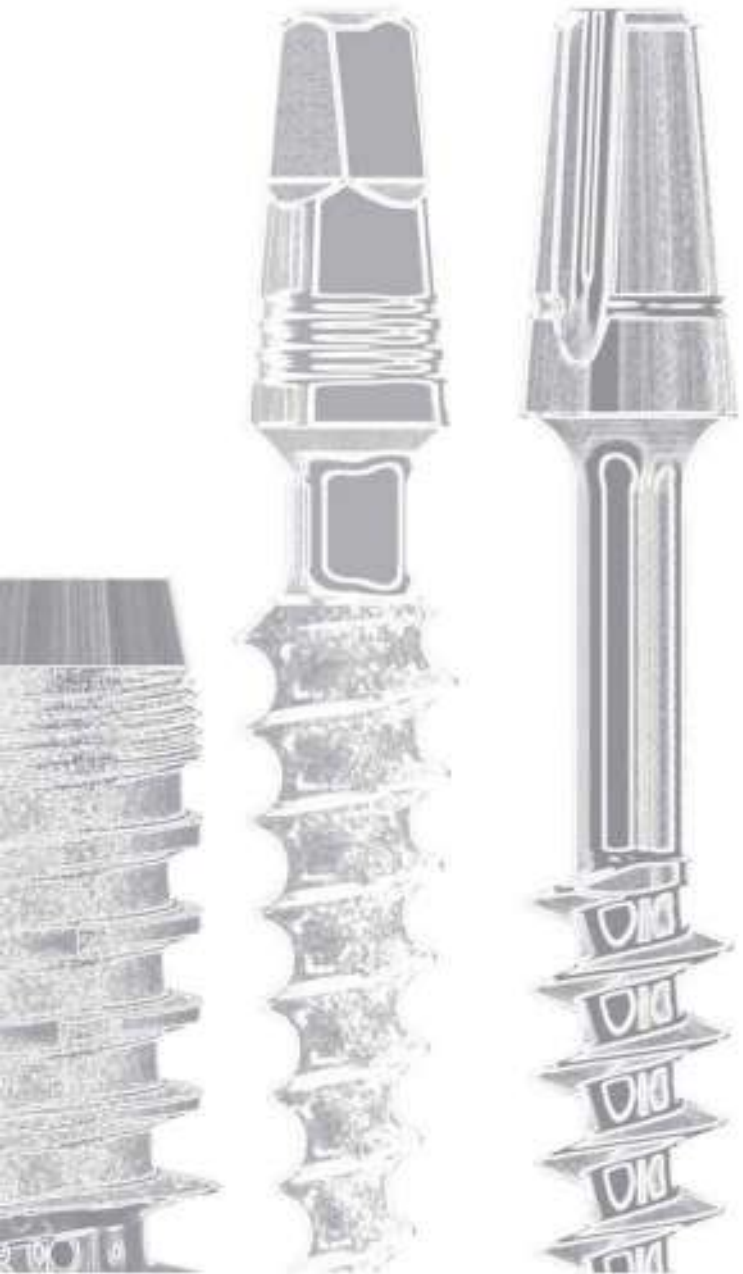
SIMPLADENT
INDIA

IHDEDENTAL



SYSTEM APPLICATION

Single-piece implants

SIMPLADENT
INDIA

IHDE DENTAL IMPLANT

IHDE DENTAL

Your demand is our drive

Company building and production site of
Dr. Ihde Dental AG in Gommeswald / Switzerland

DEAR DENTIST

This is a short overview of our Dental Implant Systems. For the instruction for use please refer to the System Application Prospectus (SAP) on https://implant.com/en/downloads. If you have any questions, do not hesitate to contact us.

