

Do you like to have  
a really good  
system?



ROOTFORM

COMPRESSIVE MS

COMPRESSIVE M

COMPRESSIVE MP

COMPRESSIVE S

COMPRESSIVE

BASAL SS

BASAL

You want your cases  
will have a maximum  
prosthetic options?







Rootform is a two-piece implant  
for single & multiple unite restorations  
with a self-tapping thread and  
internal conical connection

ROOTFORM

Thick wall.

All sandy surfaced. It increases the surface area, that makes blood vessels and nerves stick well to the implant.

Strong and sharp adhesion to the gums because of the surface adherence.

ROOTFORM


































# Greater Variety of sizes



Length from 6 to 16 mm  
Diameter from 3 to 5.5 mm



L \ o	Ø 3.0	Ø 3.5	Ø 3.8	Ø 4.2	Ø 4.8	Ø 5.5
<b>6 mm</b> Ø i   Ø i <sub>i</sub> Ø a   Ø a <sub>i</sub> s   α		 <b>R3506</b> 3.5   3.3 3.4   1.8 85   24	 <b>R3806</b> 3.8   3.4 3.7   1.6 95   28	 <b>R4206</b> 4.2   3.6 4.1   1.9 106   26.5	 <b>R4806</b> 4.2   3.8 4.1   1.7 114   29	 <b>R5506</b> 4.9   4.5 4.8   2.4 137   29
<b>8 mm</b> Ø i   Ø i <sub>i</sub> Ø a   Ø a <sub>i</sub> s   α		 <b>R3508</b> 3.5   3.3 3.4   1.7 111   20	 <b>R3808</b> 3.8   3.4 3.7   1.3 128   21.2	 <b>R4208</b> 3.6   3.2 3.5   1.2 125   21.2	 <b>R4808</b> 4.2   3.8 4.1   1.7 147   23.6	 <b>R5508</b> 4.9   4.5 4.8   2.3 177   23.6
<b>10 mm</b> Ø i   Ø i <sub>i</sub> Ø a   Ø a <sub>i</sub> s   α	 <b>R3010</b> 3.0   2.5 2.8   1.4 114   14	 <b>R3510</b> 3.5   3.2 3.3   0.8 137   21	 <b>R3810</b> 3.8   3.4 3.6   1.2 159   15.4	 <b>R4210</b> 3.6   3.2 3.4   1.2 182   15.4	 <b>R4810</b> 4.2   3.8 4.0   1.6 182   17	 <b>R5510</b> 4.9   4.5 4.7   2.3 220   17
<b>12 mm</b> Ø i   Ø i <sub>i</sub> Ø a   Ø a <sub>i</sub> s   α	 <b>R3012</b> 3.0   2.5 2.7   1.4 137   9.8	 <b>R3512</b> 3.4   3.2 3.3   0.7 164   16.6	 <b>R3812</b> 3.7   3.4 3.6   1.2 190   12.2	 <b>R4212</b> 3.5   3.2 3.4   1.1 182   12.2	 <b>R4812</b> 4.1   3.8 4.0   1.5 217   13.6	 <b>R5512</b> 4.9   4.5 4.7   2.2 263   13.6
<b>14 mm</b> Ø i   Ø i <sub>i</sub> Ø a   Ø a <sub>i</sub> s   α	 <b>R3014</b> 3.0   2.5 2.5   1.4 159   7.5	 <b>R3514</b> 3.4   3.2 3.2   0.7 188   13.8	 <b>R3814</b> 3.7   3.4 3.5   1.1 221   10.2	 <b>R4214</b> 3.5   3.2 3.3   1.1 209   9.8	 <b>R4814</b> 4.1   3.8 3.9   1.4 249   11.4	 <b>R5514</b> 4.8   4.5 4.6   2.1 304   11.4
<b>16 mm</b> Ø i   Ø i <sub>i</sub> Ø a   Ø a <sub>i</sub> s   α	 <b>R3016</b> 2.9   2.4 2.4   1.4 178   6	 <b>R3516</b> 3.3   3.2 3.1   0.6 215   12	 <b>R3816</b> 3.6   3.4 3.4   1.0 249   9	 <b>R4216</b> 3.4   3.2 3.2   0.8 234   9.8	 <b>R4816</b> 4.0   3.8 3.8   1.4 285   9.8	 <b>R5516</b> 4.7   4.5 4.5   2.1 346   9.8

o - occlusal diameter (mm); i - intraosseous diameter (mm); a - apical diameter (mm);  
 α - total internal angle (degree °); s - intraosseous square area (mm²); Subscript i = internal

To have a good primary stability  
is important,  
Right?



# Greater Primary Stability By The V-shape Design

The diagonal V-shape design  
(aka. "tapered shape design")  
has many times proven to provide  
**a greater primary stability**  
than just a straight body design.

This becomes especially evident  
in situations of Type 3 or 4 bone  
where a high primary stability  
is more difficult to achieve

but where exactly here  
the ROOTFORM has proven  
to provide that high torque  
that you really need.



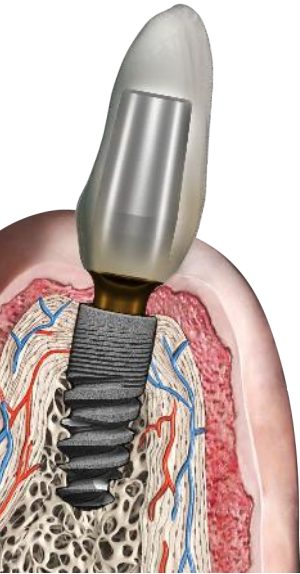


# More Bone Is Preserved Because Of The V-shape

When inserting a tapered implant  
less bone gets displaced away  
than with a straight wall design.

This makes our ROOTFORM implants  
less invasive & more preserving  
to the natural bone that exists

and thus leading to  
a stronger osseointegration  
right from the very start  
by not displacing more bone  
than it is really needed to.





# In The Shape Of Nature How A Tooth Root Is

The tapered design imitates  
how the root of a real tooth is.

And it makes always more sense  
to go with the patterns of nature  
rather than with an artificial  
straight wall design that is  
contrary to nature.



# More Placement Options Because Of The Tapered Design

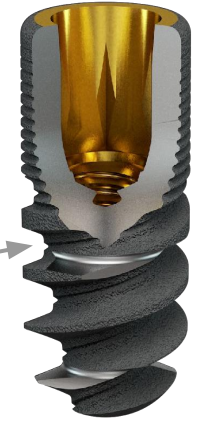
When you have to place implants  
in a crowded or a narrow situation  
you will be very glad that the design  
is V-shaped and not bulky straight  
because you have so little space.

so that with our V-shaped implants  
you will have more placement options  
and more room available for you  
to find the best position for it.

# Original Was Parallel Modern Is Tapered



**Nobel Biocare**  
making you smile



**TRATE**

The original design back in the old days used to be a parallel wall straight design but since then, science has moved greatly on with the modern designs being tapered.



 **straumann**

Like for example also Straumann that like a giant ship needs a long time to turn around in their marketing has also started to finally introduce



 **straumann**

If you could both  
increase your income  
and reduce your costs  
wouldn't that be great?



# Save More By Using a Free Part



Each ROOTFORM implant comes together with  
**a free multi-functional part (CRE)**  
which is made of same material  
as an implants & abutments

Many of users use CRE as temporary  
or permanent straight abutment

Simply by using CRE part as abutment  
you can reduce your costs  
up to 30%\*

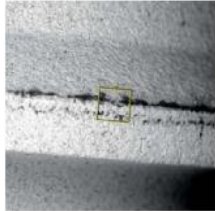
\*If to take MRP for implant as 90 EUR and 40 EUR for abutment:  $90/(90+40)*100=30\%$



# Cleaner surface as no surface touched



24. 1 Simple sterile packaging (LDPE zip lock bag) in a blister.



25. 1 Conspicuous organic residue on the external surface (field of view).

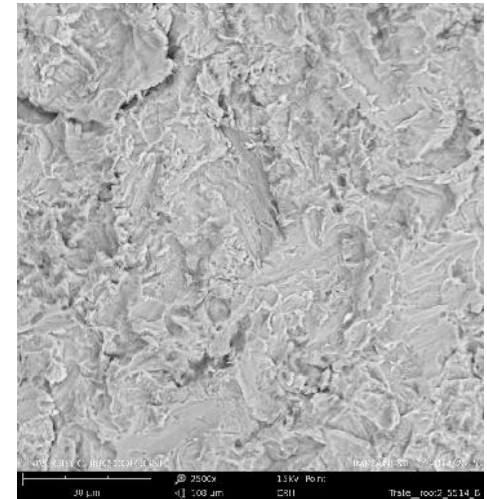
Duddeck EDI - Journal 1 -  
2015 - Surface Analysis  
(Part\_1)



To be able to provide **maximum protection**  
and to protect sensitive surface which  
is in contact with human bone

ROOTFORM implants are holding  
in neutral area and have no  
contact with packaging

It helps to keep surface  
**cleaner & safer**

**TRATE**



# More Aesthetic By Using As a Former

For creating a customized profile you can use  
a free multi-functional part

It is not only for free, but it even better as you can create  
your own perfect shape which will ideally fit  
and you reduce your costs up to 15%\*



\*If to take MRP for implant as 90 EUR and 15 EUR for gingiva former:  $90/(90+15)*100=15\%$



# Even More Savings If To Use As a Transfer



To save even more you can try to use  
a free multi-functional part

as a transfer in combination with green carrier  
(which is also comes for free in pack),

to have direct impression of external platform

or to use plastic transfer TRA for cases where  
you are not looking for positioning



*Dentistry of the future*  
*Dr. Yuriy Dmytryshyn*



Yuriy Dmytryshyn ▸ Open Dental Community

Moderator · 20 March 2017 · ©



Like



Comment



Share



Vitaliy Pimenov and Ahmed Mossad



Ahmed Mossad I liked the idea of using it as a transfer

Like · Reply · 47w



1



Write a comment...



# Faster Implant Insertion If To Use As Insertion Carrier



To save your time you can insert implant manually straight after drilling a hole with a free multi-functional part and green holder

than you can remove green holder and to finish insertion of implant by **safe transmitting torque up to 50 Ncm\***

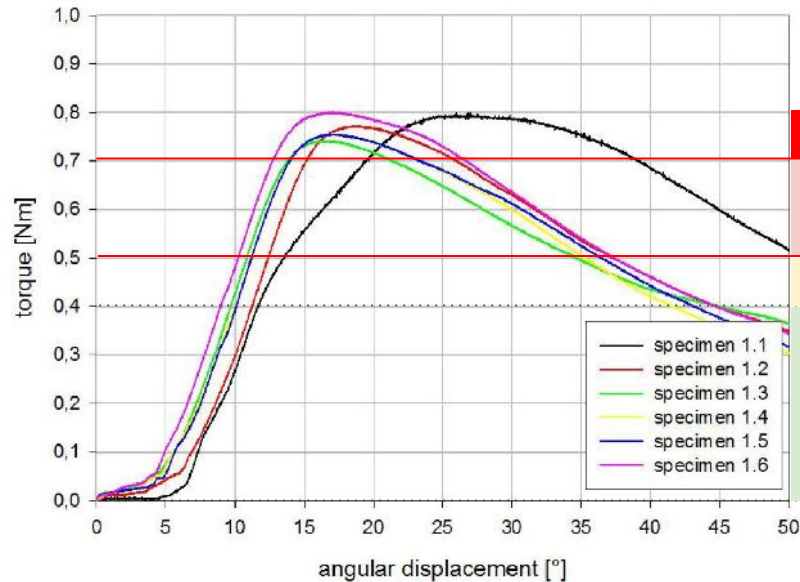
what is basically more than enough for **immediate loading**

\*For torque more than 50 Ncm use insertion tool for internal connection like (IT, ITL, ITH, ITHL, ITAO)



# 77 Ncm

## the mean maximum torque



Plastic deformation  
> 70 Ncm

Never exceed  
50 Ncm

Switch to internal  
40-50 Ncm

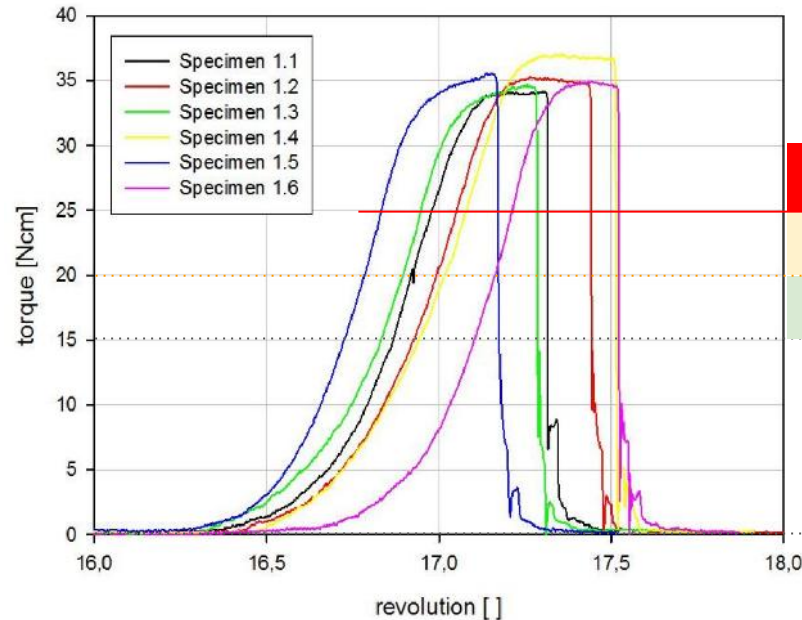
Safe to use for  
implant insertion  
0-40 Ncm



Plastic deformation  
> 70 Ncm

# 35.3 Ncm

## the mean maximum torque



Never exceed  
25 Ncm

Dangerous zone  
is 20-25 Ncm

Safe zone for abutment  
fixation is 15-20 Ncm

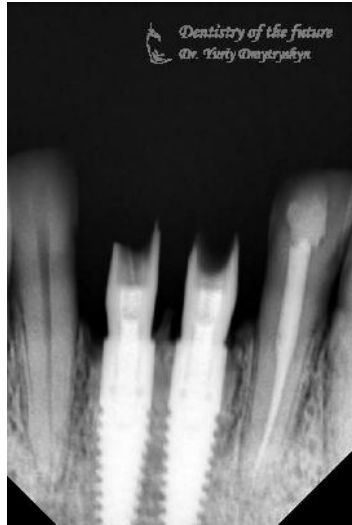
Fracture of the screw  
> 35 Ncm



Would you like to be able to  
place implants easier  
in narrow spaces  
as-well?



# Easier With Lower Incisor with Rootform 3.0



due to **special design** of  
ROOTT conical connection  
we created a special size

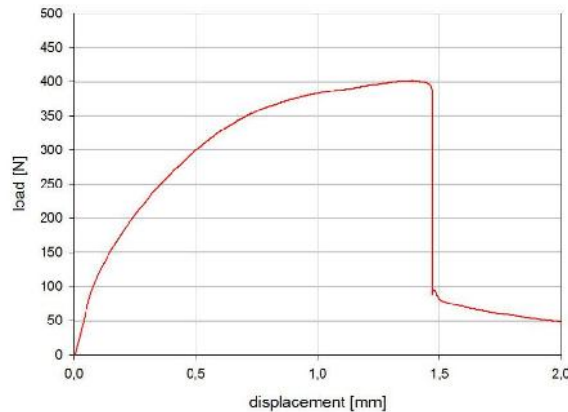
with a maximum diameter  
of just 3 mm it is possible  
**easily to replace**  
lower incisors

and in some case  
even load immediately  
due to a great torque





# Stronger even being so slim

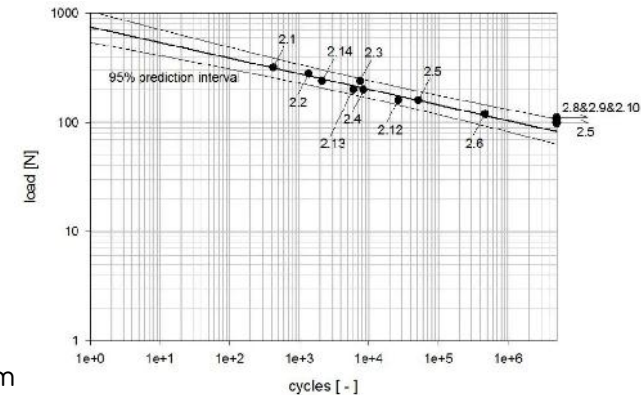


tests results from leading  
independent laboratory  
in Germany

Shows following results:  
Maximum static load - 401 N  
Maximum bending moment - 2085 Nmm

5 million load cycles without failure:  
Maximum dynamic load - 110 N  
Maximum run-out bending moment - 572 Nmm

The lower boundary of the 95% prediction interval  
for the run-out load is 63 N (=328 Nmm)



Test according to ISO 14801 established by EndoLab GmbH



# Greater torque by special thread design



ROOTFORM 3.0 has a combination  
of 3 different types of thread

combination & deepness of such threads  
allows to reach even 50 Ncm torque  
with a great primary stability

and in some of cases  
immediately to  
load

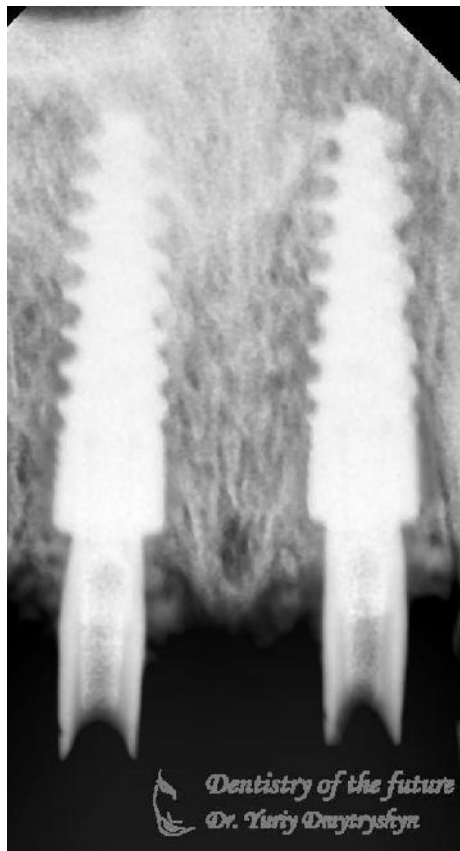


# Platform Switching even if it so narrow

Platform switching is a method used to preserve alveolar bone levels around dental implants.

The concept refers to placing screwed or friction fit restorative abutments of narrower diameter on implants of wider diameter,

rather than placing abutments of similar diameters, referred to as platform matching.

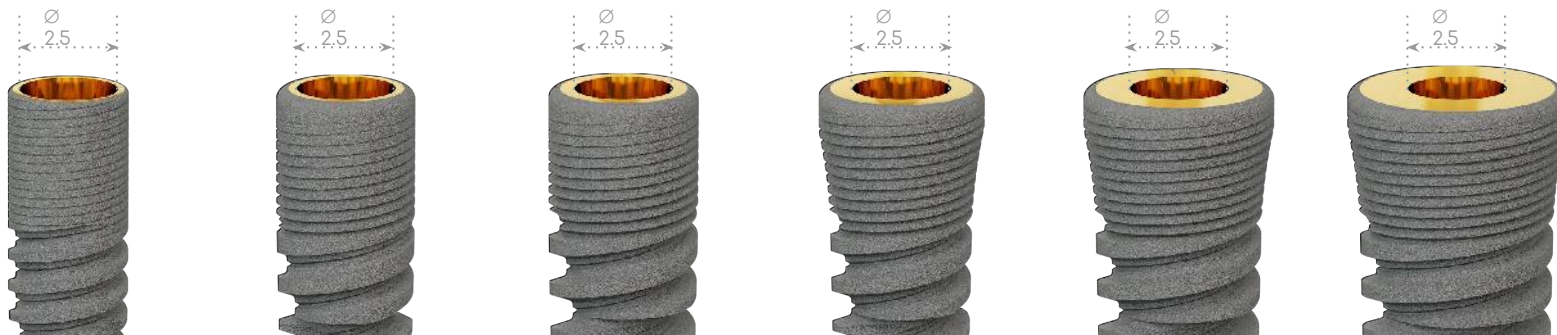


# Easier With Components Due To The Same Platform

For all diameters of ROOTFORM implants  
have been especially developed one-platform

No matter which diameter of implant  
you will use, you will no need to care  
if it is correct platform or not

It helps to eliminate your stock  
and to simplify practice.



Do you like to have  
a really good  
connection?



# No More Micro-gap No More Micro-movement

Because our conical connection  
is so tight – in fact airtight  
there is no micro-gap visible  
not even under an  
electron microscope!

for even at its widest point  
the space is just 0.7 microns big  
and which is smaller than even  
the size of a single bacteria!

while in a flat-to-flat connection  
this gap can be up to 30 microns big  
so that our conical connection  
is thus 42x tighter sealed  
than a flat connection is!

# Internal Hex Index

## To Make Your Work Easier

The internal hex index helps you  
in 3 ways to make your work easier:

- it helps you **orient the implant**  
during the insertion process
- it helps you **place the abutment**  
into the proper position
- and to **transfer the exact position**  
of the implant into the lab model



# The Reason Why A Conical Connection

Flat-on-flat connections have been proven  
to create a micro-gap under chewing  
between the abutment and the implant.

This constant opening & closing  
begins to act then like a pump  
that sucks in all kinds of bacteria  
that then ultimately start to lead to  
peri-implantitis and thus implant failure.

# No More Screw Loosening

# No More Screw Breaking

For many dentists still today abutment screw loosening  
is still the most common mechanical problem  
in single tooth restorations.

The reason is because in flat-top connections  
the abutment screw provides the most, if not almost all  
of the holding force between the abutment and the implant.

but in the conical connection because of its U-shaped design  
most of the forces are diverted directly down unto the implant  
and not put on the fixing screw!

So that the screw only serves to just provide a little hold  
that is needed between the 2 components  
and not to carry the bulk of the load  
on it.

Would you like to switch  
easy between platforms  
with same implant?

You want your ROOTFORM  
implants will have  
all accessories  
right?



Small Multi Unit



Regular Multi Unit



External Platform



Cerec



Locator

Internal Platform





Gingiva formers



Abutments



Transfers

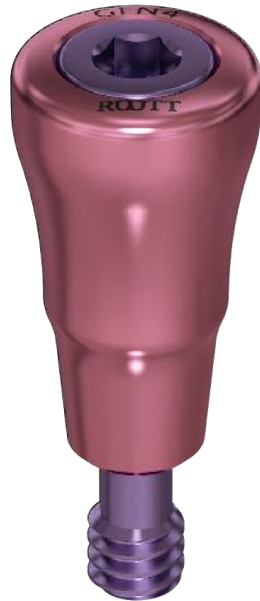


Instruments

It's nice to have  
a good gingiva formers  
right?



Bone build-up



Narrow



Regular



Individual (PEEK)

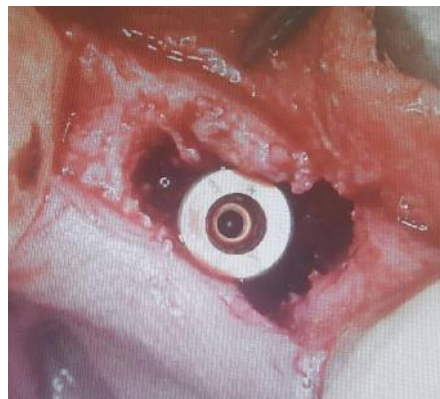


Wouldn't be great even  
to build up bone  
over implant?

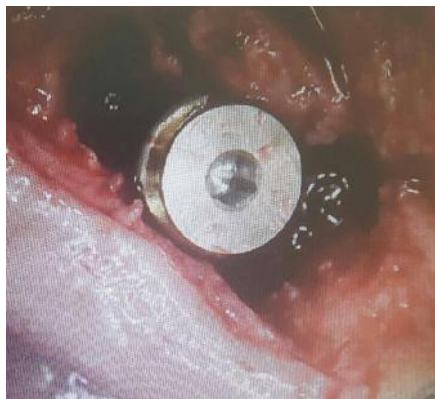




implant level



Immediate placement of  
Rootform implant in fresh  
extraction socket



Bone build-up screw  
over implant



Empty space filled  
with bone graft  
material



Rootform implant  
covered with a  
new bone





Two-stage surgical technique







implant level

REF

GF1

GF2

GF3

GF4

GF5

GF6

GF7

H

3.1 mm

3.8 mm

4.8 mm

5.8 mm

6.8 mm

7.8 mm

8.8 mm

Best  
for

A1  
A1A15  
A1A25  
M1

A2  
A2A15  
A2A25  
M2

A3  
A3A15  
A3A25  
M3

A4  
A4A15  
A4A25  
M4



implant level

REF      GFP3

GFP4

GFP5

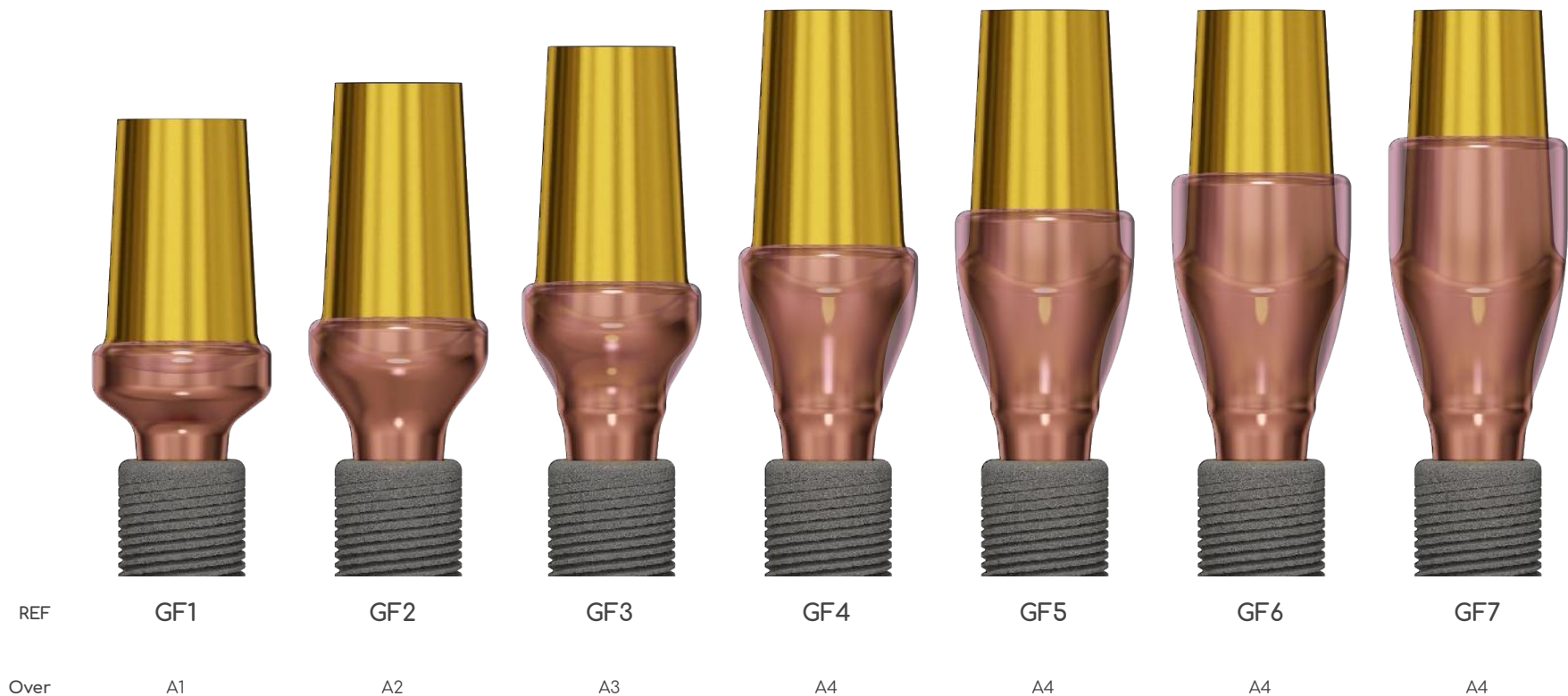
H      5.0 mm

6.0 mm

7.0 mm

Best  
forA3  
A3A15  
A3A25  
M3A4  
A4A15  
A4A25  
M4





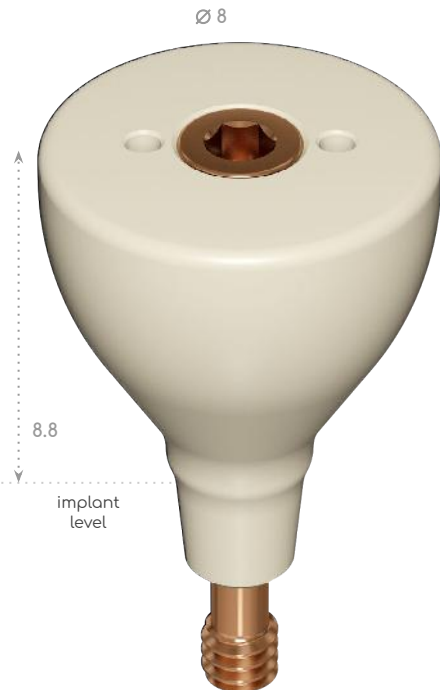




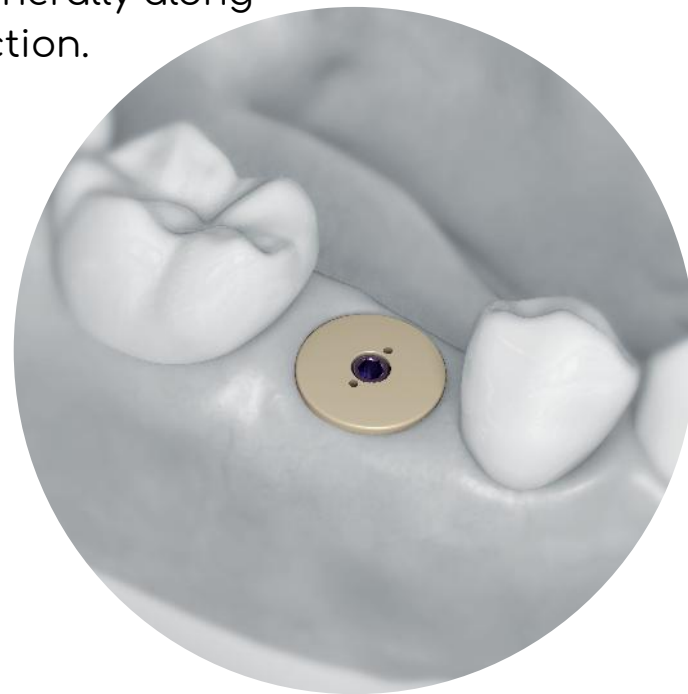
One-stage surgical technique

Is used to create the required gingival contour in aesthetically important areas, generally along with gum contour surgical correction.

