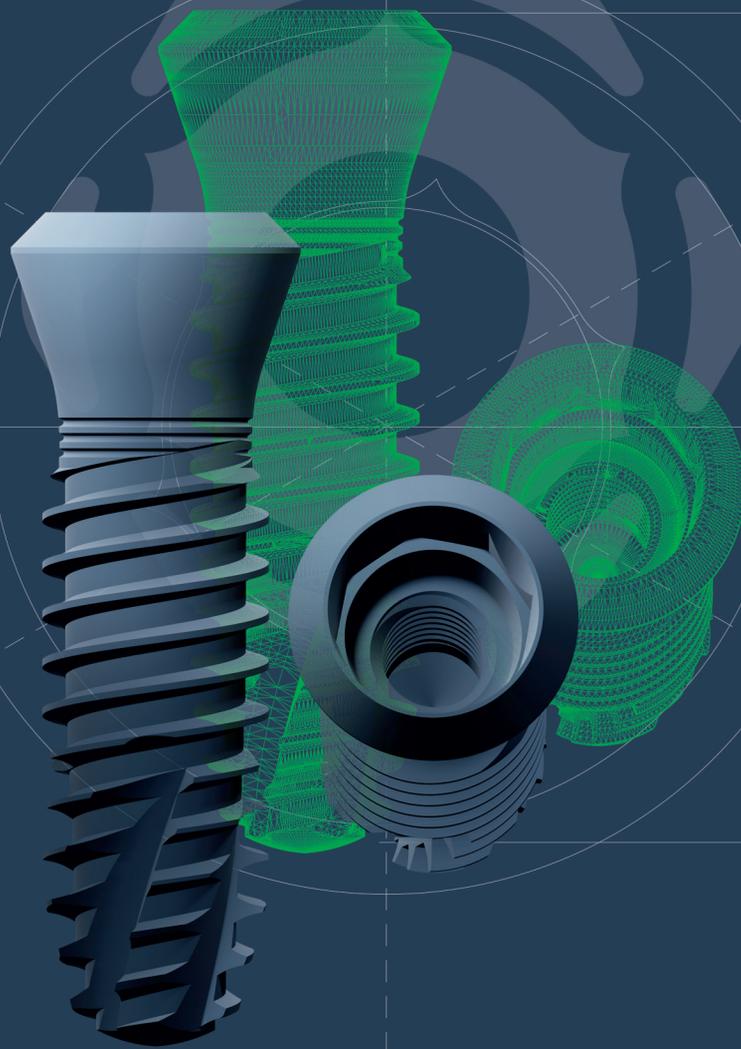


# TISSUE LEVEL IMPLANT LINE





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# BWS®

## 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).

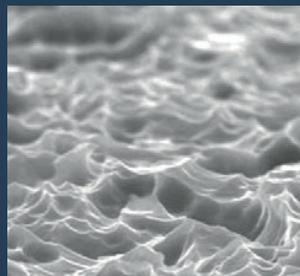
### SEM CONTROL THE IMPLEMENTED PROTOCOL PROVIDES VERIFICATION OF EACH BATCH OF PRODUCTION

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).

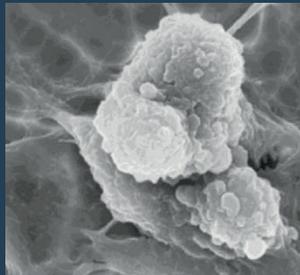
Packaging takes place in controlled environments (Clean Room ISO 7) with packaging impermeable to micro organisms.

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



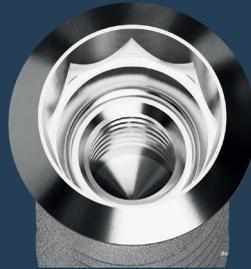
2µm

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.

## TISSUE LEVEL IMPLANT LINE

Internal design: cone with anti-rotational octagon. Combines the benefits of the conical seal with those of internal anti-rotational structures, conveying both biological and mechanical stability to the prosthetic components without complicating the prosthetist and dental technician's work.