Your

Ihde Dental Management Team

SYMBOLS FOR **IMPLANT PROPERTIES** AND **PROSTHETIC SOLUTIONS**

Small Abutment Head

Large Abutment Head

Micro Thread

Bendable

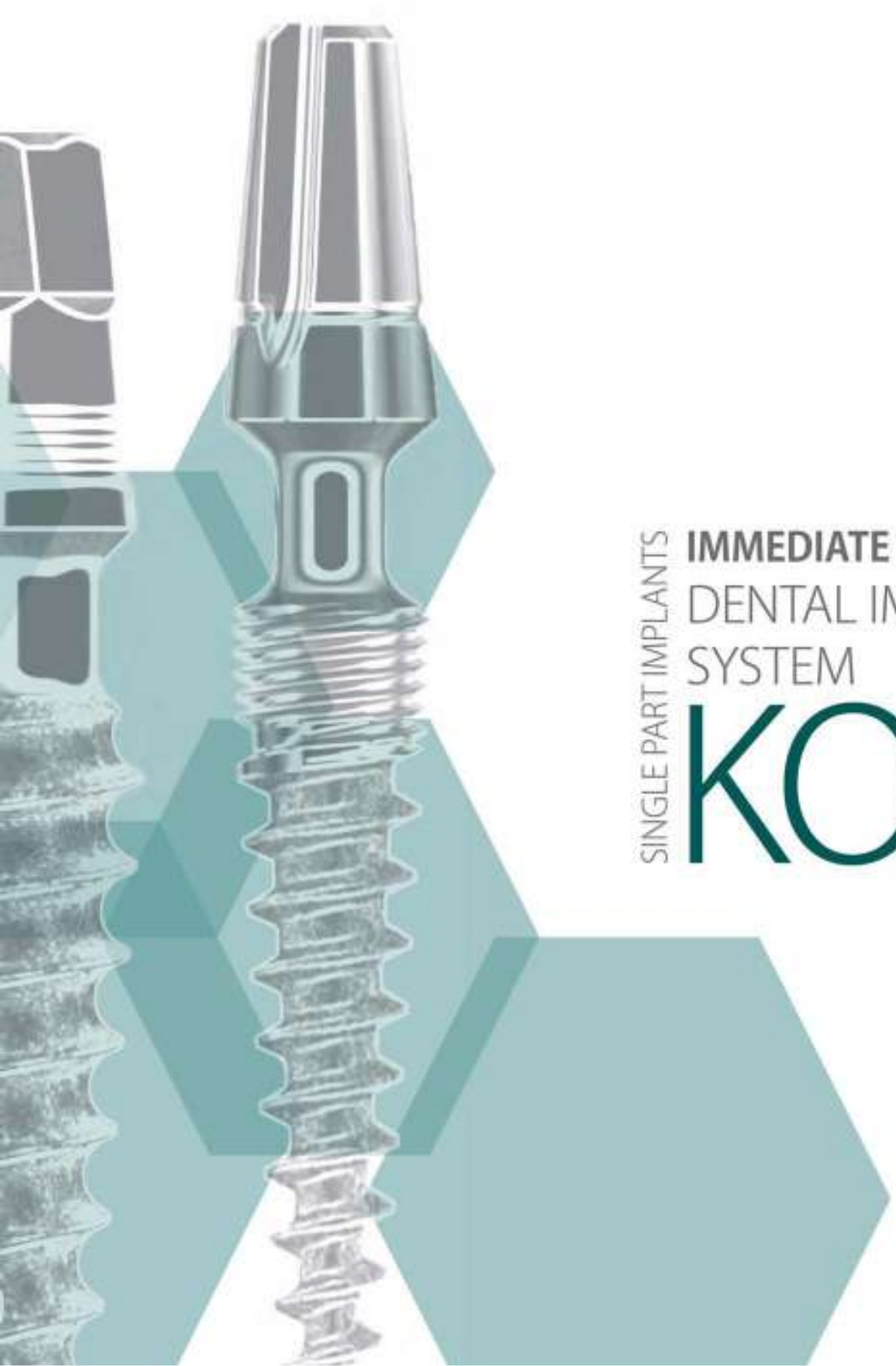
Apical Wide Thread

For Screw in Prosthetics

For Cemented Prosthetics

IHDEDENTAL

IHDE DENTAL



SINGLE PART IMPLANTS

IMMEDIATE LOADING

DENTAL IMPLANT SYSTEM

KOS®

APPLICATION AREAS OF THE ENDOSSEOUS DENTAL IMPLANT SYSTEM **KOS®**

Suitable for crowns, bridges and bars. With the correct surgical procedure and good bone quality, the compression screws design permits to incorporate the restoration in an immediate loading protocol (incorporation of the prosthesis within a maximum of three days). Today, **KOS®** implants are routinely used for immediately loaded bridge constructions. The single-piece design saves costs, effort and prevents the problem of screw loosening. In extraction cases, **KOS®** and **BCS®** are combined.