Can be used as a temporary abutment. Made from biocompatible plastic.



Maximum torque for screw:  
15 Ncm



REF

GFI

Accuracy of impression  
is essential for a  
proper fitting?



Open-tray



Close-tray

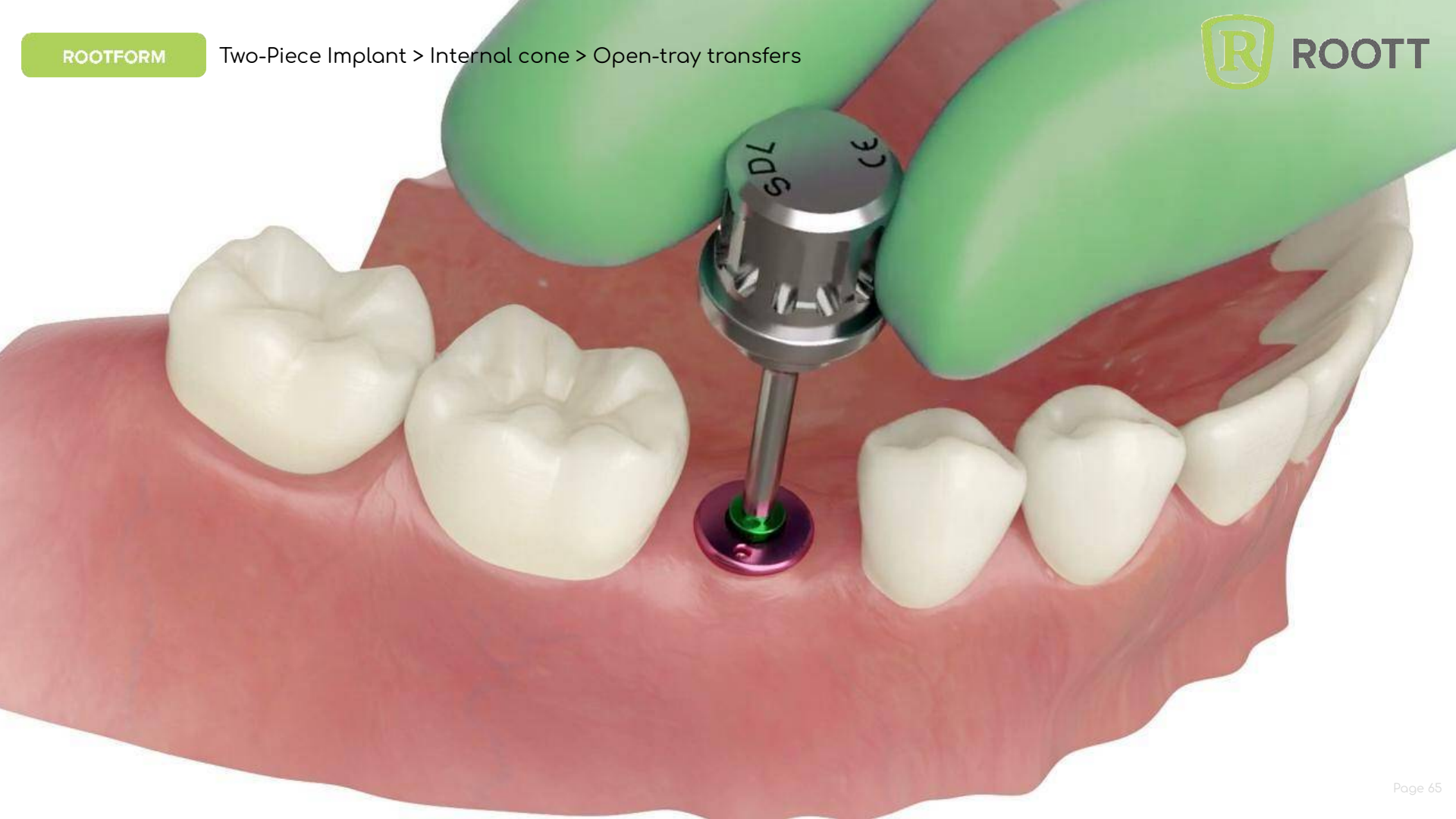


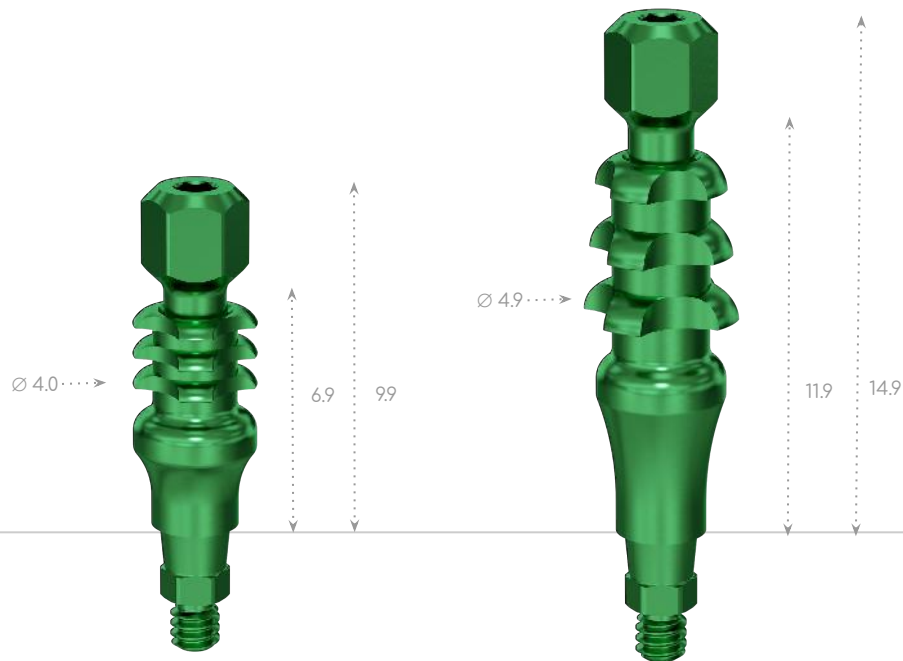
Digital



Analogue







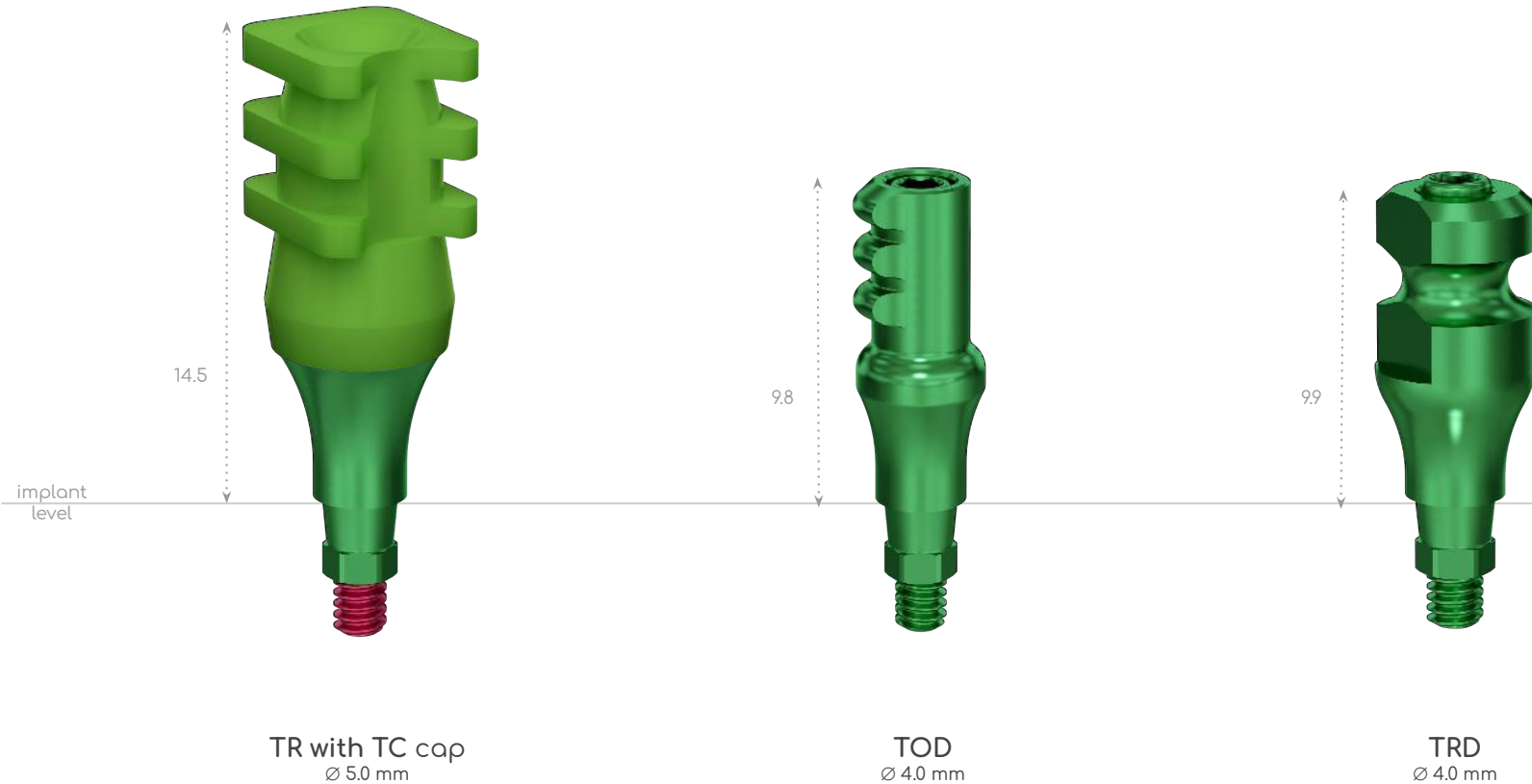
TOS  
 $\varnothing 4.0$  mm

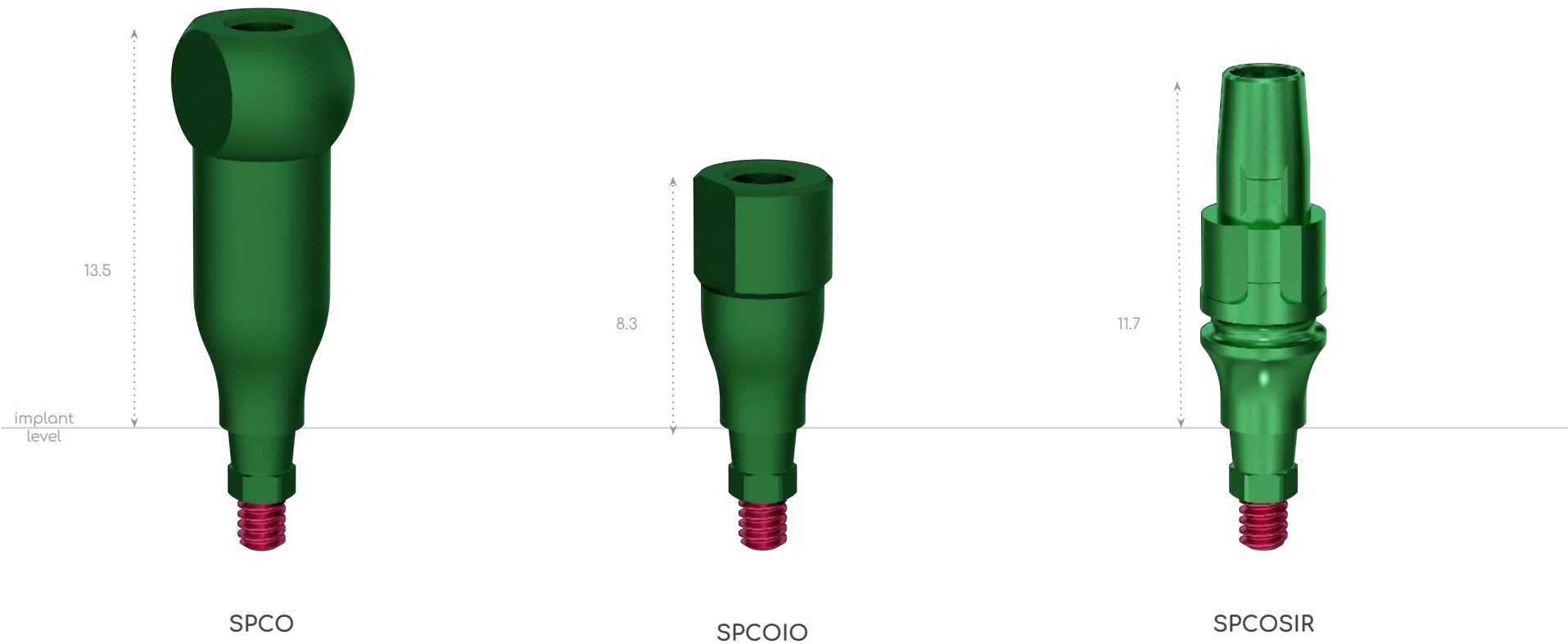
TO  
 $\varnothing 4.0$  mm





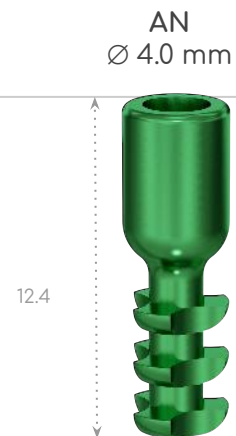








Open tray

implant  
level

Do you want your lab  
to have more options  
for you?



Cement-retained



Digital



Screw-retained



Attachment



# Surface

The abutment is made of Ti6Al4V,  
polished and anodized in gold & pink color,  
allowing more aesthetics to be achieved  
in soft tissues.

# Internal thread

Simple abutment removal with a removable key (SR),  
eliminating undesired force on the implant  
in case of extra fixation.

# Conical connection

Together with hex allows you to securely lock the abutment,  
creating a tight connection with the implant  
and preventing undesired micromotion.

# Free clinical screw

Every abutment comes with a two screws.

Pink screw is used for laboratory  
which is actually wearing out  
during milling & multiple tryings

While second clinical screw is used  
just once for a final fixation  
of abutment.

What helps to prevent breakage  
& unscrewing in final  
restoration.

Ease of fabrication &  
eliminating of cost  
is important,  
isn't it?



# Ease of Fabrication and Cost

The fabrication of cement-retained  
protheses is easier comparing to  
screw-retained protheses,

because traditional prosthetic techniques are followed  
and there is no need for special training  
of the laboratory technicians

# Passivity of the Framework

Cement-retained implant superstructures  
have the potential for being  
completely passive.

The absence of a screw connecting the superstructure  
to the abutment or to the implant tends to eliminate  
the strain that is introduced into the prosthesis/implant  
system during tightening  
of this screw.



# Esthetics

It can influence the selection  
of prosthesis type.

It is true that the screw access hole  
is highly unesthetic,

but this problem is limited only to the  
areas of mandibular premolars and molars.

Availability of different  
shape of abutments  
gives more freedom



Narrow  
Ø 3.98 mm



Anatomical  
Ø 4.8 mm



Angled  
Ø 4.8 mm

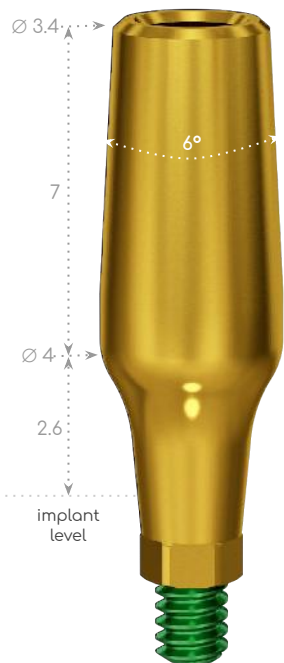


Transgingival  
Ø 5.6 mm



With transfer function  
Ø 4.95 mm

Narrow abutment is used to create cement-retained restorations in cases of insufficient space for an anatomical abutment

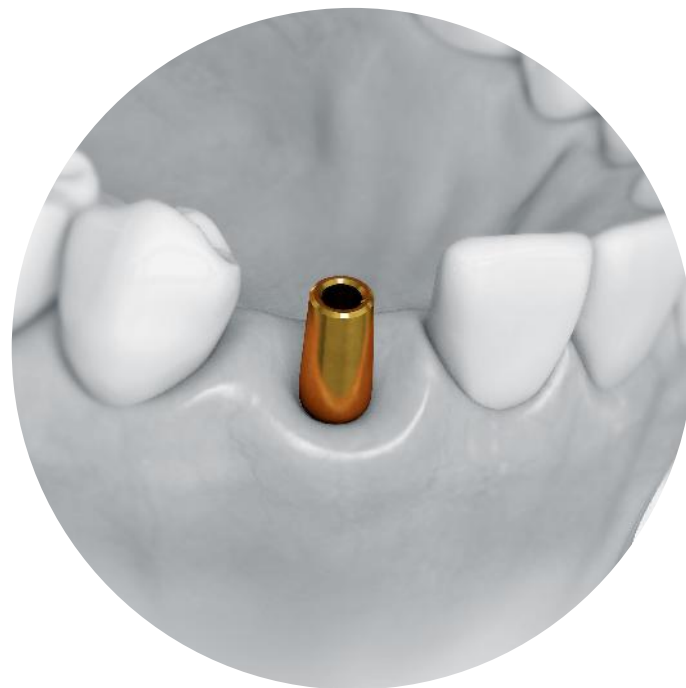


REF A1N



Supplied with two screws:  
for laboratory use (pink)  
for clinical use (green)

Maximum torque  
15 Ncm



Anatomical abutments is used to create cement-retained restorations, shape of the abutment allows to work with subcrestal position of the implant and significantly reduces the time usually spent on milling standard abutments



implant  
level

A1 ... A4

REF

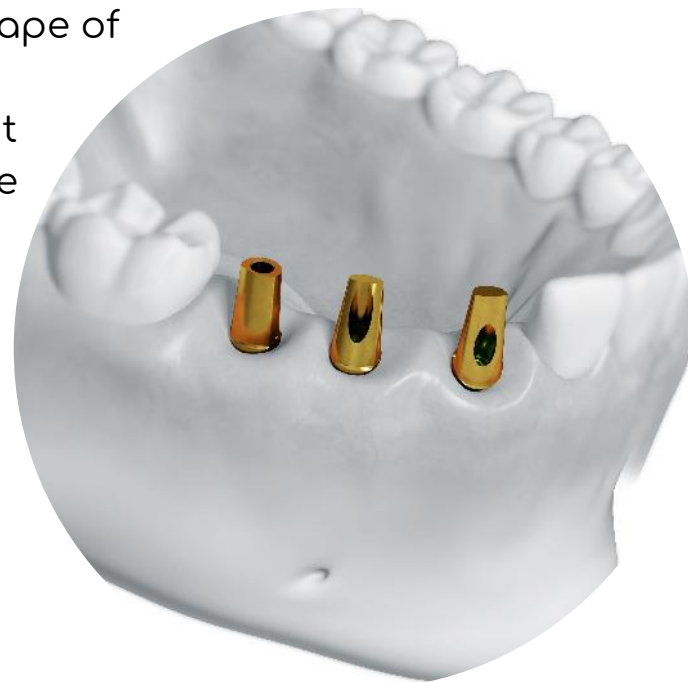
A1A15 ... A4A15

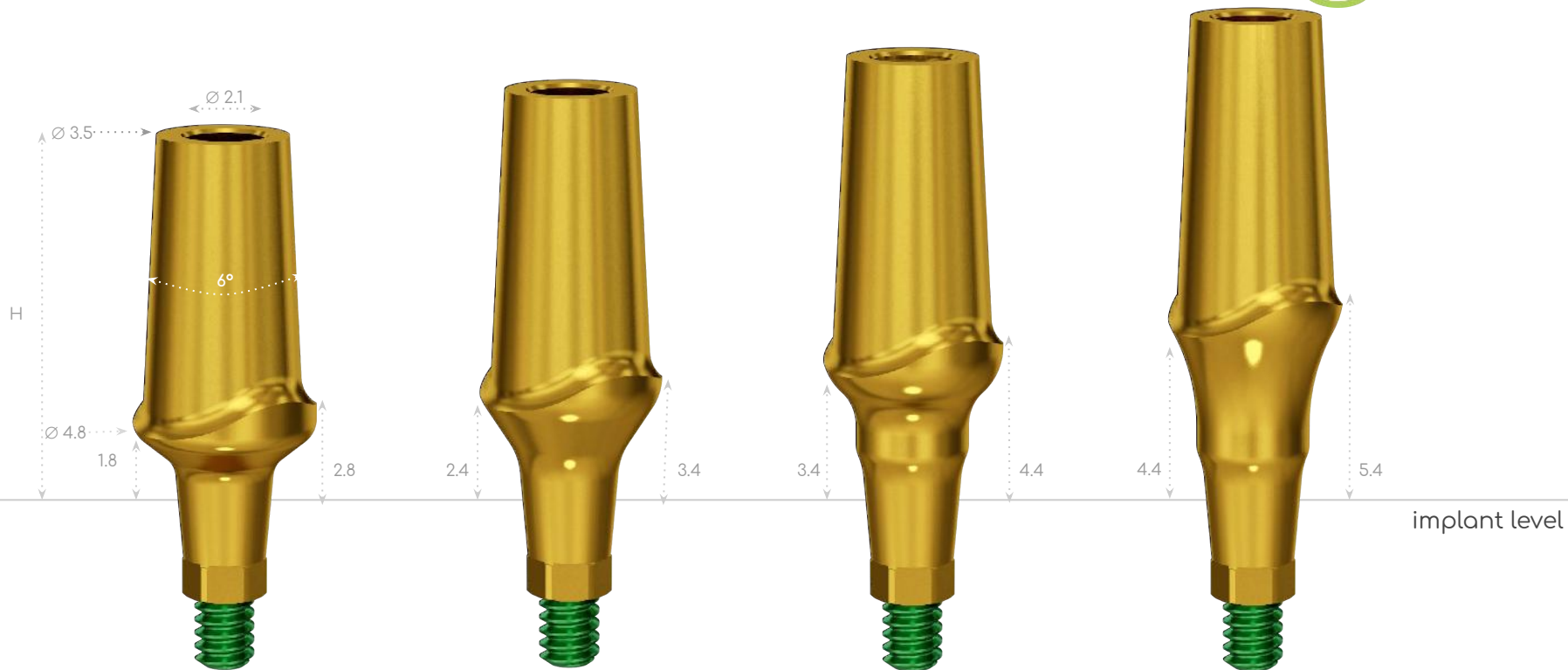
A1A25 ... A4A25



Supplied with two screws:  
for laboratory use (pink)  
for clinical use (green)

Maximum torque  
15 Ncm





REF

A1

A2

A3

A4

H

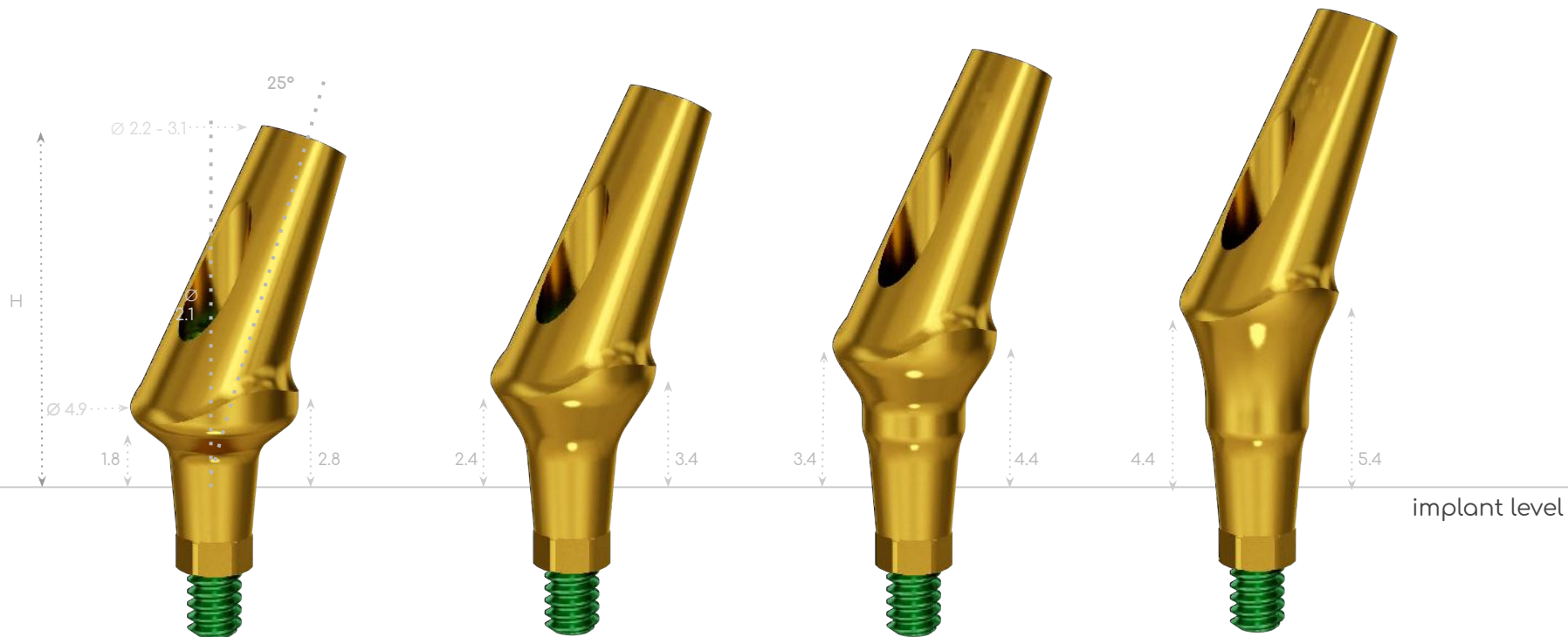
9.3 mm

10.3 mm

11.3 mm

12.3 mm





REF

A1A25

A2A25

A3A25

A4A25

H

9.4 mm

10.4 mm

11.4 mm

12.4 mm



Wouldn't be great to  
have a special burnout cap  
for simple cases in a distal area  
and save more time on waxing?

Is used to create single cement-retained restorations in the masticatory area with adjustable height only.

Horizontal limiting marker prevents the abutment from being shortened by more than 4 mm, ensuring stable fixation



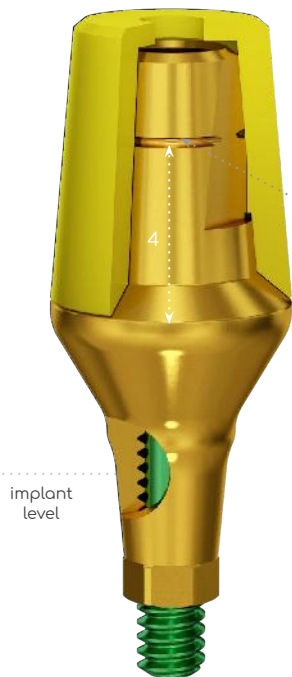
Supplied with BP burnout cap to insure precise alignment of the metal body to prevent dental cementing failure.