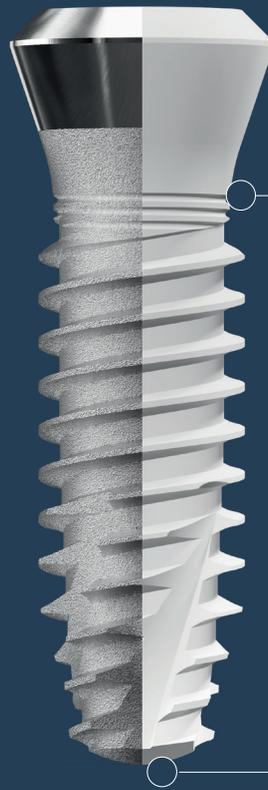


## POLISHED CROWN PORTION

The 1,5 mm polished transmucosal portion allows to better manage the transgingival path.

## 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, triangular-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 recommended if the cortical bone is very persistent



Length (L) mm	REF
8	TRT3708/S
10	TRT3710/S
11,5	TRT3711/S
13	TRT3713/S

Recommended surgical sequence



## DIAMETER - Ø 4.25 mm

Cover screw included

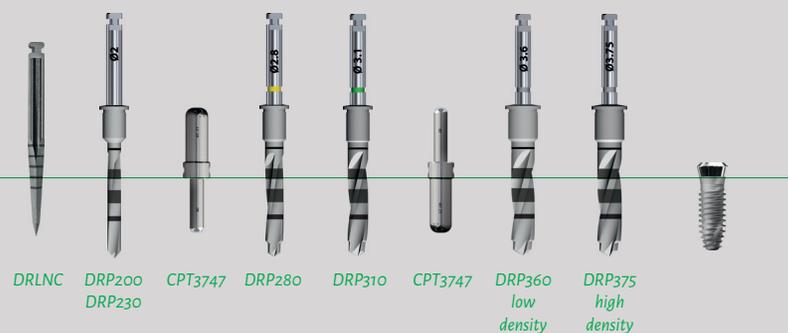
**Warning!** All DRP drills are 0.8 mm longer than the implant. In the planning stage and while drilling in proximity to vital anatomical structures, this added length must be considered.

\*It is recommended if the cortical bone is very persistent



Length (L) mm	REF
6	TRT4206/S
8	TRT4208/S
10	TRT4210/S
11,5	TRT4211/S
13	TRT4213/S

Recommended surgical sequence



## DIAMETER - Ø 4.75 mm

Cover screw included

### Warning!

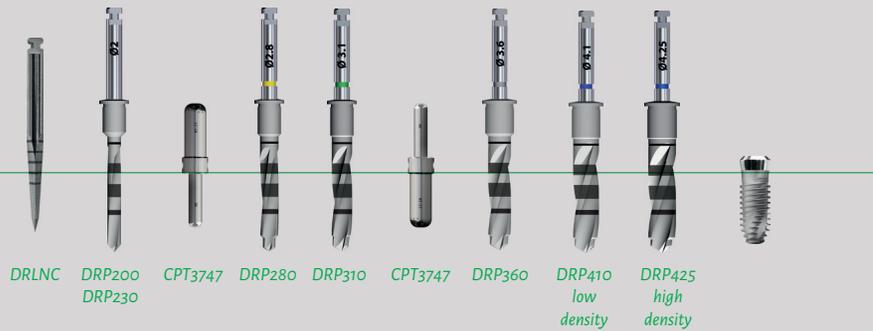
All DRP drills are 0.8 mm longer than the implant. In the planning stage and while drilling in proximity to vital anatomical structures, this added length must be considered.

