

**Dental Implants** 

# **SURGERY** & PROSTHETICS

USER MANUAL



#### **INTRODUCTION**

This manual has been developed in order to instruct Professionals in the use of ODONTIT Implants. It must be complemented with reading material in different books and specialized magazines.

This manual is not a substitute for clinical-experience and continued-education and courses.

#### **IMPLANTS**

All ODONTIT implants are manufactured in CP Titanium, or Titanium ELI

Delivered in several measures meeting surgical needs **Diameters:** 2.20, 3.0, 3.3, 3.75, 4.0, 4.50 & 5.0 mm.

**Lengths:** 8.0, 10.0, 11.5, 13.0 & 15.0 mm.

**Implant body:** Rough surface by blasted and double acid etching.

Screw-type Self-tapping implant.

Coronal end with a smooth highly polish collar of 1.0 mm and several abutment connection systems as:

- 1) External hex of 0.7 mm by 2.7 mm flat-to-flat.
- 2) Internal Tapered connection (morse cone 8 degrees).
- 3) O'ball attachment of 1.80 mm
- 4) One piece implant with tapered preparable abutment of 7 degrees.

All ODONTIT Implant Systems are in compliance with Directive 93/42/EEC, US Food & Drug Administration and Argentina's ANMAT.



#### **SURFACE**

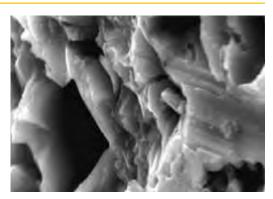
The surface of the Implants is treated following latest-generation security and biocompatibility standards.

The surface is free from impurities, blasted and doubly acid etched, which generates a roughness that helps increase the surface area and have a greater Implant-to-blood-clot contact, which strengthens and speeds up the osseointegration process.

This is why they are known as "half-time Implants."

In good-quality bone, a healing time of two months for the mandible and of three months for the maxilla is enough.

Several ODONTIT Implants can be used for Immediate Loading, as per surgeon decision.



Implant Surface

#### **DELIVERY**

In order to preserve their sterility and easy handling, they are packaged in a double sterile container:

- 1) A pouch and a vial including Implant, Implant Mount, and Cover Screw.
- 2) A Glass vial and an inner vial including Implant Mount, and Cover Screw.
- 3) A Blister and a vial including Implant Mount, and Cover Screw vial

All pre-mounted ODONTIT Implants are assembly with a multi function Implant Mount Mount, it is attached to the Implant by a fastening screw. At its end, the fastening screw has a hex hole that allows to screw it with a .048 Hex Driver.

The plastic cap supporting the pre-mounted Implant contains the Cover Screw, which will temporarily seal the coronal end of the Implant. It is screwed with a .048 Hex Driver.



Multi-funcional implant mount



Implant mount & cover screw



Carrier plastico





Patient chart label



Double sterile container, front & back





Blister



Blister

#### **SURGERY**

All surgical procedures should be performed following general aseptic surgical techniques and sterilization chain.

- 1. Having previously studied diagnosis elements, models, periapical radiographs, pans, computerized axial tomography, etc.
  Having previously specified the clinical characteristics of the Patient, jaws, bone qualities, and Implant sites, a surgical stent should be fabricated to determine the precise position of the Implant.
- 2. Once appropriate anesthesia has been established, raise a full thickness flap. The flap should be as extended as needed and as economical as possible. Its handling must beatraumatic.



Twist Drills

- 3. Utilizing the surgical stent, mark the Implant site with a #35 Round Drill at 800 rpm.
- 4. Now use Twist Drills, which need irrigation. Twist Drills are marked at 8.5, 10.5, 12.5, 13.5 and 15.5 mm, 0.5 mm more than the implant to be placed. This must be taken into consideration when drilling near vital structures.

Then the recommended drilling sequence is according to the implant to be placed. Follow Chart 1 and Chart 2 of each implant data sheet, included with each implant packaged.

For bone density in Chart 1 is classified as per Lekhom Classification

Implants should be at least 7 mm apart from center to center. This must be taken into special consideration.

When drilling the first socket, and before starting with the second one, it is important to insert a Paralleling Pin, which will facilitate parallelism in the following implants. This Paralleling Pin can be complemented with others as the surgical sockets are being made.

Bone quality must always be taken into account. In bone quality 1 or 2, it is recommended to use Hand Bone Taps. They allow an easier and more delicate screwing of the implant. Hand Bone Taps rotate at 20 rpm.

To dispense the coolant liquid into the Twist Drills, use a systolic pump or a 60cc syringe filled with physiological serum administered by an assistant.

Twist Drills should be used at 1500 rpm. Verify the depth of the surgical sockets with a Depth Gauge.

#### 5. IMPLANT PLACEMENT

At this point, we must make a distinction depending on whether the surgical procedure is finished in one or in two stages.

#### 6. ONE STAGE

The implants will be placed in the surgical sockets, the collar protruding 1.0 mm from the bone ridge. The implants protrude into the oral cavity through the Healing Abutments.

The restoration of the bone ridge will be prevented, thus respecting the biological width.

#### 7. TWO STAGES

The Implants are inserted into the jawbone so as to leave the top at the level of the bone ridge.

Place a Cover Screw.



Depth Gauge & Paralleling Pin



Hand Bone Taps



Healing Abutments

The implants are now "submerged", hidden below the gingival tissue.