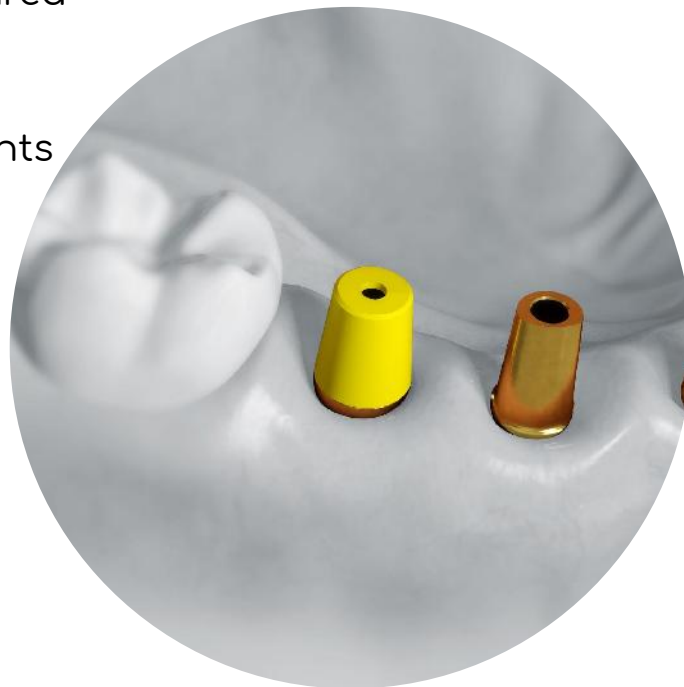
In pack with two screws:  
for laboratory use (pink)  
for clinical use (green)



Maximum torque for screws:  
15 Ncm



REF AT1 ... AT4



Place BP cap  
on AT abutment



Adjust height  
by cutting

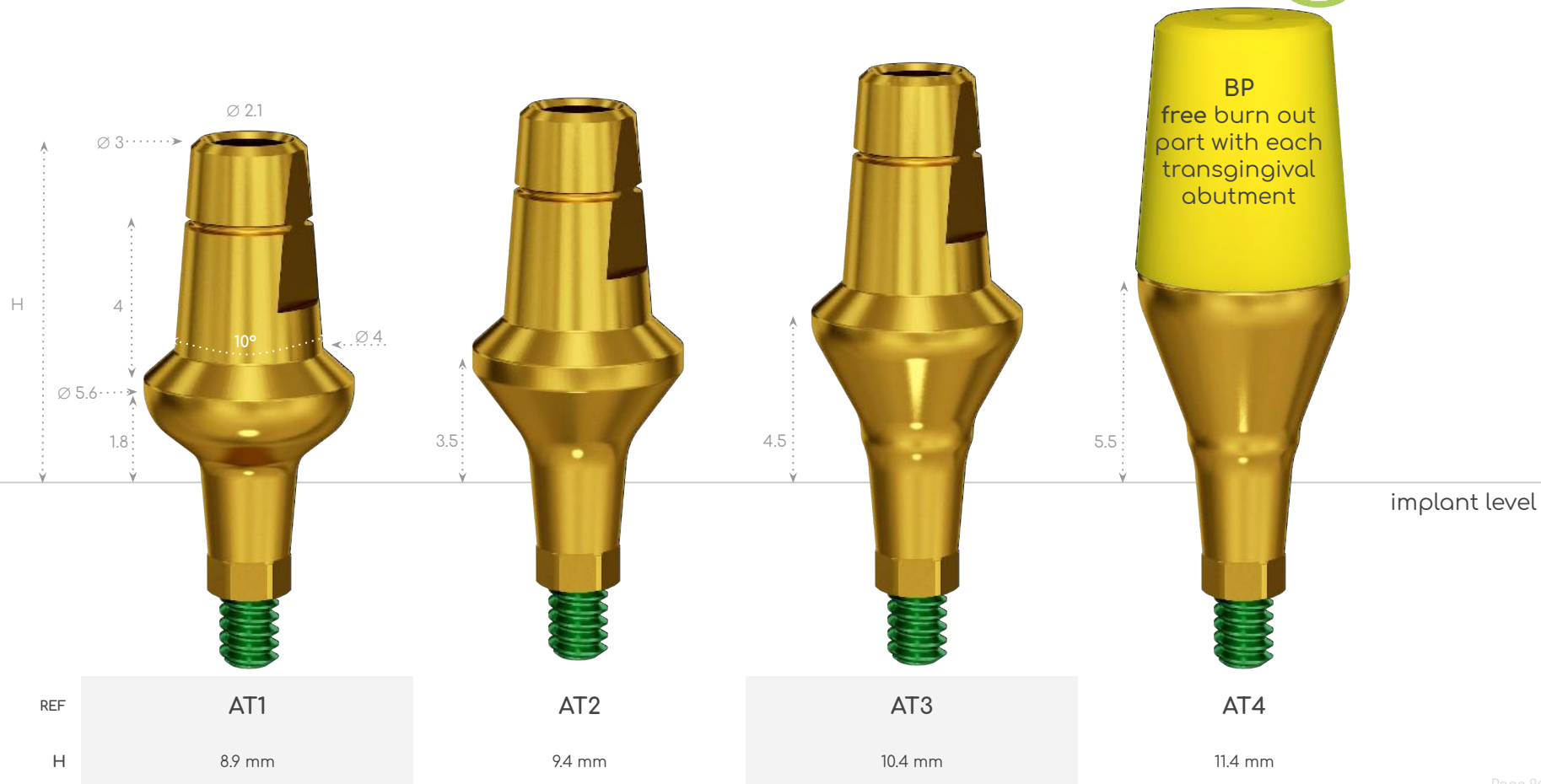


Use wax for modelling  
future crown



Fix crown to  
AT abutment







Immediate placement of  
Rootform in fresh  
extraction socket



Immediate placement of  
regular gingiva former



Transgingival  
abutment  
for distal area



Placement of  
AT abutments



Final view  
in mouth



To take an impression directly  
from abutment  
saves time





REF

A05K

A1K

A2K

A3K

A4K

H

6.0 mm

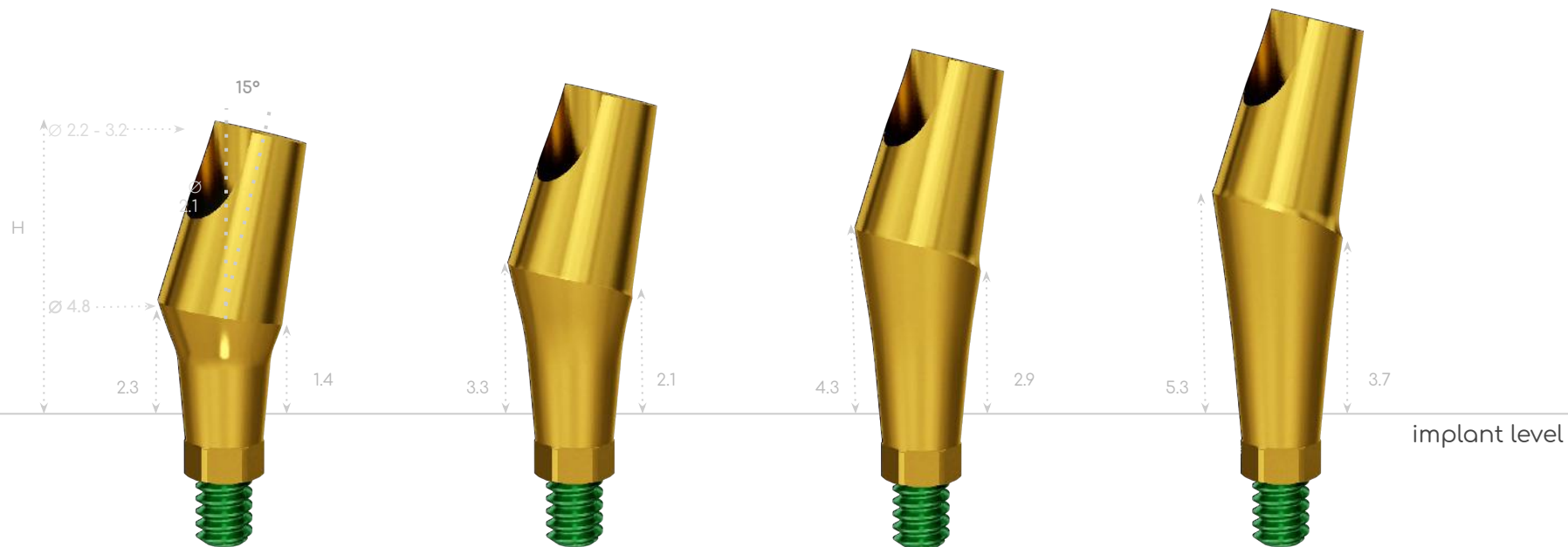
6.5 mm

7.5 mm

8.5 mm

9.5 mm





REF

A1A15K

A2A15K

A3A15K

A4A15K

H

6.9 mm

7.9 mm

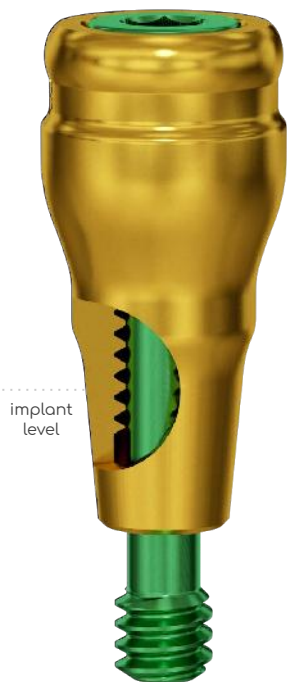
8.9 mm

9.9 mm

To have economical solution  
for overdenture patients  
is important



Is used to improve fixation and stabilize dentures in the upper and lower jaws.



REF B1 ... B5



Supplied with:

One housing HBC

One standard retention insert BCW

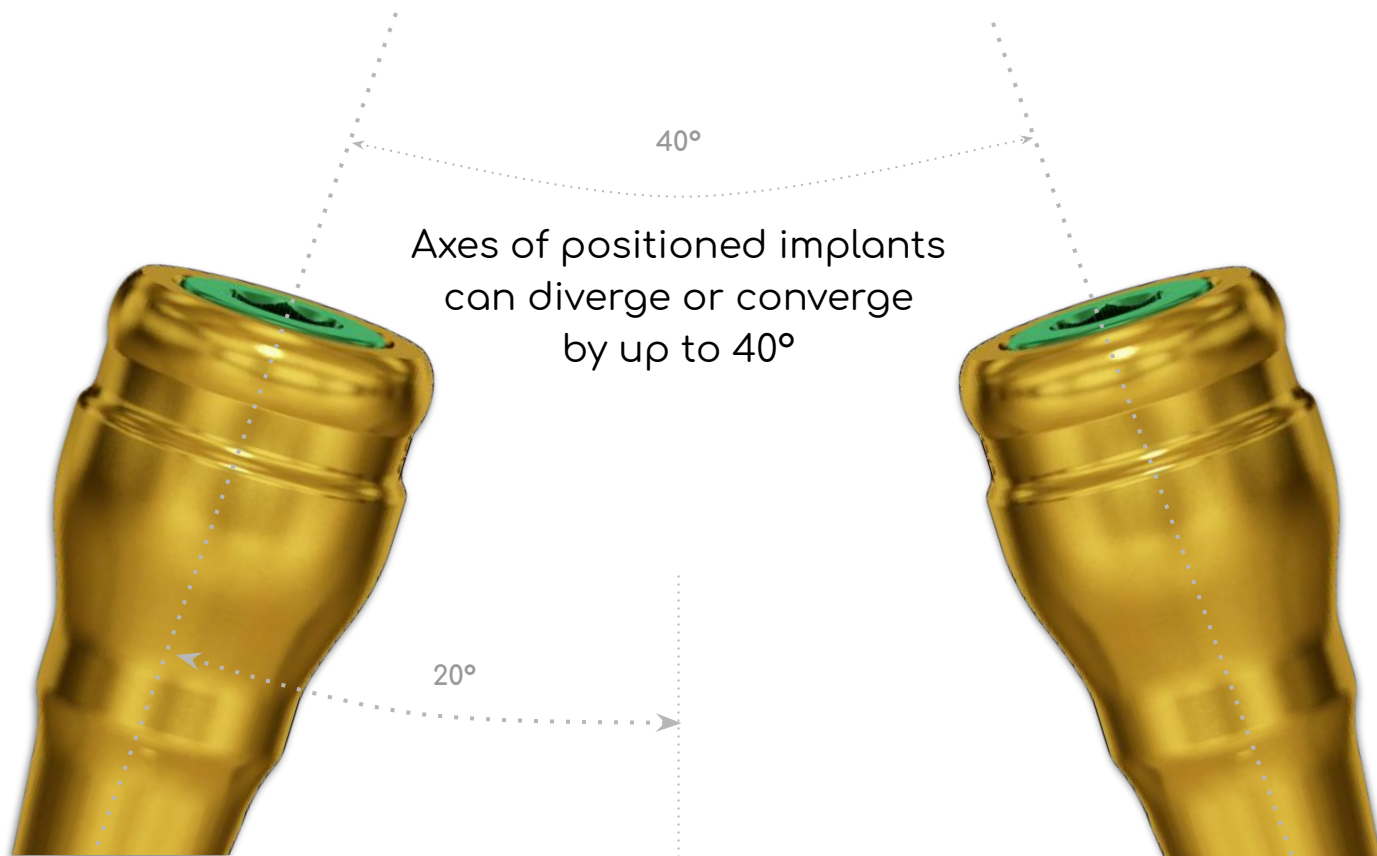


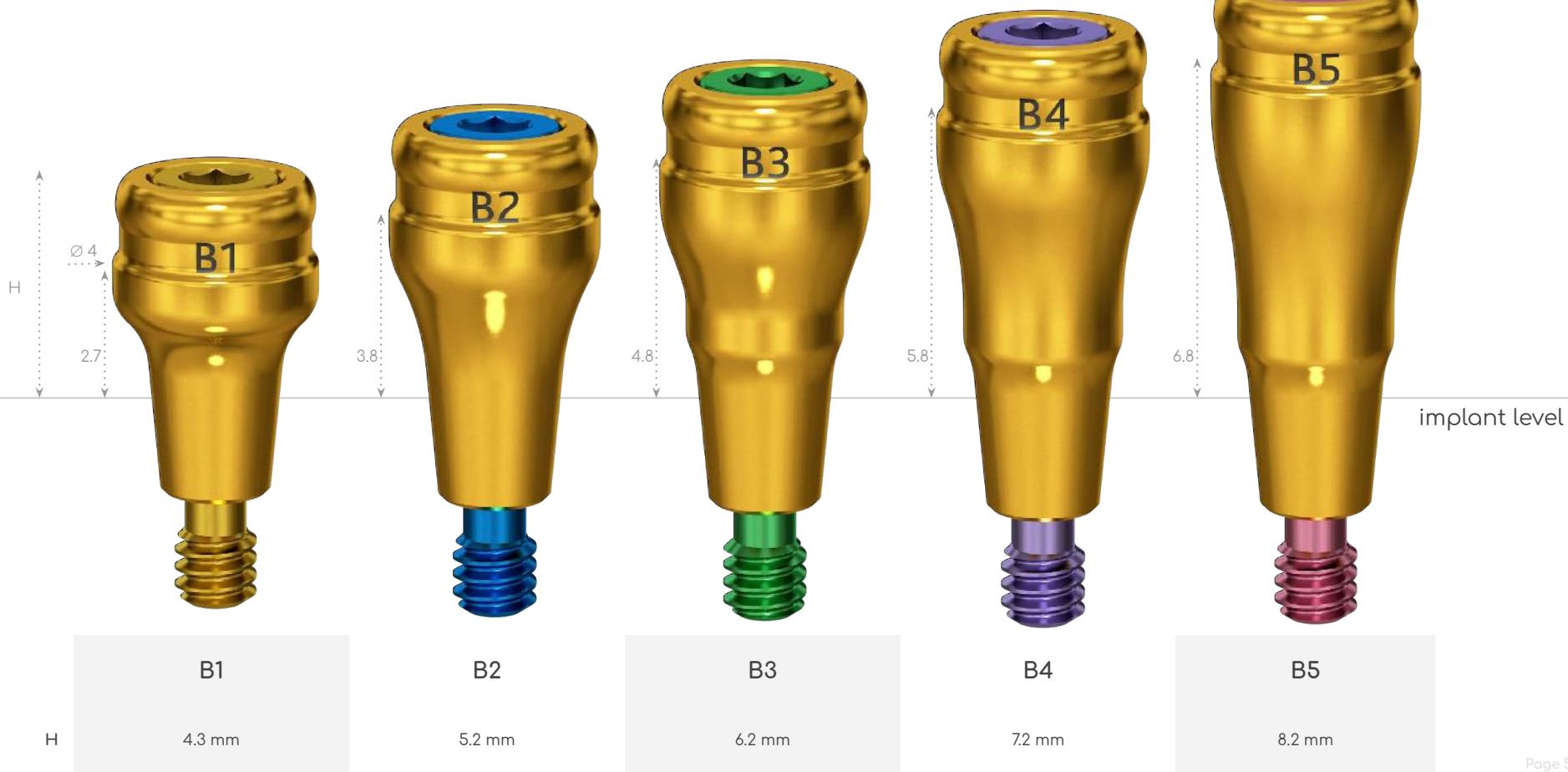
One final clinical fixing screw.  
With variable height depend  
on abutment gingiva height



Maximum torque for screws:  
15 Ncm





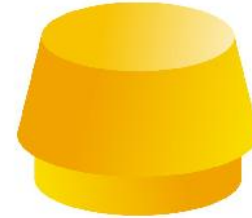




BCW  
Standard retention



BCP  
Soft retention

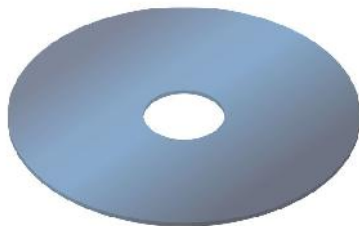


BCY  
Extra soft retention



HBC





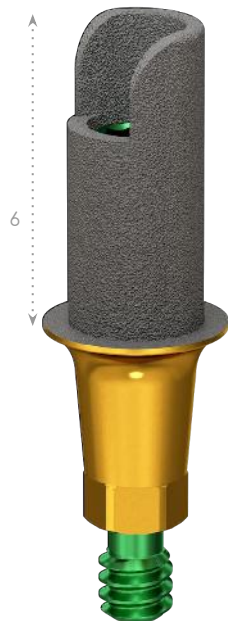
PD

Are you looking for a simpler,  
faster, more accurate,  
and more efficient  
workflow?





ROOTT Titanium base  
with a short platform



ROOTT Titanium base  
with a regular platform

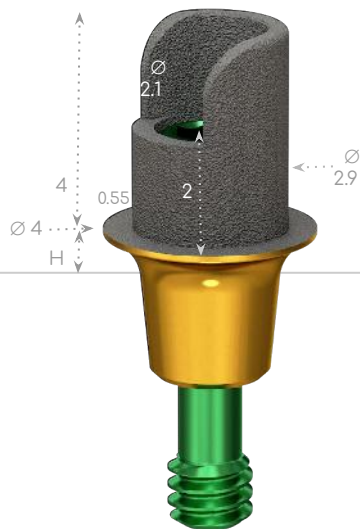


Titanium base  
for Sirona



Pre-milled Abutment  
Blank

To have a shorter bases  
is helpful for limited  
space areas



No Index  
(rotational)

REF

PCORS

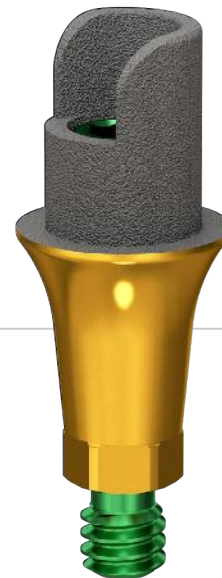
H

1.5 mm



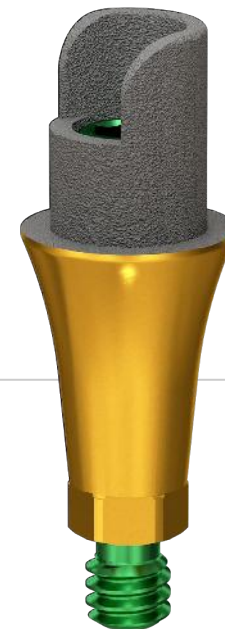
PCO1S

1.5 mm



PCO2S

2.5 mm



PCO3S

3.5 mm

implant level



Short titanium platform is used for creating single unit restorations with a digital workflow in a limited by height areas.



Supplied with two screws:  
for laboratory use (pink)  
for clinical use (green)



Maximum torque  
15 Ncm

REF PCO1S ... PCO3S

Bigger surface area  
gives better retention  
between crown & abutment



Titanium platform is used for creating  
single unit restorations  
with a digital workflow



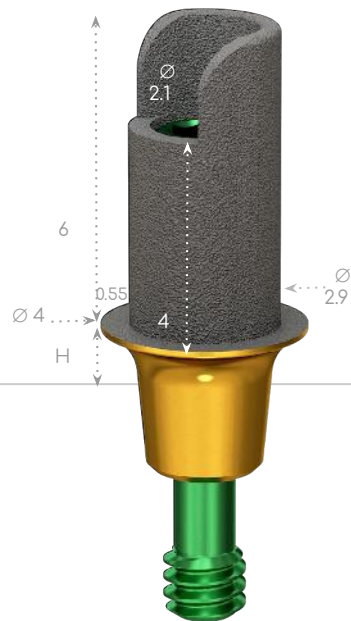
Supplied with two screws:  
for laboratory use (pink)  
for clinical use (green)



Maximum torque  
15 Ncm

REF

PCO1 ... PCO3



No Index  
(rotational)

REF

PCOR

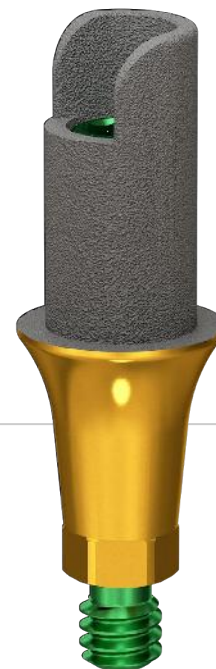
H

1.5 mm



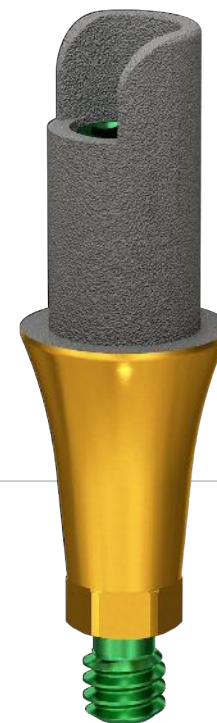
PCO1

1.5 mm



PCO2

2.5 mm

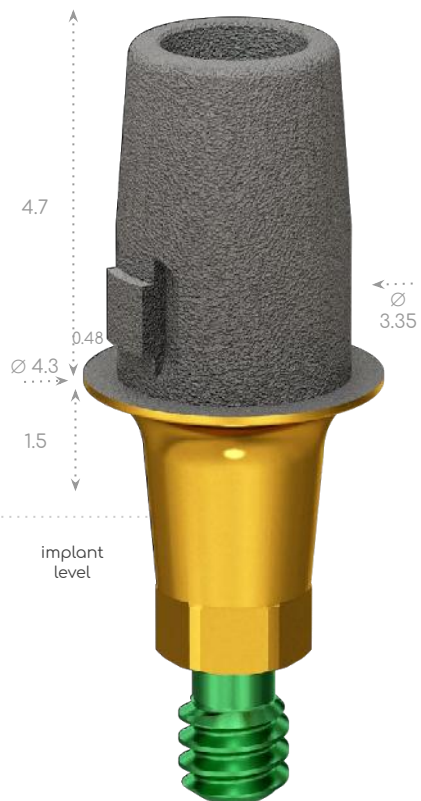


PCO3

3.5 mm

implant level

Wouldn't be great to be  
able to make crowns  
at the same day  
with your Cerec?



Titanium Base for Sirona to fabricate  
your tooth-colored individual  
abutments independently  
of an outside laboratory



Supplied with two screws:  
for laboratory use (pink)  
for clinical use (green)



Maximum torque  
15 Ncm

REF PCO

You want your emergence profile  
will be maximum  
natural?



REF PMAB

Pre-milled abutment is used for creating one-piece customized titanium abutment with precise pre-machined connection with your in-house milling machine



Supplied with two screws:  
for laboratory use (pink)  
for clinical use (green)

Maximum torque  
15 Ncm



## Pre-milled abutment .....



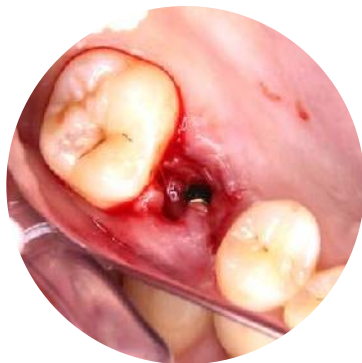
REF PMABP



Supplied with two screws:  
for laboratory use (pink)  
for clinical use (green)

Maximum torque  
15 Ncm





Immediate placement of  
Rootform in fresh  
extraction socket



Immediate placement of  
regular gingiva former



Gingiva profile  
after healing



In-house milled  
individual abutment  
from pre-mill PMAB



Final view  
in mouth





# Natural emergence profile between an implant and crown

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

# Crown margin depth can be customized

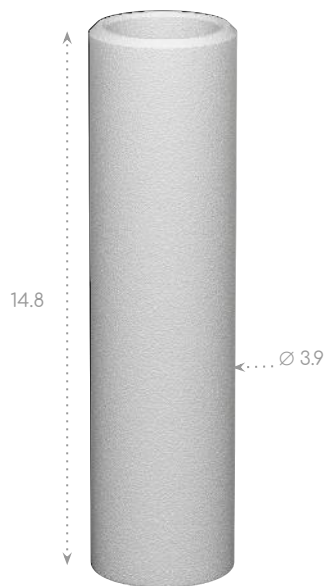
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

# Allows for better hygiene & esthetics

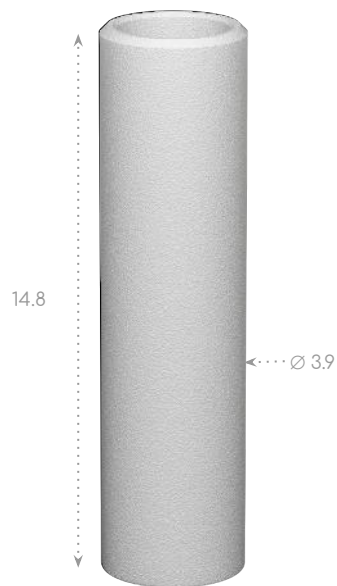
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

# Allows for better alignment with angled implants

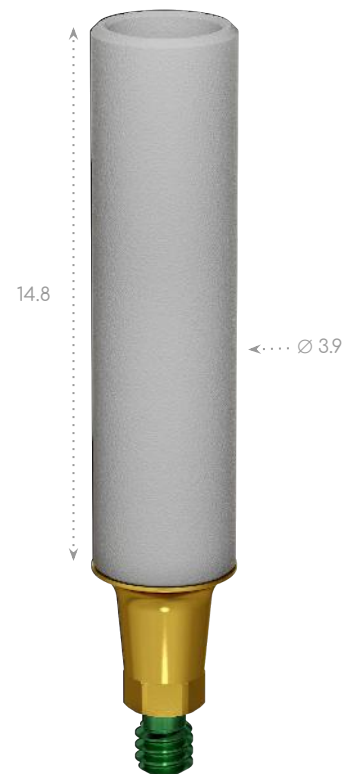
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



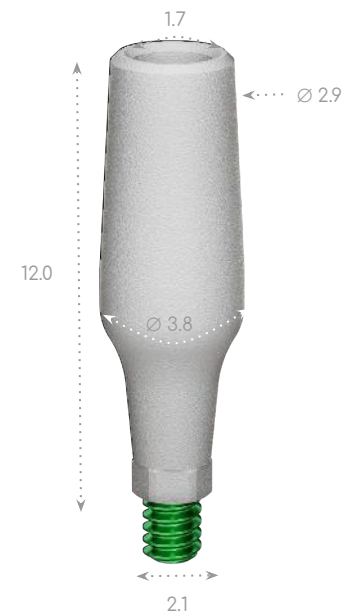
**AB**  
Burnout  
with positioning



**ABR**  
Burnout  
without positioning



**ABM**  
Burnout AB with  
platform PCO1S



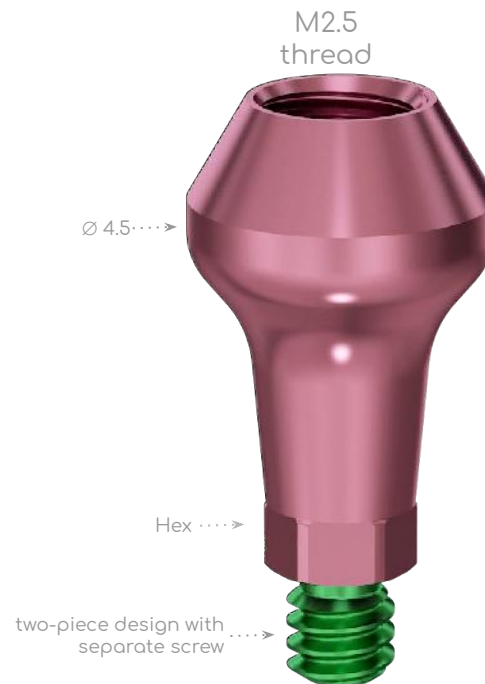
**A1NP**  
Burnout straight, narrow

Wouldn't be easier  
to have screw-retained  
fixation for full-arch  
restorations?



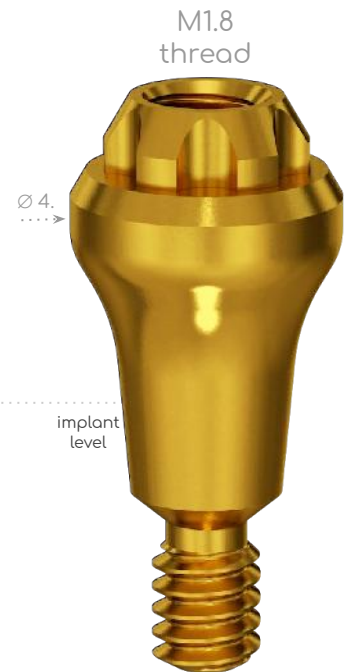


Small Multiunit  
MS - Platform



Regular Multiunit  
M - Platform





MS abutment is a single body abutment used to create multiple unite screw-retained restorations in areas of insufficient space for wide body screw.

Screws for MS platform are a relatively weaker than screws for M platform and have to be used in low load areas.

