

CONICAL IMPLANT LARGE SIZE THREAD

TIPOLOGY A shape designed to obtain an optimal primary stability in soft bone. The central part of the fixture is the same for every diameter, thus facilitating the site preparation with a underosteotomy.

SURGERY Surgeons have just to perform the osteotomy, up to the desired depth, and to place the fixture choosing the diameter by the class of the bone.

ADVANCED Designed to be employed both in flap as well as in flapless technique, conical implants are suited for immediate loading even in post extractive site as long as the implant has an optimal primary stability, a minimal length of 11,5 mm, and well dimensioned lateral cortical bones.

1 SWITCHING PLATFORM

- Preservation of the biological space
- Use of the gingival margin against infiltration
- Preservation of the bone level
- Single prosthetic connection with internal hexagon, Platform Normal for every diameter

2 MACHINED COLLAR

- Sustained soft tissues for better esthetics

3 MICROTHREAD ON THE COLLAR

- Optimal fastening on cortical bone
- Optimal load distribution, preserving the bone crest

4 CONICAL SHAPED BODY

- Root shaped

5 MICROTHREAD ON THE BODY

- Enlarged contact surface fixture-BIC bone

6 MACROTHREAD ON THE BODY

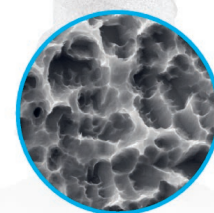
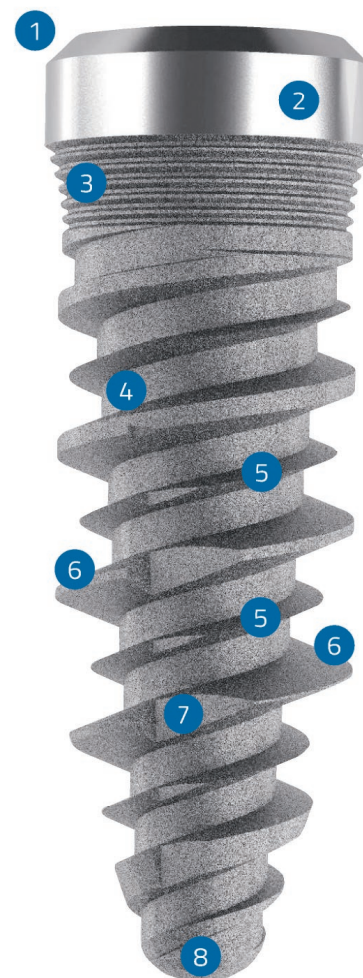
- For the engagement on spongy bone

7 DOUBLE DECOMPRESSION INCISION ALONG THE ENTIRE SURFACE

- Facilitating the clot outflow

8 REDUCED APEX

- The best solution in the presence of adjacent roots with limited place

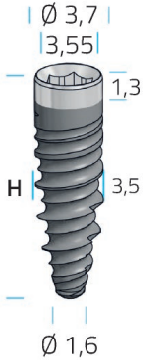
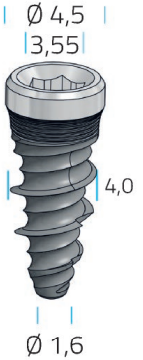
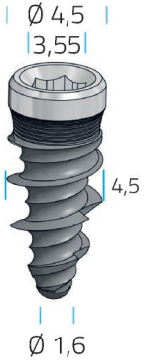
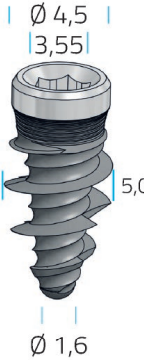
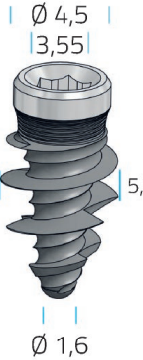