#### 8. IMMEDIATE LOAGING

The implants will be placed in the surgical sockets, the collar protruding 1.0 mm from the bone ridge. The implants protrude into the oral cavity through the prosthetic abutments and they are ready for immediate load. The restoration of the bone ridge will be prevented, thus respecting the biological width.

An assistant will open the outer package and drop the sterile inner vial onto the surgical tray. Remove the Implant and Mount from the vial by grasping the Mount. Avoid contact with the Implant surface in order to prevent potential contamination

Do not discard the plastic plug, as it contains the Cover Screw. Ensure that the Mount is completely seated. The implant is then carried by plastic cap to the prepared site by hand and threaded in until finger gently tight. Take out the plastic cap and thread the Implant into place using the corresponding implant seating tool help using the Ratchet Wrench or the Implant Mount Driver at 20 rpm.

Irrigation should not be used, until the vent at the apical end of the Implant is below the crest of the bone, to secure an adequate blood clot.

To remove the Implant Mount, place an Open End Wrench on the square section and loosen the Mount Screw with the .048 Wide Hex Driver.

In two-stage surgical procedures, for bone quality 1 or 2, a Countersink Drill can be used to allow proper room for the coronal end of the Implant, which has a 4.1 mm diameter.

In one-stage surgical procedures, the Countersink Drill is not used. The Implant is sealed with a Healing Abutment of 3 or 6 mm, or prosthetic abutment depending on the gingival thickness and the emergence needed in the oral cavity.

A .048 Hex Driver is used.

In two-stage surgical procedures, the Implant is sealed with a Cover Screw.

Suture carefully using an atraumatic suture made up of: a 16 mm or 20 mm needle, 1/2 circle, preferable reverse cutting, and black silk thread size 3-0 or 4-0. It is recommended to place both in the tooth socket and in the bone surface, as a membrane, plasma concentrate from the Patient's own blood. It consists of platelet plasma containing bone morphogenetic proteins and conversion factors Alpha and Beta, which contribute to the osseointegration process.



Implant Mount Drivers



Ratchet Wrench & Open End Wrench



Countersink Drills



Suture Needle

#### 8. ONE-STAGE SURGICAL PROCEDURE, PHASE TWO

Following an adequate healing period for both for the mandible and the maxilla, the Implants are ready to be activated.

Unscrew the Healing Screws, and make the prosthesis.

Gingival health will be "normal" and gingivas will be shaped by the Healing Screw previously extracted.

#### 9. TWO-STAGE SURGICAL PROCEDURE, PHASE TWO

The Implants are submerged below the gingival tissue. Raise a small flap to expose cover screws, remove them, and place Healing Abutments that protrude into the oral cavity.

Sometimes it is necessary to previously remove any bone that may be over the Cover Screws. If necessary, periodontal plastic surgery may be performed.

Irrigate the internal chamber of the Implants with clorhexidine in all cases. Suture carefully leaving a space between stitches.

Once the soft tissues have healed, go on to the prosthetic phase.

#### **PROSTHETICS**

Now Impressions can be made. The impression technique will be based upon which Abutment will be utilized.

**NOTE:** ODONTIT implants connection with abutments are compatible with most prosthetic components of same connection available in market.

#### SHOULDERED ABUTMENTS

These Abutments are especially indicated for Hibryd prosthesis. To be used with external connection implants only.

#### Divided into three sections:

1- Coronal section

**Shape:** conical body. Angle choices: 2D & 15D. Some models can present in this section a non-rotating vertical plane

2- Prosthetic step **Width:** 0.5 mm

**Abutment diameter (in the prosthetic step):** 5.2 mm



Shouldered Abutments

3- Transgingival section

Available in various heights, depending on the Abutment model: 1.0, 2.0, 3.0, 4.0, 5.0 & 7.0 mm.

The base has a non-rotating internal hex that perfectly fits the external hex of the Implant.

To tighten the fastening screw that holds the Abutment to the Implant use a Wide Hex Driver and a 30N Torque Wrench.

Through a periapical radiograph, ensure that the hexes of the Implant and the Abutment coincide perfectly.

At the coronal end of this screw, there is a threaded cavity into which a small prosthetic screw that fixes the crown to the Abutment is placed.

The prosthetic screw is threaded using a Wide Blade Driver and a 20N Torque Wrench.

All screws should be tightened with a Torque Wrench. Tension level in screw loops and cover will be correct, preventing eventual loosening.

#### **Caution:**

2D Shouldered Abutments can only be used if the Implants are within 4D of being parallel to each other.

**Coronal section height:** 3.0 mm.

**Transgingival section height:** 1.0, 2.0, 3.0, 4.0, 5.0 & 7.0 mm.

15D Shouldered Abutments can only be used if the Implants are within 30D of being parallel to each other.

**Conronal section height:** 1.65 mm.

**Transgingival section heights:** 3.0, 4.0, 5.0 & 7.0 mm.

**NOTE:** All crowns and structures fixed onto these Abutments will be threaded. Prosthetic screws are screwed into the crown or structure through the occlusal plane.

TTR Abutments can only be used if the Implants are within 16D of being parallel to each other.