The prescribed or recommended tightening torques for implants, abutments and screws can be found on our website:

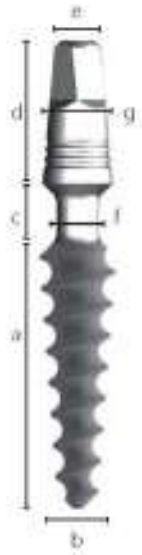
www.implant.com/en/downloads

KOS®

minimal · invasive · implantologie m.i.l.

KOS® implants are used for crowns, bridges and bars. The compression screw design permits to incorporate the restoration in an immediate loading protocol (incorporation of the prosthesis within max. three days). **KOS®** implants are routinely used for more than two decades in immediately loading protocols. The single-piece design reduces costs, the danger of peri-implantitis and it eliminates the hazzles of screw loosening. In extraction cases, **KOS®** and **BCS®** are combined; **BCS®** are placed into the fresh sockets, while **KOS®** are used in healed bone areas. **KOS®** Classic implants are straight implants with small prosthetic head for crowns, bridges and bars, for cementation.

KOS® CLASSIC IMPLANTS Straight implants with small head for crowns and bars.



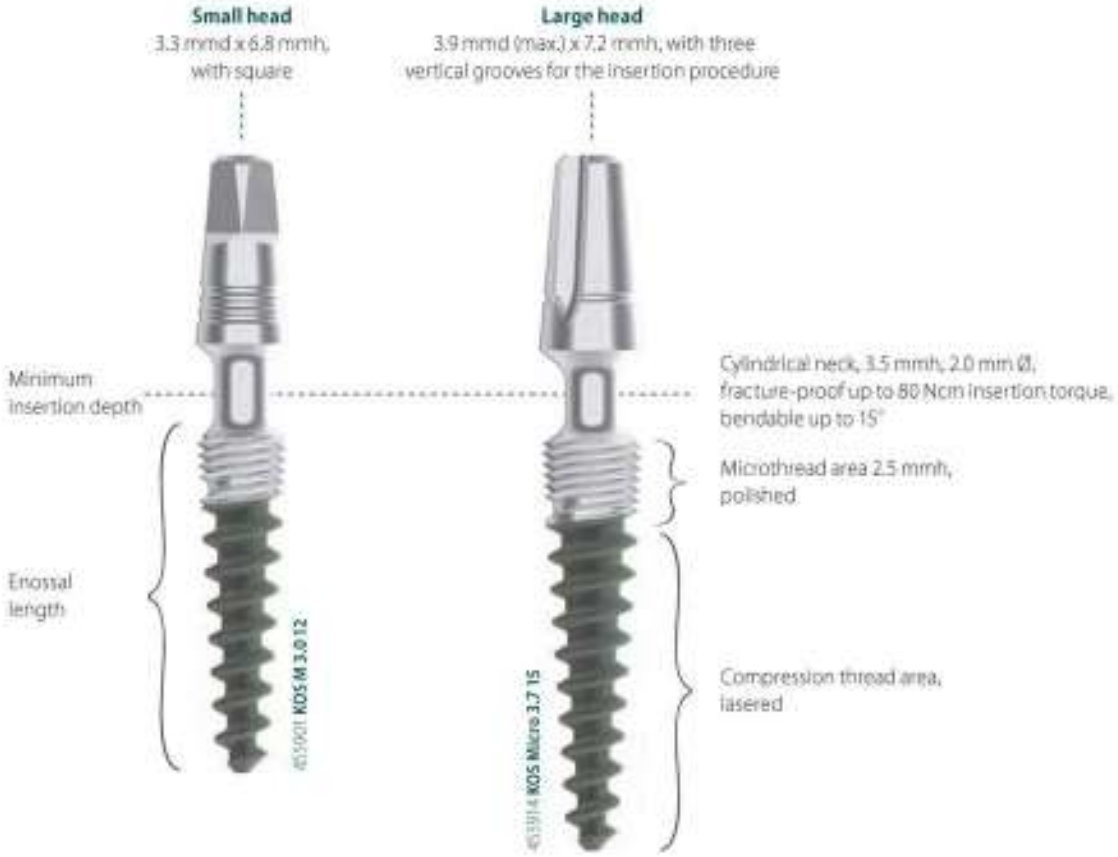
a) endosseous length	6 - 19 mm
b) endosseous Ø	3.0 - 5.0
c) neck length	3.5 mm
d) abutment length	6.8 mm
e) square SW	1.9 mm
f) neck Ø	2.0 / 2.5 / 2.8 mm
g) abutment Ø	3.35 mm

