

IMPLANT LINES

INTERNAL HEX





MINI IMPLANT



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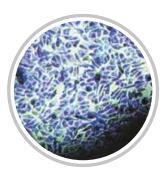
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BWS®

a surface with over 20 years of history

CONSTANT OVER TIME

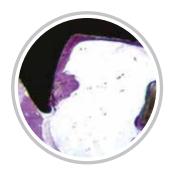
The capacity of **BWS®** to **retain fibrin**, lets osteoblasts migrate
from the bone to the implant
surface and reproduce there, **generating new bone** in direct
contact with the titanium (contact
Osseointegration).



Bone tissue grown in direct contact with the surface **BWS®**



The process of sandblasting and acid etching the implant surface makes it possible to obtain **optimal values of roughness** creating the strongest fibrin adhesion to the surface and facilitating the bone healing process by **significantly reducing the time.**

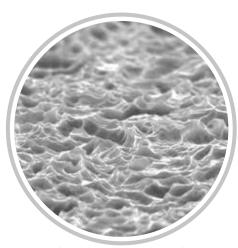


After the surface treatment and the classic washings, Dental Tech implants are additionally cleaned with **Argon Cold Plasma** to minimize carbon contamination.

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







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



BWS®

- Packaging in controlled environments
- Clean room ISO 7
- Packaging impermeable to micro-organisms
- Gamma ray sterilisation process guarantee the creation of products that are extremely safe for users and their patients

IMPLANT LINES



PARALLEL IMPLANT

Fixture with cylindrical body and a conical apex. Modulating the surgical procedure it is indicated in all bone types; even in the case of non-compact bone it is able to achieve a good primary stability.

You can use it for any type of prosthetic restoration, screwed and cemented. Using the concept of platform switching allows you to better manage the soft tissue in the area of the implant – abutment interface, and reduce peri-implant bone resorption over time.





Even if they are 6.0 mm length, allows the realization of surgical procedures without bone graft even in cases of advanced tissue resorption.





PACKAGING

ORA Dental Implant GHBH endosseous implants are supplied in sterile packaging which, if undamaged, guarantees the implant is protected from external agents and, if stored correctly, their sterility.



PARALLEL IMPLANT

BETTER PENETRATION

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

Micro-grooves to limit bone resorption.

The implant's screwing axis can be adjusted.

APICAL DRILLS

Drills with helicoidal progress to enhance stable penetration.

PARALLEL IMPLANT REFERENCE CODES

INTERNAL HEX

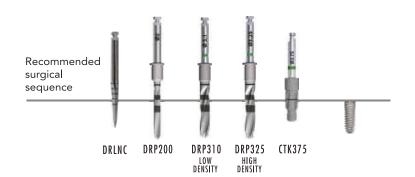
Diameter (Ø) mm Ø **r,ro**

	REF
Length (L) mm 10	FTCTTI-/SC
11,5	FTCTT11/SC
13	FTCTT IT/SC
16	FTCTT17/SC



Diameter (Ø) mm **Ø 3.75**

Length (L) mm	REF
8	۱۰,۳۷۰۸
10	1.,571.
11,5	1+,8711
13	1 • , ٣٧ ١ ٣
16	10,5017



Diameter (Ø) mm **Ø 4.25**

Length (L) mm	REF
8	۱۰,٤۲۰۸
10	1.,271.
11,5	1+,8711
13	۱۰٫٤۲۱۳
16	11,8717



Diameter (Ø) mm **Ø 4.75**

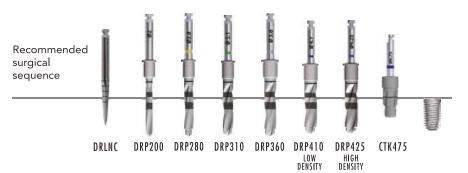
Length (L) mm	REF
8	۱۰,٤٧٠٨
10	۱۰,٤۷۱۰
11,5	1.,511
13	۱۰,٤۷۱۳



Diameter (Ø) mm

Ø 0,0 ·

Length (L) mm	REF
8	Ι •,00•Λ
10	1.,001.
11,5	1.,0011
13	1.,001



ACTIVE IMPLANT

SPIRAL DESIGN

The unusual spiral design simplifies the procedures of Ridge Expansion.

RISK REDUCTION

Less risk of damaging adjacent teeth and perforation of the lingual and/or buccal cortical plates.

SELF-TAPPING COIL

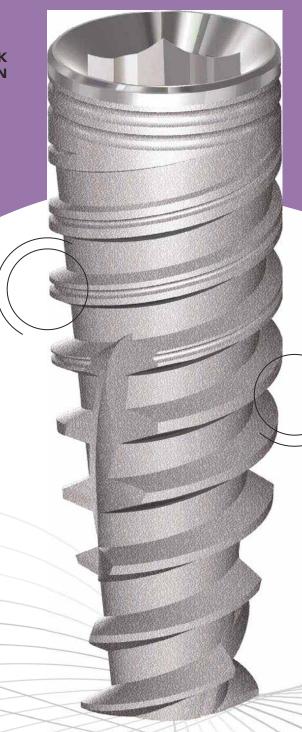
Exceptional self-tapping capability which provides improved bone condensation and increased primary stability, even in highly complex clinical cases.

BONE MAINTENANCE OVER TIME

Allows a greater reduction of bone osteotomy to be achieved, which results in lower bone loss and reduced surgical trauma.

OPTIMAL CHOICE OF POSITIONING

Allows a change in direction in order to achieve the optimum position of restoration, especially in post-extraction sites.



ACTIVE IMPLANT REFERENCE CODES

INTERNAL HEX

Diameter (Ø) mm **Ø 3.75**

Length (L) mm	REF
8	11,27.1
10	11,501
11,5	11,2711
13	11,2712
16	וו,۳۷וז







Diameter (Ø) mm **Ø 4.25**

Length (L) mm	REF
8	11,82.1
10	11,871•
11,5	11,8711
13	11,8717
16	11,8717





Diameter (Ø) mm **Ø 4.75**

Length (L) mm	REF
8	۱۱,٤٧٠٨
10	11,8V1•
11,5	11,8V11
13	11,8717





TECHNICAL FEATURES

SHORT IMPLANT

BONE MAINTENANCE OVER TIME

Polished coronal chamfer and implant collar are designed to better manage the biological width and maintain the level of bone over time.

SELF-TAPPING COIL

Self-tapping coil with double principle thread for increased contact with the bone and greater primary stability.

SPIRE GEOMETRY

The geometry of the spire aids osseous healing, both qualitatively and quantitatively.

IMPROVED PENETRATION

Four wide cutting zones for greater penetration capacity and to gather bone fragments, therefore reducing compression.

FACILITATES POSITIONING THE DEVICE IN THE SURGICAL SITE

Tapered apical portion to facilitate centring of the device in the surgical site, even in cases of under preparation due to poor bone density, or to achieve greater primary stability.

ATRAUMATIC APEX

SHORT IMPLANT REFERENCE CODES

INTERNAL HEX

Diameter (Ø) mm **Diameter** (Ø)

	Length (L) mm	R	EF			
	1	۱٠,٤	ריז			
:	Recommended surgical sequence	03-03-24-14.n	03-03-25-16-3	BLANSINA CONT.	615-64.2514-0	