**Coronal section height:** 7.0 mm.

**Transgingival section height:** 1.0 & 2.0 mm.



Non-Rotating Internal Hex



Torque Wrench Not manufactured by Odontit

#### **COMPLETE DENTURE PROSTHETICS**

1- SELECT the desired Abutment height based on soft tissue thickness. The prosthetic step is placed supra- or subgingival based on aesthetic or hygienic demands. Seat the Abutment on the end of the Implant, making the Implant hexes coincide, and tighten the fastening screw by using the Wide Blade Driver and the 10N Torque Wrench.



Cylindrical Transfer Copings

**NOTE:** For security reasons, it is advisable to verify by means of a periapical radiograph that the Abutment is completely seated.

2- **IMPRESSION:** Mount the Shouldered Abutment Cylindrical Transfer Copings (2D, 2D Non-Rotating, or 15 D) on the Abutment according to the characteristics of the section of the Abutment. Fix them with 13 or 18 mm Shouldered Abutment Transfer Guides. Use the Wide Hex Driver to tighten them.

**NOTE:** The Shouldered Abutment Cylindrical Transfer Copings can also be utilized in the lab, performing vertical-height adjustment for the waxing-up of crowns and prosthetic structures.

There are two styles of Transfer Copings: Cylindrical or Conical, according to the shape of the end that rests on the prosthetic shoulder of the Abutments.

The base of the Cylindrical Transfer Coping is the same diameter as the prosthetic step. It is used in cast structures for hybrid prostheses. (Hybrid prostheses are those that, on a metal base including these Transfer Copings, end with acrylic teeth or, if waxing-up is modified, with porcelain teeth.)

The conical variant leaves 2 mm free over the prosthetic shoulder, preventing the crown porcelain from protruding from the Abutment outline.

To ensure Transfer Coping stabilization (**picture 1**) when taking the impression or within the impression paste the Copings are splinted with a thin layer of low-contraction acrylic (**picture 2**).

To facilitate the acrylic placement, the Transfer Copings can be luted together for additional stabilization with dental floss, upon which the acrylic is placed as support.

Once the acrylic is polymerized, take the impression.

Now use an impression tray with holes that allow access to the Transfer Guides (pictures 3 & 4). Block out these holes with base wax for the material not to overflow (picture 5).

Inject a light impression material between the Transfer Guides (**picture 6**). With heavy impression material, fill and seat the impression tray (picture 7). Press the wax on the ends of the Transfer Copings to place them easily.

Once the impression paste has hardened, remove the wax covering the Transfer Copings.

Unscrew the Transfer Copings.



Transfer Guides



Picture 1



Picture 2



Picture 3



Picture 4



Picture 5



Picture 6



Picture 7



Picture 8

Remove the impression from the mouth (picture 8).

Mount Healing Caps on the Abutments (**picture 9**). These Caps will protect soft tissues, tongue and tooth facings and will contribute to gingival remodeling.





Picture 9

#### **INTERMAXILLARY RELATIONS**

Make a baseplate including two plastic Transfer Copings through which the baseplate will be screwed into the Implants, thus preventing their mobility when occlusion occurs.

Following normal procedure, mount it on an articulator.

#### **LABORATORY**

Mount the correspondent Shouldered Abutment Analogs on the Transfer Copings in the impression and tighten the Transfer Guides with prosthetic screws. They protect the Abutments from impacts on masticatory function and do not allow hypertrophied soft tissue to prolapse over the top of the Abutment.

Record intermaxillary relations, following normal procedure.

**NOTE:** The Shouldered Abutment Healing Caps can be incorporated into the acrylic base of a wax rim, so they can be stabilized better.

- 1.- Mount Shouldered Abutment Analogs (2D, 2D Non-Rotating or 15D, depending on the case) **(picture 10)** on the Transfer Copings in the impression and tighten them with the Transfer Guides **(picture 11)**.
- 2.- Fill the model with stone plaster.
- 3.- Recover the model by loosening the Transfer Guides and then pulling the impression. Mount the models on an articulator (**picture 12**).
- 4.- Try a tooth alignment accepted for both the Patient and the Professional (**picture 13**). On the laboratory model, the tooth alignment already in place, make a wrench with mastic-type silicones to surround the teeth and make a negative reproduction of tooth position (**picture 14**).
- 5.- Place the wrench with the teeth in place, without the wax of the alignment.

Wax the framework, verifying its position in relation to the teeth. If necessary, carve the posterior surface of the teeth to allow room for the framework (pictures 15 and 16).



Picture 10



Picture 11



Picture 12



Picture 13



Picture 14



Picture 15



Picture 16

#### There are several waxing sleeve options:

- The Shouldered Abutment Transfer-Coping Cylindrical (2D, 2D Non-Rotating or 15D)
- · The Shouldered Abutment Transfer-Coping Conical (2D, 2D Non-Rotating or 15D)
- · The Shouldered Abutment Healing Cap (2D, 2D Non-Rotating or 15D)
- 6.- After waxing the framework, it should be left resting for 24 hours to avoid wax and acrylic tension.
- 7.- Cast the framework (picture 17).
- 8.- Place the framework on the model. Then the framework should be tried-in intraorally to verify a passive fit (**picture 18**).

Thread a prosthetic screw into the distal Abutment on one side. Check for lifting of the framework on the other side.

Repeat this procedure for each Abutment.

Important: Discrepancies must be corrected by sectioning and soldering the framework with acrylic, or remaking it.

9.- Try it in. Add porcelain or acrylic and finish the prosthesis (**pictures 19 and 20**).