Description	Endosseous Ø	Length	Neck Ø	REF
KOS 3.0 10	3.0 mm	10 mm	2 mm	455108
KOS 3.0 12	3.0 mm	12 mm	2 mm	455109
KOS 3.0 15	3.0 mm	15 mm	2 mm	455110
KOS 3.2 12	3.2 mm	12 mm	2 mm	455111
KOS 3.2 15	3.2 mm	15 mm	2 mm	455112
KOS 3.7 6	3.7 mm	6 mm	2.5 mm	455106
KOS 3.7 8	3.7 mm	8 mm	2.5 mm	455107
KOS 3.7 10	3.7 mm	10 mm	2.5 mm	455114
KOS 3.7 12	3.7 mm	12 mm	2.5 mm	455115
KOS 3.7 15	3.7 mm	15 mm	2.5 mm	455120
KOS 4.1 8	4.1 mm	8 mm	2.8 mm	455129
KOS 4.1 10	4.1 mm	10 mm	2.8 mm	455130
KOS 4.1 12	4.1 mm	12 mm	2.8 mm	455132
KOS 4.1 15	4.1 mm	15 mm	2.8 mm	455135
KOS 4.1 17	4.1 mm	17 mm	2.8 mm	455136
KOS 4.1 19	4.1 mm	19 mm	2.8 mm	455137
KOS 5.0 10	5.0 mm	10 mm	2.8 mm	455171
KOS 5.0 12	5.0 mm	12 mm	2.8 mm	455172
KOS 5.0 15	5.0 mm	15 mm	2.8 mm	455173

THE ADVANTAGES OF KOS® MICRO IMPLANTS

- Vertical grooves for anti-rotation protection
- Single-piece design reduces costs, the danger of periimplantitis and eliminates the haz-zles of screw loosening
- For all applications, crowns, bridges and bars
- Optimal primary stability thanks to the micro thread
- Compression screw design for perfect stability
- Enossal part with special No-Itis® laser surface

KOS® M AND MICRO IMPLANTS



MATERIAL

Ti6AL4V, also known as „Grade 5", is the high-purity version of the conventional 6/4 Ti alloy, which is used for more than 50% of all metallic human implants. This material is the first choice for all applications which require high stability, corrosion resistance and mechanical strength. This is why today's most modern dental implant designs are made of this material. This titanium alloy is superior to the alternatively used pure titanium in terms of stability by more than 25%. Also regarding biocompatibility and the support of bone cell growth, this titanium alloy shows advantages compared to pure titanium.

FUNCTIONALITY

The one-piece **KOS® M / KOS® Micro** dental implant is preferably used in immediate loading. Unlike other compression screws, the polished neck has a cylindrical shape. Thus, the cortical is sealed, good retention is achieved in the cortical and the bone is protected against infections. At the same time, the endosseous implant part compresses the cancellous bone areas.

NOTE The smooth microthread must be completely submerged below the bone level. The cylindrical neck must extend into the bone at least 1 mm deep. Therefore, the implant must be selected so that at least 1.5 mm more usable vertical bone is present than the nominal length of the implant. **Example** For KOS Micro 3.7 15, 17 mm of usable vertical bone must be present. If in doubt, a shorter implant should be selected so as to ensure a sufficient insertion depth.

DRILLING PROCEDURE

The pilot hole is made with the drills of the KOS® system. Except in very dense mandibular bone, the pilot hole is usually sufficient with BCD1 or DOS1.

INSERTION

The implant can be inserted most easily with the handgrip (REF 311431) and the adapter (REF 900 037). When using the ratchet RAT2, small or medium insertion tools are used. Max. torque is 80 Ncm.

