

REFTW0001



Overcast abutment

Material: CRCO 20Ncm Torque adapter REFTW0001

REF	
CCZ-HE	0
CCR-7M	$\overline{\circ}$

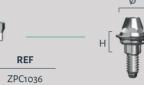
Components for MUA screwed prosthesis

Protection cap

ML

ZM

Material: Peek Package 2 pcs. Fastening screw included and available as a replacement (pack. 2 pcs.) REF VPCEM 8/10Ncm Lock manually Use only on PDM and PPM abutments





MUA straight abutment

Ø

4.8

4.8

н

Material: Ti5 Supplied with transfer handle 20Ncm Torque adapter REF TW0080

> REF ZMS1037

> ZMS1038



MUA angled abutment

Material: Ti5 Supplied with transport and parallelization screw, fastening screw included and available as a replacement (pack. 2 pcs.) REF 020510VF 20Ncm Torque adapter REF TW0001

_ н_	Ø	ML	REF
1	4.8	17°	ZMA1039
3	4.8	17°	ZMA1040
1	4.8	30°	ZMA1041
3	4.8	30°	ZMA1042



MUA precision transfer (PDM/PPM)

Material: Ti5 Fastening screw included and available as a replacement (pack. 2 pcs.) **REF VFTEM** 8/10Ncm Lock manually

REF HTM4106



MUA abutment analogue (PDM/

PPM) Material: Ti5 HLM0041

REF



Titanium abutment / MUA bonding base

Material: Ti5 Fastening screw included and available as a replacement (pack. 2 pcs.) REF VPCEM 8/10Ncm Lock manually

REF HMT0041



Overcast abutment MUA

Material: CRCO Fastening screw included and available as a replacement (pack. 2 pcs.) **REF VPCEM** 8/10Ncm Lock manually

REF CCM-02



Castable abutment MUA

Material: Pmma Fastening screw included and available as a replacement (pack. 2 pcs.) **REF VPCEM** 8/10Ncm Lock manually

REF HMC4100

Prosthetic components for digital flow





WARNING DO NOT orient the Scan Abutment in other unsuitable positions.



Always match the smaller portion of the Scan Abutment, which is oriented on the hexagon side of the connection, with the milling on the cylindrical portion of the digital analog body.



ML REF
Z ZSN1048

Scan abutment

Material: Ti5
Fastening screw included and available as a replacement (pack. 2 pcs.)
REF 05.085
8/10Ncm Lock manually
Digital CAD-CAM intraoral scan and laboratory scan. For single cemented and

screwed elements. For multiple cemented



 ML
 REF

 Z
 ZDl1049

Digital analog

Material: Ti5

elements,

Analog for digital models, specific for applications through the manufacture of models made with 3D printing/prototyping. The characteristic shape with rounded edges, allows easy insertion into the model seat, without interference and friction with the resinous material of the models.

The apical screw allows to always obtain a total working stability. This prosthetic component must be used through the Dental Tech Libraries.



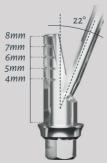
Bonding base for angled screw channel (T-Base)

Material: Ti5
Fastening screw included and available as a replacement (pack. 2 pcs.)
20Ncm Torque adapter
REF 200011/200012/TW0015C

H_	REF	Prosthetic screw
0,5	ZBA1050	ZVA1073
1	ZBA1051	ZVA1074
2	ZBA1052	ZVA1075



Use only the dedicated fixing screws, recognizable by the laser marking



Every T-base for angled screw channel must keep the dedicated prosthetic screw in order to maintain the maximum inclination capacity of 22 ° of the screwing tool, whose deformation limit is 30Ncm.



Н	REF
0,5	ZBS1053 🔘
1	ZBS1054 🔿
2	ZBS1055 🔿
0,5	ZBS1056 O
1	ZBS1057 O
2	ZBS1058 ()

Bonding base Sirona

Material: Ti5
Fastening screw
included and available as a
replacement (pack. 2 pcs.)
REF 05.085
20Ncm Torque adapter
REF TWO001
Digital CAD-CAM and traditional bonding technique.
For single cemented and
screwed elements. For multiple cemented elements.





ML	REF
Z	BSTHX35 🔷
	BSRHX36 (

Bonding base

Material: Ti5
Fastening screw
included and available as a
replacement (pack. 2 pcs.)
REF 05.085
20Ncm Torque adapter
REF TW0001
Digital CAD-CAM and traditional bonding technique.
For single cemented and
screwed elements. For multiple cemented elements.

Prosthetic components for digital flow - Connection on MUA





REF

SCANMA

Scan abutment

Material: Ti5

Fastening screw included and available as a replacement (pack. 2 pcs.)