DRP280 DRP310

STC2506 STC2506 STC2506

DRP360

STC3406



Diameter (Ø) mm **Ø 4.75**

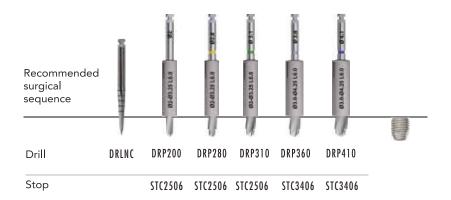
Drill

Stop

Length (L) mm	REF
1	۱۰,٤۷۰٦

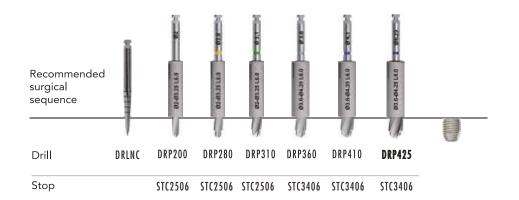
DRLNC

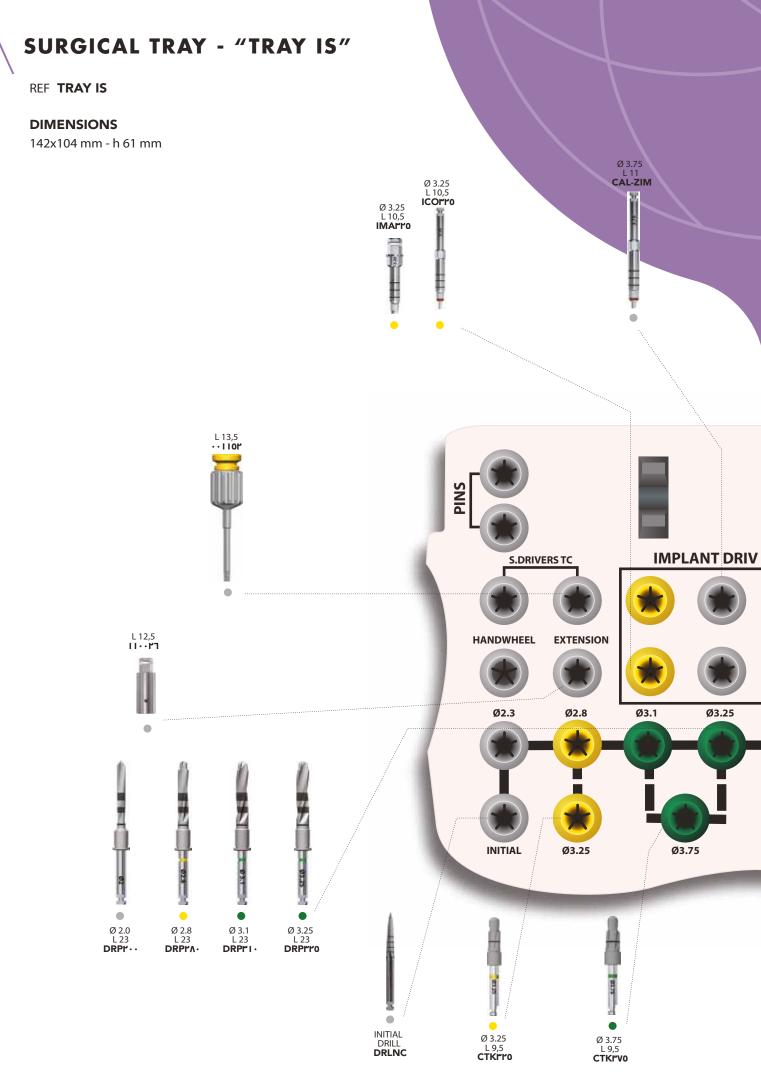
DRP200



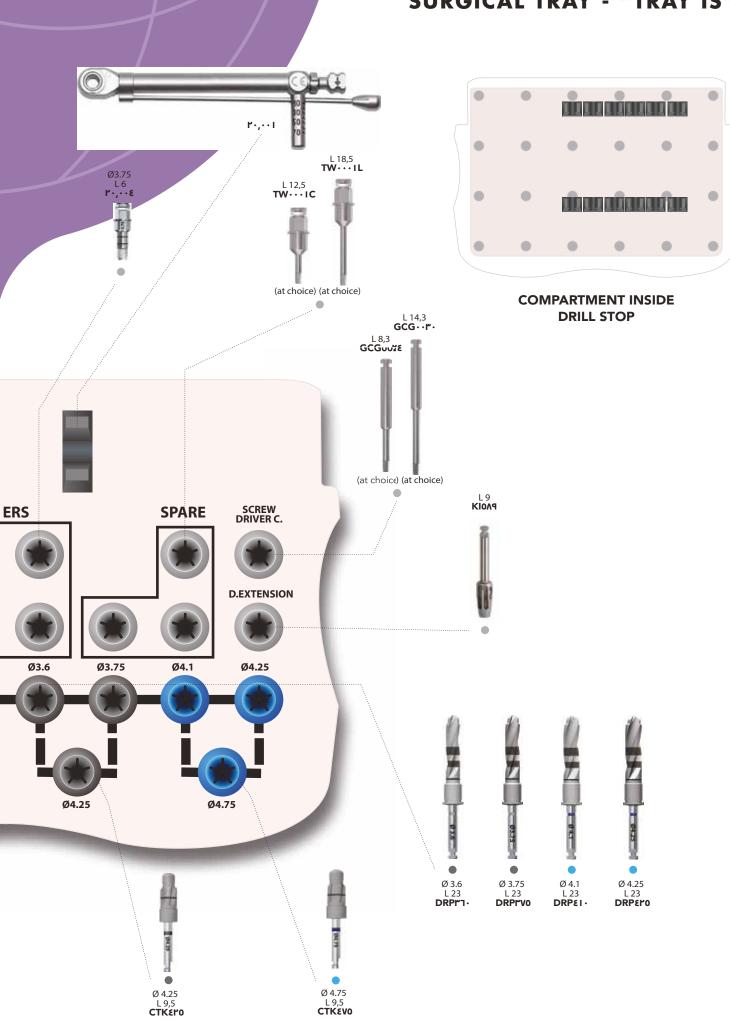
Diameter (Ø) mm Ø 0,0 ·

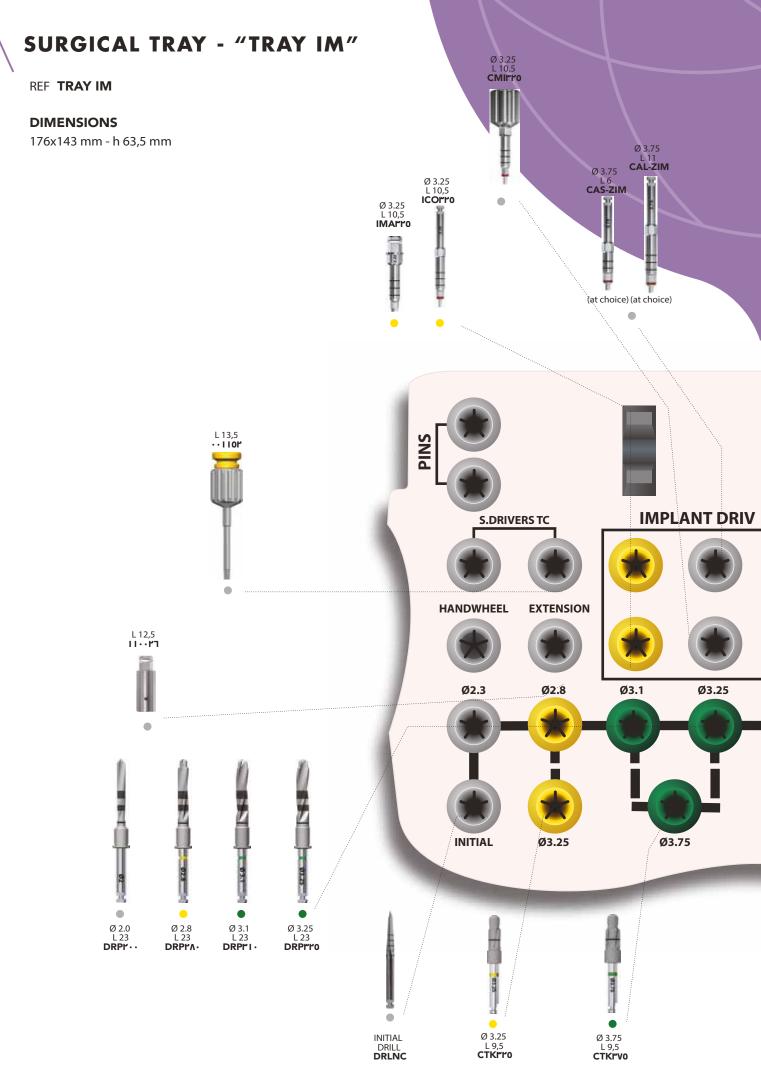
Length (L) mm	REF	
1	٦٠٫٥0٠٦	

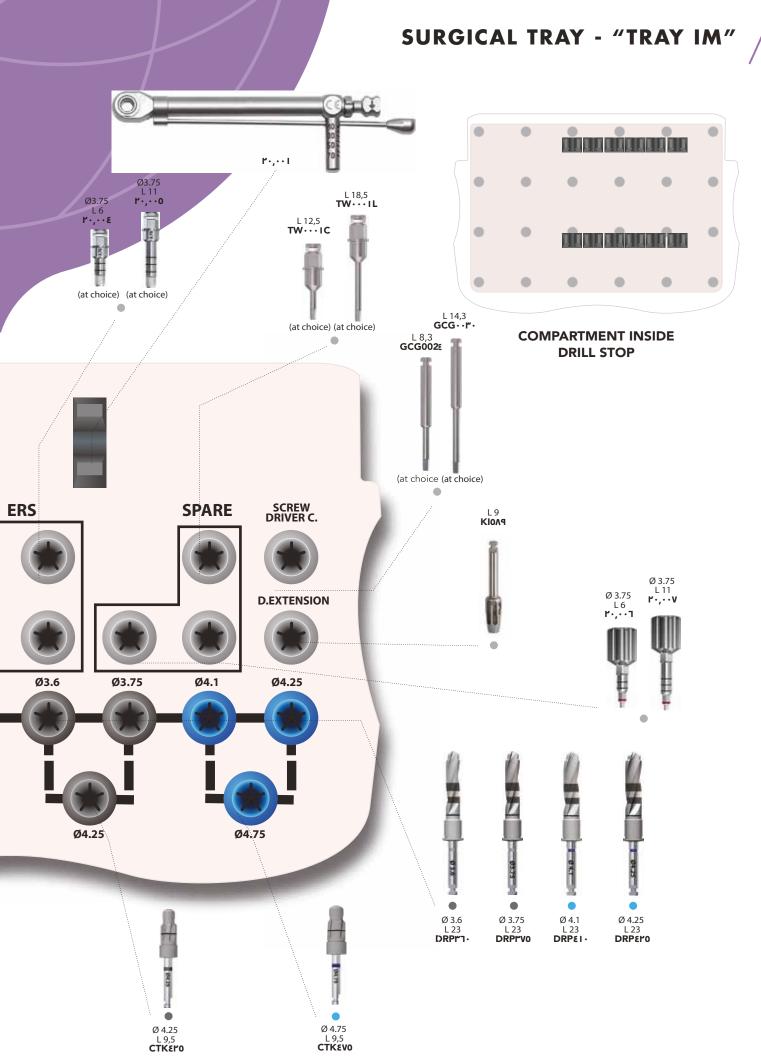




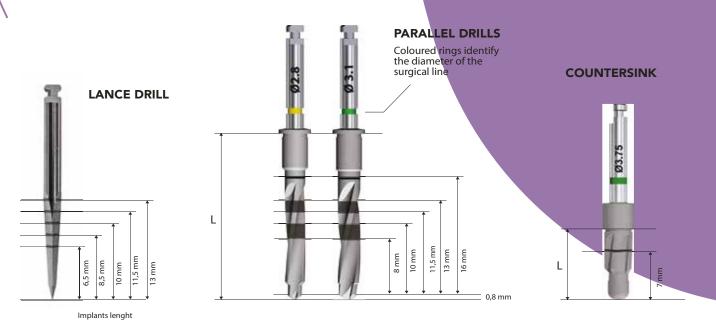
SURGICAL TRAY - "TRAY IS"