REF MS1 ... MS4



Maximum torque  
15 Ncm



REF

MS1

MS2

MS3

MS4

H

3.0 mm

3.5 mm

4.5 mm

5.5 mm



M abutment is used to create multiple unite screw-retained restorations for majority of clinical case due to a wide body of screw which withstand axial loads

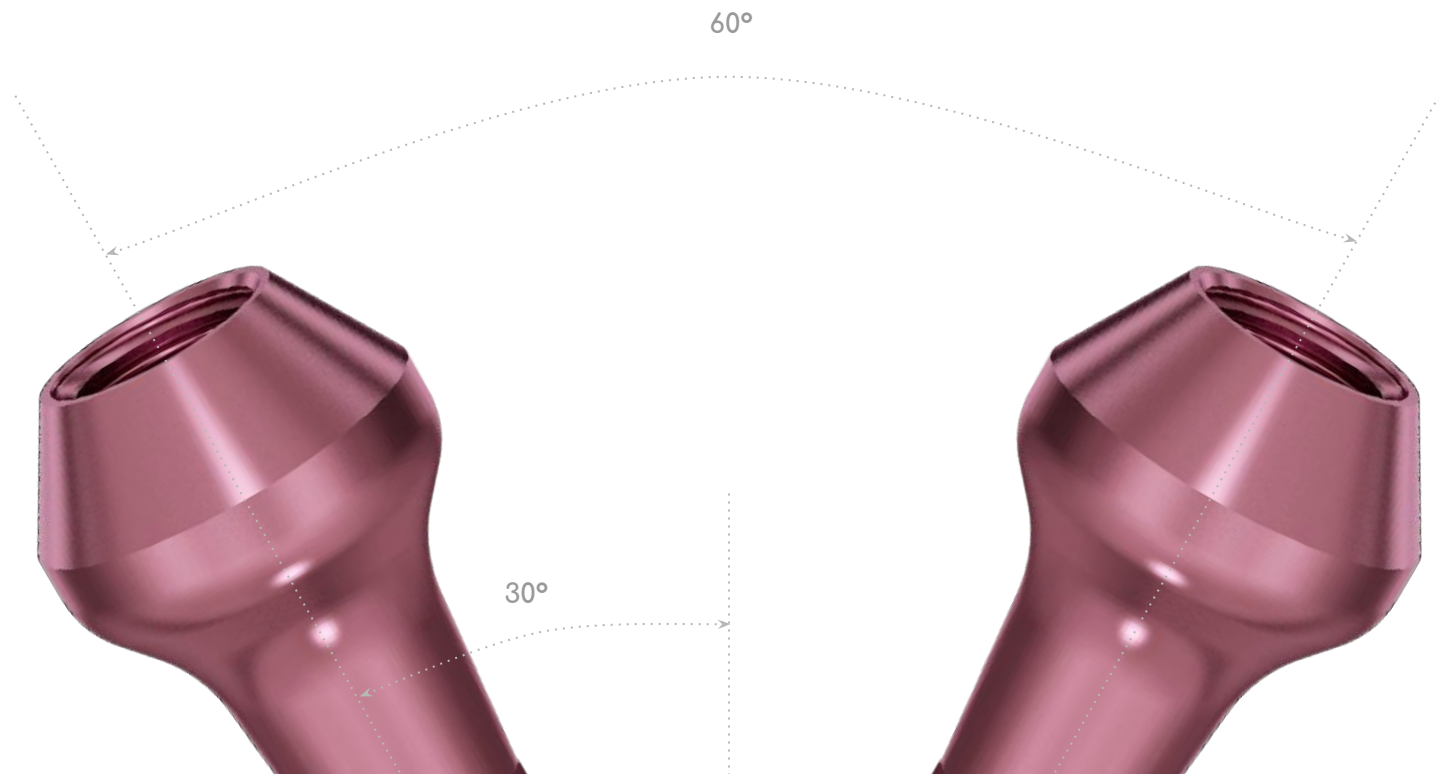


Supplied with two screws:  
for laboratory use (pink)  
for clinical use (green)



Maximum torque  
15 Ncm

REF M1 ... M4





implant level

REF

M1

M2

M3

M4

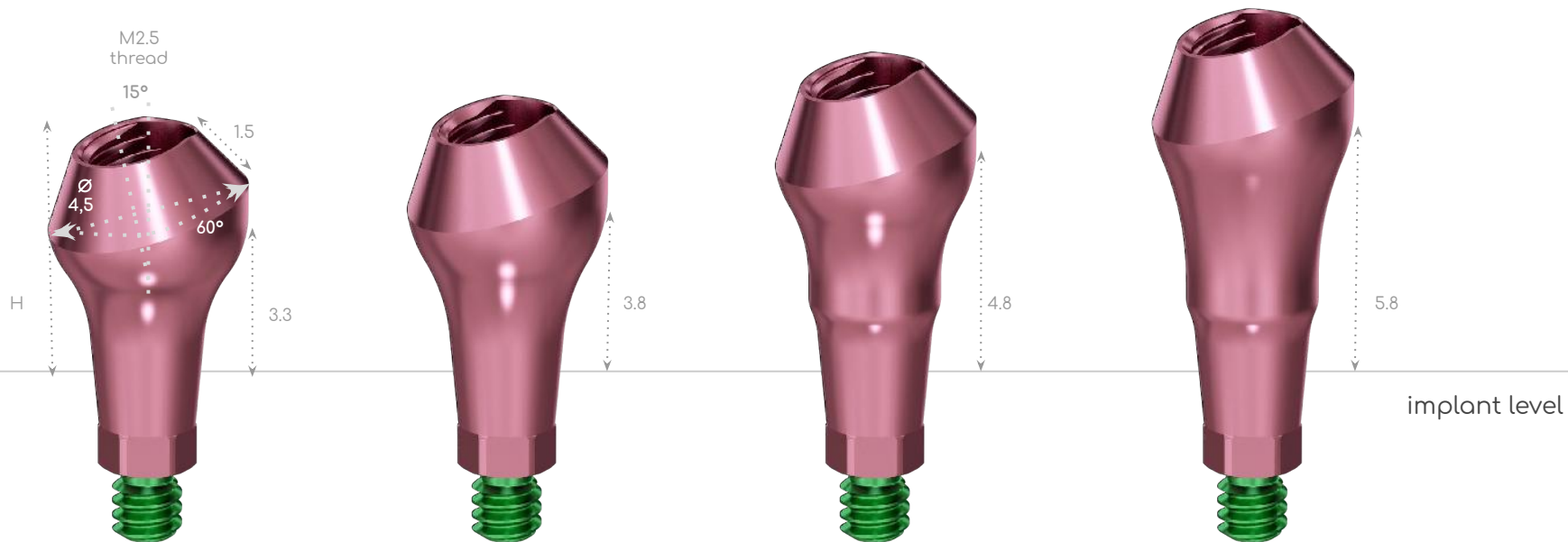
H

3.0 mm

3.5 mm

4.5 mm

5.5 mm



REF

M1A15

M2A15

M3A15

M4A15

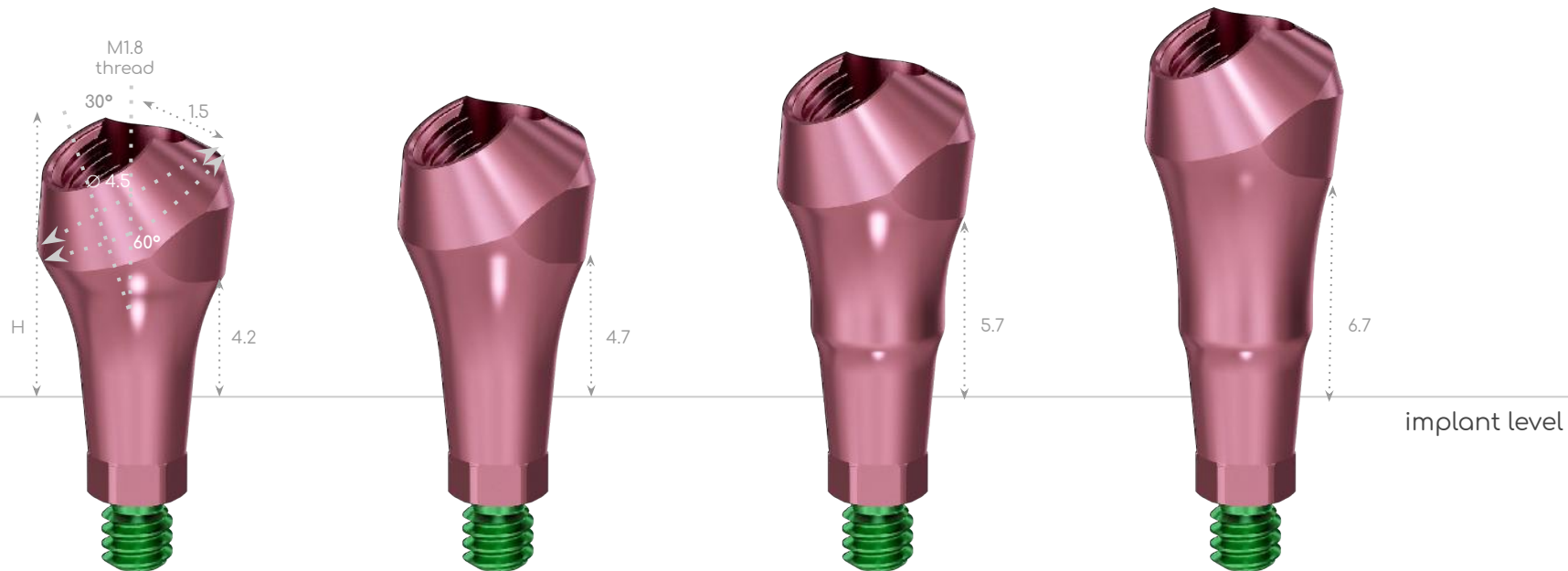
H

5.4 mm

5.9 mm

6.9 mm

7.9 mm



REF

M1A30

M2A30

M3A30

M4A30

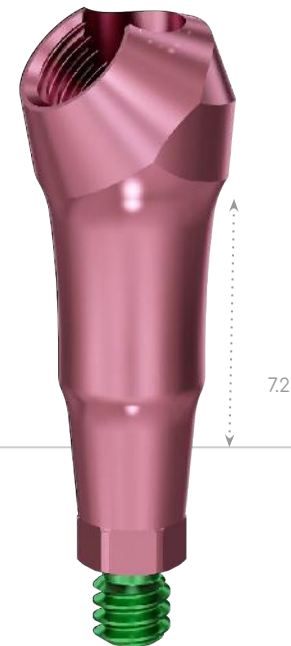
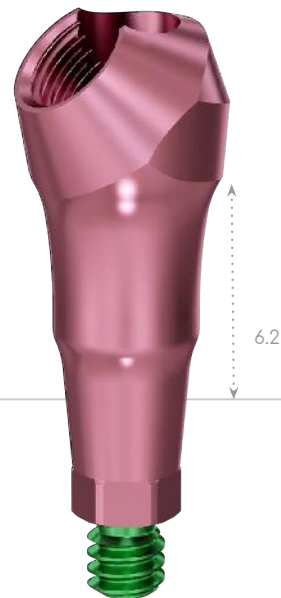
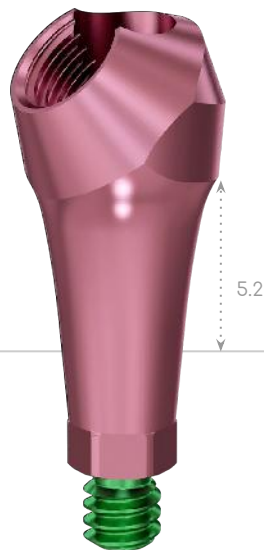
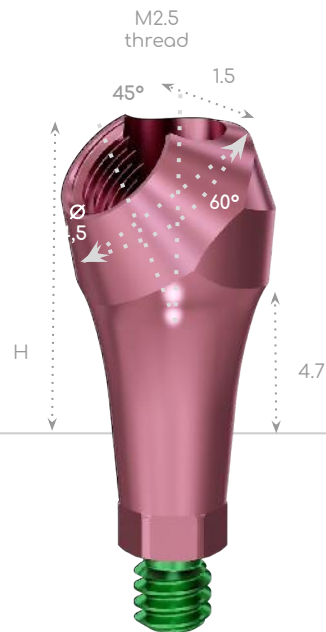
H

6.2

6.7

7.7

8.7



implant level

REF

M1A45

M2A45

M3A45

M4A45

H

6.7 mm

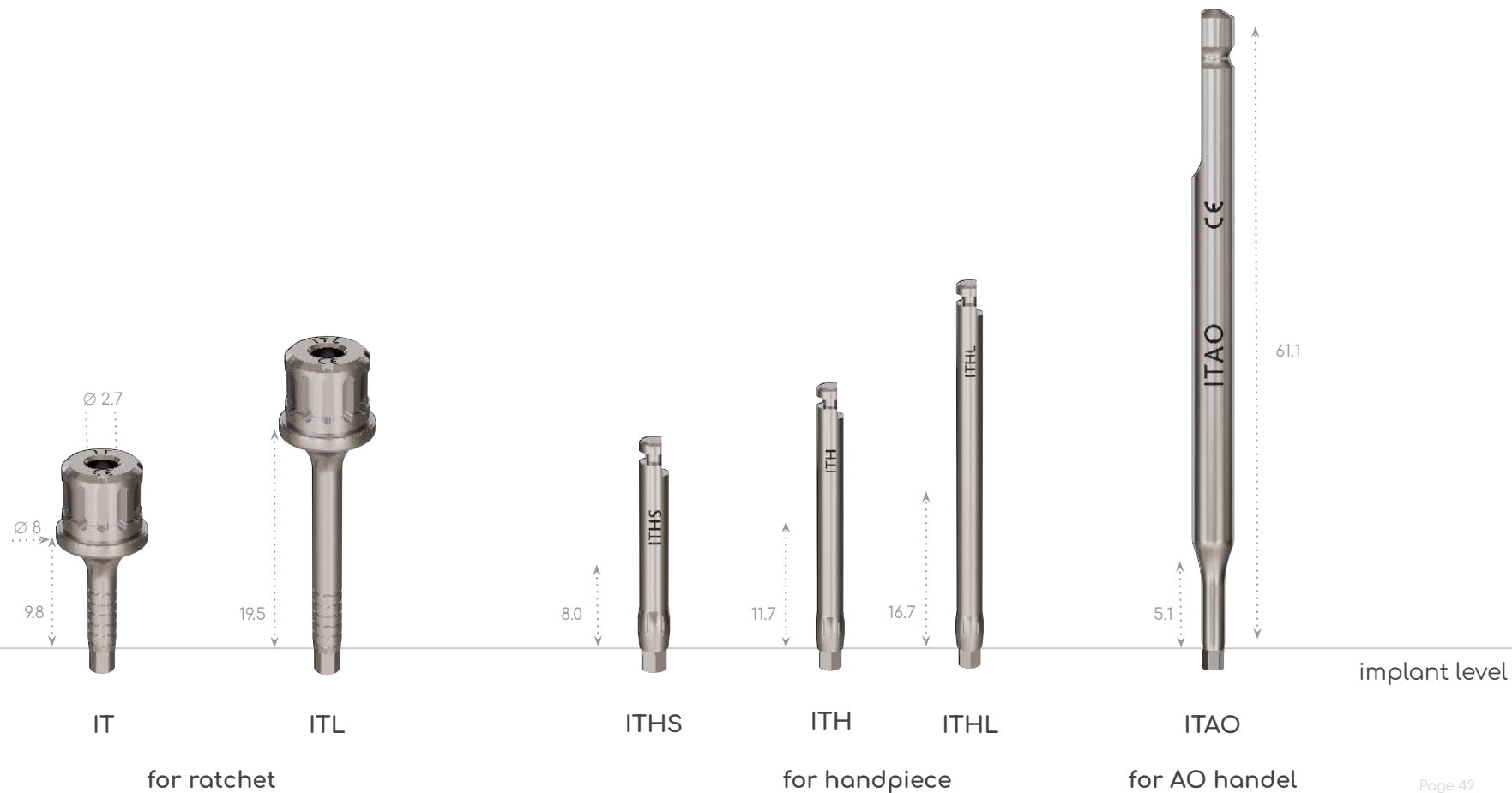
7.2 mm

8.2 mm

9.2 mm

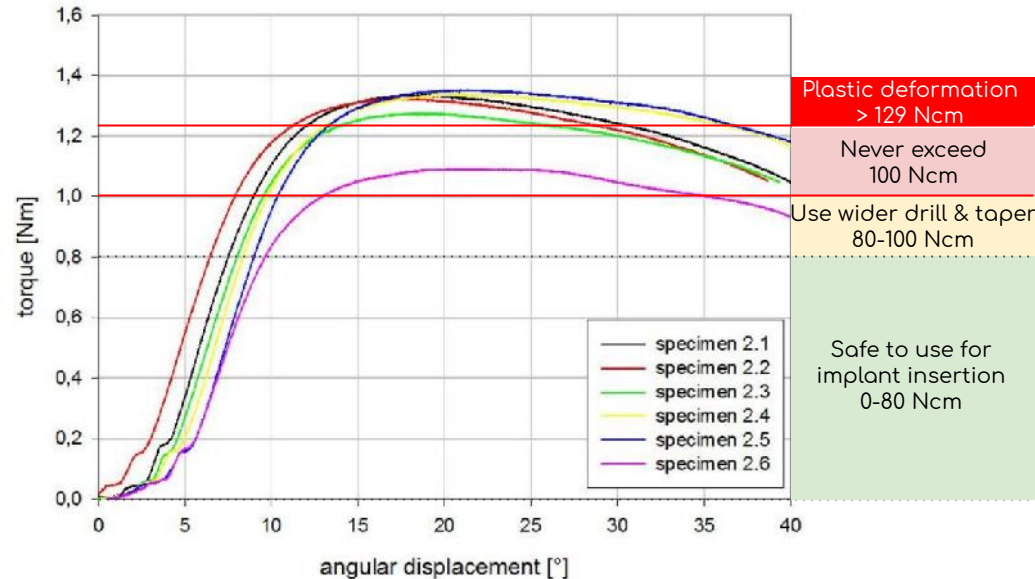


To have a proper  
insertion tools  
is important,  
isn't it?



# 129 Ncm

## the mean maximum torque



Plastic deformation  
> 129 Ncm

Do you want your drill  
to exactly match  
your implant?



R55xx  
06 → 16 mm



R48xx  
06 → 16 mm



R42xx  
06 → 16 mm



R38xx  
06 → 16 mm



R35xx  
06 → 16 mm



R30xx  
10 → 16 mm



L \ Ø	Ø 3.0 R30xx	Ø 3.5 R35xx	Ø 3.8 R38xx	Ø 4.2 R42xx	Ø 4.8 R48xx	Ø 5.5 R55xx
6 mm Ø a <sub>i</sub> TL 30.5		 D3506 2.3	 D3806 2.2	 D4206 2.4	 D4806 2.3	 D5506 3.0
8 mm Ø a <sub>i</sub> TL 32.5		 D3508 2.2	 D3808 1.8	 D4208 1.7	 D4808 2.2	 D5508
10 mm Ø a <sub>i</sub> TL 34.5	 D3010 1.8	 D3510 1.3	 D3810 1.7	 D4210 1.6	 D4810 2.0	 D5510 2.7
12 mm Ø a <sub>i</sub> TL 36.5	 D3012 1.7	 D3512 1.2	 D3812 1.6	 D4212 1.5	 D4812 1.9	 D5512 2.6
14 mm Ø a <sub>i</sub> TL 38.5	 D3014 1.7	 D3514 1.1	 D3814 1.5	 D4214 1.4	 D4814 1.8	 D5514 2.5
16 mm Ø a <sub>i</sub> TL 40.5	 D3016 1.7	 D3516 1.1	 D3816 1.4	 D4216 1.2	 D4816 1.8	 D5516 2.5

 o - occlusal diameter (mm); a<sub>i</sub> - internal apical diameter (mm); L - intraosseous length; TL - total length

Would you like to be able  
to do also difficult cases  
in a much easier way?







One-piece implant for single & multiple unite  
cement & telescopic restorations  
with bendable neck

COMPRESSIVE

A one-piece implants reduce the likelihood of bacterial infections, because of the sanitary stability. There are no spaces through which bacteria can enter.

Less preparation of surgery because of one part implant. Faster implantation and time saving.

Due to the characteristics of the thread,  
less bone is required.

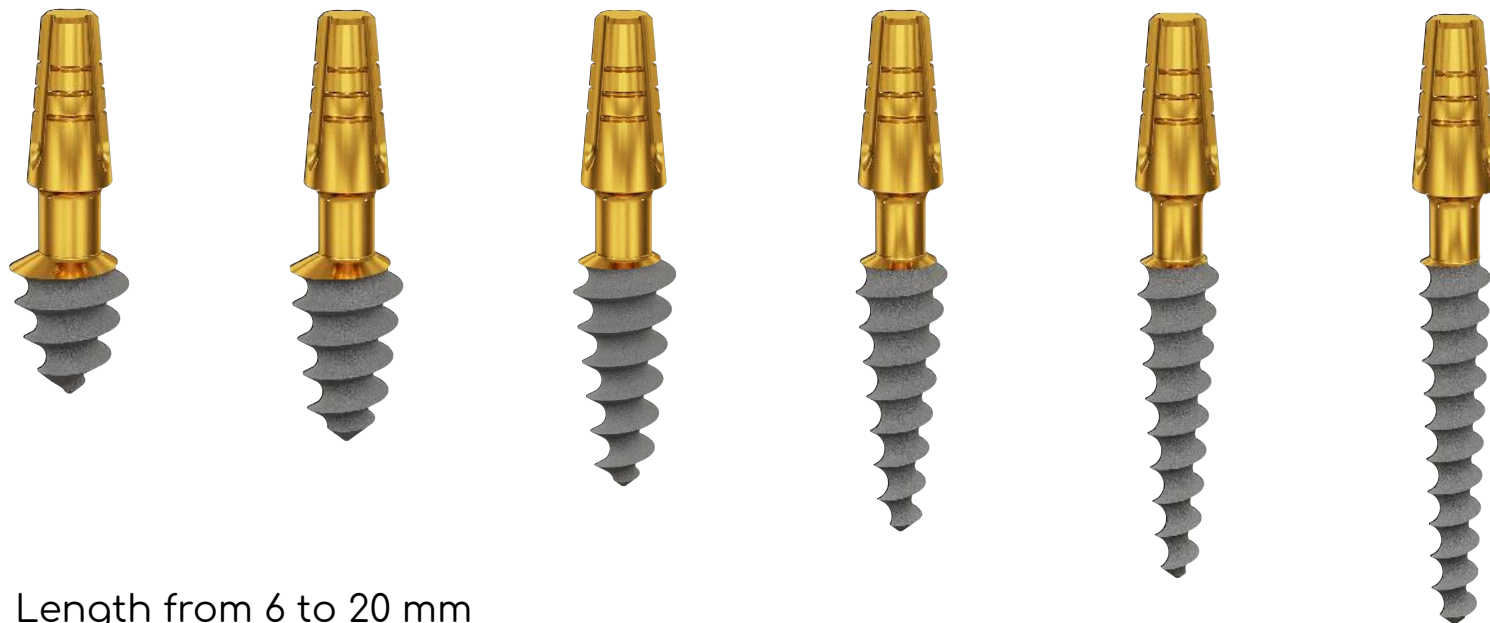
Monoblock implants is a really safe way, because of its thinness and v shape, there is little chance of pinching the nerve.

Monoblock implants are less aggressive (about apical design) comparing to classical implants, so it can often be used for maxilla, because maxilla is a little bit softer than mandibula.

Easier to adjust the height of the abutment  
due to height indication marks.

Compressive implant can be bent,  
that gives a big advantage of esthetics  
- a thinner front.



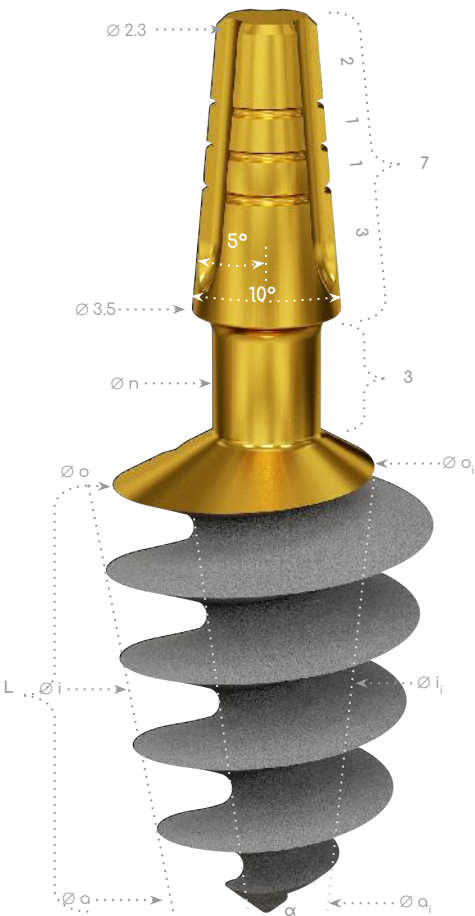


Length from 6 to 20 mm  
Diameter from 3 to 5.5 mm



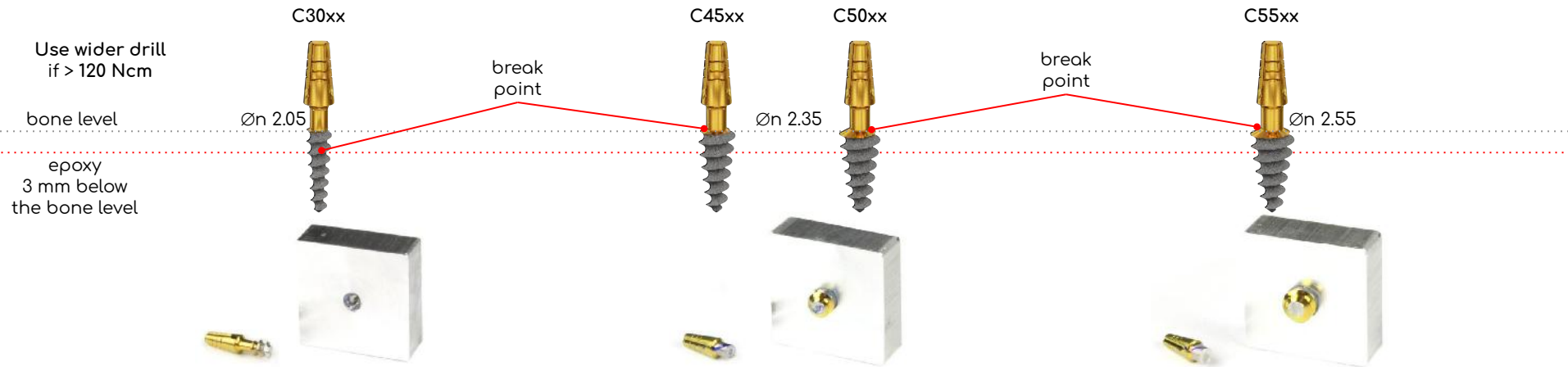
Ø o \ L	6 mm	8 mm	10 mm	12 mm	14 mm	16 mm	18 mm	20 mm
	i   i <sub>i</sub> a   a <sub>i</sub> s   α	i   i <sub>i</sub> a   a <sub>i</sub> s   α	i   i <sub>i</sub> a   a <sub>i</sub> s   α	i   i <sub>i</sub> a   a <sub>i</sub> s   α	i   i <sub>i</sub> a   a <sub>i</sub> s   α	i   i <sub>i</sub> a   a <sub>i</sub> s   α	i   i <sub>i</sub> a   a <sub>i</sub> s   α	i   i <sub>i</sub> a   a <sub>i</sub> s   α
Ø 3.0 o 2.05 n 2.05	 C3006 2.4   1.4 1.9   0.9 43   12	 C3008 2.4   1.4 1.9   0.9 58   9	 C3010 2.4   1.4 1.9   0.9 73   7	 C3012 2.3   1.3 1.7   0.7 86   6	 C3014 2.4   1.3 1.9   0.7 99   5	 C3016 2.4   1.4 1.7   0.8 118   4	 C3018 2.4   1.3 1.7   0.7 128   4	 C3020 2.4   1.3 1.7   0.7 143   4
Ø 3.5 o 2.46 n 2.05	 C3506 2.6   1.6 1.9   0.9 49   18	 C3508 2.6   1.6 1.9   0.9 65   13	 C3510 2.6   1.6 1.9   0.9 82   10	 C3512 2.6   1.6 1.8   0.8 97   8	 C3514 2.6   1.5 1.8   0.7 111   7	 C3516 2.6   1.6 1.8   0.8 128   6	 C3518 2.7   1.7 1.8   0.8 146   5	 C3520 2.6   1.6 1.8   0.7 161   5
Ø 4.0 o 2.95 n 2.05	 C4006 3.1   2.0 2.4   1.2 59   23	 C4008 3.1   2.0 2.4   1.2 80   27	 C4010 2.9   1.8 1.9   0.8 92   13	 C4012 2.8   1.8 1.8   0.8 109   11	 C4014 2.9   1.8 1.8   0.8 128   9	 C4016 2.9   1.8 1.8   0.8 146   8	 C4018 2.9   1.8 1.8   0.8 164   7	 C4020 2.9   1.8 1.8   0.7 180   6
Ø 4.5 o 3.05 n 2.35	 C4506 3.5   2.1 2.9   1.4 73   22	 C4508 3.6   2.2 2.9   1.4 100   16	 C4510 3.4   1.9 2.4   1.0 117   13	 C4512 3.3   1.9 2.4   0.9 140   10	 C4514 3.3   1.9 2.3   0.9 162   9	 C4516 3.3   1.9 2.3   0.8 184   8	 C4518 3.3   1.9 2.2   0.8 206   7	 C4520 3.3   1.9 2.2   0.8 229   6
Ø 5.0 o 3.55 n 2.35	 C5006 3.9   2.4 3.2   1.7 82   27	 C5008 4.0   2.5 3.2   1.8 112   20	 C5010 3.7   2.2 2.6   1.2 131   16	 C5012 3.8   2.4 2.8   1.4 163   13	 C5014 3.6   2.2 2.4   0.9 179   11			
Ø 5.5 o 4.04 n 2.55	 C5506 4.2   2.7 3.3   1.8 88   33	 C5508 4.2   2.7 3.3   1.8 121   24	 C5510 3.8   2.4 2.5   1.0 139   19	 C5512 4.0   2.5 2.5   1.1 167   15	 C5514 3.8   2.3 2.3   0.8 191   13			

o - occlusal diameter (mm); i - intraosseous diameter (mm); a - apical diameter (mm); n - neck diameter;  
α - total internal angle (degree °); s - intraosseous square area (mm²); Subscript i = internal



Ø o \ L	6 mm	8 mm	10 mm	12 mm	14 mm
	i   i <sub>i</sub> a   a <sub>i</sub> s   α	i   i <sub>i</sub> a   a <sub>i</sub> s   α	i   i <sub>i</sub> a   a <sub>i</sub> s   α	i   i <sub>i</sub> a   a <sub>i</sub> s   α	i   i <sub>i</sub> a   a <sub>i</sub> s   α
Ø 6.5 o <sub>i</sub> 4.0 n 2.55	 C6506 5.1   2.6 4.5   2.0 125.8   26.8	 C6508 5.2   2.7 4.4   2.0 176.7   19.0	 C6510 4.9   2.4 3.6   1.2 210.5   19.0	 C6512 4.9   2.4 3.6   1.2 258.1   15.5	 C6514 4.8   2.4 3.4   0.9 297.3   14.0
Ø 7.5 o <sub>i</sub> 4.0 n 2.55	 C7506 5.8   2.3 6.1   2.6 144.3   26.8	 C7508 6.1   2.6 5.6   2.1 207.2   19.0	 C7510 6.2   2.7 5.9   2.4 251.2   19.0	 C7512 5.9   2.4 4.8   1.3 309.1   15.5	 C7514 5.8   2.4 4.5   1.1 359.3   14.0
Ø 8.5 o <sub>i</sub> 4.04 n 2.55	 C8506 7.2   2.7 7.1   2.6 158.3   25.6	 C8508 7.2   2.7 6.7   2.3 231.4   19.0	 C8510 6.9   2.4 6.0   1.5 287.4   19.0	 C8512 6.9   2.4 5.9   1.4 356.7   15.5	 C8514 6.8   2.4 5.6   1.2 415.1   14.0

o - occlusal diameter (mm); i - intraosseous diameter (mm); a - apical diameter (mm); n - neck diameter;  
α - total internal angle (degree °); s - intraosseous square area (mm<sup>2</sup>); Subscript i = internal



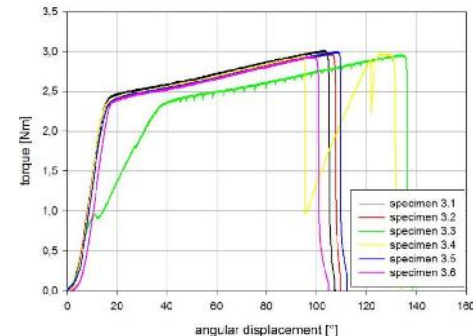
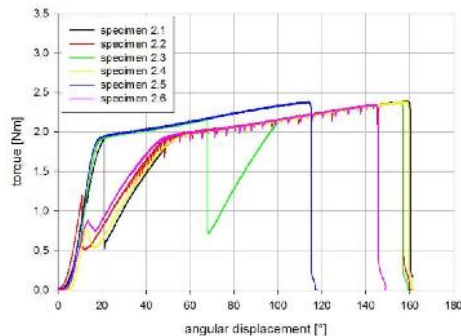
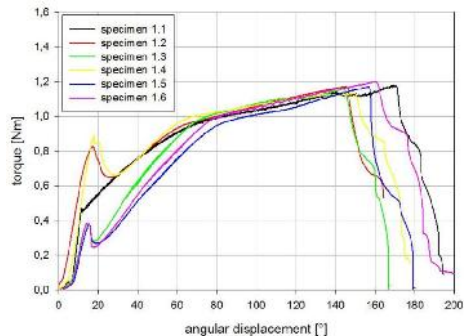
Use wider drill  
if > 38 Ncm

Never exceed  
117 Ncm

Never exceed  
238 Ncm

Use wider drill  
if > 163 Ncm

Never exceed  
298 Ncm



Wouldn't be great to have  
a very simple way to  
place implant?



