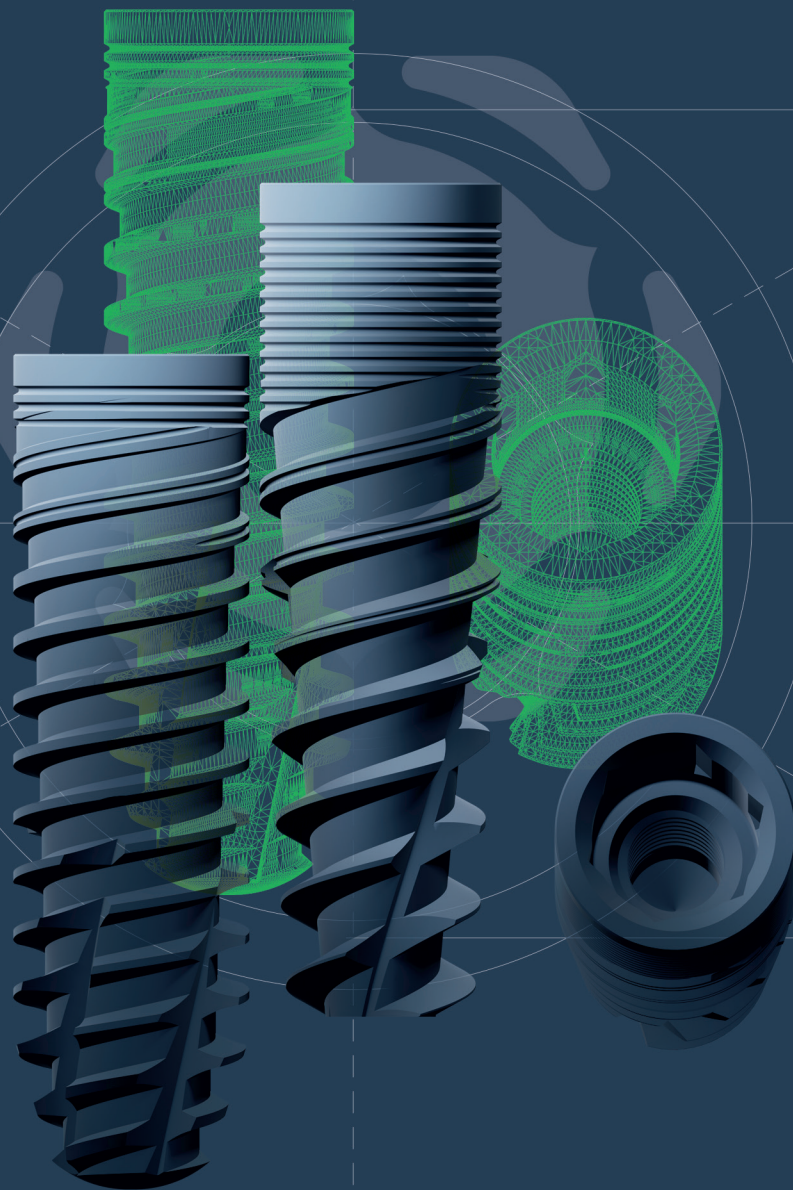




SLIM IMPLANT LINE



PRODUCT CATALOGUE
www.dentaltechworldwide.com

INDEX

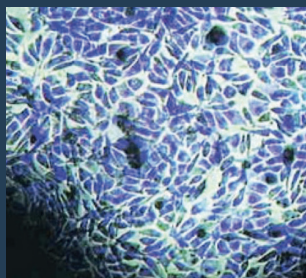
BWS® Implant Surface	4
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BWS®

IMPLANT SURFACE

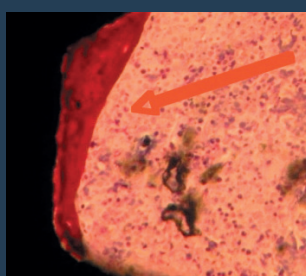
Osseointegration with over 30 years of history

OPTIMAL ROUGHNESS VALUE SANDBLASTING AND ACID ETCHING

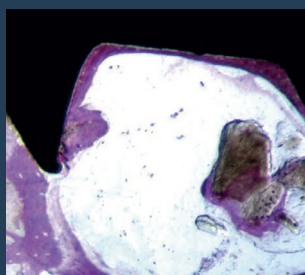


Sandblasting and etching processes of the implant surface allow to obtain optimal roughness values that make the adhesion of fibrin to the surface more tenacious and facilitate the bone healing process, significantly reducing the time.