\*It is recommended if the cortical bone is very persistent



Length (L) mm	REF
6	TRT4706/S
8	TRT4708/S
10	TRT4710/S
11,5	TRT4711/S

Recommended surgical sequence



## Drill Stop

### STOP Ø 4.5 mm Material: Ti5

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



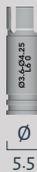
### Parallel drill L 23 mm Material: Inox

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



Implant length (L) mm

## Recommended surgical sequence and drill speed

R.P.M. 600/900 max	Ø	IMPLANT	3.75	4.25	4.75
		DRILL			
	2.0/2.3		✓	✓	✓
	2.8		✓	✓	✓
	3.1		S	✓	✓
	3.25		R-D		
	3.6			S	✓
	3.75			R-D	
	4.1				S
	4.25				R-D

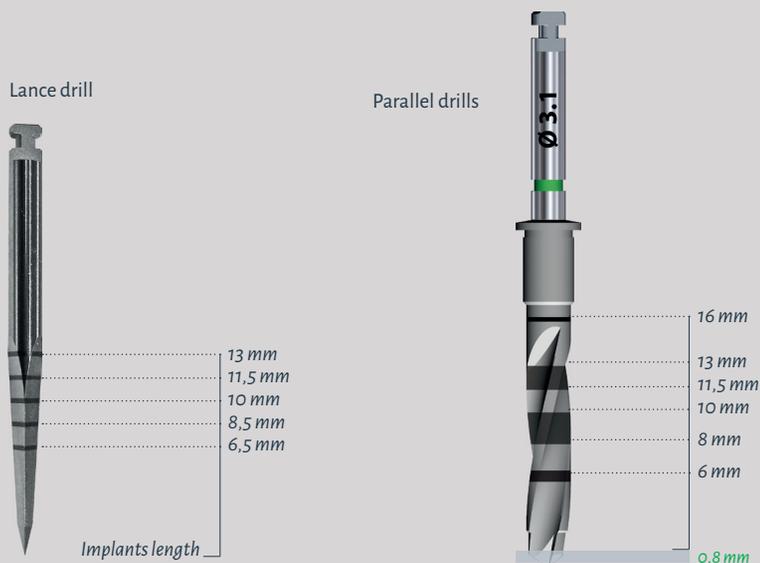
LEGEND	
REQUIRED	✓
OPTIONAL	⊙
Bone texture:	
REGULAR BONE	R
DENSE BONE	D
SOFT BONE	S

**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



## 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.



1



2

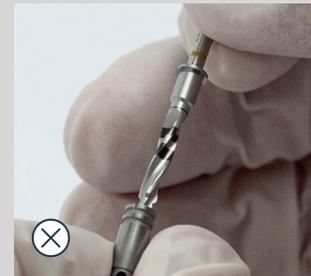


3



### Warning WRONG insertion STOP

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

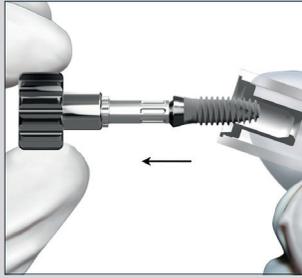


4

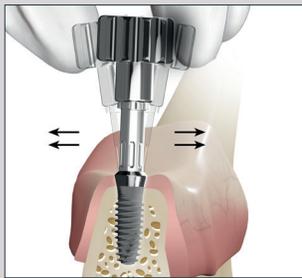


5

## Screwdrivers - Implants insertion procedure



6



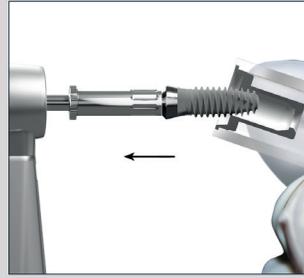
7

### With manual screwdriver

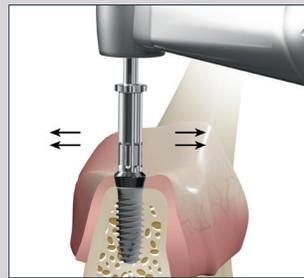
Insert the screwdriver (001145 - 001146), connected to the handwheel (AMC016), into the implant making a slight rotation to allow good matching of the two octagons (implant - screwdriver) and remove the implant (Fig. 6).