READING DEPTH NOTCHES AND SHARP DRILLS

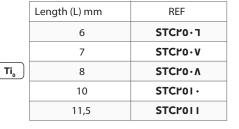




L mm implants

ਨ੍ ه. ا⊼,`,

Diameter (Ø) mm Stop Ø ε,0



Parallel Drill Length (L) mm LYT

Diameter (Ø) mm	REF
2.0	DRP۲・・
2.8	DRPrA.
3.1	DRP"I ·
3.25	DRPTT0

Diameter (Ø) mm Stop Ø 0,0



Ti_o

Length (L) mm REF STCTE.1 7 STCTE·V 8 STCTE·A 10 STCTE1. 11,5 STCTEII



inox

Length (L) mm L ۲۳	Parallel Dril
Diameter (Ø) mm	REF

Diameter (Ø) mm	REF
3.6	DRP"1·
3.75	DRP"V0
4.1	DRP81 ·
4.25	DRPEr0

Countersink





4770	
	inox
ř	

	Diamete
inox	

	Diameter (Ø) mm	REF
nox	3.25	CTK"ro

Countersink

	Countersink		
	Diameter (Ø) mm	REF	
inox	3.75	CTK۳V0	



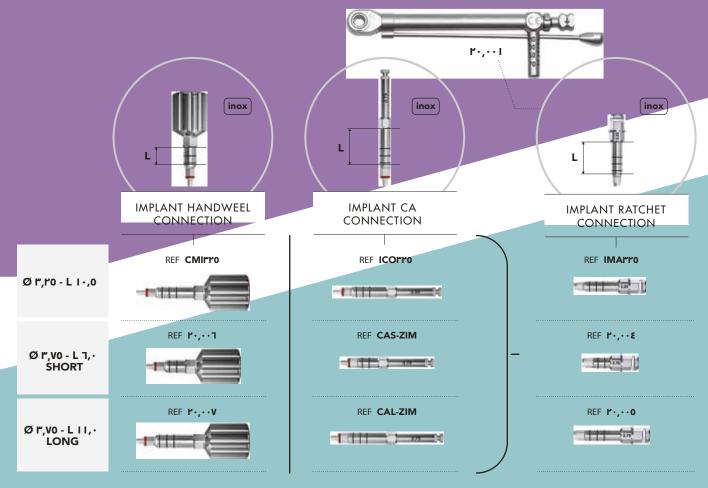
	Diameter (Ø) mm	REF
inox	4.25	CTKEr0



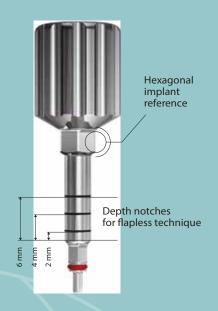
		Countersink
	Diameter (Ø) mm	REF
x	4.75	CTKEVO

IMPLANT CONNECTIONS

FEATURES AND MEASURES

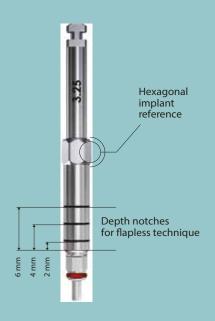


Ø Diameter mm → L Lenght mm



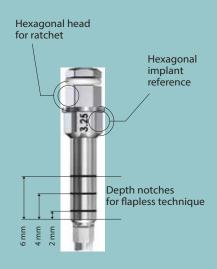
IMPLANT HANDWEEL CONNECTION

Allows removal of the implant from the ampoule and the start of insertion in the surgical site.



IMPLANT CA CONNECTION

Allows removal of the implant from the ampoule and its insertion in the surgical site using the contra-angle screwdriver.



IMPLANT RATCHET CONNECTION

A tool to be connected to the ratchet to complete insertion of the implant. It does not permit removal as it does not have an O-Ring seal.

IMPLANTS INSERTION PROCEDURE

WITH MANUAL CONTRA-ANGLE IMPLANT CONNECTION

Insert the direct manual contra-angle screwdriver into the implant with a slight rotating motion to allow the correct coupling of the two hexagons (implant screwdriver) and remove the implant. (Fig. 5)

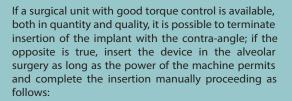
Begin insertion of the implant in the alveolar surgery (Fig. 6) after having set the following parameters on the surgical unit:

- 1) Bi-phase procedure (submerged) RPM 20-15 Torque max. 40-35 Ncm
- 2) Monophasic procedure realized with submerged implants and healing screws, with deferred load RPM 20-15

Torque max. 45-40 Ncm

3) Monophasic procedure with immediate load/prosthesis RPM 20-15

Torque is incremental from 20 to 70 Ncm



IMPLANT RATCHET CONNECTION

Ensure that the tool is inserted in the position suitable for screwing and turn until the implant reaches the desired position. (Fig. 7)

Complete the insertion of the implant using the dynamometric wrench connected to the direct screwdriver of the REF. IMA20.005 / 20.004 / 325 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. 8)



Fig.5



Fig.6



ig.7



Fig.8

IMPLANT CONNECTION SCREWDRIVERS

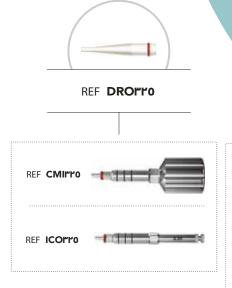
O-RING REPLACEMENT TOOL

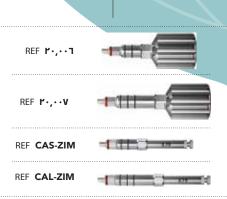
DESCRIPTION

The tools (DRO 375) facilitates replacement of the O-Ring on the screwdrivers.



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





REF DROTTO



Fig.11





Fig.13

Fig.12

RATCHET REF 10,001



for ball abutment Ø 2.25



inox

REF RDSrro

SCREWDRIVERS ADAPTOR



REF
Short TW0001C
Long TW0001L

OVERDENTURE ABUTMENT ADAPTOR



REF
ADL150

MUA ADAPTOR



REF TW··^

ISO ADAPTOR



inox

Length (L) mm	REF
7	ISOTV.

HEX SCREWDRIVER



#	Length (L) mm		REF
վ∥	8,8	Short	GCG0024
11	14,8	Long	GCG0030

SURGICAL INSTRUMENTS

DYNAMOMETRIC RATCHET





inox

inox

ADAPTOR FOR DYNAMOMETRIC RATCHET

ISO connection for ratchet

Length (L) mm	REF
7	ISOTV-

EXTENSION





Length (L) mm	REF
12,5	11۲1



EXTENSION FOR DRILL

Length (L) mm	REF
9	KION9

SCREWDRIVERS



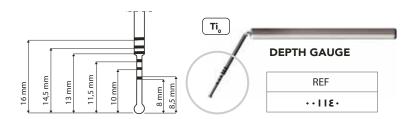


Length (L) mm	REF
4,5	GMXI··
11,5	GMMro.
18	

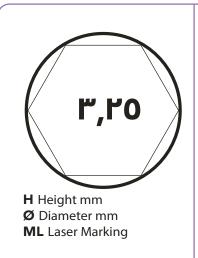


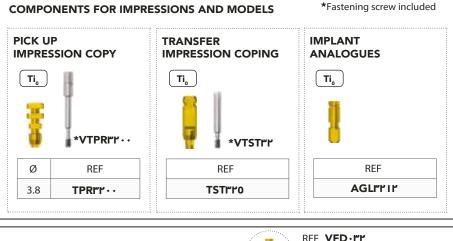
HEX CA DRIVER

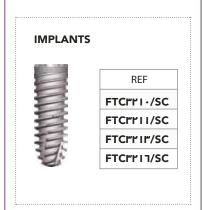
Length (L) mm	REF
8,3	Short GCG · · PE
14,3	Long GCG··٣·