CONTACT OSSEOINTEGRATION FIBRIN ADHERENCE

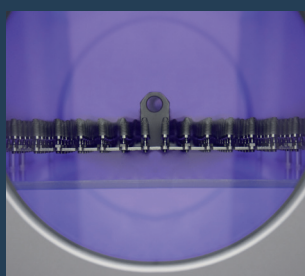


The capacity of BWS® to retain fibrin, lets osteoblasts migrate from the bone to the implant surface and reproduce there, generating new bone in direct contact with the titanium (contact Osseointegration).



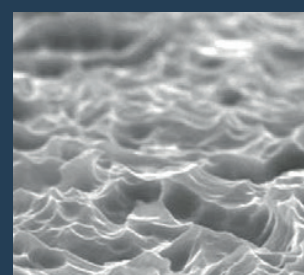
SEM CONTROL THE IMPLEMENTED PROTOCOL PROVIDES VERIFICATION OF EACH BATCH OF PRODUCTION

After the surface treatment and the classic washings, Dental Tech Implants are additionally cleaned with Argon Cold Plasma to minimize carbon contamination. Subsequently, minute controls are performed on the fixture with scanning electron microscopes (SEM).



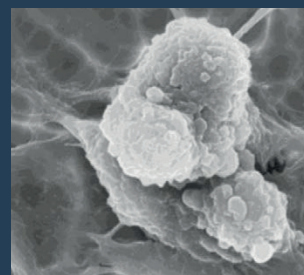
Argon Cold Plasma Treatment

Packaging takes place in controlled environments (Clean Room ISO 7) with packaging impermeable to micro organisms. A gamma-ray sterilisation process guarantees the destruction of all contaminants.



20 µm

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



2µm

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

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

ImpLogic® AT 3.25 Active Thread

Tapered implant that, thanks to its special spiral design, facilitates the users in the realization of Ridge Expansion procedures. The exceptional self tapping power of the thread, provides an excellent bone condensing and a high primary stability even in very complex clinical cases. Implogic AT is recommended in cases of post extraction implants and in case of poor quality bone.

SPIRAL DESIGN

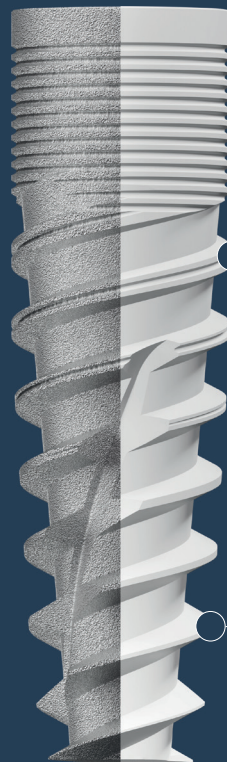
The unusual spiral design simplifies the procedures of Ridge Expansion.

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.

ImplLassic FT3 3.25

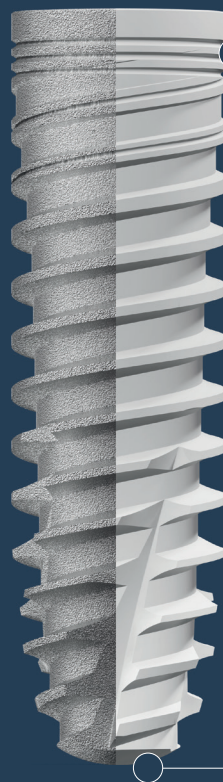
Fixture with cylindrical body and a conical apex. Modulating the surgical procedure it is indicated in all bone types; even in the case of non-compact bone it is able to achieve a good primary stability.

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.

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.

ImpLogic® AT DIAMETER - Ø 3.25 mm

Cover screw included

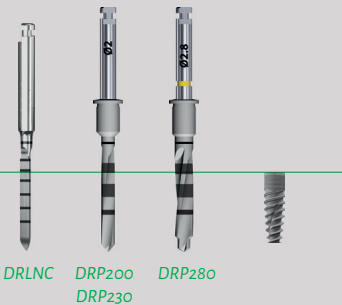
Warning! All DRP drills are 0.8 mm longer than the implant. In the planning stage and while drilling in proximity to vital anatomical structures, this added length must be considered.