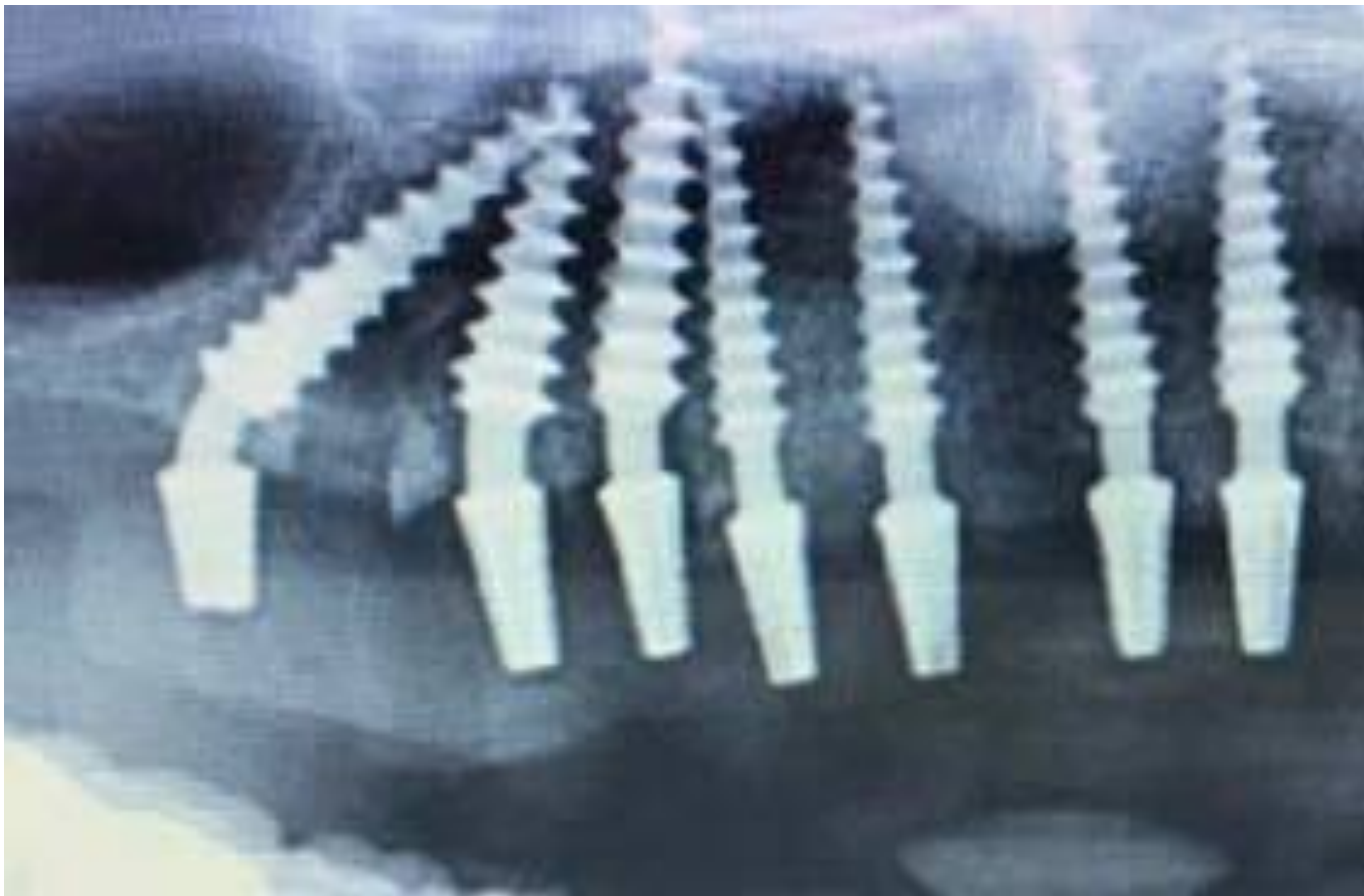
Correct direction of  
implant is important,  
isn't it?





15°







DC55xx  
06 → 14 mm



DC50xx  
06 → 14 mm



DC45xx  
06 → 20 mm



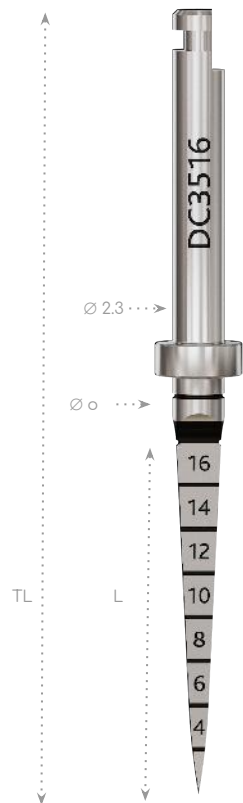
DC40xx  
06 → 20 mm













































DC35xx  
06 → 20 mm



DC30xx  
06 → 20 mm



L \ Ø	Ø 3.0 DC30xx	Ø 3.5 DC35xx	Ø 4.0 DC40xx	Ø 4.5 DC45xx	Ø 5.0 DC50xx	Ø 5.5 DC55xx
6 mm TL 25.5	 DC3006	 DC3506	 DC4006	 DC4506	 DC5006	 DC5506
8 mm TL 27.5	 DC3008	 DC3508	 DC4008	 DC4508	 DC5008	 DC5508
10 mm TL 29.5	 DC3010	 DC3510	 DC4010	 DC4510	 DC5010	 DC5510
12 mm TL 31.5	 DC3012	 DC3512	 DC4012	 DC4512	 DC5012	 DC5512
14 mm TL 33.5	 DC3014	 DC3514	 DC4014	 DC4514	 DC5014	 DC5514
16 mm TL 35.5	 DC3016	 DC3516	 DC4016	 DC4516		
18 mm TL 37.5	 DC3018	 DC3518	 DC4018	 DC4518		
20 mm TL 39.5	 DC3020	 DC3520	 DC4020	 DC4520		

o - occlusal diameter (mm); L - intraosseous length; TL - total length

You want your implant perfectly match  
your clinical case  
before opening  
a sterile blister?



CS55xx  
06 → 14 mm



CS50xx  
06 → 14 mm



CS45xx  
06 → 20 mm














































CS40xx  
06 → 20 mm



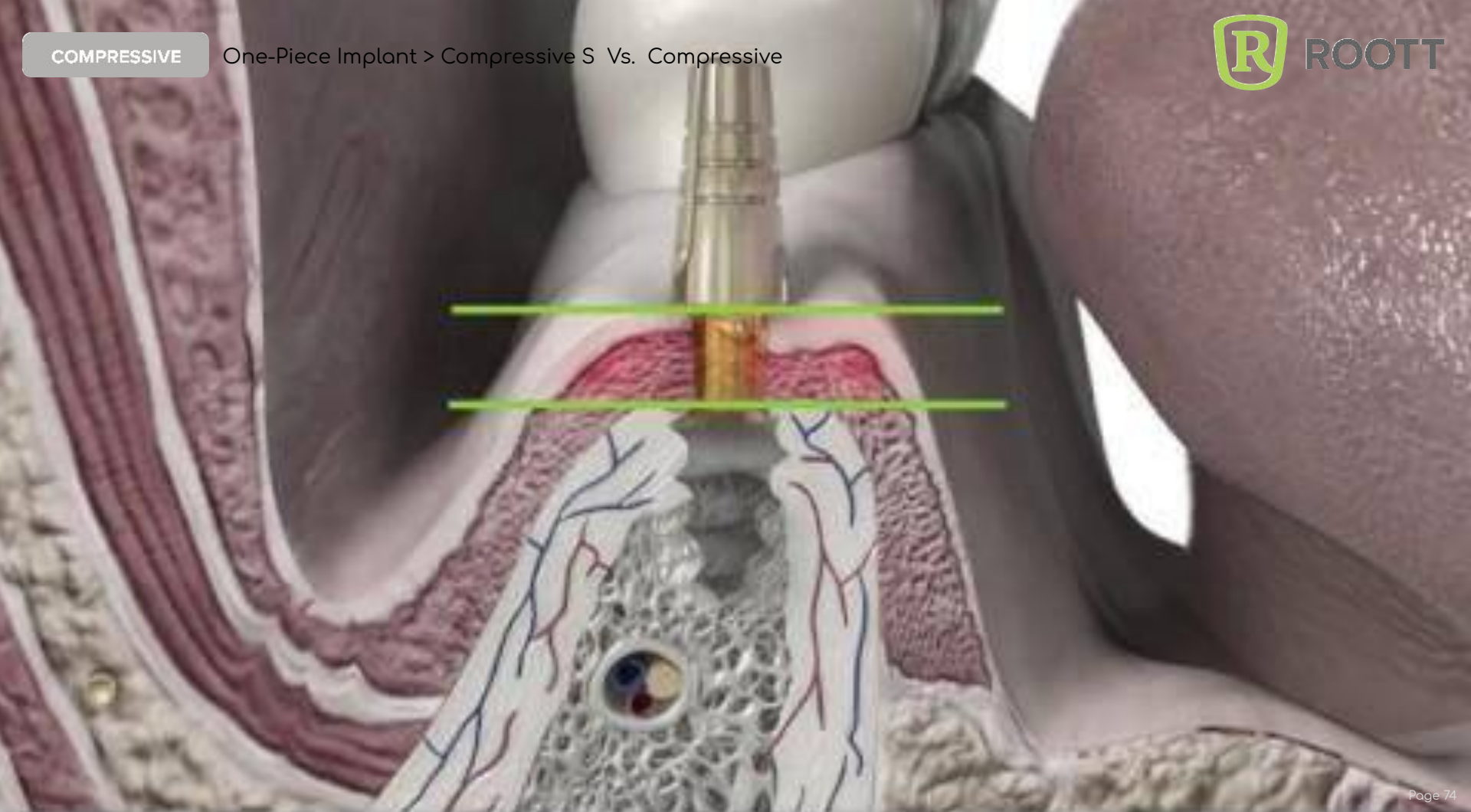
CS35xx  
06 → 20 mm



CS30xx  
06 → 20 mm

L \ Ø		Ø 3.0 R30 <sub>xx</sub>	Ø 3.5 R35 <sub>xx</sub>	Ø 4.0 R40 <sub>xx</sub>	Ø 4.5 R45 <sub>xx</sub>	Ø 5.0 R50 <sub>xx</sub>	Ø 5.5 R55 <sub>xx</sub>
	6 mm TL 16	 CS3006	 CS3506	 CS4006	 CS4506	 CS5006	 CS5506
	8 mm TL 18	 CS3008	 CS3508	 CS4008	 CS4508	 CS5008	 CS5508
	10 mm TL 20	 CS3010	 CS3510	 CS4010	 CS4510	 CS5010	 CS5510
	12 mm TL 22	 CS3012	 CS3512	 CS4012	 CS4512	 CS5012	 CS5512
	14 mm TL 24	 CS3014	 CS3514	 CS4014	 CS4514	 CS5014	 CS5514
	16 mm TL 26	 CS3016	 CS3516	 CS4016	 CS4516		
	18 mm TL 28	 CS3018	 CS3518	 CS4018	 CS4518		
	20 mm TL 29	 CS3020	 CS3520	 CS4020	 CS4520		

Would you like to be able  
to place Compressive implants  
easier in the posterior region?







One-piece implant for single & multiple unite  
cement & telescopic restorations  
with a short neck

COMPRESSIVE S

3 mm

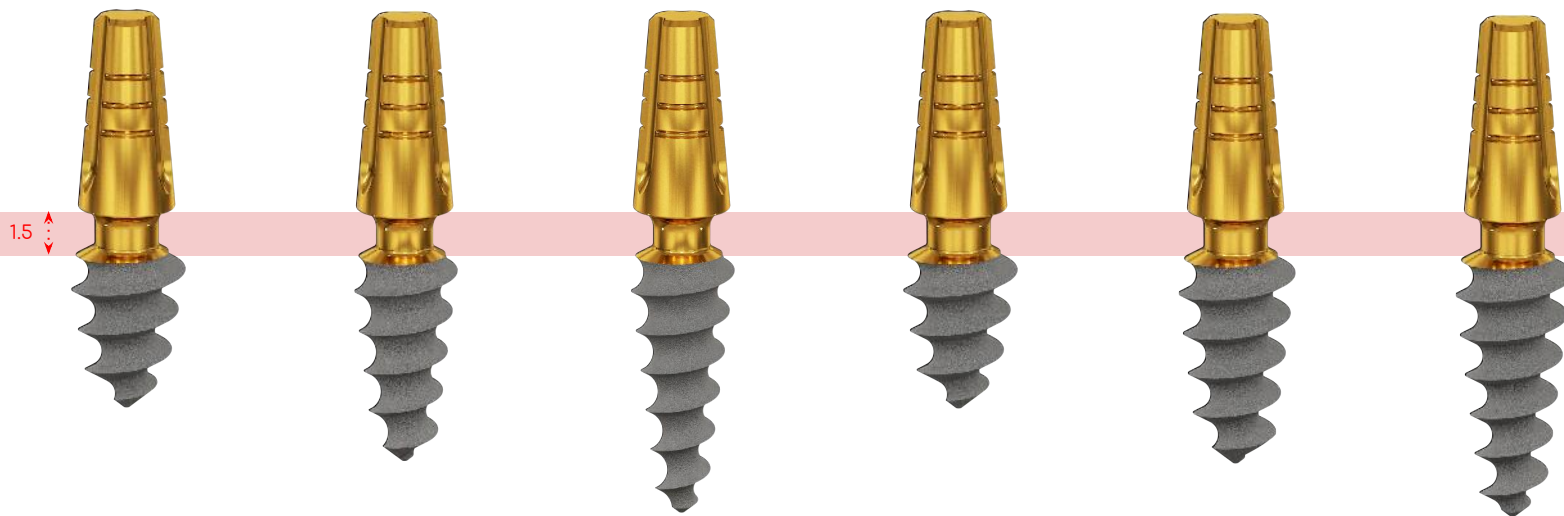


V - BENDING - X

X - GINGIVA  $H \leq 1$  mm - V

1.5 mm





**C4006s**  
Ø 4.0 mm  
L 6 mm

**C4008s**  
Ø 4.0 mm  
L 8 mm

**C4010s**  
Ø 4.0 mm  
L 10 mm

**C4506s**  
Ø 4.5 mm  
L 6 mm

**C4508s**  
Ø 4.5 mm  
L 8 mm

**C4510s**  
Ø 4.5 mm  
L 10 mm



Would you like to have  
more freedom in  
a very difficult  
cases?



One-piece implant for residual alveolar  
ridge atrophy with bendable neck &  
polished body

BASAL

Deeply polished surface with a very sharp thread which leads to a very fast screwing of an implant.

**BASAL**





Length from 6 to 26 mm

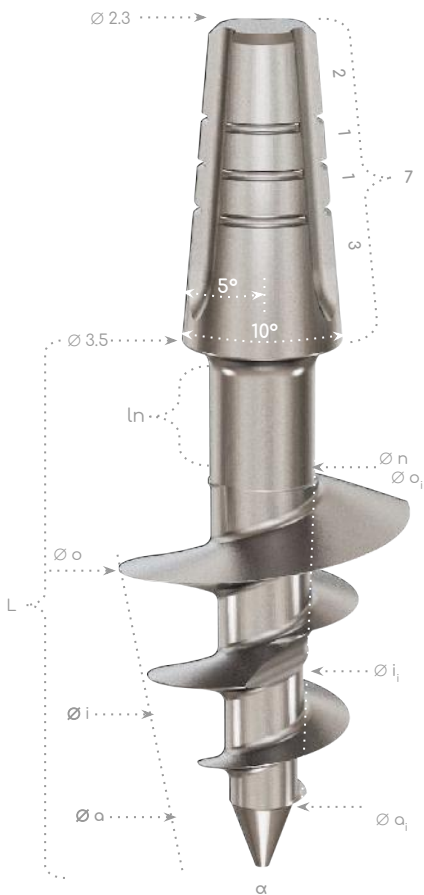
Diameters 3.5 - 4.5 - 5.5 - 6.5 - 8.5 - 10.5 mm





Ø \ L	6 mm	8 mm	10 mm	12 mm	14 mm	16 mm	18 mm	20 mm	22 mm	24 mm	26 mm
	s a ln 1.5	s a ln 3	s a ln 3	s a ln 3	s a ln 5	s a ln 7	s a ln 7	s a ln 7	s a ln 7	s a ln 7	s a ln 7
<b>Ø 3.5</b> i 3.1 i <sub>1</sub> 1.6 a <sub>1</sub> 1.4 n 2.05	<b>B3506</b> 73 18	<b>B3508</b> 45 13	<b>B3510</b> 60 6	<b>B3512</b> 80 5	<b>B3514</b> 80 5	<b>B3516</b> 80 5	<b>B3518</b> 103 4	<b>B3520</b> 126 3	<b>B3522</b> 146 3	<b>B3524</b> 165 2	<b>B3526</b> 188 2
<b>Ø 4.5</b> i 4.2 i <sub>1</sub> 2.0 a <sub>1</sub> 1.7 n 2.35		<b>B4508</b> 68 13	<b>B4510</b> 90 6	<b>B4512</b> 122 5	<b>B4514</b> 122 5	<b>B4516</b> 122 5	<b>B4518</b> 158 4	<b>B4520</b> 195 3	<b>B4522</b> 225 3	<b>B4524</b> 256 2	<b>B4526</b> 287 2
<b>Ø 5.5</b> i 4.3 i <sub>1</sub> 2.1 a <sub>1</sub> 1.4 n 2.35		<b>B5508</b> 101 10	<b>B5510</b> 98 9	<b>B5512</b> 129 7	<b>B5514</b> 142 6						

o - occlusal diameter (mm); i - intraosseous diameter (mm); a - apical diameter (mm); n - neck diameter;  
 $\alpha$  - total internal angle (degree  $^{\circ}$ ); s - intraosseous square area (mm<sup>2</sup>); Subscript *i* = *internal*



Ø \ L	8 mm	10 mm	12 mm	14 mm	16 mm	18 mm
	s a ln 1.5	s a ln 3	s a ln 3	s a ln 5	s a ln 7	s a ln 7
Ø 6.5 i 5.5 i <sub>i</sub> 1.7 a <sub>i</sub> 1.4 n 2.35	B6508 127.0 1.4	B6510 130.7 1.4	B6512 149.6 1.4	B6514 176.7 1.4	B6516 186.8 1.4	
Ø 8.5 i 7.3 i <sub>i</sub> 1.7 a <sub>i</sub> 1.7 n 2.35	B8508 150.6 1.4	B8510 134.6 1.4	B8512 148.6 1.4	B8514 164.4 1.4	B8516 302.6 1.4	B8518 302.6 1.4
Ø 10.5 i 7.1 i <sub>i</sub> 1.9 a <sub>i</sub> 1.7 n 2.35		B1110 162.8 1.7	B1112 177.3 1.7	B1114 191.7 1.7		

o - occlusal diameter (mm); i - intraosseous diameter (mm); a - apical diameter (mm); n - neck diameter;  
α - total internal angle (degree °); s - intraosseous square area (mm²); Subscript *i* = internal









Isn't nice to have  
same freedom with better  
osseointegration?





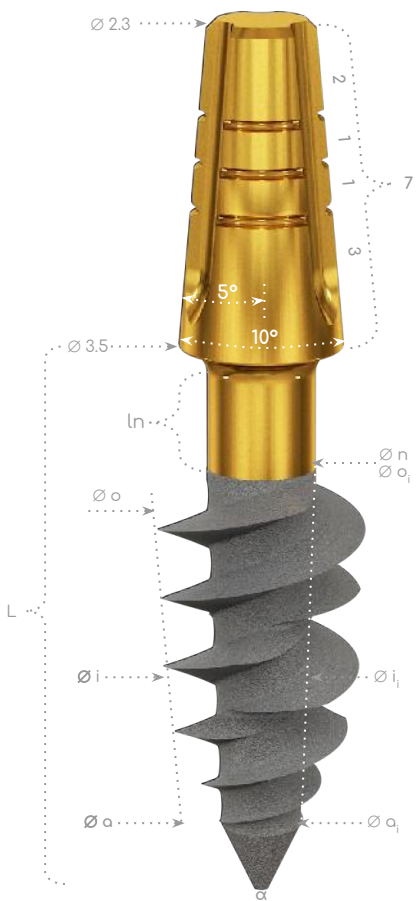
One-piece implant for residual alveolar ridge  
atrophy with polished bendable neck &  
increased thread roughness

BASAL SS

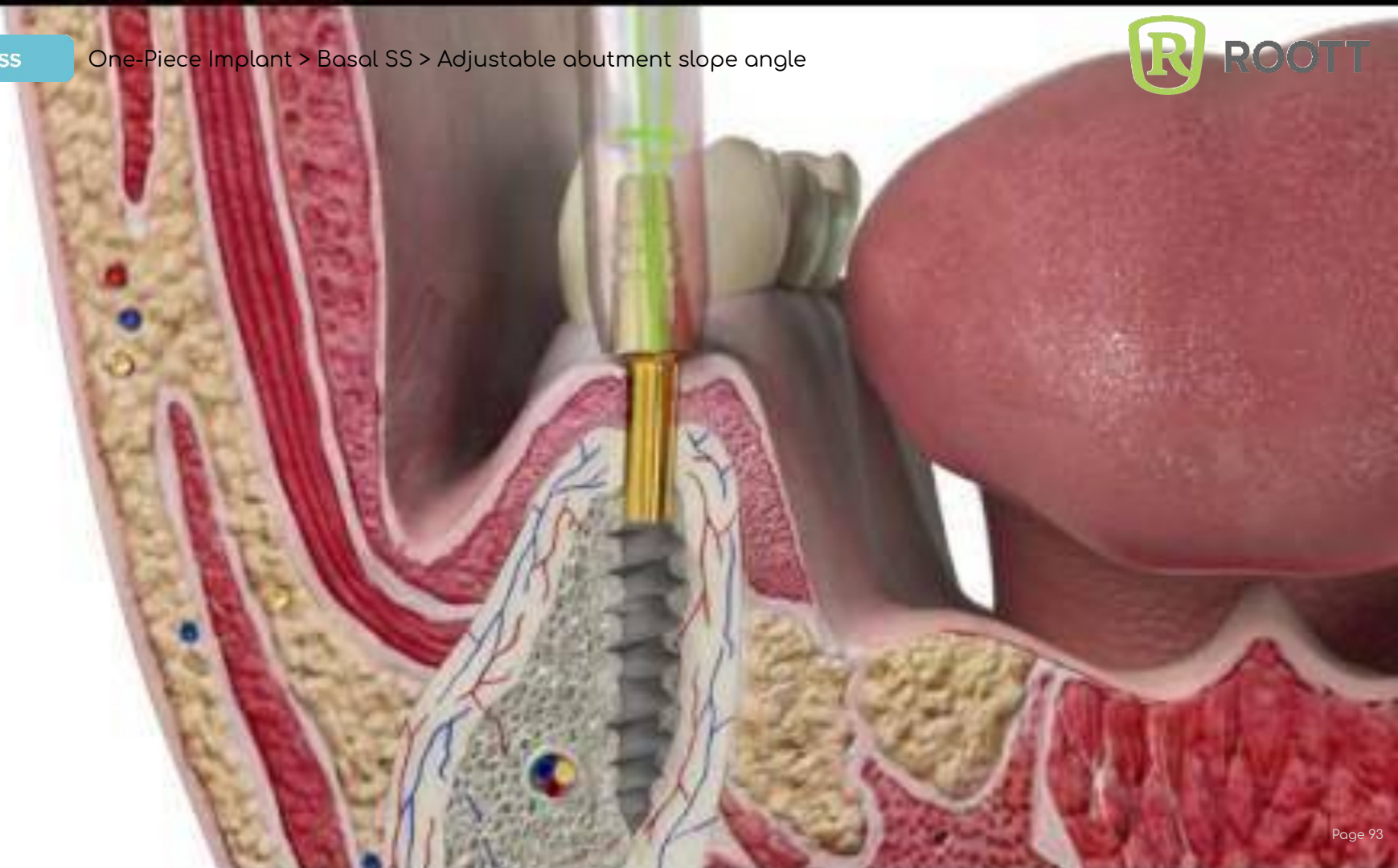


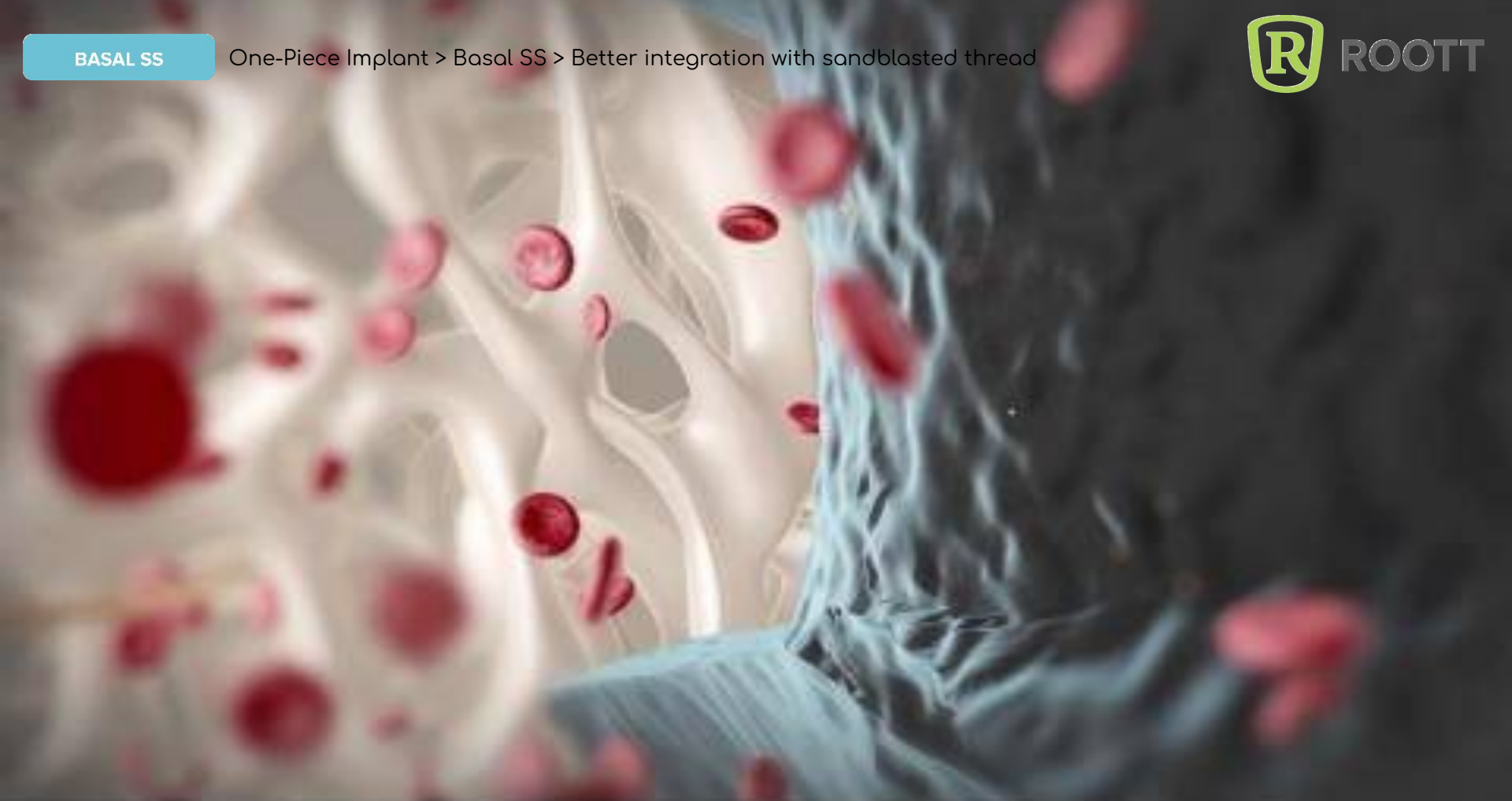


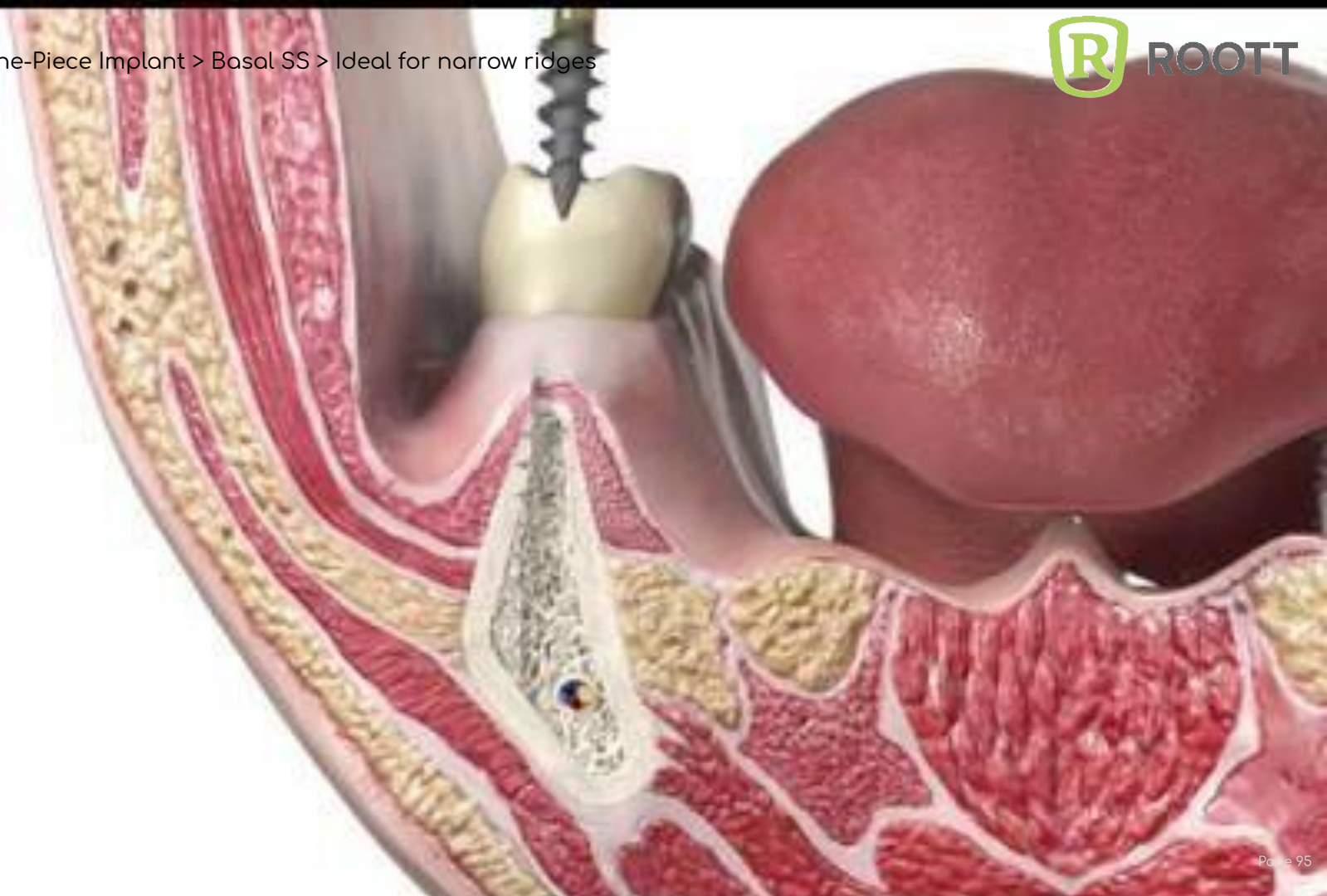
Length from 6 to 26 mm  
Diameters 3.5 - 4.5 mm