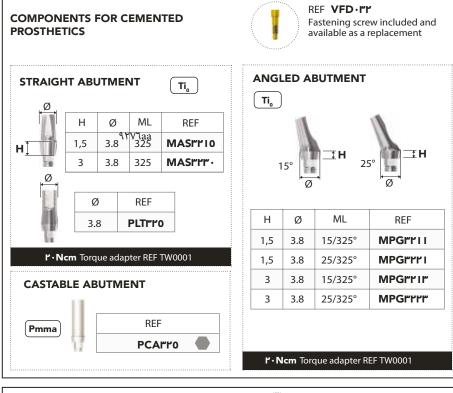


DIAMETER 3.25

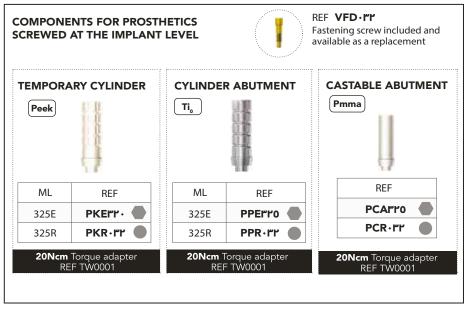




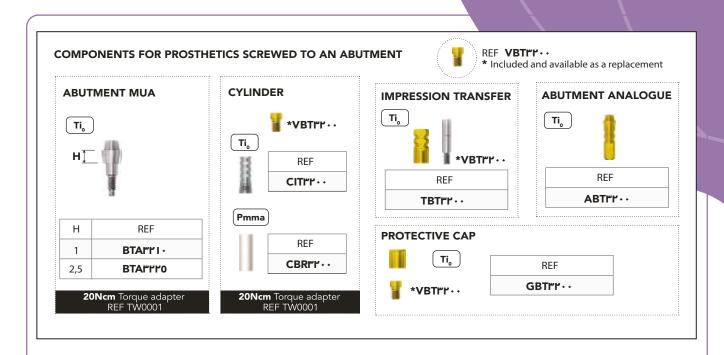








DIAMETER 3.25

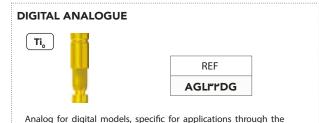




* Fastening screw included and available as a replacement



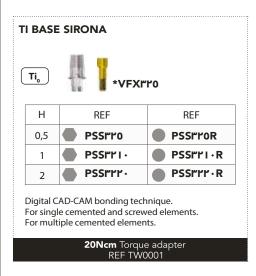
Digital CAD-CAM Intraoral Scan and Laboratory Scan. For single cemented and screwed elements. For multiple cemented elements.

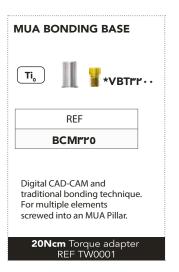


characteristic shape with rounded edges, allows easy insertion into the model seat, without interference and friction with the resinous material of the models. The apical screw allows to always obtain a total working stability.

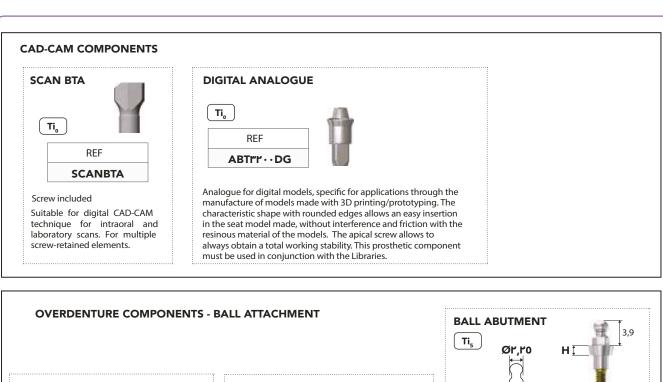
manufacture of models made with 3D printing/prototyping. The

This prosthetic component must be used through the Libraries.





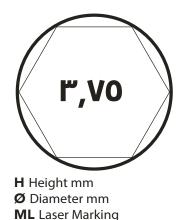
DIAMETER 3.25

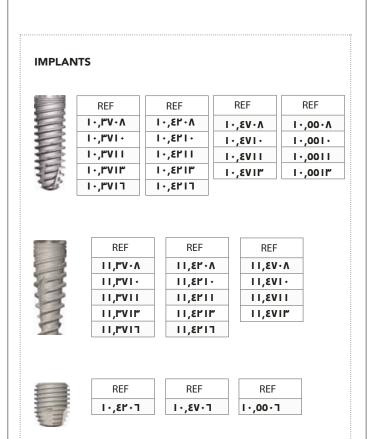


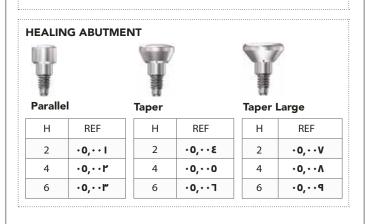


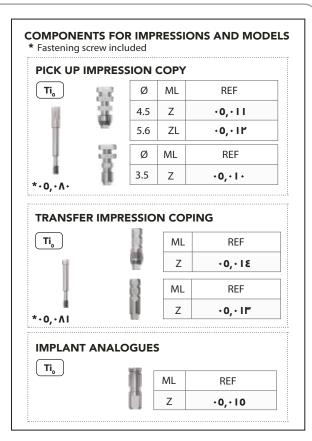


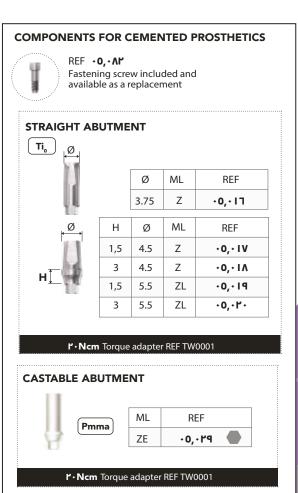




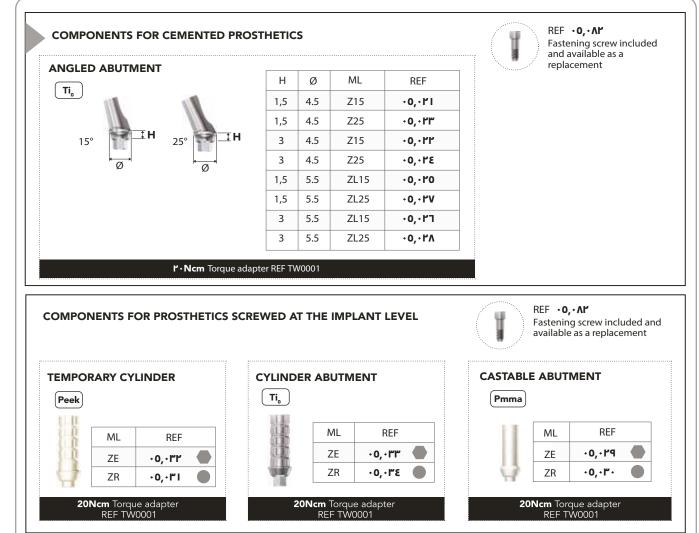


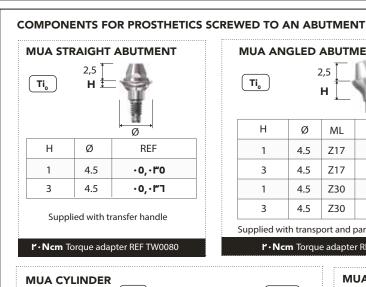


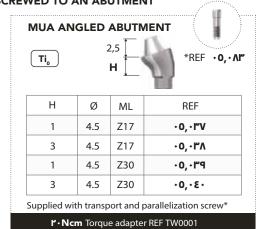


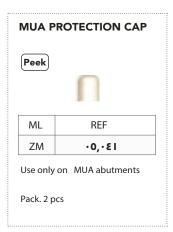


DIAMETER 3.75

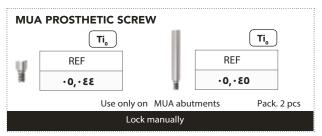








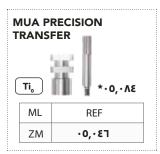




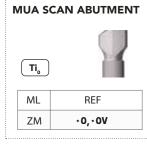
overview prosthetic components 3.75

COMPONENTS FOR PROSTHETICS SCREWED TO AN ABUTMENT

* Fastening screw included







Screw included

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

MUA DIGITAL ANALOGUE





ML	REF
ZD	٠٥,٠٥٨

Analogue for digital models, specific for applications through the manufacture of models made with 3D printing/prototyping. The characteristic shape with rounded edges allows an easy insertion in the seat model made, 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 in conjunction with the Libraries.

CAD-CAM COMPONENTS

* Fastening screw included and available as a replacement

SCAN ABUTMENT

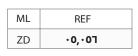


ML	REF
Z	٠٥,٠٥٥

Digital CAD-CAM Intraoral Scan and Laboratory Scan. For single cemented and screwed elements. For multiple cemented elements.

DIGITAL ANALOGUE





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 Libraries.

TI BASE SIRONA



Н	ML	REF	REF
0,5	Z	₽ 3∙,0∙	•0,•0٢
1	Z	• • • • • • • • • • • • • • • • • • • •	• 0, • 01"
2	Z	•0,•01	•0,•0٤

Digital CAD-CAM and traditional bonding technique. For single cemented and screwed elements. For multiple cemented elements.

20Ncm Torque adapter REF TW0001

MUA BONDING BASE



ZM



Digital CAD-CAM and traditional bonding technique. For multiple screwed elements on MUA pillar.