Length (L) mm	REF
10	CVT3210/SC
11,5	CVT3211/SC
13	CVT3213/SC
16	CVT3216/SC

Recommended surgical sequence

Bone D4/3



ImpLassic FT3 DIAMETER - Ø 3.25 mm

Cover screw included

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

*It is recommended if the cortical bone is very persistent



Length (L) mm	REF
8	FTC3208/SC
10	FTC3210/SC
11,5	FTC3211/SC
13	FTC3213/SC
16	FTC3216/SC

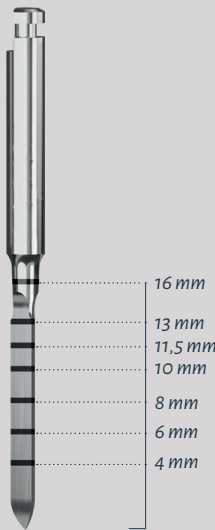
Recommended surgical sequence



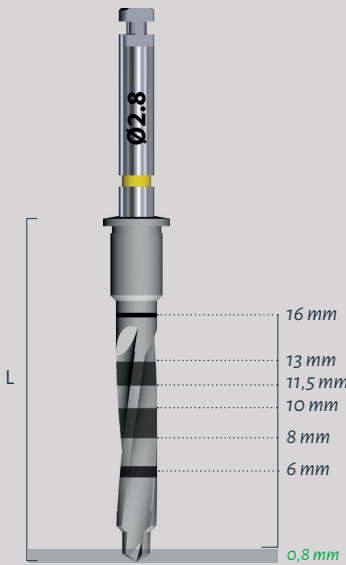
Drills - Reading depth notches and sharp drills

Lance drill - Parallel drills - Countersink

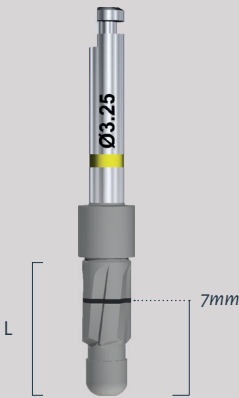
Lance drill



Parallel drills



Countersink



Drill Stop

STOP Ø 4.5 mm Material: Ti5

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



Parallel drill L 23 mm Material: Inox

Diameter (Ø) mm	REF
2.0	DRP200
2.3	DRP230
2.8	DRP280



Countersink
Material: Inox

Diameter (Ø) mm	REF
3.25	CTK325



Drill Stop - Stop insertion and removal procedure

STOP insertion

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

STOP removal

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

Depth STOP for different lengths. The advantages:

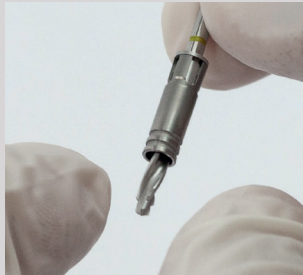
- » Optimal check-depth during preparation of the surgical site, even in conditions of poor visibility of the operating field;
- » Reduction of surgical risk;
- » Reduction of operator stress;
- » Greater safety for the patient;
- » Easy Stop insertion and removal from the drills and greater safety in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