$\varnothing \setminus L$	6 mm	8 mm	10 mm	12 mm	14 mm	16 mm	18 mm	20 mm	22 mm	24 mm	26 mm
	s a ln 1.5	s a ln 3	s a ln 3	s a ln 3	s a ln 5	s a ln 7	s a ln 7	s a ln 7	s a ln 7	s a ln 7	s a ln 7
$\varnothing 3.5$	B3506ss i 3.1 i <sub>i</sub> 1.6 o 1.4 n 2.05	B3508ss 76 18	B3510ss 57 13	B3512ss 73 6	B3514ss 92 5	B3516ss 105 5	B3518ss 117 5	B3520ss 140 4	B3522ss 164 3	B3524ss 183 3	B3526ss 203 2
$\varnothing 4.5$	B4506ss i 4.2 i <sub>i</sub> 2.0 o 1.7 n 2.35	B4508ss 115 18	B4510ss 82 13	B4512ss 105 6	B4514ss 137 5	B4516ss 151 5	B4518ss 166 5	B4520ss 201 4	B4522ss 239 3		







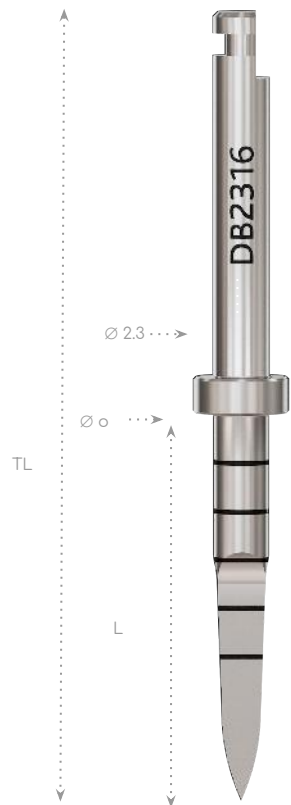
















DB20xx  
10 → 26 mm



DB23xx  
10 → 18mm





Ø \ L	10 mm TL 26.5	12 mm TL 28.5	14 mm TL 30.5	16 mm TL 32.5	18 mm TL 34.5	20 mm TL 37.0	22mm TL 38.5	24mm TL 41.0	26mm TL 42.5
Ø 2.0	DB2010 	DB2012 	DB2014 	DB2016 	DB2018 	DB2020 	DB2022 	DB2024 	DB2026 
Ø 2.3	DB2310 	DB2312 	DB2314 	DB2316 	DB2318 				

It is easier to have one platform  
for different bone interfaces





External platform



External  
platform



To have a very fast, very simple  
economical solutions  
is important for  
every dentist



External platform > Direct

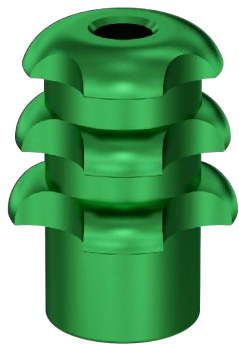




Even being so simple  
is important to have  
a proper range  
of accessories



External platform > Available accessories



Transfers



Telescopes



Burn out



Implant analogues

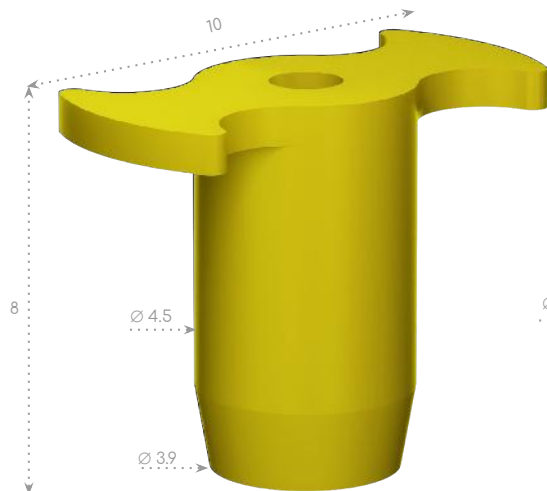


External platform > How impression from external platform works?

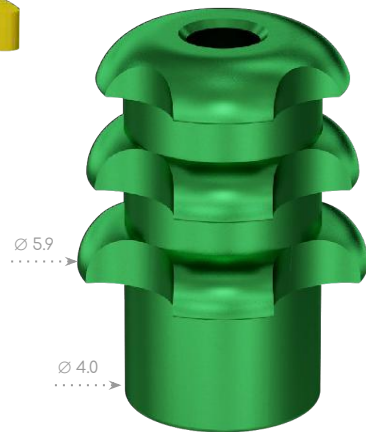




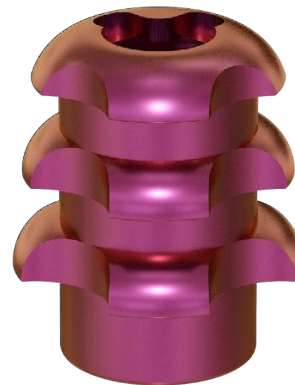
External platform > Transfers



TRA  
Plastic  
Rotational



TOE  
Titanium  
Rotational



TOEA  
Titanium  
Anti-Rotational



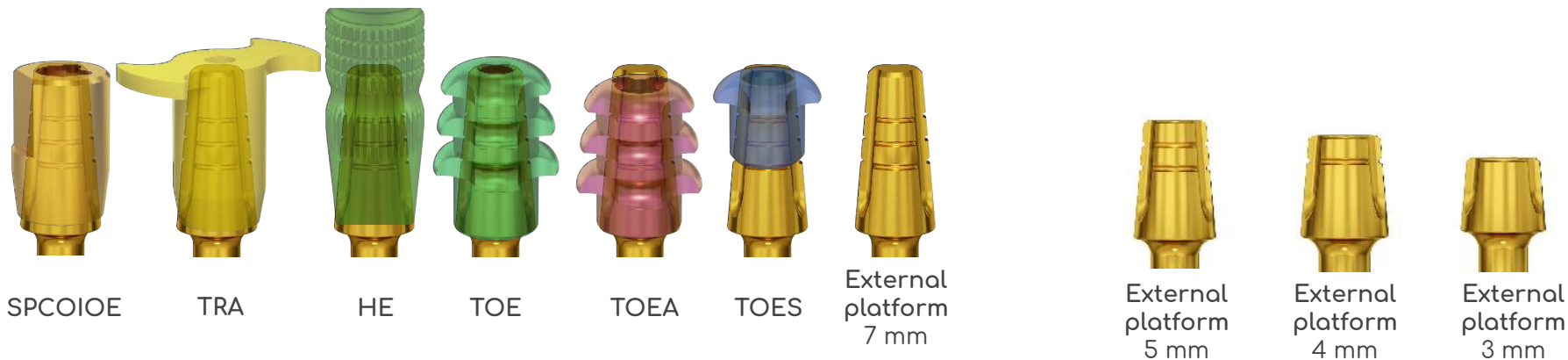
TOES  
Titanium  
Short, Rotational

abutment level



External platform > Digital options

Scannable



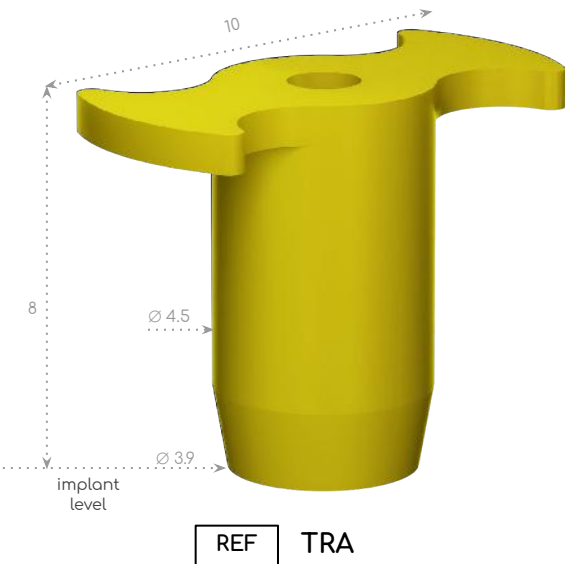
Machinable / Printable







External platform > Rotational plastic transfer with fixator (TRA)



Rotational plastic transfer with a fixator for an external platform is used to take an impression with a close-tray from multiple implants.

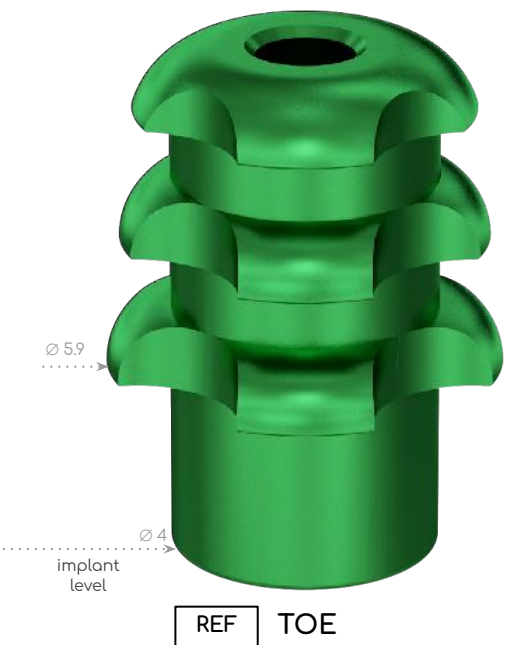


Can be used for single unit restorations in case of insufficient space





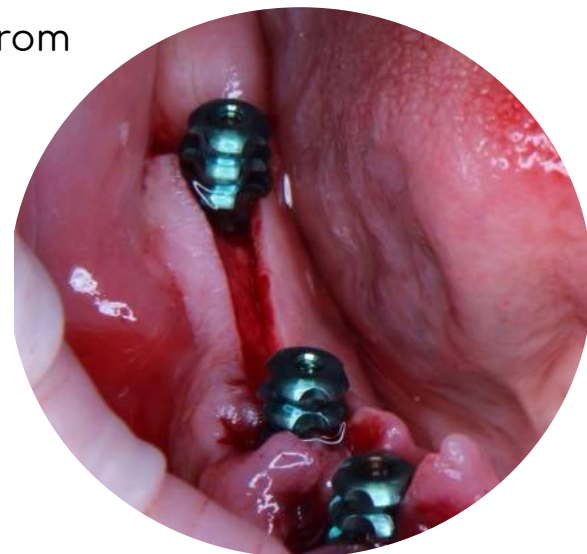
External platform > Rotational titanium transfer (TOE)



Rotational titanium transfer for external platform is used to take a highly precise impression with a close-tray from multiple implants



Can be used in combination with plastic transfers TRA in case of insufficient space



Precise impression is very important for cases with telescopic fixation



External platform > Anti-rotational titanium transfer (TOEA)



Anti-rotational titanium transfer for external platform is used to take a highly precise impression with a close-tray from a single implant

REF TOEA



External platform > Analogues



ANA  
Plastic  
Rotational



ANE  
Titanium  
Anti-Rotational



External platform > Rotational plastic analogue of the external platform



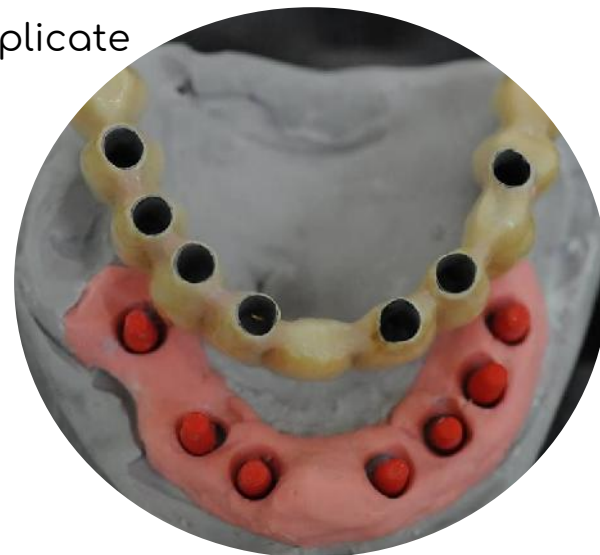
REF

ANA

Rotational plastic analogue of the external platform is used during fabrication of the laboratory prosthetics to duplicate the shape and position of the multiple implants.



Analogues ANA placed  
in to transfers TRA  
for duplicating





External platform > Titanium analogue of the external platform



REF

ANE

Titanium analogue of the external platform is used during fabrication of the laboratory prosthetics to duplicate highly precise the shape and position of the single & multiple implants



To benefit precision of titanium abutments and position of slots,

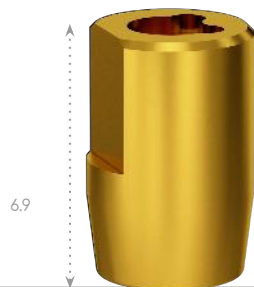
*what is important for single unit restorations,*

use anti-rotational titanium transfers  
TOEA





External platform > Digital transfer & analogue



SPCOIOE  
Scan post  
intra-oral



ANED  
Digital implant  
analogue



External platform > Gingiva formers



GFE  
8.2 mm

Best for

Compressive, Compressive S,  
Basal, Basal SS



GFES  
6.2 mm

2 mm cutted  
Compressive, Compressive S,  
Basal, Basal SS

abutment  
bottom level





Full freedom from screws & cement  
sounds like a miracle  
isn't it?



External platform > Conometric





One-Piece Implant > External platform > Titanium caps





One-Piece Implant > External platform > Short titanium caps

abutment  
top level



TCES0  
0 mm



TCES1  
1 mm



TCES2  
2 mm

abutment  
bottom level



One-Piece Implant > External platform > Extra short titanium caps

abutment  
top level



TCEXS1  
1 mm



TCEXS2  
2 mm

abutment  
bottom level



External platform > Conometric





Plastic PEEK CAPS gives more amortization,  
cushioning in the tooth,  
which makes the bite more comfortable and  
reduces the risk of fracture.



One-Piece Implant > External platform > PEEK caps







abutment  
top level



Ø 4.2

PCES0  
0 mm



Ø 4.6

PCES1  
1 mm



Ø 4.9

H

abutment  
bottom level

PCES2  
2 mm



One-Piece Implant > External platform > Extra short PEEK caps

abutment  
top level

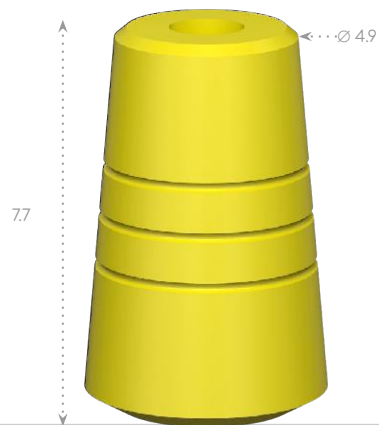


PCEXS1  
1 mm



PCEXS2  
2 mm

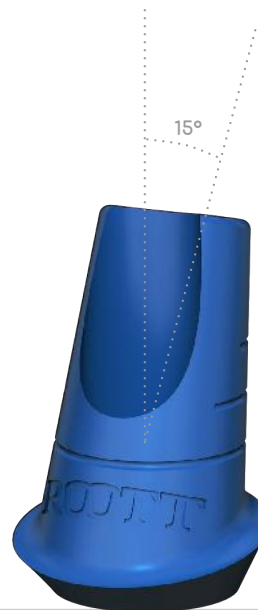
abutment  
bottom level



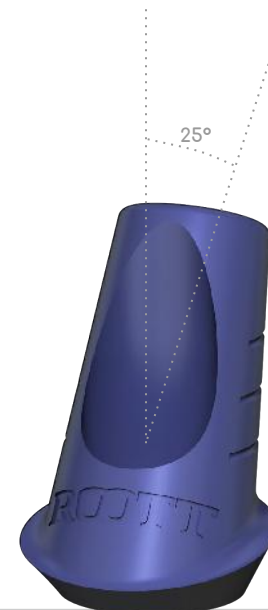
**BOP**  
straight



**A0**  
straight  
with step



**A15**  
15° angled

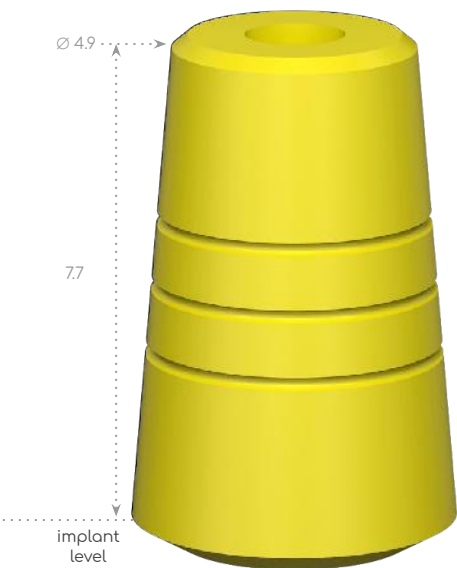


**A25**  
25° angled

abutment level



External platform > Straight burnout cap for external platform (BOP)



REF BOP

Straight burnout cap for external platform is used during fabrication of the laboratory prosthetics for preparing direct wax-up which will become a metal framework after casting of this wax-up and then can be used for conventional porcelain baking procedures





External platform > Casting





External platform > How fabrication of the denture in laboratory looks like?



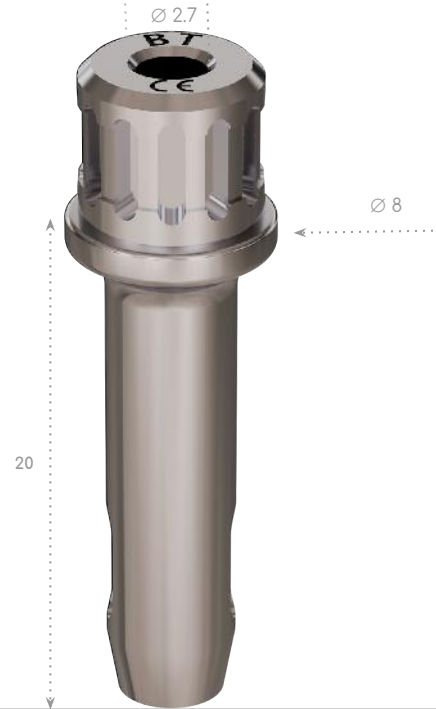


One-Piece Implant > External platform > Insertion tools





One-Piece Implant > External platform > Bending tool



BT

abutment level

for ratchet



You want your one-piece  
implants would also have  
screwed fixation?




































One-piece implant for multiple unite  
screw-retained restorations  
with a wide screw

COMPRESSIVE M

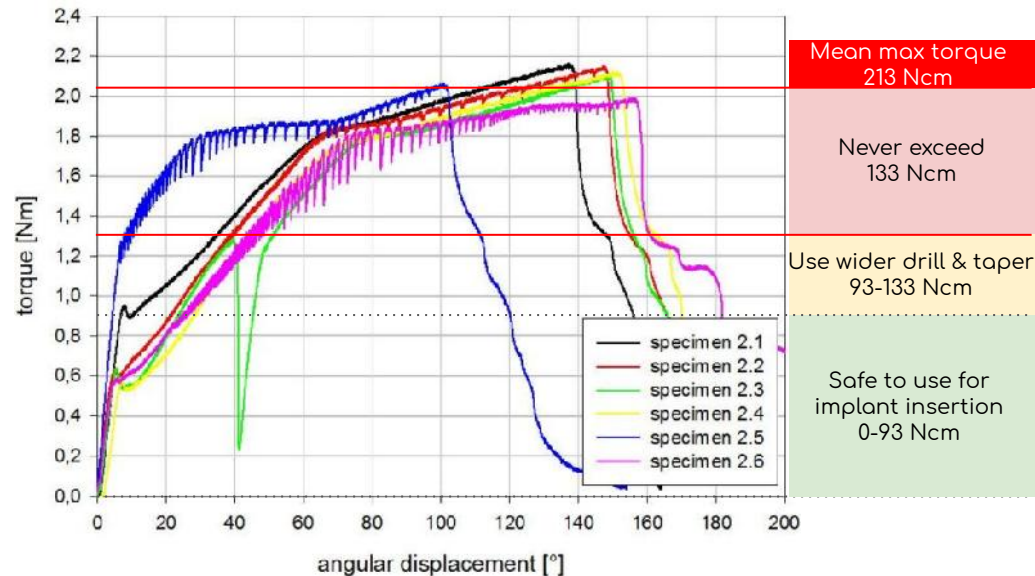


Length from 6 to 20 mm  
Diameter from 3 to 8 mm



Ø \ L	6 mm s α	8 mm s α	10 mm s α	12 mm s α	14 mm s α	16 mm s α	18 mm s α	20 mm s α
Ø 3.0 i 2.5 n 2.05		 C3008m 63 8	 C3010m 79 6	 C3012m 95 5	 C3014m 112 4	 C3016m 128 4	 C3018m 145 3	 C3020m 161 3
Ø 3.5 i 2.8 n 2.55	 C3506m 54 15	 C3508m 72 11	 C3510m 91 9	 C3512m 109 7	 C3514m 127 6	 C3516m 146 6	 C3518m 163 5	 C3520m 182 5
Ø 4.0 i 3.3 n 2.55	 C4006m 63 15	 C4008m 86 11	 C4010m 108 9	 C4012m 130 7	 C4014m 152 6	 C4016m 174 6		
Ø 5.0 i 4.3 n 2.55	 C5006m 82 15	 C5008m 111 11	 C5010m 141 9	 C5012m 170 7	 C5014m 200 6			
Ø 6.0 i 5.3 n 2.55	 C6006m 123.1 15	 C6008m 171.5 11	 C6010m 218.8 9	 C6012m 266.1 7	 C6014m 313.2 6			
Ø 8.0 i n 2.55	C8006m	C8008m	C8010m	C8012m	C8014m			

# 213 Ncm the mean maximum torque for C35xxM



Breakage at  
> 213 Ncm

To have a strong & reliable  
screw is extremely important  
for screw-retained dentures





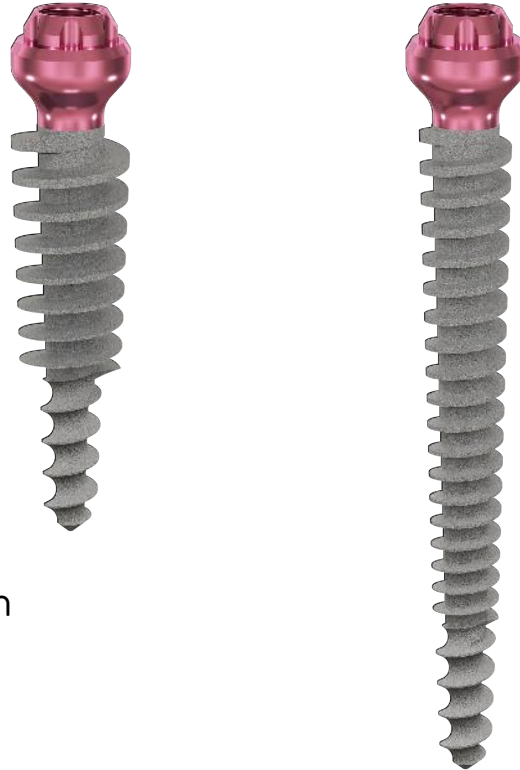
Wouldn't be great to have  
a special thread design  
for soft pterygoid bone?