THE IMPLANTS ARE SUPPLIED WITH TWO DIFFERENT HEAD SIZES

KOS® M implants are supplied with a small head; they also fit in small individual tooth gaps.
KOS® Micro implants are supplied with a large head. This head permits easy and speedy prosthetic restoration.

KOS® MICRO IMPLANTS WITH LARGE ABUTMENT HEAD for all applications

Description	Endosseous	Length		Neck!	Drill*	REF	
KOC Micro 3.0 10*	3.0 mm	10 mm	small	2.3 mm	DOS 1 or BCD 1	**455900**	F
KOC Micro 3.0 12*	3.0 mm	12 mm	small	2.3 mm	DOS 1 or BCD 1	**455901**	F
KOC Micro 3.2 12*	3.2 mm	12 mm	small	2.3 mm	DOS 1 or BCD 1	**455905**	F
KOC Micro 3.2 15*	3.2 mm	15 mm	small	2.3 mm	DOS 1 or BCD 1	**455906**	F
KOC Micro 3.7 6	3.7 mm	6 mm	large	2.5 mm	DOS 2 or BCD 2	**455910**	F
KOC Micro 3.7 8	3.7 mm	8 mm	large	2.5 mm	DOS 2 or BCD 2	**455911**	F
KOC Micro 3.7 10	3.7 mm	10 mm	large	2.5 mm	DOS 2 or BCD 2	**455912**	F
KOC Micro 3.7 12	3.7 mm	12 mm	large	2.5 mm	DOS 2 or BCD 2	**455913**	F
KOC Micro 3.7 15	3.7 mm	15 mm	large	2.5 mm	DOS 2 or BCD 2	**455914**	F
KOC Micro 4.1 8	4.1 mm	8 mm	large	2.8 mm	DOS 3 or BCD 3	**455920**	F
KOC Micro 4.1 10	4.1 mm	10 mm	large	2.8 mm	DOS 3 or BCD 3	**455921**	F
KOC Micro 4.1 12	4.1 mm	12 mm	large	2.8 mm	DOS 3 or BCD 3	**455922**	F
KOC Micro 4.1 15	4.1 mm	15 mm	large	2.8 mm	DOS 3 or BCD 3	**455923**	F
KOC Micro 5 10	5 mm	10 mm	large	2.8 mm	DOS 5	**455925**	F
KOC Micro 5 12	5 mm	12 mm	large	2.8 mm	DOS 5	**455926**	F

KOS® PLUS IMPLANTS

KOS® PLUS are made in one piece and have a polished apical cutting thread for anchorage in the opposite cortical. They combine the advantages of the compression screw with the advantages of the bicortical screw: in addition to bone compression, there is also anchorage in the 2nd cortical (opposite cortical). Can be used in the maxilla and mandible. Made of titanium alloy Ti6Al4V, lasered.

Description	Compression thread	Endosseous length	REF
KOS 3.7 9+3	9 mm	12 mm	455800
KOS 3.7 11+3	11 mm	14 mm	455801
KOS 3.7 13+3	13 mm	16 mm	455802
KOS 3.7 16+3	16 mm	19 mm	455803
KOS 3.7 20+3	20 mm	23 mm	455804
KOS 3.7 23+3	23 mm	26 mm	455805
KOS 4.1 6+3	6 mm	9 mm	455810
KOS 4.1 9+3	9 mm	12 mm	455811
KOS 4.1 11+3	11 mm	14 mm	455812
KOS 4.1 13+3	13 mm	16 mm	455813
KOS 4.1 20+3	20 mm	23 mm	455814
KOS 5.0 6+3	6 mm	9 mm	455820
KOS 5.0 9+3	9 mm	12 mm	455821
KOS 5.0 11+3	11 mm	14 mm	455822
KOS 5.0 13+3	13 mm	16 mm	455823

a) endosseous length	9 - 26 mm				
b) endosseous compression region	6 - 23 mm	d2) apical thread Ø	4.5 mm	g) max. head Ø	3.9 mm
c) area for 2. cortical engagement	3.0 mm	e) mucosal zone	3.5 mm	h) neck Ø	2 mm
d1) max. endosseous Ø	3.7 / 4.1 / 5.0 mm	f) height of platform	7.2 mm		