1



2

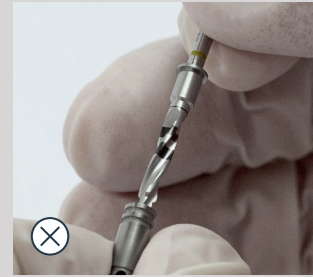


3

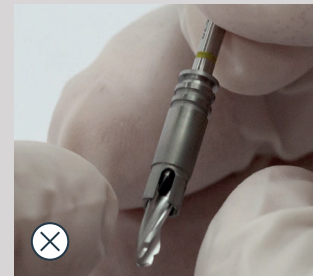


Warning WRONG insertion STOP

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



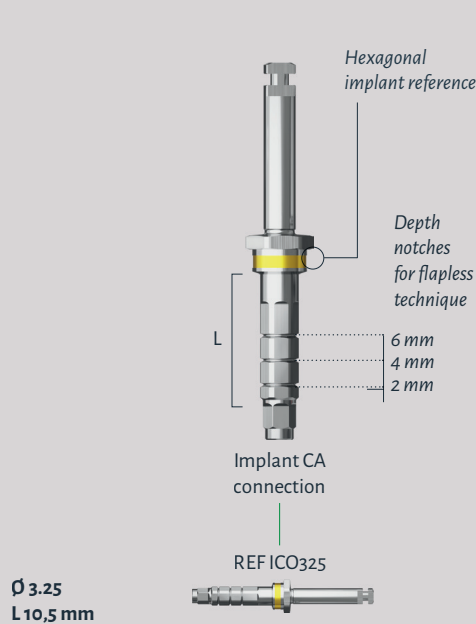
4



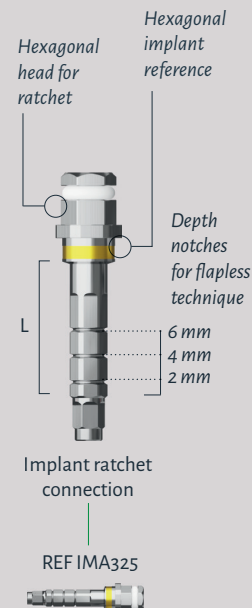
5

Screwdrivers

Implant CA connection - Implant ratchet connection



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



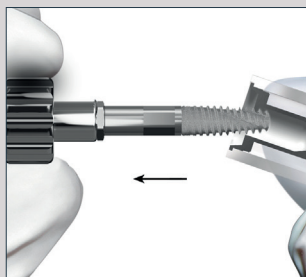
A tool to be connected to the ratchet to complete insertion of the implant. It does not permit removal as it does not have an O-Ring seal. Material: Inox

Dynamometric ratchet REF CCD070

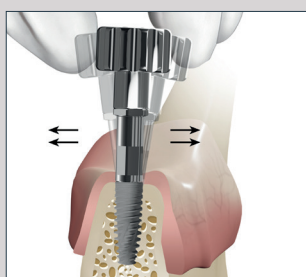


Hand wheel REF AMCo16





6



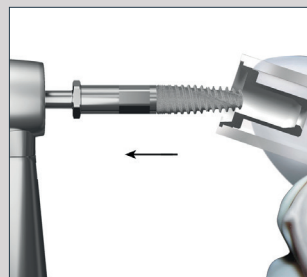
7

With manual screwdriver

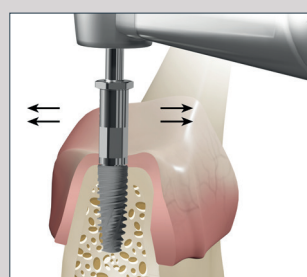
Insert the screwdriver (REF IMA325), connected to the handwheel (REF AMCo16), into the implant making a slight rotation to allow good matching of the two octagons (implant - screwdriver) and remove the implant (Fig. 6).

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

To remove, exercise a slight lateral movement, right and left, in order to free the matching (Fig. 7).With contra-angle implant connection



8



9

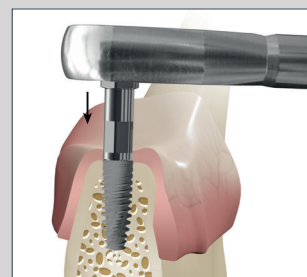
With contra-angle implant connection

Insert the direct contra-angle screwdriver (REF ICO325) into the implant with a slight rotating motion to allow the correct coupling of the two hexagons (implant - screwdriver) and remove the implant (Fig. 8).

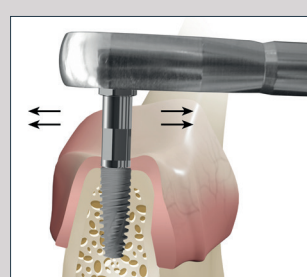
Begin insertion of the implant in the alveolar surgery (Fig. 9) after having set the following parameters on the surgical unit:

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

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



10



11

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

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. 10).

Complete the insertion of the implant using the dynamometric wrench connected to the direct screwdriver of the ratchets (REF IMA325). At times it is necessary to use the extension (REF 110026) to connect to the tools described above.