Picture 17



Picture 18



Picture 19



Picture 20

#### PROSTHESIS PLACEMENT

1.- Remove the Healing Caps on the Abutments from the mouth and verify the fit of the Abutment fastening screws utilizing the 30N Torque Wrench.

Seat the prosthesis and verify fit.

2.- Tighten the prosthetic screws with the 20N Torque Wrench. Make any necessary occlusal adjustments. Fill the screw access chamber with gutta percha and seal the opening with composites.



Torque Wrench & Prosthetic Screws Not manufactured by Odontit.

#### TITANIUM TAPERED ABUTMENTS – NON-HEXED (TTA)

The Tapered Abutment is a one-piece titanium post that threads directly into the Implant or it came with the implant in the one piece model

Single piece, two sections.

It has a 7.0 or 8.0 mm conical body section and a screw section that allows it to attach directly to the Implant. It has a non-hexed base. To achieve parallelism with the other Implants or teeth, it is carved with diamond stones and copious irrigation, either chairside or in the laboratory -on the model-.



TTZ

#### **CHAIRSIDE PREPARATION**

- 1.- Remove the Healing Abutment from the Implant.
- 2.- Thread the Tapered Abutment (7 or 10 mm height) into the Implant. To achieve parallelism, mark the areas to be modified with a tissue marker. Remove the Abutment from the mouth for preparation.

Caution: The majority of the preparation of the Implant should be done extraorally to avoid overheating the Implant. Intraorally, copious irrigation should be used.

If the internal hex on the top of the Abutment is removed after vertical height adjustment, cut a screwdriver slot on the top of the Abutment.

- 3.- Reseat the Abutment on the Implant and verify the modifications.
- 4.- Impressions are made following conventional crown and bridge techniques.
- 5.- Fabricate a temporary prosthesis to place on the prepared Abutment, as it follows: aesthetics, protection of soft tissue and Abutments.

  Abutments remain attached to the Implants and should not be removed.

#### LABORATORY PREPARATION

- 1.- Take an impression of the hex on the top of the Implant. Use Transfer Copings.
- 2.- Place Analogs (pictures 21 and 22).
- 3.- Fill the impression with stone plaster.
- 4.- Recover the model, record intermaxillary relations, and mount the model on the articulator.
- 5.- Thread the Hex Abutments into the Analogs (picture 23).

Prepare the Abutments as needed.

- 6.- Model the prosthesis directly on the Abutment with wax or acrylic resin (picture 24).
- 7.- Cast and try it in. Add porcelain or acrylic, and then finish (**pictures 25**, **26** and **27**).
- 8.- Seat the Abutment on the Implant with a Wide Hex Driver or a Wide Blade Driver and a 30 N Torque Wrench, depending on the case.
- 9.- Cement the prosthesis with temporary cement first.







Picture 22



Picture 23



Picture 24



Picture 25



Picture 26



Picture 27

#### **UCLA ABUTMENT**

It consists of one machined-plastic piece. Due to his different connection will coincide with the the top of the Implant.

Fabricated with special plastic, it allows the adding of wax for modeling, as needed.

Once the modeling is finished, cast it to obtain a metal piece of the same shape.

It will be used in single- and multiple-piece restorations. It is perfect for the following cases:

- a) Insufficient interocclusal distance.
- b) Implants with direction problems.
- c) Restorations where aesthetics is primordial and gingival tissue has an up-to-3.0mm width.



UCLA

#### **TECHNIQUE**

- 1.- Remove the Healing Abutment from the Implant with the .048 Hex Driver.
- 2.- Following normal procedure, take an impression with the Hex Transfer Coping, and once the impression is removed, mount a Hex Analog on the Transfer Coping. Fill the impression with hard plaster. Record intermaxillary relations.
- 3.- Mount it on an articulator:

Tighten the UCLA Abutment to the Analog with the UCLA screw.

Note: Ensure the UCLA Abutment is perfectly seated on the Hex Analog.

4.- Adjust the UCLA Abutment according to the interocclusal dimension.

Wax the prosthetic piece on the UCLA Abutment.

Place the coating piece and cast it.

- 5.- Clean the investment casting.
- 6.- Prepare the metal framework to receive porcelain or acrylic.

Place the porcelain, bisque, glaze or the acrylic.

**NOTE:** Do not polish the surfaces of the casting that mate with the Abutments or the Implants. It must be taken into consideration that when plastic is cast, the internal hex in the base is deformed, and this modifies its adaptation to the hex on the top of the Implant, facilitatingmicromovements, which lead to the loosening of the Fastening Screws.

Not recommended for single-unit prostheses.

#### TITANIUM TAPERED ABUTMENT – HEXED (TTR)

These are pieces made in titanium with a coronal section and a conical body with an 8D inclination and 7.0 mm in height. It has a 0.5 mm-wide prosthetic step, and a 1.0 or 2.0 mm-high transgingival section.

Their base has an internal hex that perfectly fits into the Implant hex.

**It is delivered in three models:** straight, 15D, and 25D conical body, hence it can be used in every case where there is an implant deviation.

They are securer than UCLA Abutments, as they are machined Titanium pieces.

Their assembly to the hex of the implant will be more accurate.

The tolerance for its assembly to the Implant is 0.01 mm. They are tightened with the .048 Hex Wrench and the 30N Torque Wrench. As micromovements are prevented, they will rarely loosen, which allows a secure prosthesis cementation.