THE ADVANTAGES OF KOS® PLUS IMPLANTS

- Vertical grooves for anti-rotation protection
- No micro gap
- Polished apical cutting thread for anchorage in the opposite cortical
- Combines the advantages of the compression screw with the advantages of the bicortical screw
- In addition to bone compression, there is also anchorage in the 2nd (opposite) cortical
- Enossal part with special No-rtit® laser surface
- Optimal primary stability thanks to the micro thread and aggressive apical thread
- Can be used in the maxilla and mandible
- Made of highly resistant titanium alloy

BCS®

IMPLANT SYSTEM FOR ENDOSSEOUS DENTAL IMPLANTS

BCS® implants can be used immediately in extraction sockets if the basal support is sufficient. The anti-rotation protection ensures immediate stability against unintentional unscrewing before prosthetic loading. The prosthesis should be inserted before the 3rd post-operative day. **BCS®** implants are made of high-strength, biocompatible titanium alloy Ti6Al4V (ASTM F 136). At least three implants must be interlocked together. **BCS®** belong to the basal (strategic) implants. Their use is permitted only by authorized users.

APPLICATION AREAS OF THE CORTICOBASAL® IMPLANT FOR ANCHORAGE IN THE UPPER AND LOWER JAW

BCS® implants can be used immediately in extraction sockets if the basal support is sufficient. The anti-rotation protection ensures immediate stability against unintentional unscrewing before prosthetic loading. The prosthesis should be inserted before the 3rd post-operative day. BCS® implants are made of strong, biocompatible titanium alloy Ti6Al4V. BCS® implants are used typically for segments and circular bridges in an immediate splinting protocol. Their use is permitted only for authorized users.

The prescribed or recommended tightening torques for implants, abutments and screws can be found on our website:

www.implant.com/en/downloads

THE ADVANTAGES OF BCS® IMPLANTS

- For anchorage in the 1st, 2nd and if necessary 3rd cortical
- For the cortical anchorage of dental prostheses
- Can be used in sockets for a given indication immediately after extraction and loaded immediately in many cases
- Mechanically smoothed surface in all areas
- Self-tapping thread with endosseous anti-rotation protection
- Conditionally suitable for individual tooth prostheses
- Made of highly resistant titanium alloy

For implant Ø from 3.5 to 4.6 mm, not less than **ten** implants should be used for the complete **upper jaw**.

For implant Ø from 3.5 to 4.6 mm, not less than **eight** implants should be used for the complete **mandible**.

The phase of adaptation and consolidation of the cortical bone in which these implants are anchored (2nd or 3rd cortical) must be considered to be 24 months after the insertion of the implants. So there is a significant difference to the healing times for implants that are used according to the method of "osseointegration", for which the healing times are assumed to be 3-6 months.

Nevertheless BCS® implants are designed to be used (solely by specially trained and authorized users) in immediate functional loading protocols.

BCS® IMPLANTS **WITH SMALL ABUTMENT HEAD**

BCS® implants 3.5 mmØ - 12 mmØ for anchorage in the 1st, 2nd and if necessary 3rd cortical, for the cortical anchorage of dental prostheses. **BCS®** implants can be used in sockets for a given indication immediately after extraction and loaded immediately in many cases. Mechanically smoothed surface in all areas. The abutment head is identical to the head of **KOS®** implants and the **TSD4** abutment. Self-tapping thread with endosseous with anti-rotation protection. Conditionally suitable for individual tooth prostheses.

BCS 3.5 t7

a) max. thread Ø	3.5 - 4.5 mm
b) nominal length	10 - 38 mm
c) height abutment	6.8 mm
d) max. abutment Ø	3.35 mm
e) max. crestal Ø of shaft	2.0 mm
f) length of thread	5.5 - 7.5 mm
Square key width	1.9 mm

Description	a	b	f	REF
BCS 3.5 10	3.5	10	5.5	900208
BCS 3.5 12	3.5	12	5.5	900226
BCS 3.5 14	3.5	14	7.5	900210
BCS 3.5 17	3.5	17	7.5	900211
BCS 3.5 20	3.5	20	7.5	900212
BCS 3.5 23	3.5	23	7.5	900213
BCS 3.5 26	3.5	26	7.5	900214
BCS 3.5 29	3.5	29	7.5	900215
BCS 3.5 32	3.5	32	7.5	900216
BCS 3.5 35	3.5	35	7.5	900217
BCS 3.5 38	3.5	38	7.5	900218
BCS 4.5 14	4.5	14	7.5	900220
BCS 4.5 17	4.5	17	7.5	900221
BCS 4.5 20	4.5	20	7.5	900222
BCS 4.5 23	4.5	23	7.5	900223
BCS 4.5 26	4.5	26	7.5	900224
BCS 4.5 29	4.5	29	7.5	900225