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

Components for cemented/screwed prosthesis

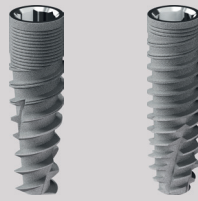
Taper healing abutment

Material: Ti5

8/10 Ncm Lock manually



H	REF
2	VG3252
4	VG3254
6	VG3256



Open tray impression coping

Material: Ti5

Fastening screw included

REF VTPR3200

8/10 Ncm Lock manually

Ø	REF	
3.8	TPR3200	Taper



Closed tray impression coping

Material: Ti5

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

REF VTST32

8/10 Ncm Lock manually

Ø	REF	
3.8	TST325	Parallel



Implant analog

Material: Ti5

REF

AGL3212



Fastening screw included and available as a replacement (pack. 2 pcs.) REF VFD032



Straight abutment

Material: Ti5

20Ncm Torque adapter

REF TW0001

H	Ø	ML	REF
1,5	3.8	325	MAS3215
3	3.8	325	MAS3230



Straight abutment

Material: Ti5

(pack. 10 pcs.)

20Ncm Torque adapter

REF TW0001

Ø	REF
3.8	PLT325



Angled abutment

Material: Ti5

20Ncm Torque adapter

REF TW0001

H	Ø	ML	REF
1,5	3.8	325/15°	MPG3211
1,5	3.8	325/25°	MPG3221
3	3.8	325/15°	MPG3213
3	3.8	325/25°	MPG3223



Castable abutment

Material: Pmma

20Ncm Torque adapter

REF TW0001

REF

PCA325

PCR032



Overcast abutment

Material: CRCO

20Ncm Torque adapter

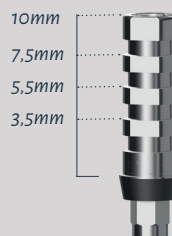
REF TW0001

REF

CC3-HE

CCR-NP

Cutting line for use in digital environment



Cylinder abutment

Material: Ti5

20Ncm Torque adapter

REF TW0001

ML	REF
325E	PPE325
325R	PPR032

Components for MUA screwed prosthesis

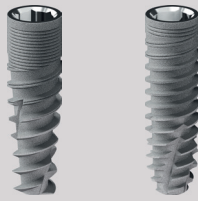
Protection cap

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



REF

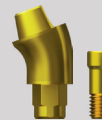
GBT3200



MUA straight abutment

Material: Ti5
20Ncm Torque adapter REF PMC115

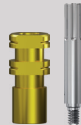
H	REF
1	BTA3210
2,5	BTA3225
4	BTA3240



20° MUA angled abutment

Material: Ti5
Fastening screw included and available as a replacement (pack. 2 pcs.) REF VMF325
20Ncm Torque adapter REF TW0001

H	REF
1,5	DT32171
3	DT32173



MUA precision transfer (PDM/PPM)

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

REF

TBT3200



MUA abutment analogue

Material: Ti5

REF

ABT3200



Titanium abutment / MUA bonding base

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

REF

CIT3200



Overcast abutment MUA

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

REF

CCM-03



Castable abutment MUA

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

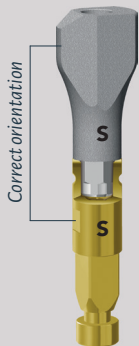
REF

CBR3200

Prosthetic components for digital flow



WARNING
DO NOT orient
the Scan Abutment
in other unsuitable
positions



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



REF

SCAN325

Scan abutment

Material: Ti5

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

REF VFX325

8/10Ncm Lock manually

Digital CAD-CAM intraoral scan and
laboratory scan. For single cemented and
screwed elements. For multiple cemented
elements.



REF

AGL32DG

Digital analog

Material: Ti5

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

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



REF

6431311

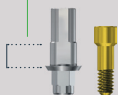
Scan abutment

Material: Plastic

(pack. 36 pcs.)

Digital CAD-CAM
intraoral scan and
laboratory scan. For
single cemented and
screwed elements.
On SIRONA abutment.

also available
ONLY digital file
H 3mm



REF

BST325

Bonding base

Material: Ti5

Fastening screw included
and available as a replace-
ment (pack. 2 pcs.)

REF VFX325

20Ncm Torque adapter

REF TW0001

Digital CAD-CAM and
traditional bonding
technique.

For single cemented
and screwed elements.
For multiple cemented
elements.