Cemented partial prostheses are much more aesthetic and functional than screwed prostheses.



PΔ







TTR

#### **PROSTHETIC TECHNIQUE**

- 1.- In working models with Implant Analogs, Abutments are placed, selecting and adapting them as needed (straight, 15D or 25D).
- 2.- Prepare the metal structures.
- 3.- Try them intraorally by placing the Abutments on the Implants.
- 4.- Once the test proved successful, one option is to leave the Abutments permanently placed, to take a transfer impression with the structure that has been placed, and to go on working normally at the laboratory.
- 5.- Seat a temporary prosthesis on the Abutments following conventional techniques.
- 6.- Test it as many times as needed. Cement the prosthesis once it has been finished.

Note: another option is to reinsert the Abutments each time a test is made, and to remove them and temporarily place the Healing Cylinders on the Implants once the test has concluded.

Abutments are screwed into the Implants with the fastening screw.

The crowns on the Abutments are cemented.

#### **TORQUE WRENCH**

Designed to tighten the screws of the Abutments and the small prosthetic screws that fix crowns and bridges, with a calibrated torque.

One tightening, according to the standards set for screwed components.

**NOTE:** Perfectly assembled Implants and Abutments, and screws properly screwed with the correspondent Torque Wrench prevent eventual prosthesis loosening and adjustment problems.

### **COMPLETE IMPLANT PRODUCT REFERENCE LIST**

#### **IMPLANTS**

#### eFeDeA includes Multi-Function Implant Mount and 100% compatible external Hex

IF3410M IF3411M IF3413M	Rough Surface Implant Acid Eatched w/mount eFeDeA 3.40 X 10mm Rough Surface Implant Acid Eatched w/mount eFeDeA 3.40 X 11.5mm Rough Surface Implant Acid Eatched w/mount eFeDeA 3.40 X 13mm
IF-3008M IF-3010M IF-3011M IF-3013M IF-3015M	Rough Surface Implant Acid Eatched w/mount eFeDeA 3.75 x 8mm Rough Surface Implant Acid Eatched w/mount eFeDeA 3.75 x 10mm Rough Surface Implant Acid Eatched w/mount eFeDeA 3.75 x 11,5mm Rough Surface Implant Acid Eatched w/mount eFeDeA 3.75 x 13mm Rough Surface Implant Acid Eatched w/mount eFeDeA 3.75 x 15mm
FI-4008M IF-4010M IF-4011M IF-4013M IF-4015M	Rough Surface Implant Acid Eatched w/mount eFeDeA 4.00 x 8mm Rough Surface Implant Acid Eatched w/mount eFeDeA 4.00 x 11,5mm Rough Surface Implant Acid Eatched w/mount eFeDeA 4.00 x 10mm Rough Surface Implant Acid Eatched w/mount eFeDeA 4,00 x 13mm Rough Surface Implant Acid Eatched w/mount eFeDeA 4.00 x 15mm
IF-5008M IF-5010M IF-5011M IF-5013M IF-5015M	Rough Surface Implant Acid Eatched w/mount eFeDeA 5.00 x 8mm Rough Surface Implant Acid Eatched w/mount eFeDeA 5.00 x 10mm Rough Surface Implant Acid Eatched w/mount eFeDeA 5.00 x 11,5mm Rough Surface Implant Acid Eatched w/mount eFeDeA 5.00 x 13mm Rough Surface Implant Acid Eatched w/mount eFeDeA 5.00 x 15mm

#### **EVOLUTION SYSTEM**

## HEX-IMPLANT Self Tapping, Self Advancing includes Multi-Function Implant Mount and Cover Screw 100% Compatible external Hex

EH3010M EH3011M EH3013M EH3015M	External Hex Rough Surface Acid Eatched w/Mount 3,75 x 10mm External Hex Rough Surface Acid Eatched w/Mount 3,75 x 11,5mm External Hex Rough Surface Acid Eatched w/Mount 3,75 x 13mm External Hex Rough Surface Acid Eatched w/Mount 3,75 x 15mm
EH4008M EH4010M EH4011M EH4013M EH4015M	External Hex Rough Surface Acid Eatched w/Mount 4,00 x 8mm External Hex Rough Surface Acid Eatched w/Mount 4,00 x 10mm External Hex Rough Surface Acid Eatched w/Mount 4,00 x 11,5mm External Hex Rough Surface Acid Eatched w/Mount 4,00 x 13mm External Hex Rough Surface Acid Eatched w/Mount 4,00 x 15mm
EH5008M EH5010M EH5011M EH5013M EH5015M	External Hex Rough Surface Acid Eatched w/Mount 5,00 x 8mm External Hex Rough Surface Acid Eatched w/Mount 5,00 x 10mm External Hex Rough Surface Acid Eatched w/Mount 5,00 x 11,5mm External Hex Rough Surface Acid Eatched w/Mount 5,00 x 13mm External Hex Rough Surface Acid Eatched w/Mount 5,00 x 15mm