Begin insertion of the implant in the alveolar surgical site using the manual screwdriver. Where bone density permits, it is possible complete insertion of the implant using the manual wrenches (Fig. 7).

**To remove, exercise a slight lateral movement, right and left, in order to free the matching (Fig. 7).**



8



9

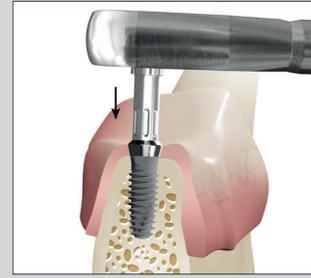
### With direct contra-angle screwdriver

Insert the direct manual contra-angle screwdriver into the implant with a slight rotating motion to allow the correct coupling of the two octagons (implant - screwdriver) and remove the implant (Fig. 8).

Begin insertion of the implant in the alveolar surgery (Fig. 9) after having set the following parameters on the surgical unit:

- » RPM 15-20. Torque max. 35-40 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 (Torque max. 35-40 Ncm) and complete the insertion manually proceeding as follows →



10



11

**To remove, exercise a slight lateral movement, right and left, in order to free the matching (Fig. 9).**

### Final screwdriver

Ensure that the tool is inserted in the position suitable for screwing and turn until the implant reaches the desired position (Fig. 10).

Complete the insertion of the implant using the dynamometric wrench connected to the direct screwdriver of the ratchets. At times it is necessary to use the extensions, short REF. PMC115 and long REF. 110026 to connect to the tools described above (Fig. 11).

**To remove, exercise a slight lateral movement, right and left, in order to free the matching (Fig. 11).**

## Components for cemented/screwed prosthesis

### Healing abutment - Ø 5.5

Material: Ti5  
8/10Ncm Lock manually



H mm	REF
1,5	112202
3	112203
5	112204



**Pick up impression copy**  
Material: Ti5  
Fastening screw included and available as a replacement (pack. 2 pcs.)  
REF VTPR108  
8/10Ncm Lock manually

**REF**

TPR108



**Implant analog**  
Material: Ti5

**REF**

ACT128



Fastening screw included and available as a replacement (pack. 2 pcs.)  
REF VDT608\*

### on one piece abutment

#### One piece abutment

Material: Ti5



H mm	REF
4 yellow	112210
5,5 green	112211
7 violet	112212

#### One piece abutment analog

Material: Ti5



H mm	REF
4 yellow	AMD400
5,5 green	AMD550
7 violet	AMD700



**Straight abutment\***  
Material: Ti5  
20Ncm Torque adapter  
REF TW0001

**REF**

MTD608



**Angled abutment\***  
Material: Ti5  
20Ncm Torque adapter  
REF TW0001

**REF**

15° MPT158

25° MPT258



**Cylinder abutment\***  
Material: Ti5  
20Ncm Torque adapter  
REF TW0001

**REF**

PT1008 ○

PTR180 ○



#### Castable abutment

Material: Pmma  
Fastening screw included and available as a replacement (pack. 2 pcs.)  
REF 112218VP  
20Ncm Torque adapter REF TW0001

**REF**

112219 ○

112218 ○

## 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.



**REF**  
SCANHX35

### Scan abutment

Material: Ti5  
Fastening screw included and available as  
a replacement (pack. 2 pcs.)  
VDT608  
8/10Ncm Lock manually  
Digital CAD-CAM intraoral scan and  
laboratory scan. For single cemented and  
screwed elements. For multiple cemented  
elements.