Bonding base for angled screw channel (T-Base)

Material: Ti5

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

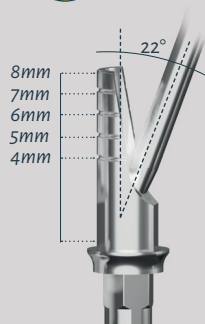
20Ncm Torque adapter

REF 200011/200012/TW0015C

H	REF	Prosthetic screw
0,5	BSA325	350002
1	BSA3210	350028
2	BSA3220	350029



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



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



H

REF

0,5

PSS325

1

PSS3210

2

PSS3220

0,5

PSS325R

1

PSS3210R

2

PSS3220R

Bonding base Sirona

Material: Ti5

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

REF VFX325

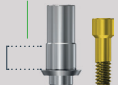
20Ncm Torque adapter

REF TW0001

Digital CAD-CAM and
traditional bonding
technique.

For single cemented
and screwed elements.
For multiple cemented
elements.

also available
ONLY digital file
H 3mm



REF

BSR325

Bonding base

Material: Ti5

Fastening screw included
and available as a replace-
ment (pack. 2 pcs.)

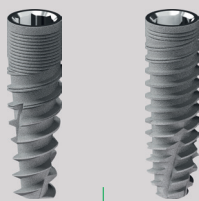
REF VFX325

20Ncm Torque adapter

REF TW0001

Digital CAD-CAM and
traditional bonding
technique. For multiple
elements screwed into the
implant.

Prosthetic components for digital flow - Connection on MUA



REF

SCANMS

Scan abutment

Material: Ti5
Fastening screw included and available as a replacement (pack. 2 pcs.)
REF VPCEM
8/10Ncm Lock manually
Suitable for digital CAD-CAM technique for intraoral and laboratory scans. For multiple screw-retained elements.



REF

ABT3200DG

Digital analog

Material: Ti5
Analog for digital models, specific for applications through the manufacture of models made with 3D printing/prototyping. The characteristic shape with rounded edges, allows easy insertion into the model seat, without interference and friction with the resinous material of the models. The apical screw allows to always obtain a total working stability.
This prosthetic component must be used through the Dental Tech Libraries.

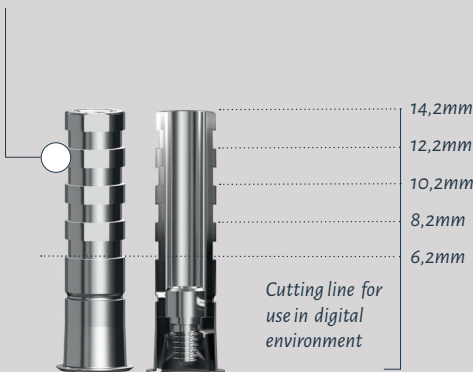


REF

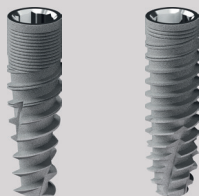
BCM325

MUA bonding base

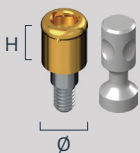
Material: Ti5
Fastening screw included and available as a replacement (pack. 2 pcs.)
REF VPCEM
8/10Ncm Lock manually
Digital CAD-CAM bonding technique.



Overdenture prosthetic components

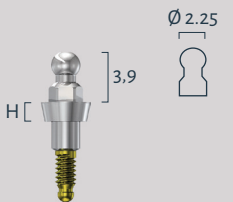


Overdenture abutment
Material: Ti5
Transfer included
20Ncm Torque adapter REFADL150

	H	REF
	1	DT-L3251
	2	DT-L3252
	3	DT-L3253
	4	DT-L3254
	5	DT-L3255

Retention compatible with
Zest LOCATOR®

Sphere abutment
Material: Ti5
20Ncm Torque adapter
REFRDS225

	H	REF
	0,5	ASF3200
	1,5	ASF3215
	3	ASF3230



Sphere analog
Material: Ti5

REF
AAF225



Transfer
Materiale: Peek

REF
TAF225

O-ring

Material: Ti5



REF
POR225

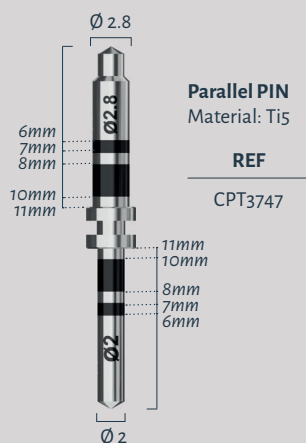
Package 10 pcs.