**ACID ETCHED
SURFACE**

TVI Plus

Trans-mucous conical implants internal hexagon, with double large thread

Measurements and codes

						
H	Ø 3,5 ■	Ø 4,0 ■	Ø 4,5 ■	Ø 5,0 ■	Ø 5,5 ■	Ø 6,0 ■
9 mm (2 spire)	-	TVI4-2-Tr-PLUS	TVI4,5-2-Tr-PLUS	TVI5-2-Tr-PLUS	-	TVI6-2-Tr-PLUS
11 mm (3 spire)	TVI3,5-3-Tr-PLUS	TVI4-3-Tr-PLUS	TVI4,5-3-Tr-PLUS	TVI5-3-Tr-PLUS	TVI5,5-3-Tr-PLUS	-
13 mm (4 spire)	TVI3,5-4-Tr-PLUS	TVI4-4-Tr-PLUS	TVI4,5-4-Tr-PLUS	TVI5-4-Tr-PLUS	TVI5,5-4-Tr-PLUS	-
15 mm (5 spire)	TVI3,5-5-Tr-PLUS	TVI4-5-Tr-PLUS	TVI4,5-5-Tr-PLUS	TVI5-5-Tr-PLUS	TVI5,5-5-Tr-PLUS	-
17 mm (6 spire)	TVI3,5-6-Tr-PLUS	TVI4-6-Tr-PLUS	TVI4,5-6-Tr-PLUS	TVI5-6-Tr-PLUS	TVI5,5-6-Tr-PLUS	-
Platform	Normal	Normal	Normal	Normal	Normal	Normal



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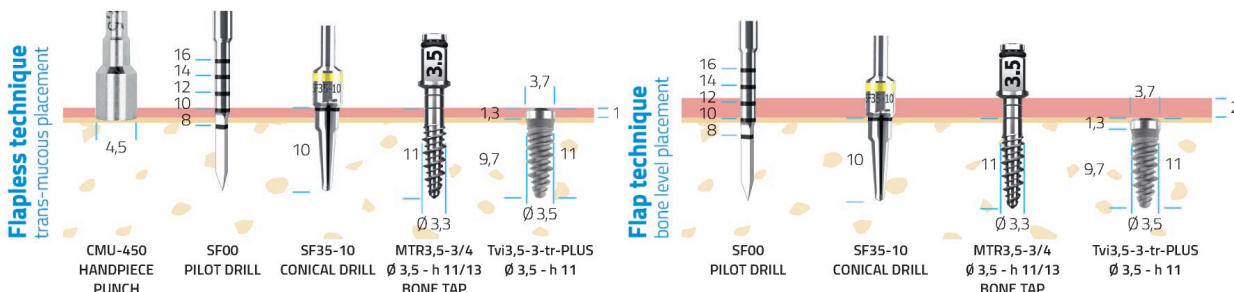
Surgical protocol conical implants large thread

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Sequence for mandibular bone D1/D2 and maxillary D3/D4

Trans-mucous conical implant Plus with double thread, Ø 3,5 - 3 threads h 11 mm

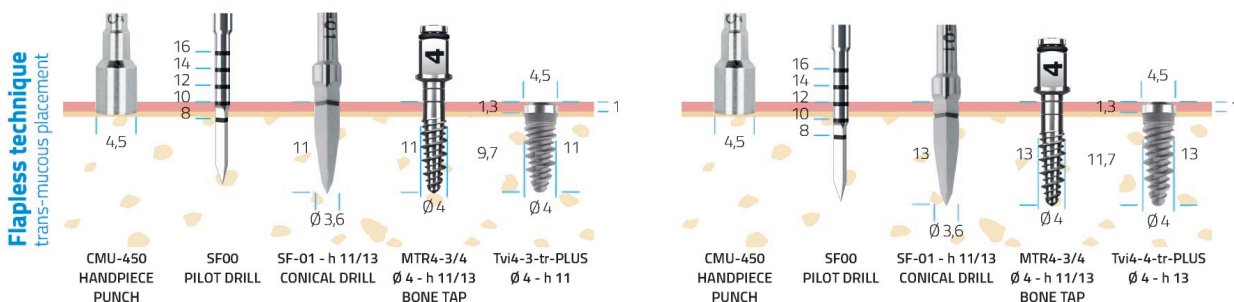
D1/D2 bone



With Ø 3,5 - 4 threads - h 13 mm should be put in use SF35-12 conical drill and MTR3,5-4 threads bone tap; with the 5 threads, h 15 mm should be employed SF35-14 conical drill and MTR3,5-5 threads bone tap; with the 6 threads h 17 mm should be employed SF35-16 conical drill and MTR3,5-6 threads bone tap. Diameter 3,5 of this typology can be positioned bone level, because the implant's neck has the same dimension of the drill. With gums over 1 mm thick it is suggested to open the flaps with the scalpel to achieve the correct placement of the implant.