**REF**  
112235

### Digital analog

Material: Ti5  
Analog for digital models, specific for ap-  
plications through the manufacture of  
models made with 3D printing/prototyp-  
ing. 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 com-  
ponent must be used through the Dental Tech  
Libraries.*

also available  
ONLY digital file  
H 2,5mm



**REF**  
112223 ○

### Bonding base

Material: Ti5  
Fastening screw included and  
available as a replacement (pack.  
2 pcs.) VDT608  
20Ncm Torque adapter  
REF TW0001  
Digital CAD-CAM intraoral scan  
and laboratory scan. For single  
cemented and screwed elements.  
For multiple cemented elements.

also available  
ONLY digital file  
H 2,5mm



**REF**  
112224 ○

### Bonding base

Material: Ti5  
Fastening screw included and  
available as a replacement (pack. 2  
pcs.) VDT608  
20Ncm Torque adapter  
REF TW0001  
Digital CAD-CAM intraoral scan  
and laboratory scan. For single  
cemented and screwed elements.  
For multiple cemented elements.

Cutting line for  
use in digital  
environment

10,05mm  
7,95mm  
5,95mm  
3,95mm  
1,95mm



### Cylinder abutment

Material: Ti5  
20Ncm Torque adapter  
REF TW0001

**REF**  
PT1008 ○  
PTR180 ○

## Components for OCTA connections prosthesis



**Protection cap**  
 Material: Peek  
 Package 2 pcs.  
 Fastening screw included and available as a replacement (pack. 2 pcs.)  
 REF 112217  
*8/10Ncm Lock manually*



**REF**  
 112247



**Octa abutment**  
 Material: Ti5  
*35Ncm Torque adapter*  
 REF TW0080

**REF**  
 112215



**Precision transfer**  
 Material: Ti5  
 Fastening screw included and available as a replacement (pack. 2 pcs.)  
 REF 112238  
*8/10Ncm Lock manually*

**REF**  
 112237



**Octa analog**  
 Material: Ti5

**REF**  
 112236



Fastening screw included and available as a replacement (pack. 2 pcs.)  
 REF 112217



**Titanium abutment**  
 Material: Ti5  
*20Ncm Torque adapter*  
 REF TW0001

**REF**  
 CPO100 ○  
 CPR100 ○



**Castable abutment**  
 Material: Pmma  
*20Ncm Torque adapter*  
 REF TW0001

**REF**  
 112216 ○  
 112250 ○

Prosthetic components for digital flow - Connection on OCTA



REF

TPW110

**Scan abutment**

Material: Ti5

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

REF112217

*8/10Ncm Serrare manualmente*

*Ncm Lock manually*

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



REF

ANW658

**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.*

*Cutting line for use in digital environment*

10mm  
8,3mm  
6,4mm  
4,5mm



**Titanium abutment**

Material: Ti5

20Ncm Torque adapter

REF TW0001

REF

CPO100 ○

CPR100 ○

## Overdenture prosthetic components



**Sphere abutment  
MICRO Ø 1.8 mm**  
Materiale: Ti5  
20Ncm Torque adapter  
REF TW265



H	REF
0	112230

Retention compatible with  
RHEIN 83®

**Sphere abutment  
NORMAL NARROW Ø 2.2 mm**  
Materiale: Ti5  
20Ncm Torque adapter  
REF RDS225



H	REF
0	AST050
1,5	AST150



**Analog**  
Material: Ti5  
REF  
AAF225

**O-ring**

Material: Ti5

Pack 10 pcs.