۰۵,۰٤۸

ONcm Torque adapter

DIAMETER 3.75

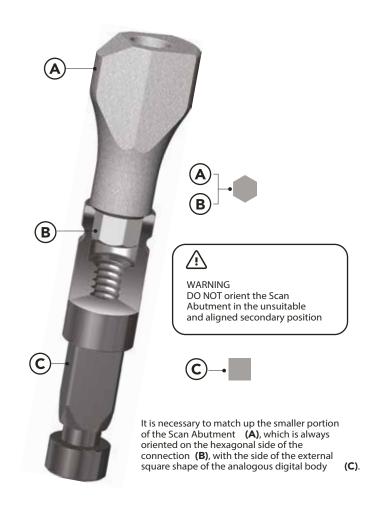


DIGITAL ANALOGUE - INDICATIONS OF USE

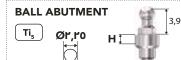












Н	
0,5	
1,5	
3	
5	
	0,5 1,5 3

20Ncm Torque adapter REF RDS225





REF
ORG225

BALL ABUTMENT ANALOG Ti_s

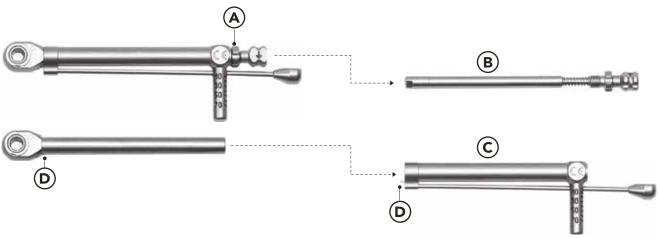


REF AAFYY0

RATCHET CLEANING AND MAINTENANCE



RATCHET REF 1...I



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.

MINI IMPLANT

The MINI IMPLANT system meets the growing clinical need to have small diameter implants for instant stabilisation of total prostheses. Designed for long-term rehabilitation and conceived for excellent clinical results.

EXCEPTIONALLY EASY

Implant characteristics make the surgical phase very easy. The ergonomics of supplied components facilitate prosthetic procedures. Hence, implants can be inserted and the prosthesis can be stabilised in just one session.



EXCELLENT RESISTANCE

The implant is a monocomponent made of Titanium Gr5 for maximum mechanical resistance.

SMALL PROFILE

The diameter (barely 2.7 mm) allows to place the implant in the thin crestal bone to avoid bone regeneration procedures.

MAXIMUM BONE SURFACE CONTACT

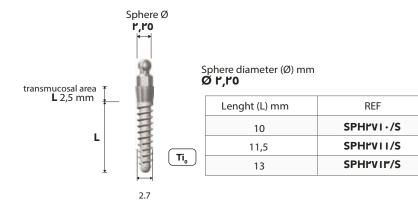
The development of implant macrotopography and the clinically tested surface obtained with the BWS * system ensures excellent primary stability of the device and a high BIC (Bone Implant Contact).

MINIMALLY INVASIVE SURGERY

The dentist can choose whether to insert the implant with a traditional or flapless technique.

REFERENCE CODES

MINI IMPLANT



Load direction

TAP

Ti

Static load Breakage at N 1500

Stress resistance N 505 x 5,000,000 cycles No breakages

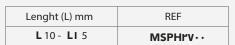
The tests were performed on devices with Ø2mm to evaluate either the same or higher diameters.



INITIAL CYLINDRICAL DRILL

Lenght (L) mm	REF
2,0	DRPr··







inox

L	Ţ	uss	ľ	1	1	
					Ti _o	

Lenght (L) mm	REF
6	АМС•17



IMPLANTS SCREWDRIVERS

Lenght (L) mm	REF
10	RDSTTO

RATCHET

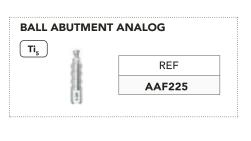












INSERTION PROCEDURE

MINI IMPLANT

Remove the device Mini Implant, which is connected to the plastic cap, from the ampoule by concurrently pulling and gently rotating the cap. (Fig. 14)



Fig.14

Carry the implant into the mouth with the cap/support, and use it to start placing the implant in the osteotomy site. Screw the implant onto the bone until it reaches the stability level that allows to extract the support from the device by pulling upwards. (Fig. 15)



Complete the insertion of the Mini Implant by using manual key assembled with the dedicated adaptor to screw it on, leaving the entire hexagonal portion that is under the sphere outside the soft tissue. This will prevent the O-RING retention device from causing compression of soft tissues. (Fig. 16)

Other instruments can also be used as an alternative to the pawl. (Fig. 17)



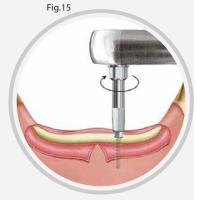


Fig.16

Fig.17

Insertion of the implant must ensure that O-RING retainers are correctly in place. Hence the need to ensure a distance of at least 7mm between the osteotomies. (Fig. 18)

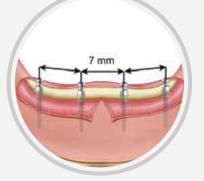


Fig.18



Warning Do not exceed 20 rpm and 55 Ncm of torque when screwing on the implant.

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.

CLEANING PHASES

PACKAGING AND STERILITY

- ORA Implant tools are supplied as non sterile in heat -sealed Pouches in containing the leaflet.
- ORA Implant 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 ORA Implant 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.

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.

STERILISATION

Sterilise in a steam autoclave saturated with distilled water by using a systematically validated and controlled sterilisation method, according to provisions laid down by standard ISO 1:2007-17665 "Sterilisation of healthcare products" (as amended). Requirements for validation and routine control of moist heat sterilisation in healthcare

• Dental Tech validated the following Autoclave moist heat sterilization cycle:

3 minutes

134 °C



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

Since Dental Tech tools are manufactured in different materials, they shall be washed and sterilized one by one.

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.

INSTRUMENTS FOR SURGERY WARNINGS AND LEGENDS

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.

NON-ROTATING INSTRUMENT

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

WARNINGS

RESPONSABILITY The use of non-original components, produced by third-parties may compromise the functionality of the implants and their elements, compromising the final result and voiding the guarantee of the manufacturer. The application of the product occurs outside the control of Dental Tech and is the sole responsibility of the end user. We accept no liability for any damage resulting from such activities.

INSTRUCTIONS FOR USE These are to be considered solely as recommendations. This information is not sufficient and does not exempt the user from ensuring the adequacy of the product for its intended use through continued training.

VALIDITY This nullifies all previous versions. The images, the content and the products illustrated are subject to modification without warning.

MATERIALS LEGEND

 Au
 Gold Alloy

 inox
 Surgical Stainless Steel

 Peek
 Polyetereeterechetone

Pmma Polymethylmethacrylate

Ti_o Titanium gr.V ELI for medical use

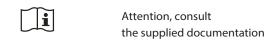
Plastic Polymer

PACKAGING SYMBOLS LEGEND

LOT	Lot number
STERILE R	Sterilized by gamma rays
NON STERILE	Not sterile
REF	Product code

RIUTILIZZABILE	Reusable
	Use by









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BWS®

a surface with over 20 years of history

CONSTANT OVER TIME

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).





Bone tissue grown in direct contact with the surface **BWS®**

SEM HV: 20.00 kV SEM MAG: 4.82 kx

WD: 10.6470 mm Det: SE Detector View field: 62.05 µm

VEGA\\TESCAN Dental Tech

The process of sandblasting and acid etching the implant surface makes it possible to obtain **optimal values of roughness** creating the strongest fibrin adhesion to the surface and facilitating the bone healing process by **significantly reducing the time.**





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

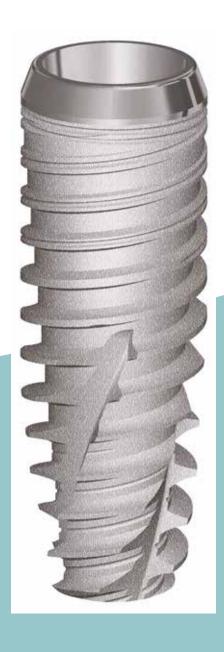
Subsequently, minute controls are performed on the fixture with scanning electron microscopes (SEM).



EHT=18.00 kV WD=13 mm Mag=6.50 K X Photo No.=6159 Detector= SE1

BWS®

- Packaging in controlled environments
- Packaging impermeable to micro-organisms
- Gamma ray sterilisation process guarantee the creation of products that are extremely safe for users and their patients





Conometric connection at 6°, with hexagonal position index and screw through, extremely precise and stable.



Smooth collar 0,75mm. The eccentric course between implant and connection diameter offers an anatomical path to the prosthetic component.



The geometric peculiarity of the cortical spiral allows to obtain an high primary stability, even in the presence of a few millimeters of bone.



Thanks to the flat shape of the central loop, the FTP implant allows the condensation of the bone matrix during the insertion of the fixture.



Apical spiral with progressive course allow greater directionality in insertion, in addition to the high primary stability in poor quality bone.



The atraumatic apex, without cutting areas, makes the implant suitable even in cases where it is necessary to safeguard anatomical structures, such as maxillary sinus and alveolar nerve.

PACKAGING

ORA Dental Implant GHBH endosseous implants are supplied in sterile packaging which, if undamaged, guarantees the implant is protected from external agents and, if stored correctly, their sterility.