#### **SMART GRIP IMPLANT SYSTEM**

SG3410 SG3411 SG3413 SG3415	External Hex Rough Surface Acid Eatched W/O Mount. Star Grip 3.40 X 10 mm External Hex Rough Surface Acid Eatched W/O Mount. Star Grip 3.40 X 11.5 mm External Hex Rough Surface Acid Eatched W/O Mount. Star Grip 3.40 X 13 mm External Hex Rough Surface Acid Eatched W/O Mount. Star Grip 3.40 X 15 mm
SG4010 SG4011 SG4013 SG4015	External Hex Rough Surface Acid Eatched W/O Mount. Star Grip 4.0 X 10 mm External Hex Rough Surface Acid Eatched W/O Mount. Star Grip 4.0 X 11.5 mm External Hex Rough Surface Acid Eatched W/O Mount. Star Grip 4.0 X 13 mm External Hex Rough Surface Acid Eatched W/O Mount. Star Grip 4.0 X 15 mm
SG5005 SG5006 SG5008 SG5010	External Hex Rough Surface Acid Eatched W/O Mount. Star Grip 5.0 X 5.0 mm External Hex Rough Surface Acid Eatched W/O Mount. Star Grip 5.0 X 6.0 mm External Hex Rough Surface Acid Eatched W/O Mount. Star Grip 5.0 X 8.0 mm External Hex Rough Surface Acid Eatched W/O Mount. Star Grip 5.0 X 10 mm

# INTERNAL HEX IMPLANT SYSTEM: Self Tapping, Self Advancing Implant Mount and cover screw included

RA3010M	Internal Hex Rough Surface Acid Eatched W Mount 3.0 X 10 mm
RA3011M	Internal Hex Rough Surface Acid Eatched W Mount 3.0 X 11.5 mm
RA3013M	Internal Hex Rough Surface Acid Eatched W Mount 3.0 X 13 mm
RA3015M	Internal Hex Rough Surface Acid Eatched W Mount 3.0 X 16 mm
IH3510	Internal Hex Rough Surface Acid Eatched W Mount 3.5 X 10 mm
IH3511	Internal Hex Rough Surface Acid Eatched W Mount 3.5 X 11.5 mm
IH3513	Internal Hex Rough Surface Acid Eatched W Mount 3.5 X 13 mm
IH3515	Internal Hex Rough Surface Acid Eatched W Mount 3.5 X 15 mm
IH4008 IH4010 IH4011 IH4013 IH4015	Internal Hex Rough Surface Acid Eatched W Mount 4.0 X 8 mm Internal Hex Rough Surface Acid Eatched W Mount 4.0 X 10 mm Internal Hex Rough Surface Acid Eatched W Mount 4.0 X 11.5 mm Internal Hex Rough Surface Acid Eatched W Mount 4.0 X 13 mm Internal Hex Rough Surface Acid Eatched W Mount 4.0 X 15 mm
IH4708 IH4710 IH4711 IH4713	Internal Hex Rough Surface Acid Eatched W Mount 4.7 X 8 mm Internal Hex Rough Surface Acid Eatched W Mount 4.7 X 10 mm Internal Hex Rough Surface Acid Eatched W Mount 4.7 X 11.5 mm Internal Hex Rough Surface Acid Eatched W Mount 4.7 X 13 mm

#### **INTERNAL HEX IMPLANT SMARTGRIP SYSTEM**

RA3010	Internal Hex Rough Surface Acid Eatched 3.0 X 10 mm
RA3011	Internal Hex Rough Surface Acid Eatched 3.0 X 11.5 mm
RA3013	Internal Hex Rough Surface Acid Eatched 3.0 X 13 mm
RA3015	Internal Hex Rough Surface Acid Eatched 3.0 X 16 mm
SGI3510	Internal Hex Rough Surface Acid Eatched 3.5 X 10 mm
SGI3511	Internal Hex Rough Surface Acid Eatched 3.5 X 11.5 mm
SGI3513	Internal Hex Rough Surface Acid Eatched 3.5 X 13 mm
SGI3515	Internal Hex Rough Surface Acid Eatched 3.5 X 15 mm
SGI4008	Internal Hex Rough Surface Acid Eatched 4.0 X 8 mm
SGI4010	Internal Hex Rough Surface Acid Eatched 4.0 X 10 mm
SGI4011	Internal Hex Rough Surface Acid Eatched 4.0 X 11.5 mm
SGI4013	Internal Hex Rough Surface Acid Eatched 4.0 X 13 mm
SGI4015	Internal Hex Rough Surface Acid Eatched 4.0 X 15 mm
SGI4708	Internal Hex Rough Surface Acid Eatched 4.7 X 8 mm
SGI4710	Internal Hex Rough Surface Acid Eatched 4.7 X 10 mm
SGI4711	Internal Hex Rough Surface Acid Eatched 4.7 X 11.5 mm
SGI4713	Internal Hex Rough Surface Acid Eatched 4.7 X 13 mm

#### **SWISS IMPLANT CONE MORSE SYSTEM**

ES4010	Cone Morse Rough Surface Acid Eatched 4.0 X 10 mm
ES4011	Cone Morse Rough Surface Acid Eatched 4.0 X 11.5 mm
ES4013	Cone Morse Rough Surface Acid Eatched 4.0 X 13 mm
ES4015	Cone Morse Rough Surface Acid Eatched 4.0 X 15 mm