REF
ORG225

Retention compatible with
Ø 2.25 Sphere RHEIN83®

Instruments



Parallel PIN
Material: Ti5

REF

CPT3747



Surgical screwdriver
Material: Inox

REF

PGI 100



Extension for drill
Material: Inox

L mm

9

REF

KI589



Hand wheel
Material: Ti5

L mm

6

REF

AMCo16



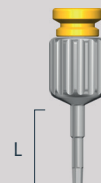
Extension
Material: Inox

L mm

12,5

REF

110026



Screw driver
Material: Inox

L mm

4,5

REF

GMX100

Micro

11,5

GMM250

Extra short

13,5

001152

Long



Depth gauge
Material: Ti5

REF

001140

16 mm

14,5 mm

13 mm

11,5 mm

10 mm

8,5 mm

8 mm

6 mm



Dynamometric ratchet

REF

CCD070



MUA 3.25 adaptor
Material: Inox

REF

PMC115



Screwdrivers adaptor
Material: Inox

REF

TW0001C

Short

TW0001L

Long



Adaptor for dynamometric ratchet
Material: Inox

L mm

7

REF

ISO370



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

L mm

16

REF

TW0015C



Hex screwdriver for contra-angle bonding bases for angled screw channel
Material: Inox
Deformation limit is 30 Ncm

L mm

16

REF

200011

Short

21

200012

Long



Hex screwdriver
Material: Inox

L mm

8

REF

CCG0024

Short

14

CCG0030

Long



Adaptor for sphere abutment Ø 2.25
Material: Inox

REF

RDS225



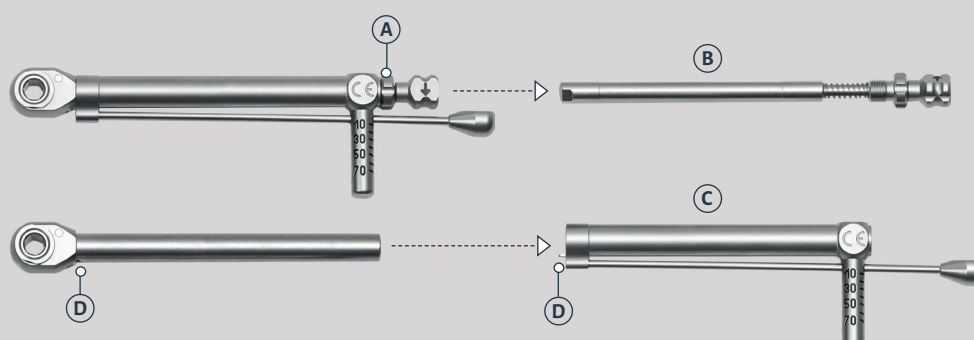
Adaptor for overdenture abutment
Material: Ti5

REF

ADL150

Dynamometric ratchet cleaning and maintenance

CCD070



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

and maintenance attached to the device, brush with non-metallic rigid bristles, even in hollow areas with pipe cleaner for a complete removal of biological residues. Once the cleaning and disinfection phase has been completed, reassemble the ratchet using the reverse disassembly procedure,

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

Preliminary indications for surgical instrument use

PREVENTION

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

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

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

PACKAGING AND STERILITY

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

Dental Tech validated the following cleansing and disinfection method:

MANUAL CLEANING

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

MANUAL DISINFECTION

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

MANUAL RINSE

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

DRY

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

STERILIZATION

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

CHECK

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

If any contamination is detected, repeat the cleaning procedure.

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

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

PRESERVATION

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

DISPOSAL PROCEDURES

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

INSTRUMENT FOR SURGERY

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

HOW TO USE THE SURGICAL INSTRUMENTS

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

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

NON-ROTATING INSTRUMENT

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

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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.
For more information about Dental Tech instruments and prosthetic components, consult the page:
dentaltechitalia.com/ifu-online

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MATERIALS LEGEND

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

PACKAGING SYMBOLS LEGEND



Lot number



Sterilized by gamma rays



Not sterile



Product code

RIUTILIZZABILE

Reusable



Use by



Non-reusable



Attention, consult
the supplied documentation



Directive 93/94/CEE
conformity mark



0123
Notified body identification