Transparent ampoule

Protective closure screw cap. (Prosthetic colour code)

SURGICAL PROCEDURE AND REFERENCE CODES



Ø 1,00 Diameter (Ø) mm

Lenght (L) mm	REF
10	FTPTVI ·/SC
11,5	FTP"VII/SC
13	FTPrvir/SC
16	FTPTVI7/SC



Cover screw included

Recommended surgical sequence

> CTK375 ★ DRLNC DRP200 CPT3747 DRP310 DRP325 **DRP230** HIGH DENSITY



Diameter (Ø) mm Ø 8,10

Lenght (L) mm	REF
8	FTP&Y·A/SC
10	FTP&YI ·/SC
11,5	FTPEP11/SC
13	FTP&FIF/SC
16	FTP8117/SC

Prosthetic colour code	
Surgical colour code	•

Cover screw included

Recommended surgical sequence

DRLNC DRP200 CPT3747 DRP310 CPT3747 DRP360 DRP375 CTK425 *



Lenght (L) mm	REF
8	FTP&V·A/SC
10	FTPEVI ·/SC
11,5	FTPEVII/SC
13	FTPEVIT/SC

Prosthetic colour code	
Surgical colour code	

HIGH DENSITY

Cover screw included



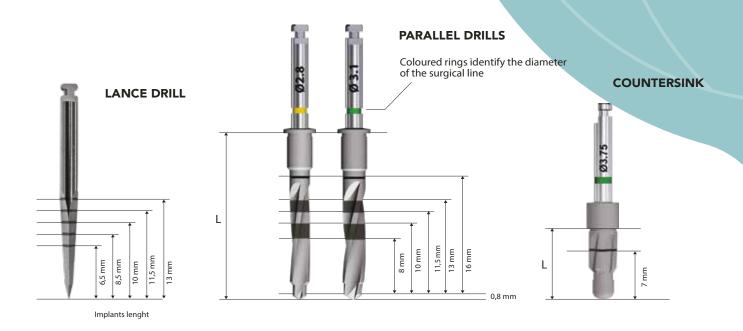
 \star It is reccomanded if the cortical bone is very persistent.



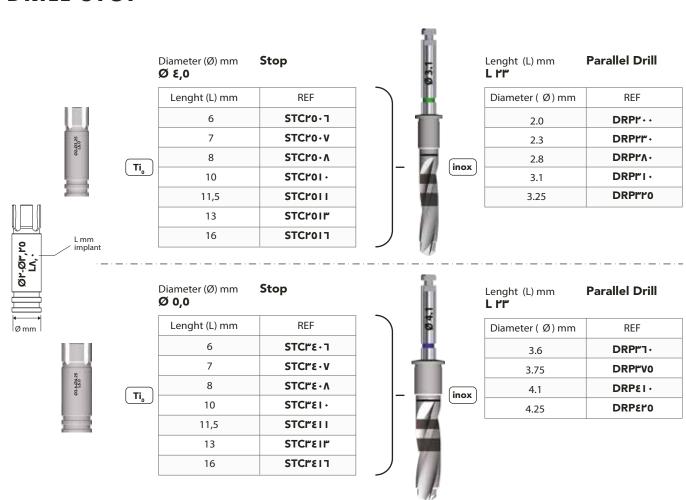
4.75

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.

READING DEPTH NOTCHES AND SHARP DRILLS



DRILL STOP



STOP INSERTION

Hold the drill by the stalk and insert the stop, with the retentive flaps facing towards the drill, until it comes into contact with the metal stop located on the drill itself. (Fig. 3 -2 - 1)

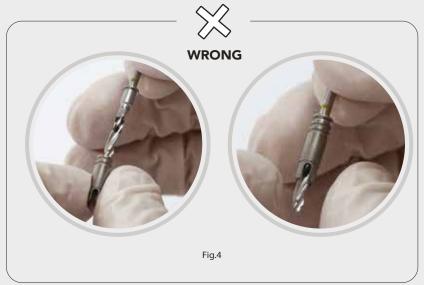
STOP REMOVAL

Hold the stop and remove the drill, pulling on the side of the stalk.



STOP WRONG INSERTION

The Stop insertion with the wings facing the tip of the drill is incorrect. (Fig. 4)



DEPTH STOP FOR DIFFERENT LENGTHS

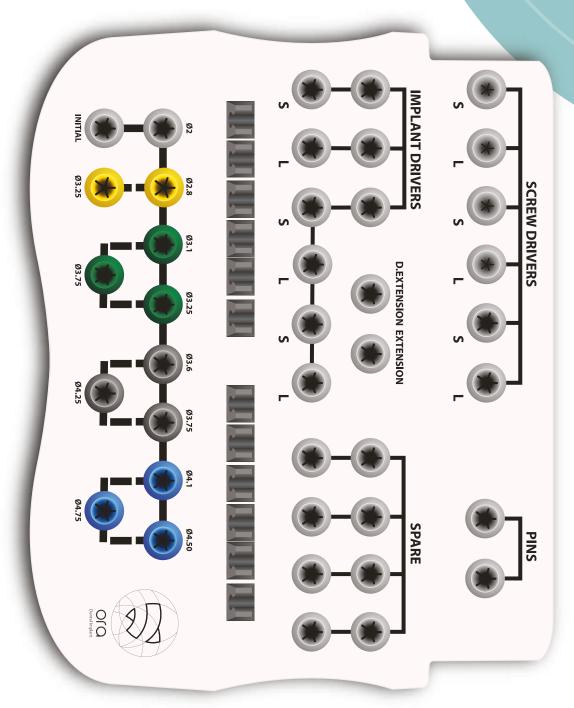
ADVANTAGES

- Optimum control of depth during Preparation of the surgical site, even in conditions of poor visibility in the operative field;
- Reduction of surgical risk;
- Reduction of operator stress;
- Greater patient safety;
- Facilitates the insertion and removal of the drill stop and increased safety during surgery for the doctor and assistant, the cutting portion of the instrument is never touched by the operators.

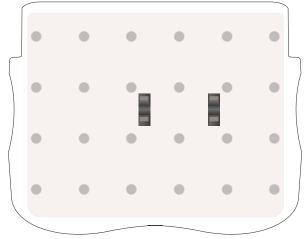
REF TRAY IM

DIMENSIONS

176x143 mm - h 63,5 mm



COMPARTMENT INSIDE DYNAMOMETRIC RATCHET P.,...I

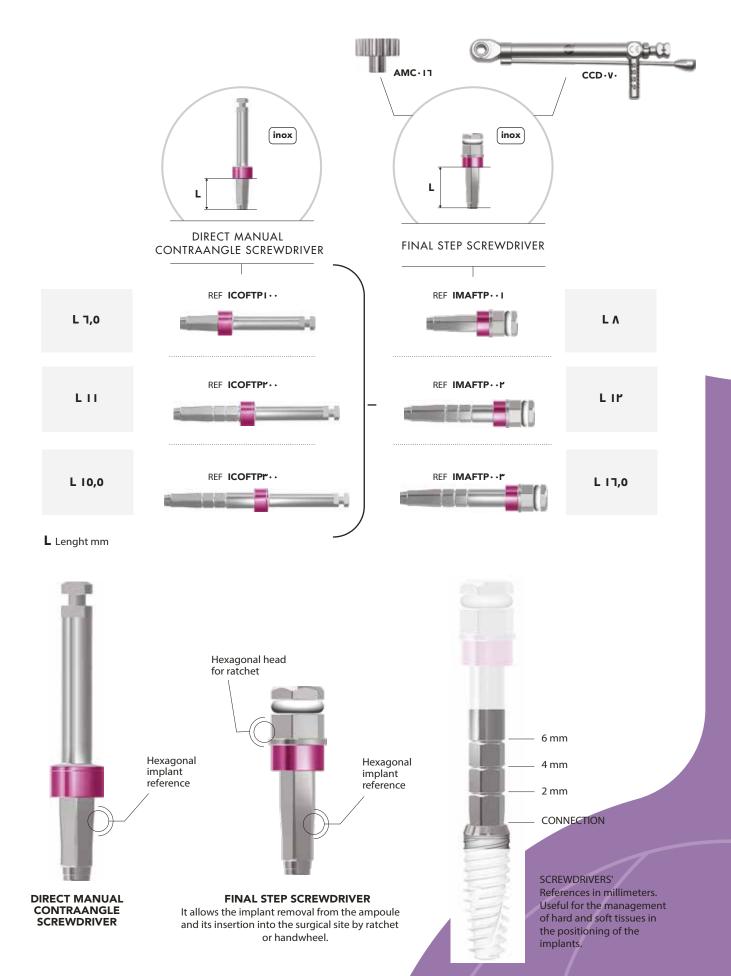


SURGICAL TRAY - "TRAY M"



SCREWDRIVERS

FEATURES AND MEASURES



IMPLANTS INSERTION PROCEDURE

WITH MANUAL SCREWDRIVER

Insert the screwdriver (IMAFTP001-IMAFTP002-IMAFTP003), connected to the handwheel (AMC016), into the implant making a slight rotation to allow good matching of the two hexagons (implant screwdriver) and remove the implant. (Fig. 1)

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. 2)



Insert the direct manual contra-angle screwdriver into the implant with a slight rotating motion to allow the correct coupling of the two hexagons (implant - screwdriver) and remove the implant. (Fig. 3)

Begin insertion of the implant in the alveolar surgery (Fig. 4) after having set the following parameters on the surgical unit:

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

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

FINAL SCREWDRIVER

Ensure that the tool is inserted in the position suitable for screwing and turn until the implant reaches the desired position. (Fig. 5)

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. 6)



Fig.1



Fig.2

To remove, exercise a slight lateral movement, right and left, in order to free the conometric matching.