#### MONOBLOCK IMPLANT SYSTEM (One Piece) Self Tapping, Self Advancing

EQ2210	Inmidiate load mini implant 2.20 X 10 mm
EQ2211	Inmidiate load mini implant 2.20 X 11.5 mm
EQ2213	Inmidiate load mini implant 2.20 X 13 mm
EQ2215	Inmidiate load mini implant 2.20 X 15 mm
MB3010N MB3011N MB3013N MB3015N	Inmidiate load Monoblock Narrow implant 3.0 X 10 mm Inmidiate load Monoblock Narrow implant 3.0 X 11.5 mm Inmidiate load Monoblock Narrow implant 3.0 X 13 mm Inmidiate load Monoblock Narrow implant 3.0 X 15 mm
MB3010 MB3011 MB3013 MB3015	Inmidiate load Monoblock implant 3.75 X 10 mm Inmidiate load Monoblock implant 3.75 X 11.5 mm Inmidiate load Monoblock implant 3.75 X 13 mm Inmidiate load Monoblock implant 3.75 X 15 mm

#### O'BALL MINI IMPLANT SYSTEM

EB2210	Inmidiate load mini implant O´ball 2.2 X 10 mm
EB2211	Inmidiate load mini implant O´ball 2.2 X 11.5 mm
EB2213	Inmidiate load mini implant O´ball 2.2 X 13 mm
EB2215	Inmidiate load mini implant O´ball 2.2 X 15 mm
EB2610	Inmidiate load mini implant O´ball 2.6 X 10 mm
EB2611	Inmidiate load mini implant O´ball 2.6 X 11.5 mm
EB2613	Inmidiate load mini implant O´ball 2.6 X 13 mm
EB2615	Inmidiate load mini implant O´ball 2.6 X 15 mm
EB3010	Inmidiate load mini implant O'ball 3.0 X 10 mm
EB3011	Inmidiate load mini implant O'ball 3.0 X 11.5 mm
EB3013	Inmidiate load mini implant O'ball 3.0 X 13 mm
EB3015	Inmidiate load mini implant O'ball 3.0 X 15 mm

#### **ORTHODONTIC IMPLANT**

E01606	Micro implant for orthodontics 1.6 X 6 mm
E01608	Micro implant for orthodontics 1.6 X 8 mm
E01610	Micro implant for orthodontics 1.6 X 10 mm

#### PROSTHETIC COMPONENTS

OR2 Ended Spherical Abutment 2 mm Ht. System
OR3 Ended Spherical Abutment 3 mm Ht. System

MH04A O'ring cap 1.8 mm O'ring replace Pkg 5 ROA-4 MH03A Replace cap 1.8 mm O'ball implants anlog **EBIA** Healing collar 2.0 mm HHA2 HHA3 Healing collar 3.0 mm HHA4 Healing collar 4.0 mm HHA5 Healing collar 5.0 mm

**TRANSF** Impression coping open tray (eFeDeA / Heximplant/SMART GRIP) ------

**HIA** Exteranl hex implant analog (IF, EH, SG)

**UCLA** Castable abutment

**UCLA N/H** Castable non rotating abutment

**UCLA-CR** Castable non rotating abutment, cobalt chromium base

**UCLA-CR N/H** Castable abutment, cobalt chromium base

TP Fastening Screw .048"
TPS Fastening Screw .050"

TTA7 Ti Tapered Abutment 7 mm Ht.
TTA10 Ti Tapered Abutment 10 mm Ht.

TTR1S/H
TI Tapered Abutment non rotating with screw 1 mm
Ti Tapered Abutment non rotating with screw 1 mm collar
TTR2S/H
Ti Tapered Abutment non rotating with screw 2 mm collar

TTR2C/H Ti Shouldered Abutment non rotating with screw 2 mm, with shoulder

PA15 Pre Angled Ti Abutment 15\* and Screw
PA25 Pre Angled Ti Abutment 25\* and Screw
LAEH10 Lock Attach, attachment transgingival 1 mm
LAEH20 Lock Attach, Attachment transgingival 2 mm
LAEH30 Lock Attach, Attachment transgingival 3 mm

**KIT-CAP** Retention cap 5

RLRD Retention replacement 1,5 Lbs./0,68 K, red, divergent (5 units.)

RLRS Retention replacement 3,0 Lbs./1,36 K, pink, non divergent (5 units.)

**WA** Protective ring

EH-MUL-1 Streight abutment 1 mm with fastening screw
EH-MUL-2 Streight abutment 2 mm with fastening screw
EH-MUL-3 Streight abutment 3 mm with fastening screw

**EH-MUL-17-2** Preangled Abutment Pilar 17° 2 mm, with fastening screw and handle. Preangled Abutment Pilar 30° 3 mm, with fastening screw and handle. Preangled Abutment Pilar 30° 4 mm, with fastening screw and handle. Preangled Abutment Pilar 30° 4 mm, with fastening screw and handle. Preangled Abutment Pilar 30° 4 mm, with fastening screw and handle.