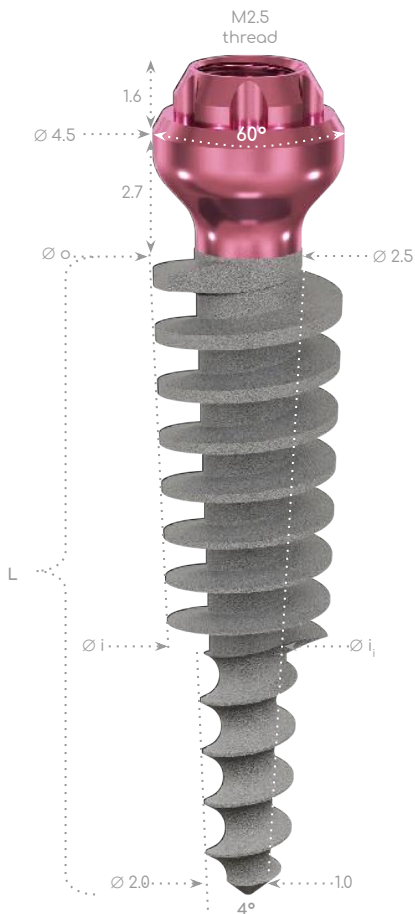
One-piece implant for multiple unite  
screw-retained restorations  
in a pterygoid region

**COMPRESSIVE MP**



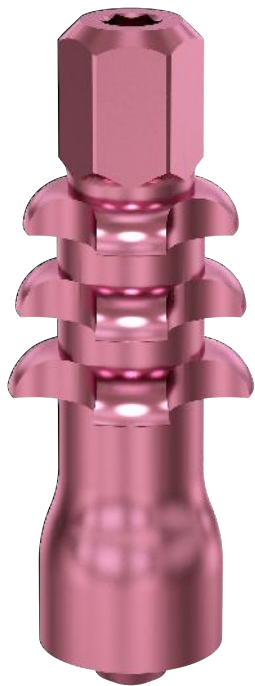


Length from 16 to 26 mm  
Diameter from 3.5 to 4.5 mm



Ø \ L	16 mm	18 mm	20 mm	22 mm	24 mm	26 mm
<b>Ø 3.5</b> <i>i   i<sub>i</sub></i> <i>s</i>	<b>C3516mp</b> 2.8   1.7 175	<b>C3518mp</b> 2.7   1.7 175	<b>C3520mp</b> 2.5   1.5 198	<b>C3522mp</b> 2.6   1.5 220	<b>C3524mp</b> 2.6   1.5 248	<b>C3526mp</b> 2.6   1.5 297
<b>Ø 4.5</b> <i>i   i<sub>i</sub></i> <i>s</i>	<b>C4516mp</b> 3.9   1.8 254	<b>C4518mp</b> 3.7   1.7 293	<b>C4520mp</b> 3.6   1.5 332	<b>C4522mp</b> 3.4   1.4 369	<b>C4524mp</b> 3.3   1.2 402	<b>C4526mp</b> 3.3   1.3 443

o - occlusal diameter (mm); i - intraosseous diameter (mm); a - apical diameter (mm); n - neck diameter;  
 α - total internal angle (degree °); s - intraosseous square area (mm²); Subscript *i* = internal



Transfers



Implant analogue



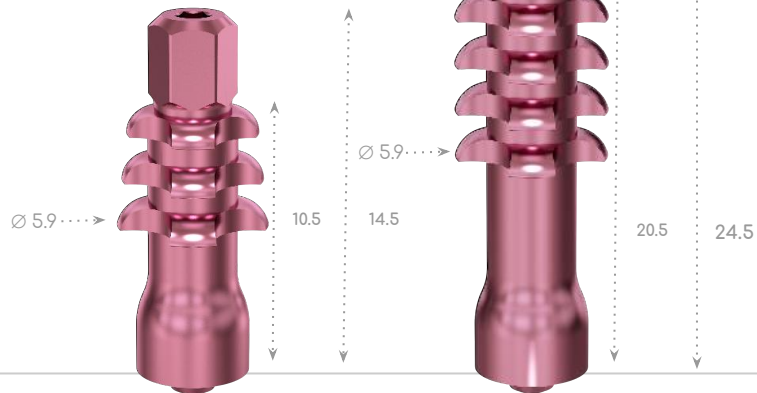
Platforms &  
Abutments



Gingiva formers

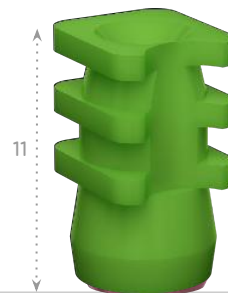


M platform > Available accessories > Transfers & Analogue

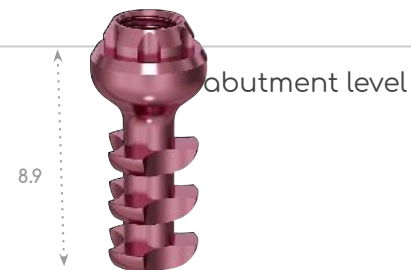


TOM  
transfer  
for open tray

TOML  
transfer for open  
tray



TRM  
transfer  
for close tray  
supplied with TC cap

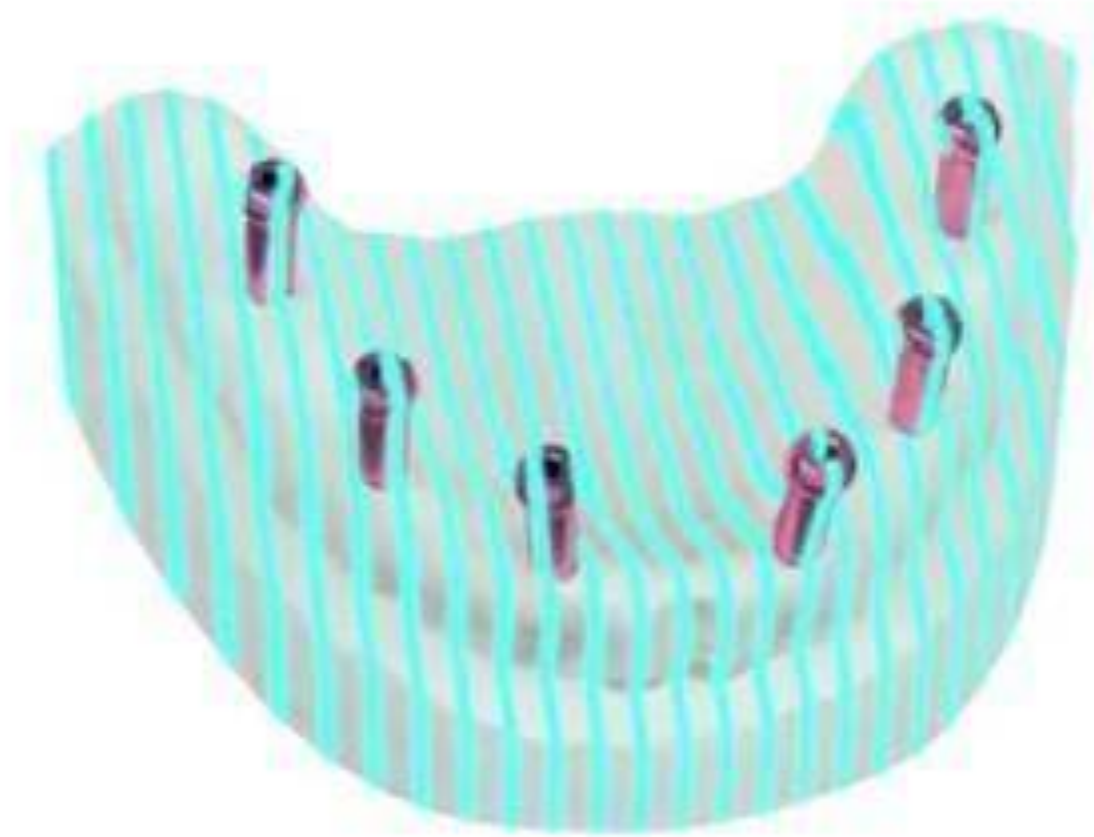


ANM  
Analogue of M  
platform



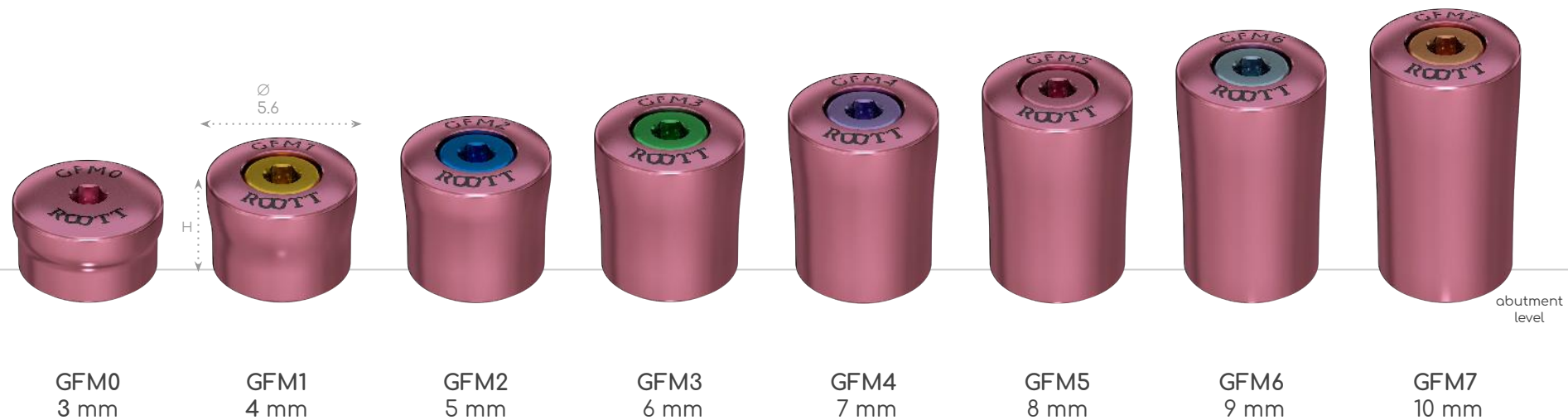












abutment  
level



GFNM0  
3 mm



GFNM2  
4 mm



GFNM4  
6 mm

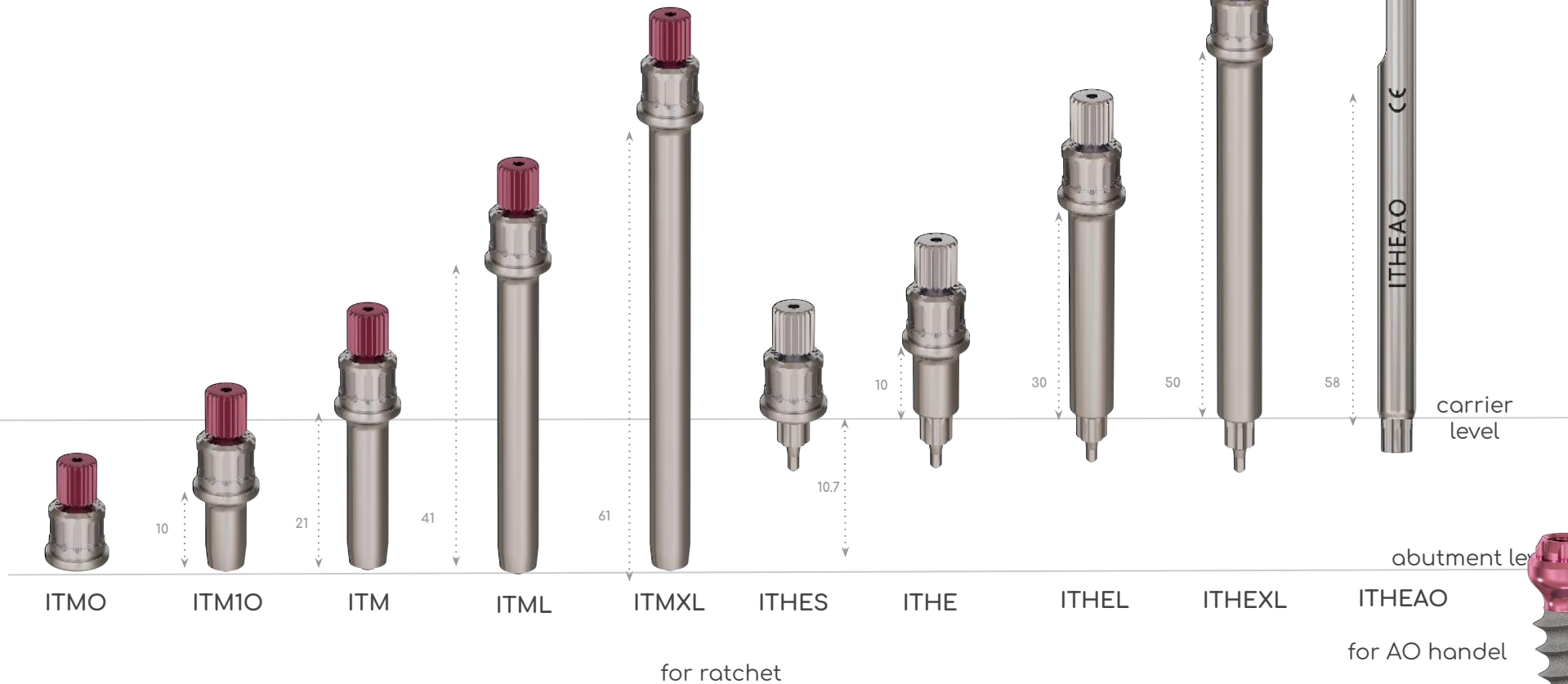


GFNM6  
8 mm

abutment  
level



# M platform > Insertion tools



Isn't nice to have  
more space in  
front area?





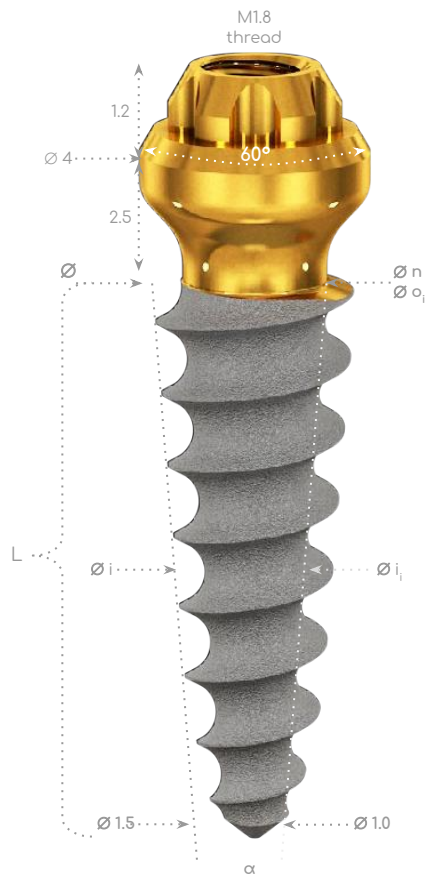
One-piece implant for multiple unite  
screw-retained restorations  
with a narrow screw


COMPRESSIVE MS



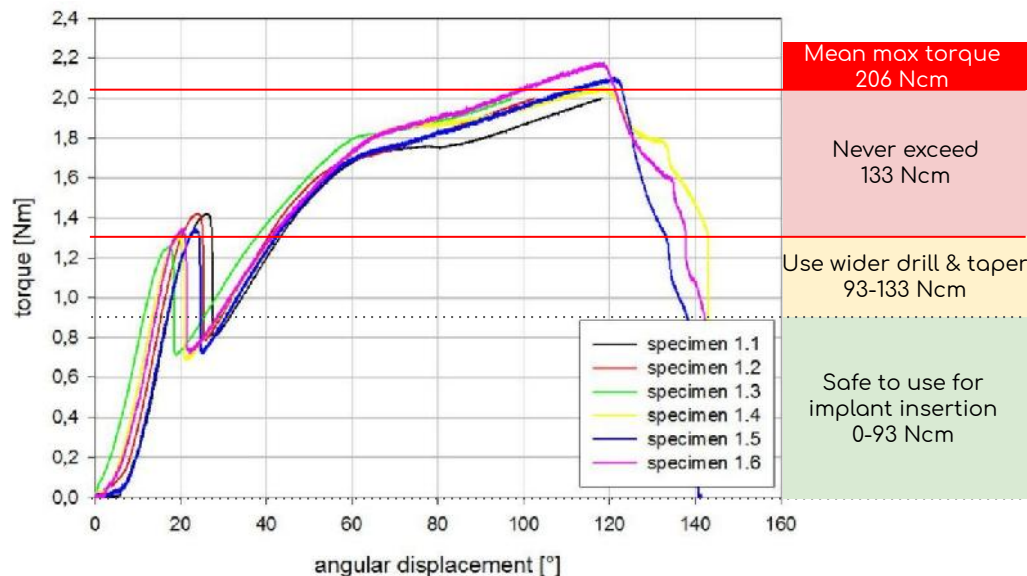


Length from 8 to 16 mm  
Diameter from 3 to 3.5 mm



Ø \ L	6 mm s α	8 mm s α	10 mm s α	12 mm s α	14 mm s α	16 mm s α						
Ø 3.0 2.5   i 1.5 n 2.05		C3008ms 63 8		C3010ms 79 6		C3012ms 95 5		C3014ms 112 4		C3016ms 128 4		
Ø 3.5 2.8   i 1.8 n 2.55		C3506ms 54 15		C3508ms 72 11		C3510ms 91 9		C3512ms 109 7		C3514ms 127 6		C3516ms 146 5

# 206 Ncm the mean maximum torque for C35xxMS

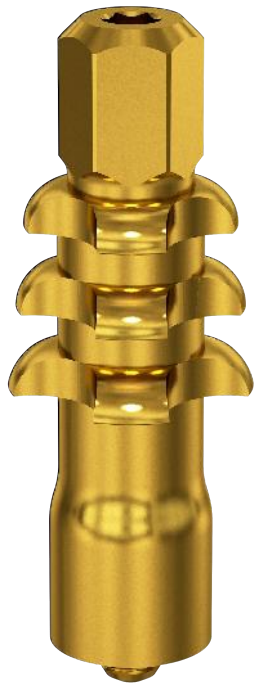


Breakage at  
> 206 Ncm









Transfers



Implant analogue

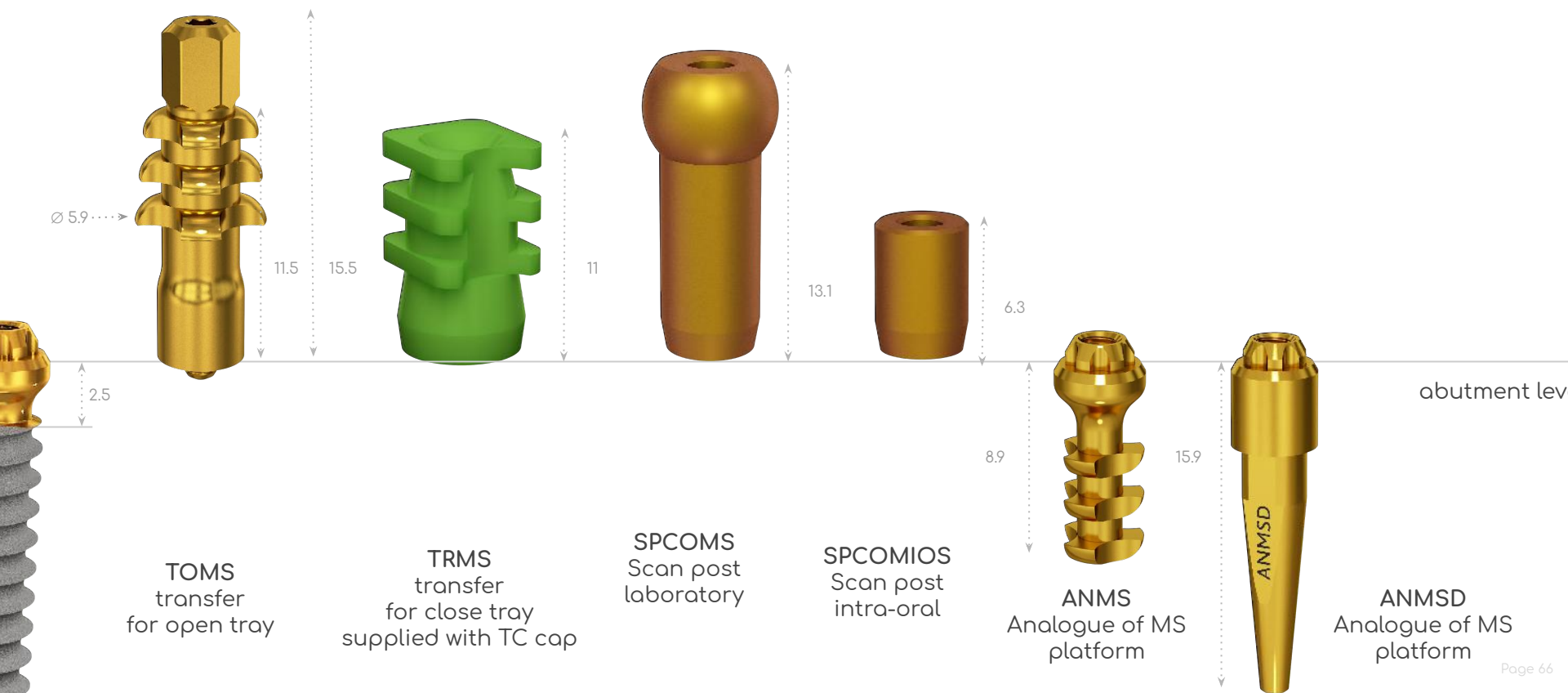


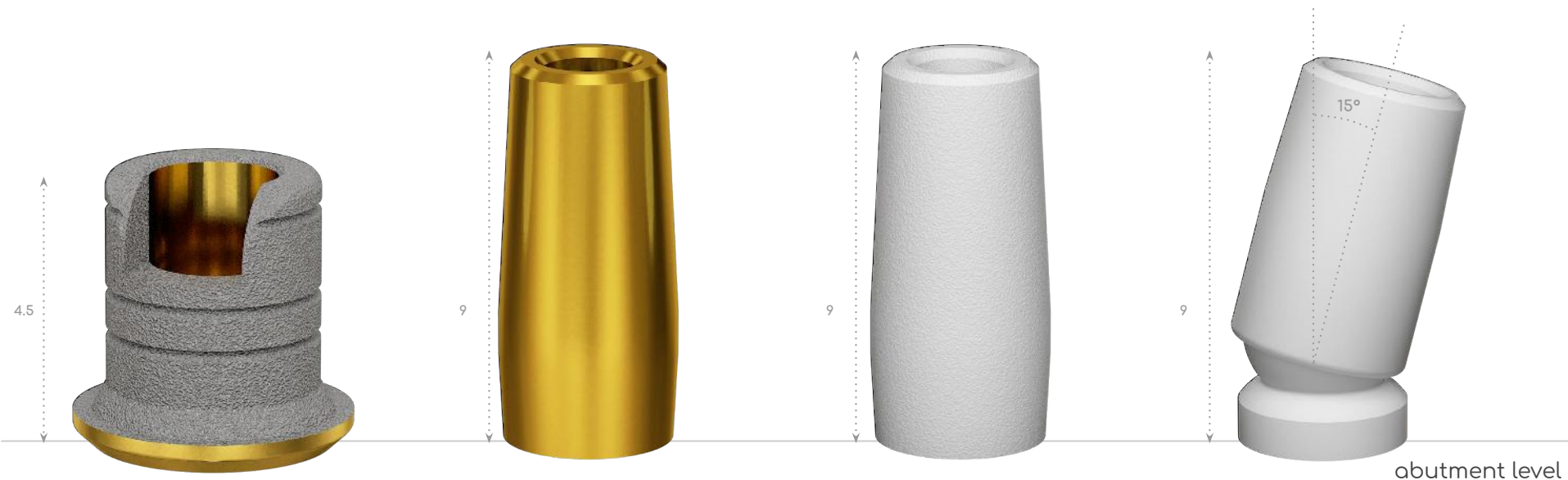
Platforms &  
Abutments



Gingiva formers







PCOMS  
Titanium base

AMS  
Straight abutment

ABMUS  
Burnout abutment

ABMUSA  
Angled burnout  
abutment







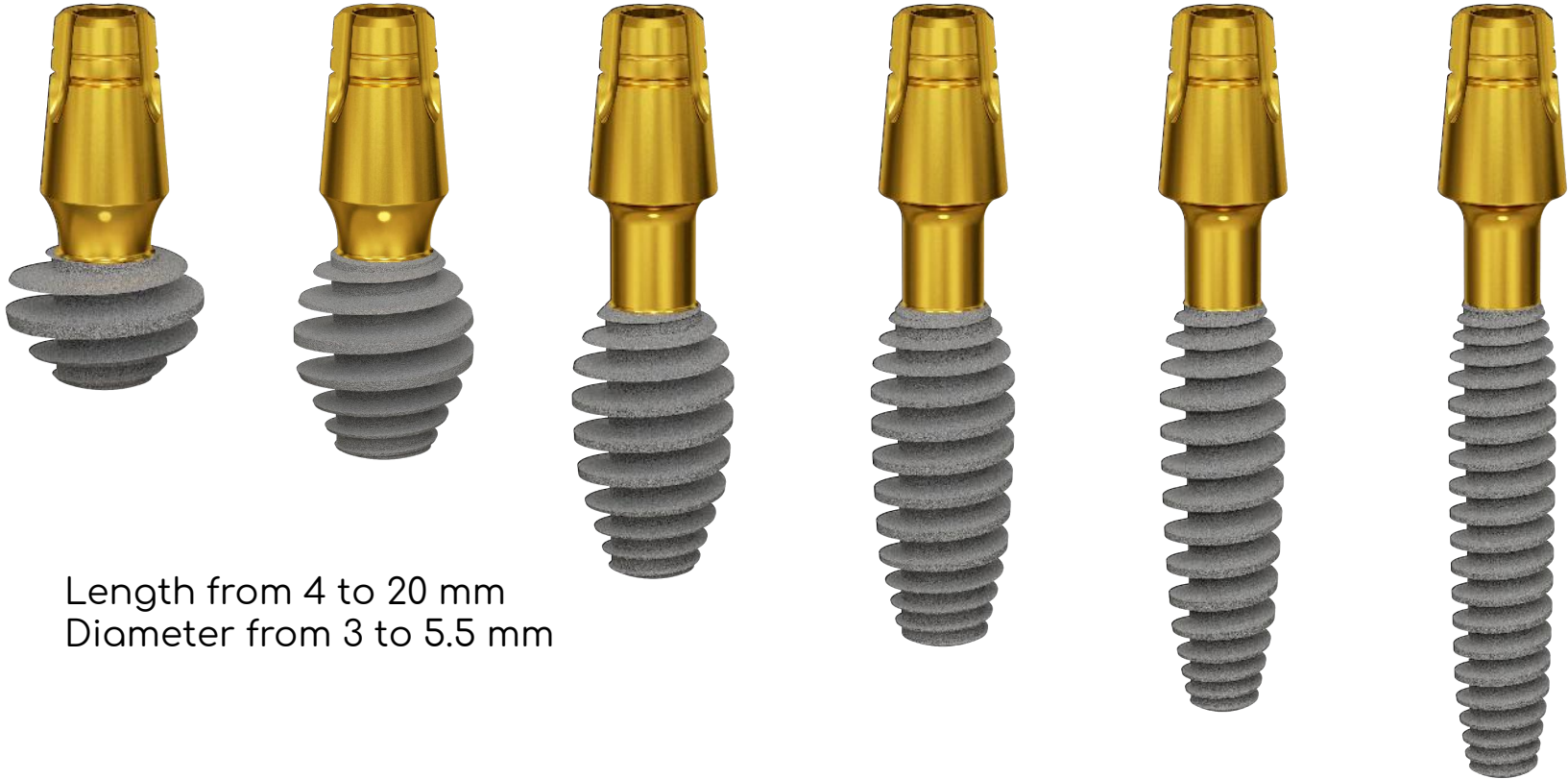








Wouldn't be great to  
join benefits of  
one & two piece  
implants?



Length from 4 to 20 mm  
Diameter from 3 to 5.5 mm





One-Piece Implant > K platform > Short titanium caps



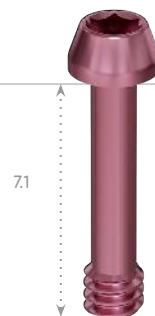








FSK



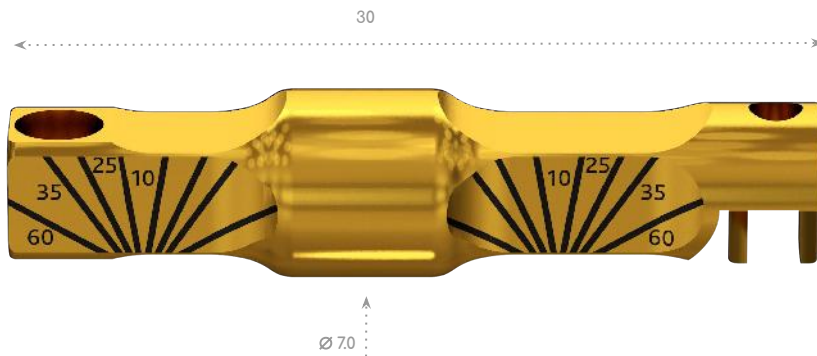
FSKL

abutment top  
level





One-Piece Implant > K platform > Direction indicator



DIR

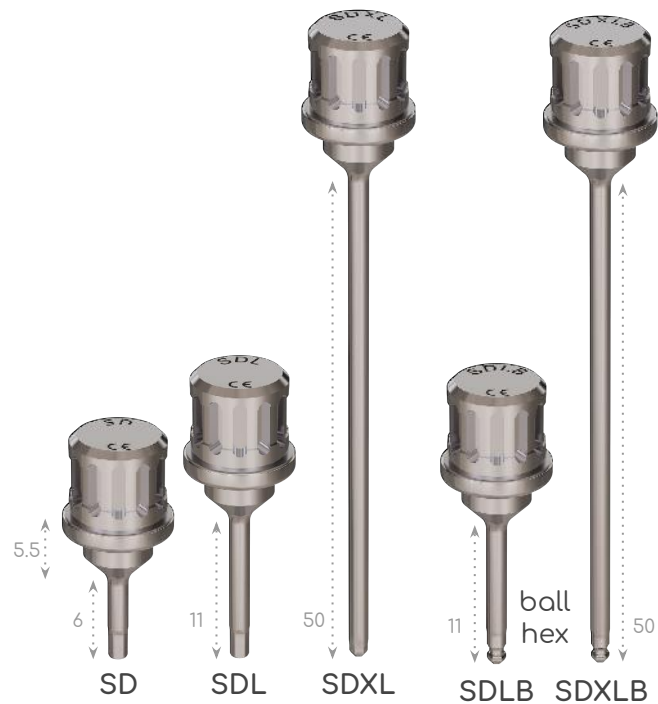


For Ratchet

For Handpiece

For Handel

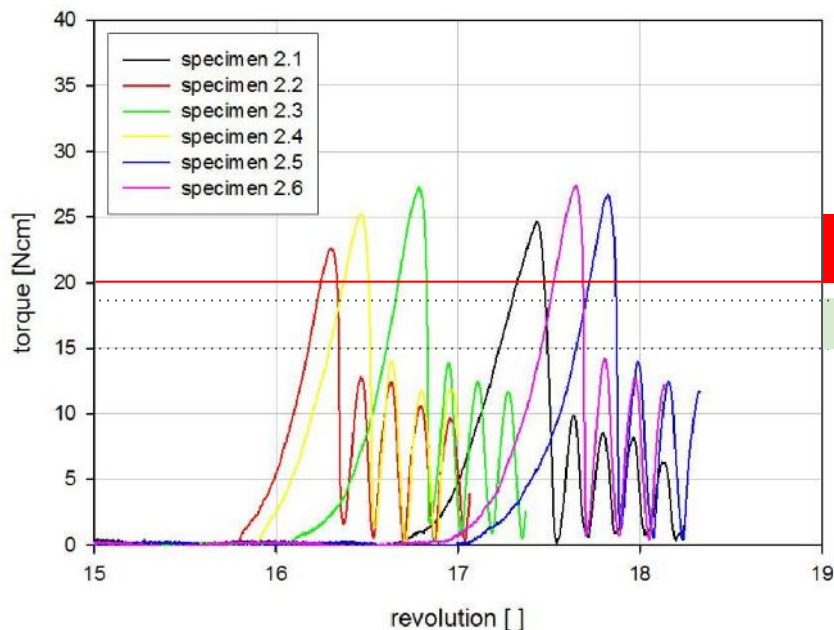
Manual





# 25.7 Ncm

## the mean maximum torque



Never exceed  
20 Ncm

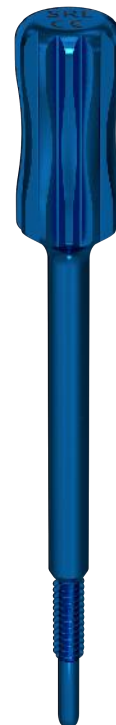
Safe zone for abutment  
fixation is 15-17 Ncm