REF  
POR225



REF  
ORG225

Retention compatible with  
RHEIN 83®

**Sphere abutment  
NORMAL Ø 2.5 mm**  
Materiale: Ti5  
20Ncm Torque adapter  
REF TW265



H	REF
0	112231
1	112232
2,5	112233

Retention compatible with  
RHEIN 83®

## Instruments



**Parallel PIN**  
Material: Ti5

**REF**

CPT3747



**Manual screwdriver**  
Material: Inox

L mm	REF	
9,35	001145	Short
14,35	001146	Long



**Contra-angle screwdriver**  
Material: Inox

L mm	REF	
7,35	RDC3727	Short
12,35	RDC3732	Long



**Extension for drill**  
Material: Inox

L mm	REF
9	KI589



**Hand wheel**  
Material: Ti5

L mm	REF
6	AMC016



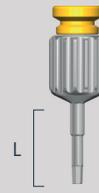
**Extension**  
Material: Inox

L mm	REF
12,5	110026



**Handpiece adapter short**  
Material: Inox

L mm	REF
8,5	CMC037



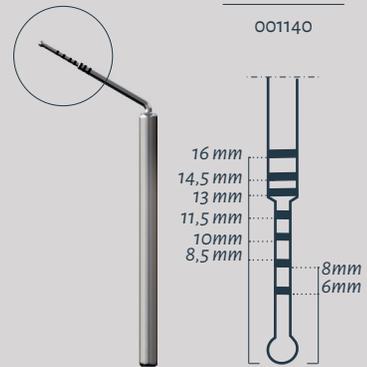
**Screw driver**  
Material: Inox

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

**Depth gauge**  
Material: Ti5

**REF**

001140



## Instruments



Dynamometric ratchet

REF

CCD070



OCTA abutment adaptor

Material: Inox

REF

TW0080



Screwdrivers adaptor

Material: Inox

REF

TW0001C Corto

TW0001L Lungo



Adaptor for dynamometric ratchet

Material: Inox

L mm

REF

7

ISO370



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

Material: Inox

L mm

REF

16

TW0015C



Hex screwdriver for contra-angle bonding bases for angled screw channel

Material: Inox

Deformation limit is 30 Ncm

L mm

REF

16

200011 Short

21

200012 Long



Hex screwdriver

Material: Inox

L mm

REF

8

CCG0024

Short

14

CCG0030

Long



Adaptor for sphere abutment Ø 2.25

Material: Inox

REF

RDS225



Adaptor for sphere abutment Ø 1.8 e 2.5

Material: Inox

REF

TW265



Adaptor for Dualock® abutment

Material: Ti5

REF

ADL150



One piece abutment adaptor

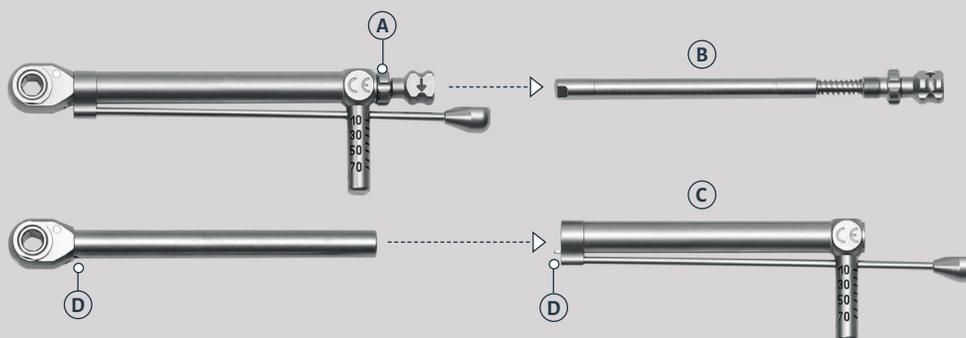
Material: Ti5

REF

TW0006

## 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.

## Preliminary indications for surgical instrument use

### PREVENTION

Besides correct and continuous long-term 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 SODIUM 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 GLUTARALDEHYDE OR SODIUM HYPOCHLORITE ), 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-TORQUE device.

### NON-ROTATING INSTRUMENT

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

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## Bibliography

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#### MATERIALS LEGEND

CrCo	Cobalt-chrome alloy
Inox	Surgical stainless steel
Ptfe	Polytetrafluoroethylene
Peek	Polyeteretererechetone
Pmma	Polymethylmethacrylate
Ti5	Titanium gr.V ELI for medical use
Plastic	Polymer

#### PACKAGING SYMBOLS LEGEND

**LOT**

Lot number

**STERILE R**

Sterilized by gamma rays

**NON STERILE**

Not sterile

**REF**

Product code

**RIUTILIZZABILE**

Reusable



Use by



Non-reusable



Attention, consult  
the supplied documentation



Directive 93/94/CEE  
conformity mark



0123  
Notified body identification







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