**EH-MUL-PROV** Straight abutment cuttable

EH-MUL-CIC Castable abutment Healing cap
EH-MUL-HIA Analog

**EH-MUL-TRANS/E** Open tray impression coping

EH-MUL-TP Micro-Screw CSIH Cover screw

IM-IH Multi function implant MountHHI2 Healing Collar 2.0 mmHHI4 Healing Collar 4.0 mm

**TRANSF-IH** Impression coping open tray IH SGI

IHIA Ti analog for internal hex implant (IH y SGI)TTI1SH Tapared abutment wo shoulder 1 mm and screw

**TTI1CH** Tapared abutment non rotation wo shoulder 1 mm and screw

**TTI2SH** Tapared abutment wo shoulder 2 mm and screw

**TTI2CH** Tapared abutment non rotation wo shoulder 2 mm and screw

PAI15 Preangled abutment 15° and screw PAI25 Preangled abutment 25° and screw

UCLA-IH Castable UCLA abutment with screw non roting UCLA-IHS Castable UCLA abutment with screw non roting

**UCLA-IH-NH** Castable UCLA abutment with screw

UCLA-CR-IH Castable UCLA abutment with screw and metalic base Castable UCLA abutment with screw and metalic base

**TPIH** Fastening Screw .048"

**TP-PAI** Fastening screw 0.048 for preangled abutment

ORIH3 Ball attach system for IH,SGI, implants, 3 mm gingival high with cap ORIH4 Ball attach system for IH.SGI, implants, 4 mm gingival high with cap

LAIH10 Lock Attach, attachment transgingival 1 mm LAIH20 Lock Attach, attachment transgingival 2 mm IH-MR-2 Streight abutment, gingival high 1 mm IH-MR-3 Streight abutment, gingival high 2 mm

Preangle abutment 17° gingival high 2 mm with fastening sccrew IH-M-ANG-172 **IH-M-ANG-173** Preangle abutment 17° gingival high 3 mm with fastening sccrew IH-M-ANG-304 Preangle abutment 30° gingival high 4 mm with fastening sccrew IH-M-ANG-305 Preangle abutment 30° gingival high 5 mm with fastening sccrew

**ESCS** Swiss implant cover screw

HHS2 Swiss implant healing collar 2 mm HHS4 Swiss implant healing collar 4 mm SIAP Swiss implant plastic analog SIAM Swiss implant cover screw

**SBIC** Swiss implant bezel impression coping SOIC Swiss implant octogon impression coping TTS6 Swiss implant streight abutment 6 mm heigh Swiss implant preangled abutment 15° with screw **PAS15** Swiss implant preangled abutment 25° with screw PAS25

**ES-UCLA** Swiss implant castable abutment **TPES** Swiss implant fastening screw

Swiss implant ball attachment system 2 mm gingival heigh ORS2

Swiss implant O'ball cap **MH62** Twist Drill. Long. 1.00 mm dia. EIDL<sub>10</sub> Twist Drill, Long, 1,60 mm dia. EIDL16 Twist Drill, Long, 2.0 mm dia. EIDL<sub>20</sub> Twist Drill, Long, 2.2 mm dia. EIDL22 EIDL25 Twist Drill, Long, 2.5 mm dia. EIDL28 Twist Drill, Long, 2.8 mm dia. Twist Drill, Long, 3.0 mm dia. EIDL30 Twist Drill, Long, 3.3 mm dia. EIDL33 EIDL35 Twist Drill, Long, 3.5 mm dia. EIDL40 Twist Drill, Long, 4.0 mm dia.

Twist Drill, Long, 4.3 mm dia. **FL15** Lance Drill 1.5 mm Lance Drill 2.0 mm **FL20** Pilot drill 2.0 - 3.0 mm **FP2/3** 

EIDL43

**FR23** Round bur 2.3 mm dia. For C.A. **FR31** Round bur 3.1 mm dia. For C.A.

KIT-TF Stopper Kit for ten drills

IM-IH Multifunctional Implant mount for IH SGI implants IM Multifunctional Implant mount for IF, EH, SG implants

Multifunctional Implant mount long IML Conexión 4 by 4 for contrangle IMDL

BTS3 Bone tap 3.75 mm

OEW-4 Open end wrench 4 by 4 mm Open end wrench 3.4 mm Open end wrench 3.4 mm Open for Swiss implant

SBOImplant Driver for E.Q, E.B, E.O, OR y ORIHMIDSImplant driver forE.B, E.O, OR y Ball AttachENTLImplant driver long for Monoblock 3.0ENTCImplant driver short for Monoblock 3.0

**EMTL** Implant driver long for Monoblock 3.75 and Swiss Implant driver short for Monoblock 3.75 and Swiss

**ORW** Ball attache driver **DI-2** Paraleling pin

THDC48 Screw driver .048 short
THDL48 Screw driver .048 long
Screw driver .040 about

TDL Screw driver .048 short digital
TDC Screw driver .048 long digital
TSDL50 Screw driver .050 square
THDL50 Screw driver .050 square digital

**RW** Ratchet wrench

**RE** Ratchet wrench extender

DE Drill Extender Depth gauge

MAG Digital adaptor for contra angle drivers
ADL Digital adaptor for 4 by 4 square

**TREF45** Trphine 4.5 mm

**INORG2** Autoclavable organizer box

**INORG-EXP** Autoclavable organizer box long instruments

INORG4 Metalic organizer box
BL40 Stainless Steel bowls
TW20 Torque wrench 20 Ncm
TW30 Torque wrench 30 Ncm
TW15-60 Torque wrench 15 to 60 Ncm

**KIT-EXP** Expander Kit **OSTEO** Ostoteomes set

LATLAbutment seating tool longLACPPlastic retention Replacement toolLASPPlastic retention extracting tool

**MUTC** Short Digital driver

IN-THDC-UNI
IHTL
Star Grip digital seating tool long
Star Grip digital seating tool short
IHCL
Star Grip digital tool for contra angle

**ORW** ORS2 seating tool

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