Trans-mucous conical implant Plus with double thread, Ø 4 - 3 threads h 11 mm - 4 threads h 13 mm

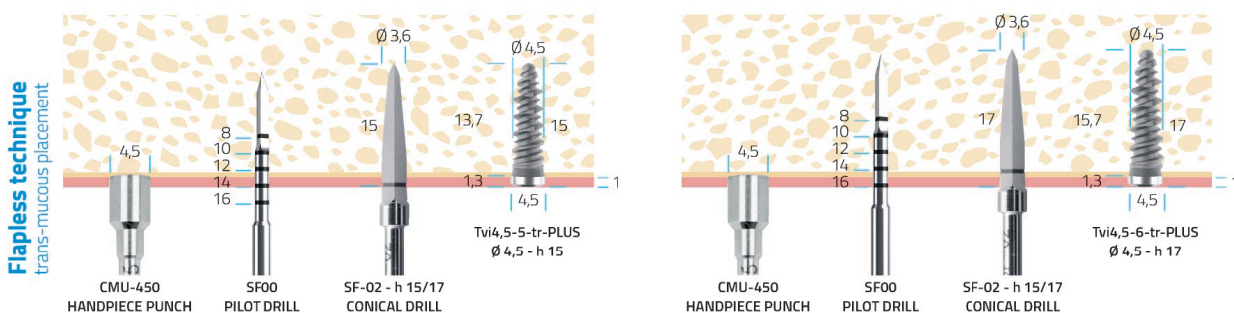
D1/D2 bone



For fixtures with 4,0-4,5-5,0-5,5 a trans-mucous placement is suggested, because the machined collar is 4,5 mm large, and the diameter of the drill is 3,6 mm. In flapless technique with a maximum gum thickness of 1 mm it is recommended to stop at the first marking of the final drill 11 mm high, or at the second marking of the 13 mm high one. In a truly compact bone, it is necessary to employ the bone tap. With gums more than 1 mm high, flap technique is suggested to obtain the right placement for the neck of the fixture.

Trans-mucous conical implant Plus with double thread, Ø 4,5 - 5 threads h 15 mm - 6 threads h 17 mm

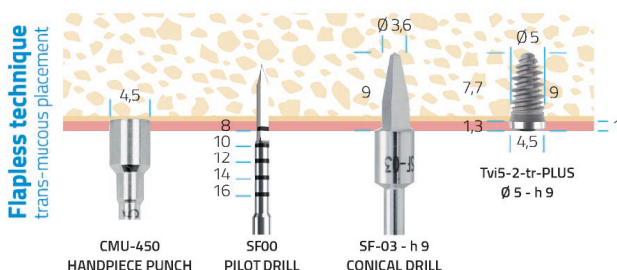
D3/D4 bone



For fixtures with 4,0-4,5-5,0-5,5 a trans-mucous placement is suggested, because the machined collar is 4,5 mm large, and the diameter of the drill is 3,6 mm. In flapless technique with a maximum gum thickness of 1 mm it is recommended to stop at the first marking of the final drill 15 mm high, or at the second marking of the 17 mm high one. With gums more than 1 mm high, flap technique is suggested to obtain the right placement for the neck of the fixture.

Trans-mucous conical implant Plus with double thread, Ø 5 - 2 threads h 9 mm

D3/D4 bone



For fixtures with 4,0-4,5-5,0-5,5 a trans-mucous placement is suggested, because the machined collar is 4,5 mm large, and the diameter of the drill is 3,6 mm. In flapless technique with a maximum gum thickness of 1 mm it is recommended to stop at the first marking of the final drill 9 mm high.

Protocols and sequences are just suggested with an illustrative purpose. It's up to the surgeon to select the best surgical option for the anatomy of the patient.

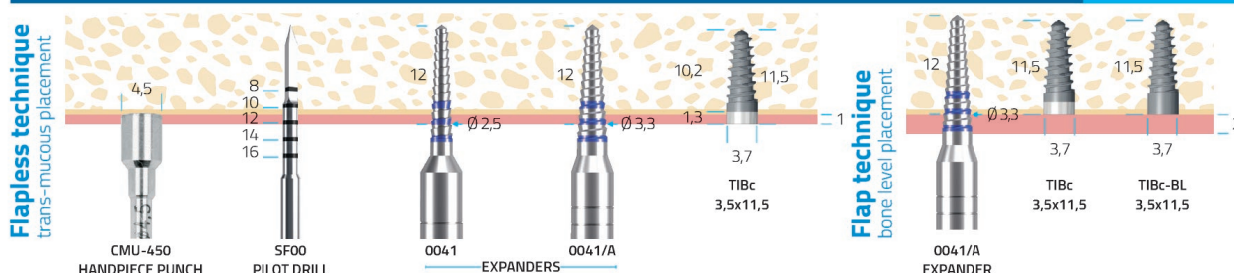
Surgical protocol conical implants medium thread

Sequence for maxillary bone D3/D4

Conical implants with medium threads come in two variants: trans-mucous and bone level. Trans-mucous fixtures can be placed at bone level with flap technique. The first step is to measure the gum thickness with a periodontal probe. With a maximum of 1 mm gum thickness, flapless technique with the use of the punch can be pursued, otherwise flap technique is suggested, to obtain the right placement for the neck of the fixture.