Fig.3



Fig.4

To remove, exercise a slight lateral movement, right and left, in order to free the conometric matching.



Fig.5



Fig.6

To remove, exercise a slight lateral movement, right and left, in order to free the conometric matching.

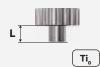
SURGICAL INSTRUMENTS



PROSTHETIC EXTRACTOR

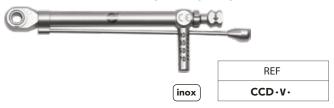
Lenght (L) mm	REF
21	EXPFTP
28	EXPFTPL

HANDWHEEL



Lenght (L) mm	REF
6	АМС∙ІТ







inox

ADAPTOR FOR DYNAMOMETRIC RATCHET

ISO connection for ratchet

7	ISOTV•
Lenght (L) mm	REF





	REF	
CPT۳VEV		





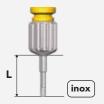
EXTENSION

Lenght (L) mm	REF
7	PMC110
12,5	ווייוו



EXTENSION FOR DRILL

Lenght (L) mm	REF
9	KION9



inox

HEX SCREWDRIVER

Lenght (L) mm		REF
4,5	Micro	GMXI··
11,5	Extra Short	GMMro.
13,5	Long	1101

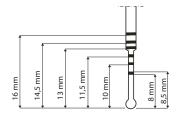


inox

HEX CA DRIVER

Lenght (L) mm		REF
8,3	Short	GCG··۲٤
14,3	Long	GCG··٣·







DEPTH	GAUGE

REF	
٠٠١١٤٠	

HEALING ABUTMENT PROSTHETIC CONNECTION

ORA Dental Implant GHBH's FTP implant line offers clinicians versatility of use that makes this type of implant suitable for any surgical indication.

The **1° conometric connection**, with hexagonal position index and through screw, allows an accurate and stable matching of the prosthetic components.

Conometric matching at 6° between fixture and abutment, with the presence of a hexagonal index to facilitate the positioning of the abutment.



IMPLASSIC FTP

[
Ømm	Lenght mm	
3.75	16 - 13 - 11,5 - 10	
4.25	16 - 13 - 11,5 - 10 - 8	
4.75	13 - 11,5 - 10 - 8	



Important Warning

Excessive torques can compromise the hexagonal shape of the screws and screwing tools, causing impediments, even irreversible, during operating and prosthetic phases. The recommended tightening torques for the screws are summarized in the following table:

SCREW DESCRIPTION	INSTRUMENT	TORQUE Ncm
Surgical Screw	Manual screwdrivers	manually 10/8Ncm
Healing Abutment	Manual screwdrivers	manually 10/8Ncm
Transfer Screw	Manual screwdrivers	manually 10/8Ncm
Fixing Screw Abutment MUA (M1,4)	Manual screwdrivers	manually 10/8Ncm
Scan Abutment screws	Man ual screwdrivers	manually 10/8Ncm
Fixing Screw Abutment	Adaptor for dynamometric ratchet Contra-Angle Screwdriver	20Ncm



Given the importance of tightening torque, it is recommended to always monitor the perfect functionality of the tightening tools, evaluating carefully the tools and subjecting them to constant maintenance. It is always recommended to start thigtening the screws using manual screwdrivers and, only for the determination of the correct tightening torque, for screws that have a specific torque, use the appropriate tools to impress the indicated torque.



ANATOMIC HEALING ABUTMENT

Height (HT) mm	H1	H2	REF
4	2	2	VGFTPE-0-
6	3	3	VGETP1.0.



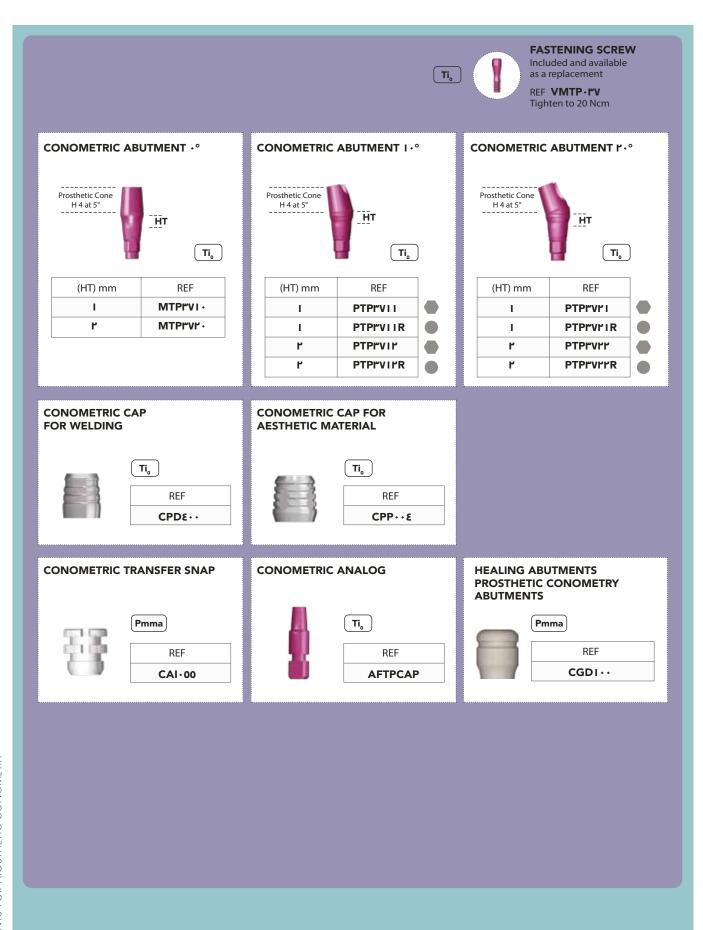


CYLINDRICAL HEALING ABUTMENT

Height (H) mm	REF
4	VGFTPT0E.
6	VGFTPT01.



COMPONENTS FOR PROSTHETIC CONOMETRY



OVERVIEW PROSTHETIC COMPONENTS



FASTENING SCREW

Included and available as a replacement

REF **VMTP·rv** Tighten to 20 Ncm

STRAIGHT ABUTMENT SNAP



(HT) mm	REF
۲	PDFTPI
٣	PDFTPr··

ANGLED ABUTMENT I.º SNAP



(HT) mm	REF
۲	PAFTPI··I
٣	PAFTPI

Ti_o_

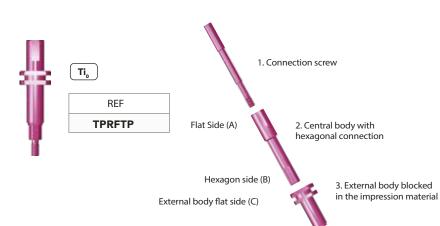
ANGLED ABUTMENT 1.0 SNAP

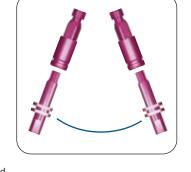


(HT) mm	REF
۲	PAFTPr··I
٣	PAFTPY

Ti_o

THREE-PART PRECISION TRANSFER FOR PICK-UP TECHNIQUE





Indications Analog alignment:

ated
dy of the flat side (A) is always con-

Transfer for Pick Up technique. Used with a perforated impression tray, it allows the removal of the central body of the Transfer by extracting the anti-rotation hexagonal connection, in order to facilitate the removal of the

the flat side (A) is always corresponding to the connection hexagon side (B). For a practical alignment it is recommended to keep the flat side (A) and connection hexagon side (B) in correspondence with the external body flat side (C).

PLASTER ANALOG



Ti_o

REF AGFTPTV

impression, in the event of disparallelisms between implants.