## General instruments > Removal Screws



SR  
Removal Screw



SRL  
Removal Screw





General instruments > Pin



P2  
Parallel pin



General instruments > Extension tool



ET  
Extension tool



DPG  
Depth Measuring  
Gauge





RAE  
Tool for adapter  
removal



ETH  
For handpiece

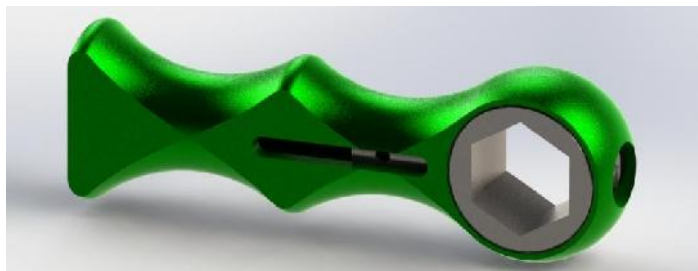
ETR  
For ratchet



ETAO  
Straight ratchet handle  
with turning knob



RW  
Ratchet Wrench



RWS  
Ratchet Wrench



TW50  
Torque Wrench



D1508  
Initial drill



D2008



D2010



D2012



D2014



D2016



D2018



D2020



D2026





CS2518F



CS3018F



CS4016F



D3024



D4024



D5024



D4029



D2824



D3524



D4124



D2829



D2834





DW



General instruments > 2Ingis self drilling screw



S1415



General instruments > Extension tool > for AO connection



ETEAO



General instruments > Square screw driver



SSDAO  
For AO connection



## General instruments > Fixing screw for attachments B1-B5



SB1



SB2



SB3



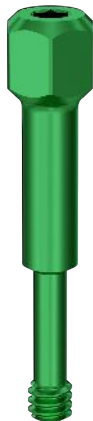
SB4



SB5



SC



STS



ST



SGF1



SGF2



SGF3



SGF4





SLT8



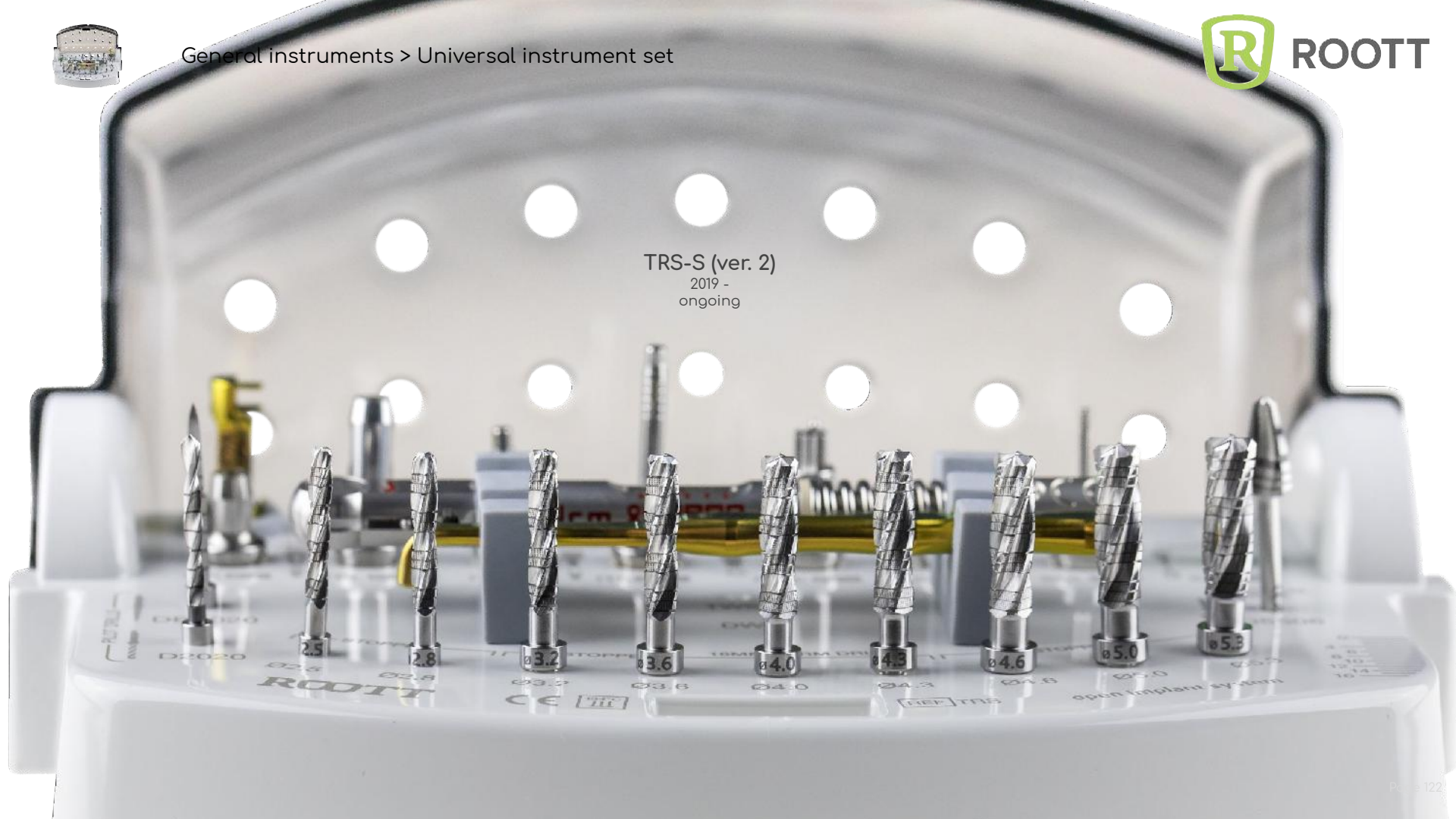
S8

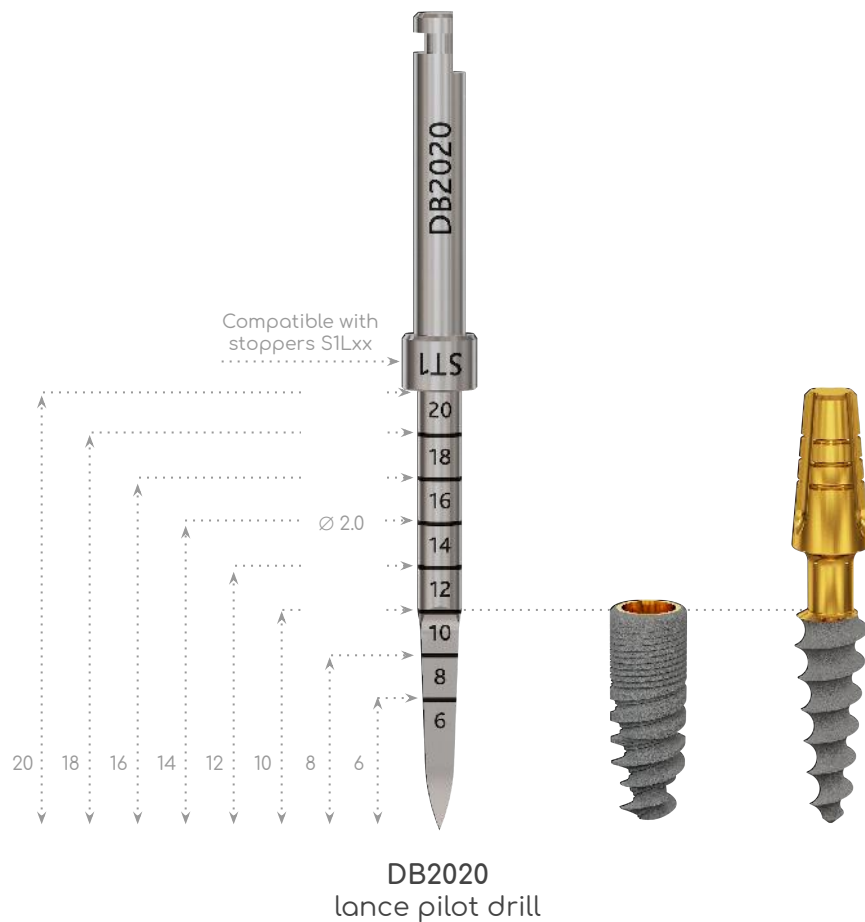


SL8



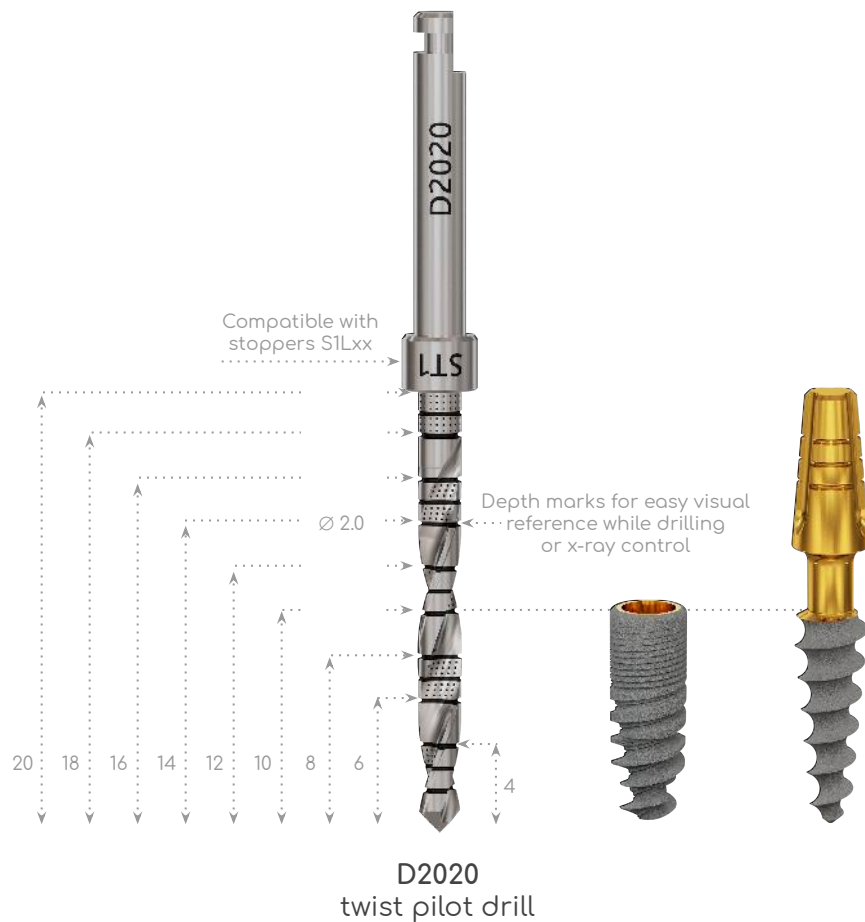
TRS-S (ver. 2)  
2019 -  
ongoing





Take a lance pilot drill DB2020 to make the first mark on the bone for opening cortical bone.

Use marks or stopper S1Lxx to identify your position with regards to introosseous length of implant



Take a twist pilot drill D2020 to define the direction of the implant and to enlarge diameter of the hole.

Use marks or stopper S1Lxx to identify your position with regards to intraosseous length of implant



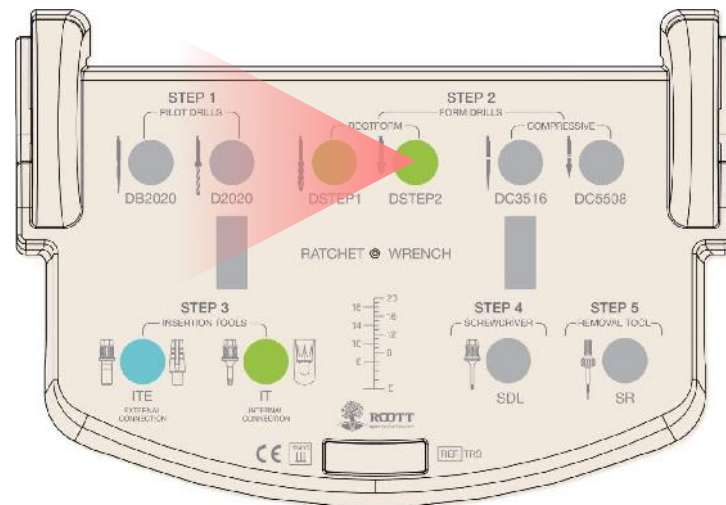
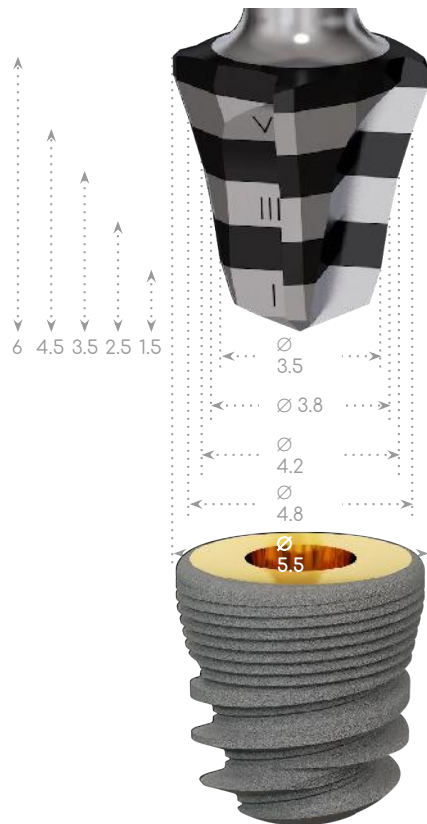
Take an expansion form drill DSTEP1 to enlarge diameter of the hole for desired intraosseous diameter.

Use marks to identify your position with regards to intraosseous length of implant

For diameters wider than 3.8 mm like R42xx, R48xx, R55xx use cortical drill DSTEP2



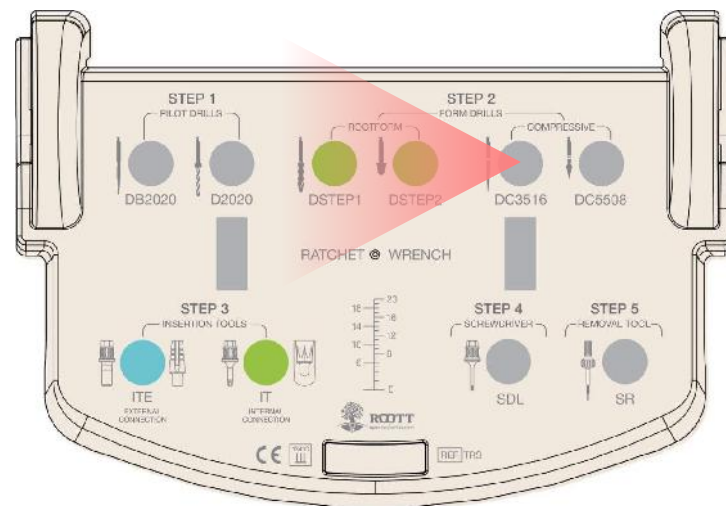
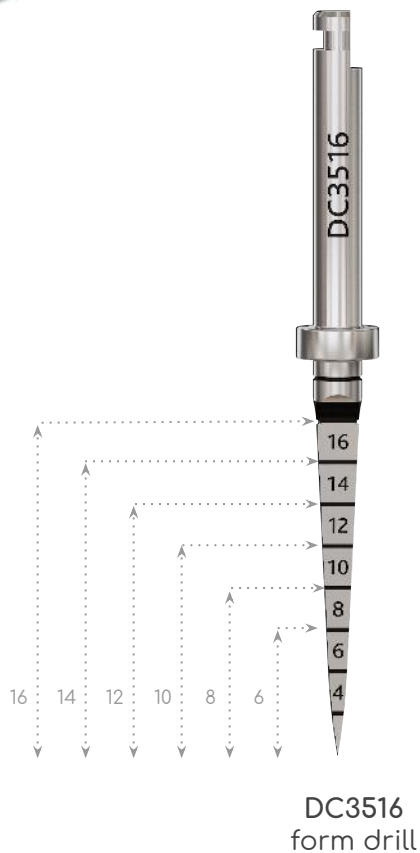
DSTEP2  
crestal drill



Take a crestal drill DSTEP2 for wide implants like R42, R48, R55 to reduce the internal condensation by enlarging occlusal diameter

Use marks to identify your position with regards to occlusal diameter of implant





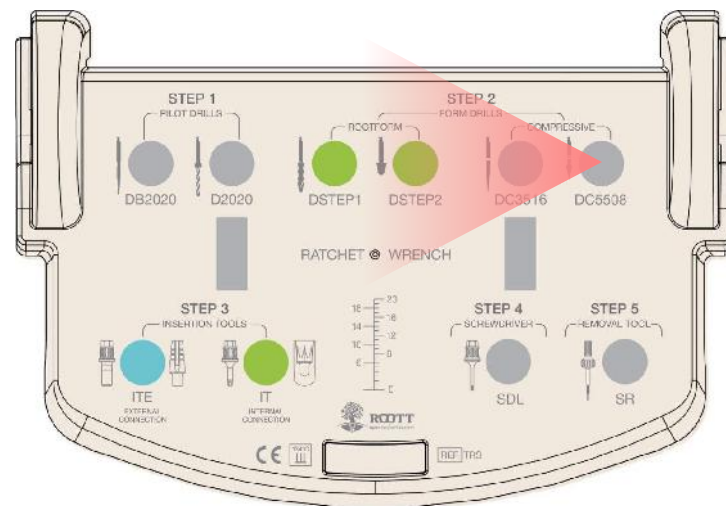
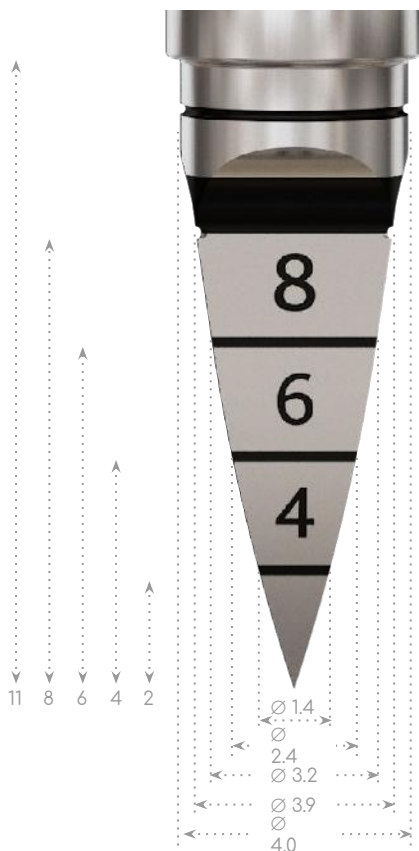
Take an expansion form drill DSTEP1 to enlarge diameter of the hole for desired intraosseous diameter.

Use marks to identify your position with regards to intraosseous length of implant

For diameters wider than 3.8 mm like R42xx, R48xx, R55xx use cortical drill DSTEP2



DC5508  
crestal drill



Take a form drill DC5508 for wide implants like C40, C45, C55 to reduce the internal condensation by enlarging occlusal diameter

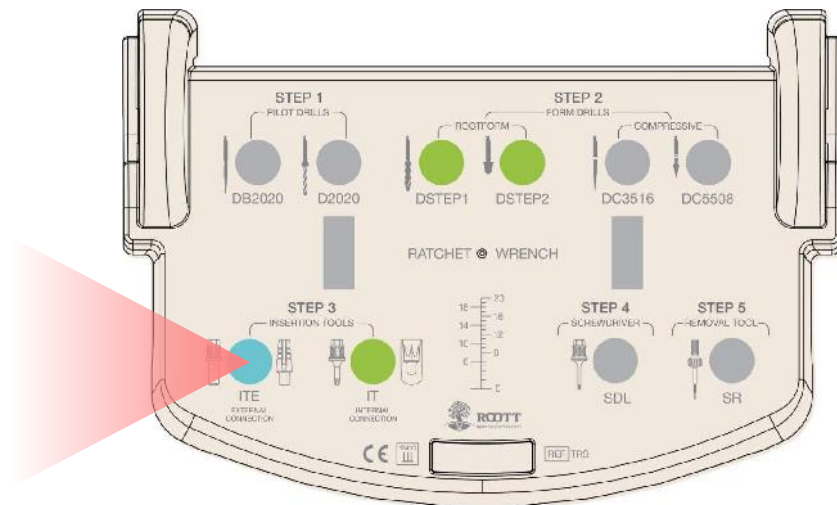
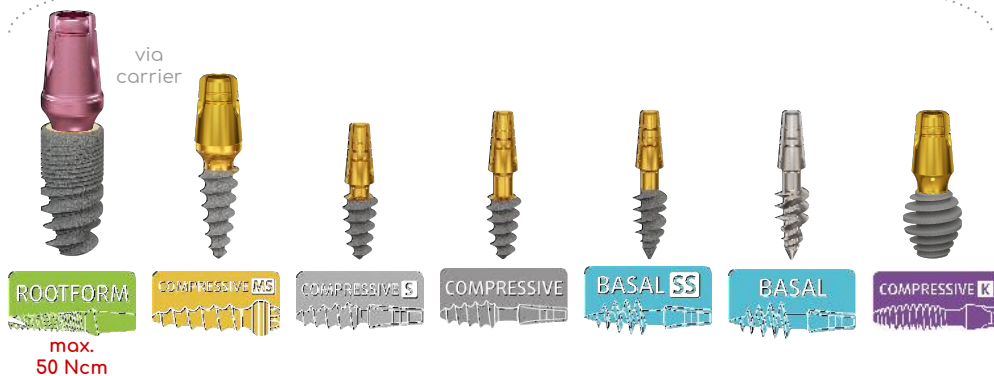
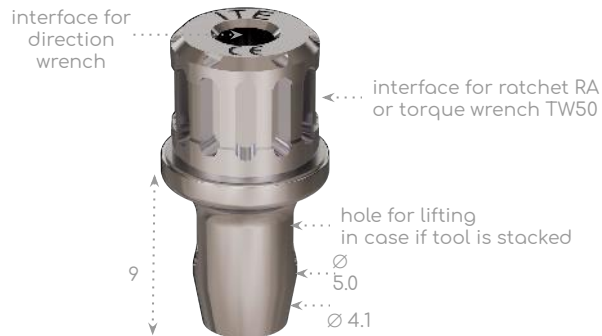
Use marks to identify your position with regards to occlusal diameter of implant

Depth marks for easy visual reference while drilling



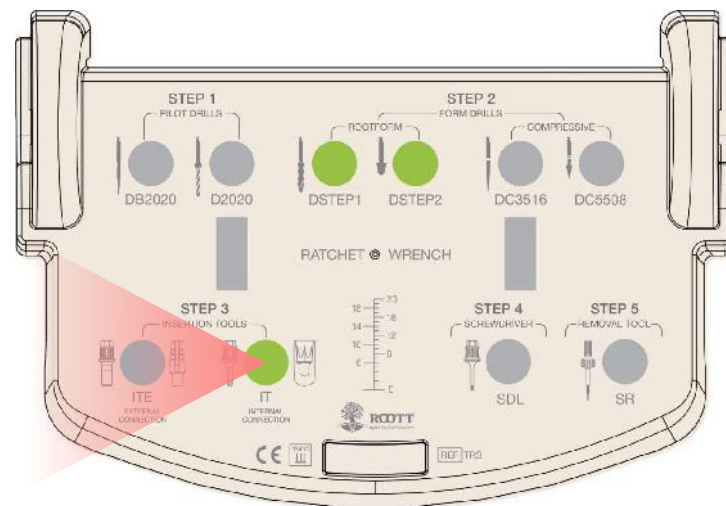
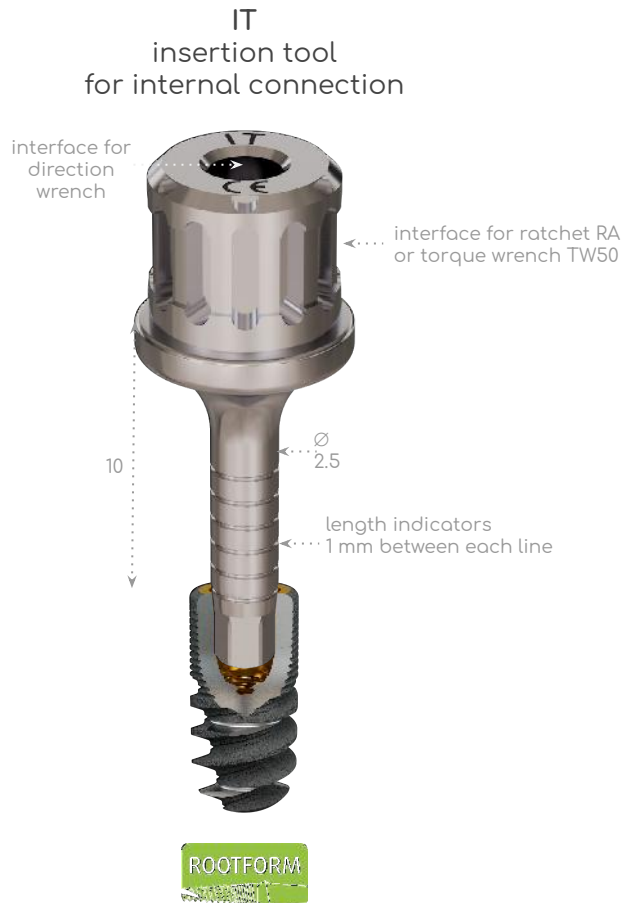


# ITE insertion tool for external connection



Take an insertion tool for external platform ITE for inserting an implants like

- Rootform via carrier (Max. 50 Ncm)
- Compressive
- Compressive S
- Compressive K
- Compressive MS via carrier
- Basal
- Basal SS

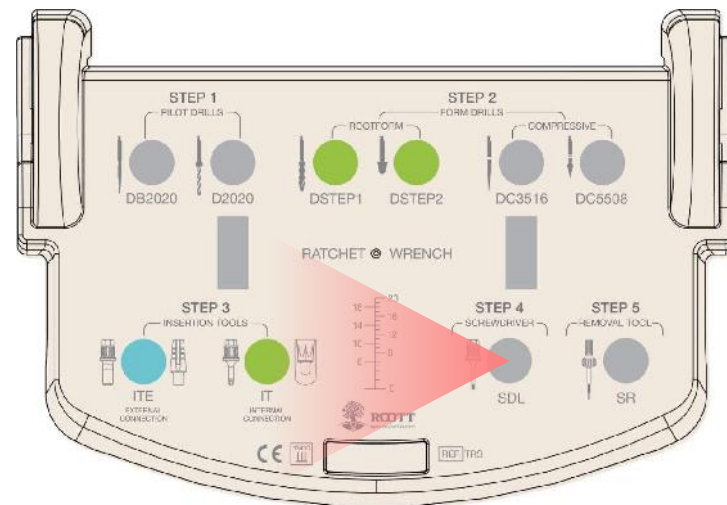
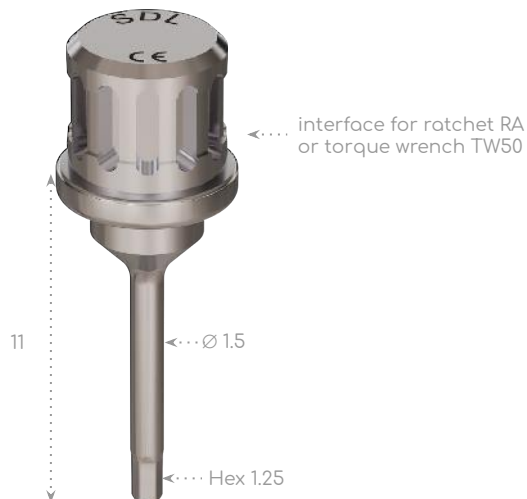


Take an insertion tool for internal platform IT  
for inserting Rootform implants  
when carrier part  
is removed

Place IT to wrench and insert implant  
to prepared hole

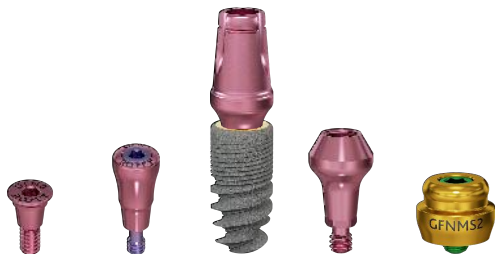


SDL  
Long screwdriver



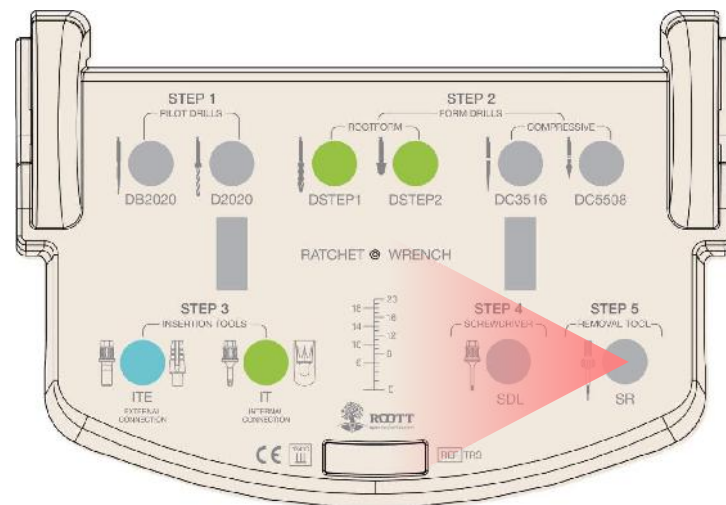
Take a long screwdriver SDL for screwing & unscrewing of any screw of ROOTT implant system

Conical tip of the hex helps to grab screw however for easy removing make little movement side to side before pulling out.





SR  
Screw removal



Take a removal screw SR for easy superstructure removing in case if your conical connection hold tight a part inside of Rootform implant

Simply remove screw from superstructure and then screw SR instead of your screw until part will not be released