REF VPCEM

8/10Ncm Lock manually

Suitable for digital CAD-CAM technique for intraoral and laboratory scans. For multiple screw-retained elements.



Digital analog

Material: Ti5

Analog for digital models, specific for applications through the manufacture of models made with 3D printing/ prototyping. The characteristic shape with rounded edges, allows easy insertion into the model seat, without interference and friction with the resinous material of the models. The apical screw allows to always obtain a total working stability. This prosthetic component must be used through the Dental Tech Libraries.



REF

HLM0041DG



BCMHEX

MUA bonding base

Material: Ti5

Fastening screw included and available as a replacement (pack. 2 pcs.)

REF VPCEM

8/10Ncm Lock manually

Digital CAD-CAM bonding technique.



Overdenture prosthetic components



Abutment Dualock®

Material: Ti5 Transfer included REF IMCDS 20Ncm Torque adapter REF ADL150

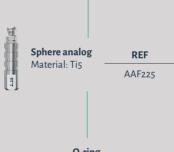


Retention compatible with Zest LOCATOR®

Sphere abutment Material: Ti5 20Ncm Torque adapter REF RDS225



	KEF
0,5	ZSA1067
1,5	ZSA1068
3	ZSA1069
5	ZSA1070



O-ring Material: Ti5 Package 10 pcs. REF REF ORG225 POR225

> Retention compatible with Ø 2.25 Sphere RHEIN83®

Instruments



Parallel PIN

Material: Ti5

REF

CPT3747



Extension for drill

Material: Inox

Lmm	REF
9	KI589



Screw driver

Material: Inox

Lmm	REF	
4,5	GMX100	Micro
11,5	GMM250	Extra short
13 5	001152	Long



Surgical screwdriver

Material: Inox

REF

PGI 100



Lmm

6

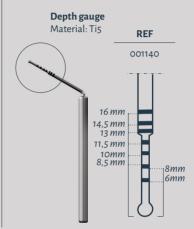
Hand wheel Material: Ti5

ExtensionMaterial: Inox

Lmm REF
12,5 110026

REF

AMCo16





Dynamometric ratchet

REF CCDo70



MUA abutment adaptor

Material: Inox





Screwdrivers adaptor

Material: Inox

REF	
TW0001C	Short
TW0001L	Long



Adaptor for dynamometric ratchet

 L mm
 REF

 7
 ISO370



Hex screwdriver for dynamometric ratchet bonding bases for angled screw channel (T-Base)

Material: Inox

Lmm	REF
16	TW0015C



Hex screwdriver for contraangle

bonding bases for angled screw channel

Material: Inox Deformation limit is 30 Ncm

Lmm	REF	
16	200011	Short
21	200012	long



Hex screwdriver

Material: Inox

Lmm	REF	
8	GCG0024	Short
14	GCG0030	Long



Adaptor for sphere abutment Ø 2.25

Material: Inox

REF RDS225



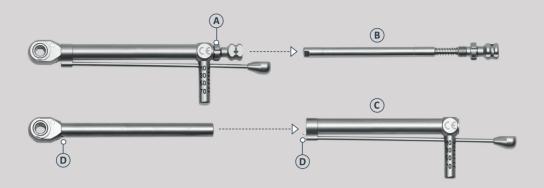
Adaptor for Dualock®

abutment Material: Ti5

REF ADL150

Dynamometric ratchet cleaning and maintenance

CCD070



The dynamometric ratchet, after each use, must be disassembled for cleaning. This maintenance operation does not require any tools. Completely unscrew the screw (A), remove the whole pawl (B) and then the flexible dynamometric bar (C). Once disassembled, clean according to the instructions for use

and maintenance attached to the device, brush with non-metallic rigid bristles, even in hollow areas with pipe cleaner for a complete removal of biological residues.

Once the cleaning and disinfection phase has been completed, reassemble the ratchet using the reverse disassembly procedure,

making sure to match the pin **(D)** in the housing dedicated.

PREVENTION

Besides correct and continuous longterm maintenance, wear and tear of the instruments can also be prevented and slowed down. In the first place every instrument must only be used for the envisaged and indicated use.

The instruments used must be cleaned immediately after the end of surgery. Remove residue and encrustations only with soft brushes and NOT with metal brushes

When envisaged, disassemble the instruments and deeply clean the cavity. The devices must be fully immersed in the most appropriate detergents or disinfectants for the material, and left to rest for a period of time that never exceeds the manufacturer's instructions. After disinfecting them, rinse thoroughly with water and dry the devices with a clean and dry cloth. Complete with a jet of compressed air.

PACKAGING AND STERILITY

- » Dental Tech tools are supplied as non sterile in heat-sealed Pouches in containing the leaflet.
- » Dental Tech tools can be used again and therefore it has to be washed and sterilised prior to their usage.