TRANSFER SNAP

For PDFTP and PAFTP abutments

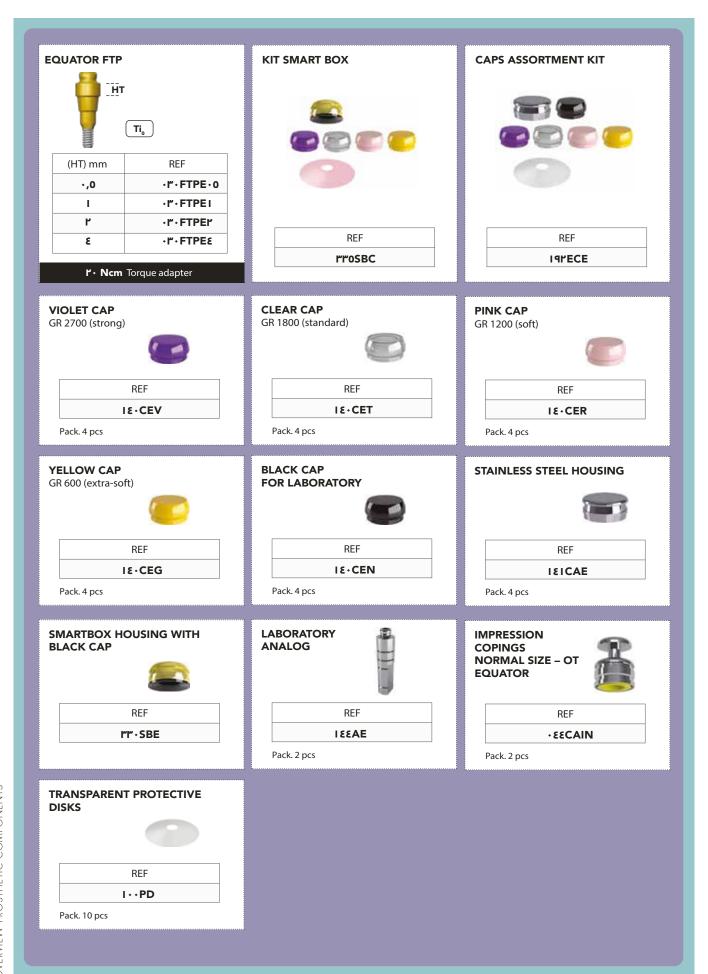


REF SNAPFTP

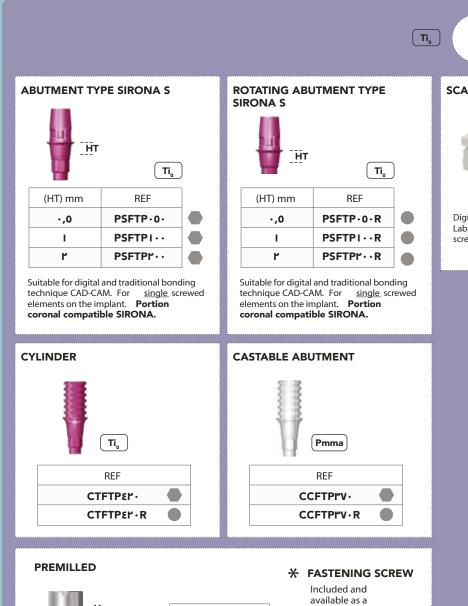
Pack. 4 pcs

Peek

OVERVIEW PROSTHETIC COMPONENTS



OVERVIEW PROSTHETIC COMPONENTS



REF

PRMLIIFTP

PRMLITFTP

The Pre-Milled are indicated to design and carry out customized abutment processing depending on the patient's clinical case. The Dental Technician, through the ORA Libraries, has the possibility to determine the morphology of the abutment with the main CAD Designers. The Pre-Milled are available in 2 diameters (11.5mm and 16mm) for each prosthetic platform, depending on the inclination designed and are compatible with the

Ti_o

most widespread attachment-machine on the market.

replacement

REF VMTP· TV

Tighten to 20 Ncm

Plastica REF TET'ITI Pack. 36 pcs Digital CAD-CAM Intraoral Scan and Laboratory Scan. For single cemented and screwed elements. On SIRONA pillar.

FASTENING SCREW Included and available

as a replacement REF **VMTP•rv**

OVERVIEW PROSTHETIC COMPONENTS

SCAN ABUTMENT



★ SCAN ABUTMENT SCREW included

Also available as a replacement. REF VFSFTP

Ti_o

REF **SCANFTP**

Digital CAD-CAM Intraoral Scan and Laboratory Scan. For single cemented and screwed elements - $\operatorname{multiple}$ cemented elements

DIGITAL ANALOG



Ti_o

REF

AGFTPTVDG

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 ORA Libraries.

DIGITAL ANALOG - INDICATIONS OF USE









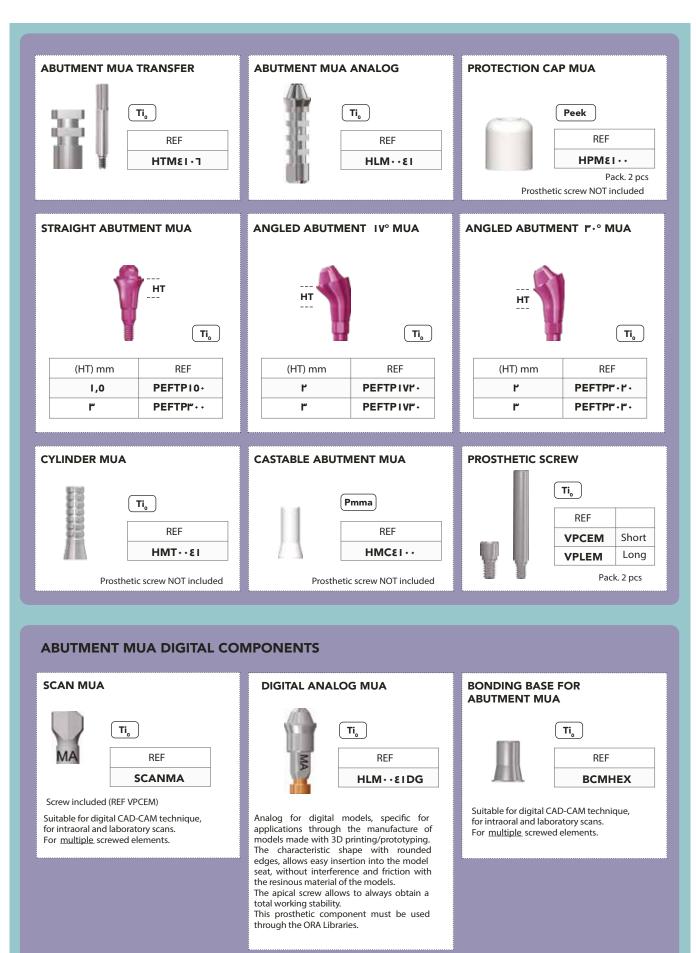


涇

WARNING DO NOT orient the Scan Abutment in the unsuitable and aligned secondary position

It is necessary to match up the Abutment, which is always oriented on the hexagonal side of the connection, with the side of the external square shape of the analogous digital body.

OVERVIEW PROSTHETIC COMPONENTS FOR TORONTO BRIDGE, SCREWED BRIDGE AND FULL ARCH

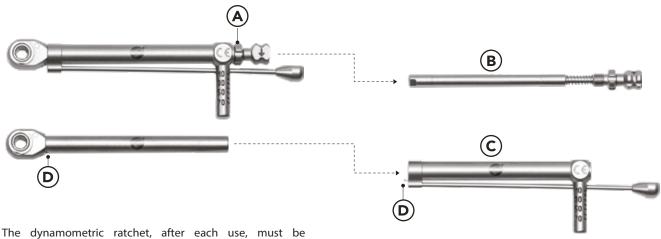


INSTRUMENTS



DYNAMOMETRIC RATCHET
REF CCD.V.

CLEANING AND MAINTENANCE

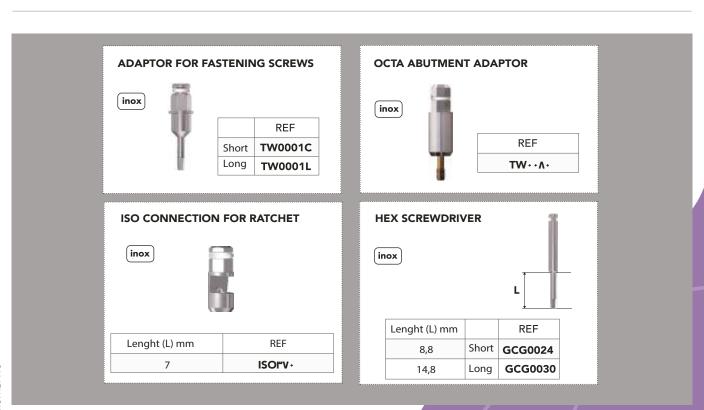


The dynamometric ratchet, after each use, must be disassembled for cleaning. This maintenance operation does not require any tools.

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.

TIGHTENING TOOLS FOR DYNAMOMETRIC RATCHET



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

- ORA Implant tools are supplied as non sterile in heat -sealed Pouches in containing the leaflet.
- ORA Implant 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 ORA Implant 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 .

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.

STERILISATION

Sterilise in a steam autoclave saturated with distilled water by using a systematically validated and controlled sterilisation method, according to provisions laid down by standard ISO 1:2007-17665 "Sterilisation of healthcare products" (as amended). Requirements for validation and routine control of moist heat sterilisation in healthcare facilities".

• Dental Tech validated the following Autoclave moist heat sterilization cycle:

3 minutes

134°C



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

Since ORA tools are manufactured in different materials, they shall be washed and sterilized one by one.

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.

INSTRUMENTS FOR SURGERY WARNINGS AND LEGENDS

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.

NON-ROTATING INSTRUMENT

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

WARNINGS

RESPONSABILITY The use of non-original components, produced by third-parties may compromise the functionality of the implants and their elements, compromising the final result and voiding the guarantee of the manufacturer. The application of the product occurs outside the control of ORA and is the sole responsibility of the end user. We accept no liability for any damage resulting from such activities.

INSTRUCTIONS FOR USE These are to be considered solely as recommendations. This information is not sufficient and does not exempt the user from ensuring the adequacy of the product for its intended use through continued training.

VALIDITY This nullifies all previous versions. The images, the content and the products illustrated are subject to modification without warning.

MATERIALS LEGEND

(Au) Gold Alloy

inox Surgical Stainless Steel

Peek Polyetereeterechetone

Pmma Polymethylmethacrylate

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 94/93/CEE conformity mark

Notified body identification

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