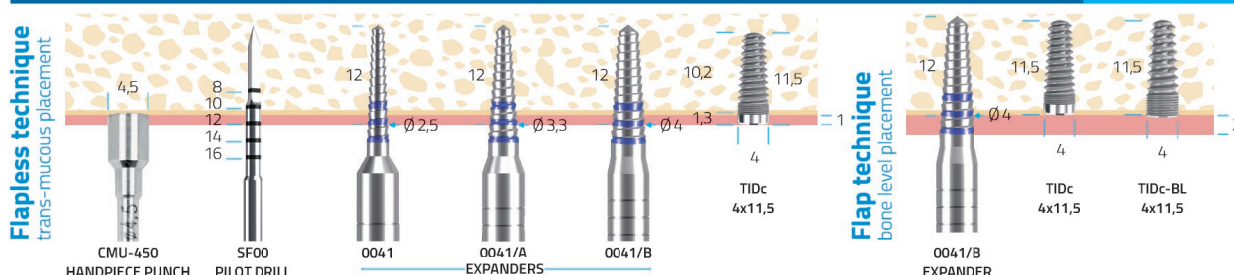
Surgical protocol for medium thread conical implants Ø 3,5 h 11,5 mm

D3/D4 Bone



Surgical protocol for medium thread conical implants Ø 4 h 11,5 mm

D3/D4 Bone

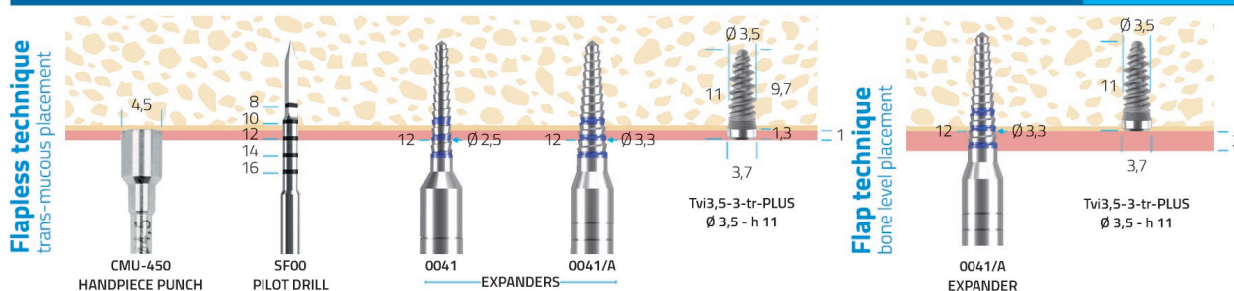


Surgical protocol large thread conical implants

Sequence for maxillary bone D3/D4

Conical implant Plus internal hexagon trans-mucous with double thread, Ø 3,5 h 11,5 mm

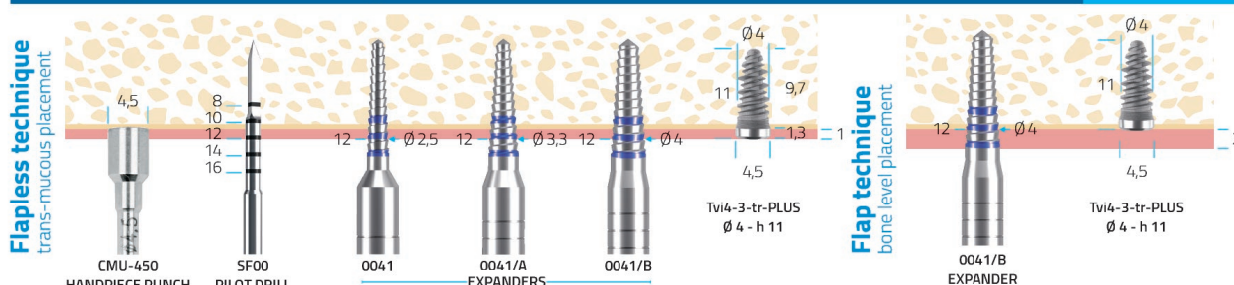
D3/D4 Bone



With gums more than 1 mm high, flap technique is suggested to obtain the right placement for the neck of the fixture.

Conical implant Plus internal hexagon trans-mucous with double thread, Ø 4 - 3 threads h 11 mm

D3/D4 Bone



With gums more than 1 mm high, flap technique is suggested to obtain the right placement for the neck of the fixture.

Protocols and sequences are just suggested with an illustrative purpose. It's up to the surgeon to select the best surgical option for the anatomy of the patient.