Dental Tech validated the following cleansing and disinfection method:

MANUAL CLEANING

- » Just after the use of Dental Tech equipment, place the equipment into a container with a peracetic acid based solution at concentration of 2% (NO GLUTARALDEHYDE OR SO-DIUM HYPOCHLORITE), as long as 18 minutes.
- » After-ward rinse carefully.

MANUAL DISINFECTION

- » Place the equipment into a container with a peracetic acid based solution at concentration of 4% (NO GLU-TARALDEHYDE OR SODIUM HY-POCHLORITE), as long as 15 minutes.
- » Rinse generously
- » Examine the equipment and make sure there are no organic remains. Carefully scrub the outer parts with a non-metal bristled brush.

MANUAL RINSE

» Place the equipment into ultrasound bath, and wash it for approx. 18 minute and then rinse carefully.

DRY

» Perfectly dry the equipment, seal it individually with material suitable for moist heat sterilisation

STERILIZATION

- » Dental Tech validated the following Autoclave moist heat sterilization cycle: 3 minutes - 134 °C
- » Since Dental Tech tools are manufactured in different materials, they shall be washed and sterilized one by one.

CHECK

After the cleaning phases, check that none of the instruments presents signs of corrosion, contamination or damage. Especially use a magnifying lens to check the most concealed areas, the joints and the handles.

If any contamination is detected, repeat the cleaning procedure.

In case of damage, dispose of the instrument as established by the laws in force for waste management.

Warning The use of suitable protection during cleaning and sterilisation of contaminated instruments enhances personal safety during these phases.

PRESERVATION

After the sterilisation phase, the instruments must be preserved in the sterilised package in a dry, dust-free place, far from heat sources. The bags must only be opened before use. The storage period of sterilised items must not exceed the period recommended and indicated on the bag.

DISPOSAL PROCEDURES

At the end of its life the medical device must be disposed of according to the methods established by national laws in force for waste management.

INSTRUMENT FOR SURGERY

The surgical instrumentation of the Dental Tech Implant System is simple and essential, responding to every clinical need and treatment protocol. All drills and components are laser marked, to allow preparation of the implant site correctly to the established depth, and a predictable and safe positioning of the implant. The instruments are available individually or in sets with different types of surgical kit.

HOW TO USE THE SURGICAL INSTRUMENTS

So as not to cause mechanical and/or thermal damage to bone tissue in the zone in which the implant is to be inserted, and to obtain a congruous surgical site (indispensable to achieving good osseointegration of the implant) some fundamental rules must be respected:

- » Use drills with gradual diameter progression: the same instruments must not be used for more than 25 osteotomies;
- » Do not exceed 800 RPM during the osteotomy;
- » Do not exceed 20 RPM in the event of tapping with the contra-angle;
- » Ensure, during the osteotomy, that the instruments work in axis;
- » Do not exert lateral pressure during the osteotomy and tapping;
- » The osteotomy must be performed exercising light pressure and back and forth movements on the axis of the instrument:
- Use generous irrigation with physiological solution, both during drilling and tapping of the surgical site;
- » Ensure that during the intervention the irrigation canals of the instruments are clear:
- » Avoid categorically, during surgery, the cooling of instruments and the implant site with the air-water syringes tips.
- » For taps, during preparation of the site with the drills, don't set forces greater than 55N/cm with micromotors equipped with the control-TOROUE device.

NON-ROTATING INSTRUMENT

The non-rotating instrument is compatible with all Dental Tech implant systems.

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Int. JOMI 2003; 18:46-52

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Adesione cellulare epiteliale su superfici di titanio sabbiate e acidificate: studio in vitro

I. Vozza / A. Scarano* / S. Rossi / M.
Quaranta
Supplemento n.1 a Doctor OS anno XIV
n.1 gennaio 2003

Valutazione istologica della risposta ossea a una nuova superficie implantare sabbiata e mordenzata: uno studio sperimentale sul coniglio Antonio Scarano / Giovanna lezzi* / Alessandro Quaranta** / Adriano Piattelli* Implantologia orale numero 2 marzo 2007

Dentista moderno ottobre 2011 Progettazione e realizzazione di una superficie implatare dalla decontaminazione all'osteointegrazione Chiara Giamberini / Angelo Tagliabue / Dino Azzalin / Giorgio Santarelli

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IVela-Nebot X, et al.
Benefits of an implant platform modification technique to reduce crestal bone resorption.
Implant Dent 2006;15:313–320

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Plastic Polymer

PACKAGING SYMBOLS LEGEND



Lot number

STERILE R

Sterilized by gamma rays

NON STERILE

Not sterile

REF

Product code

RIUTILIZZABILE

Reusable





Non-reusable

[]i

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