These implants are used for the following indications:

- Supporting (additional) implants for cortical anchorages of bridges and crowns
- Creation of a three-point support for the cortical anchorage of dental prostheses

USE LIMITATIONS BCS 2.7 must not be used as an individual tooth implant. If only BCS 2.7 must be used in very thin jaws, then at least 12 implants per jaw must be inserted in the cortical anchorage.

BCS 2.7 t7

a) thread Ø	max. 2.7 mm
b) endosseous length	10 - 23 mm
c) abutment Height	6.8 mm
d) max. abutment Ø	3.35 mm
e) length of bending zone	2.55 - 2.95 mm
f) max. crestal Ø of shaft	1.9 mm
g) length of thread	4.5, 5.5 mm
Tool	IT K, AHK

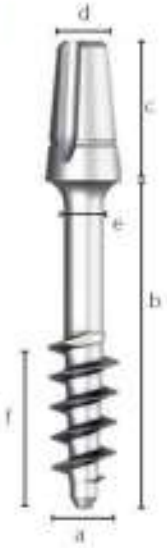
Description	a	b	e	g	Drill	REF
BCS 2.7 10	2.7	10	2.55	4.5	Twist Drill 1.8 (KOS® Mini 1.9)	900200
BCS 2.7 12	2.7	12	2.95	4.5	Twist Drill 1.8 (KOS® Mini 1.9)	900201
BCS 2.7 14	2.7	14	2.95	5.5	Twist Drill 1.8 (KOS® Mini 1.9)	900202
BCS 2.7 17	2.7	17	2.95	5.5	Twist Drill 1.8 (KOS® Mini 1.9)	900203
BCS 2.7 20	2.7	20	2.95	5.5	Twist Drill 1.8 (KOS® Mini 1.9)	900204
BCS 2.7 23	2.7	23	2.95	5.5	Twist Drill 1.8 (KOS® Mini 1.9)	900205

Set of 10 implants

Not available in the EU!

BCS® IMPLANTS **WITH LARGE ABUTMENT HEAD**

BCS 3.6 17

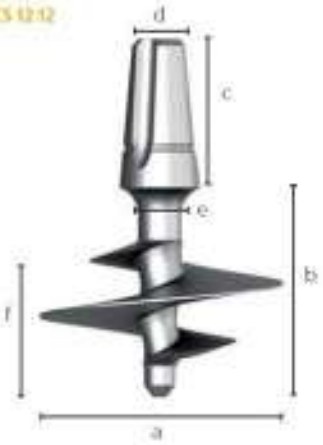


BCS 4.6 14 BCS 5.5 14

a) max. thread Ø	3.6 - 5.5 mm
b) nominal length	8 - 29 mm
c) length abutment	7.2 mm
d) abutment Ø	3.9 mm
e) max. crestal Ø of shaft	2.0 mm
f) length of thread	5.5 - 7.5 mm

Description	a	b	f	REF
BCS 3.6 10	3.6	10	5.5	900285
BCS 3.6 12	3.6	12	5.5	900284
BCS 3.6 14	3.6	14	7.5	900286
BCS 3.6 17	3.6	17	7.5	900287
BCS 3.6 20	3.6	20	7.5	900288
BCS 3.6 23	3.6	23	7.5	900289
BCS 3.6 26	3.6	26	7.5	900290
BCS 3.6 29	3.6	29	7.5	900291
BCS 4.6 8	4.6	8	5.5	900299
BCS 4.6 10	4.6	10	5.5	900292
BCS 4.6 12	4.6	12	5.5	900300
BCS 4.6 14	4.6	14	7.5	900293
BCS 4.6 17	4.6	17	7.5	900294
BCS 4.6 20	4.6	20	7.5	900295
BCS 4.6 23	4.6	23	7.5	900296
BCS 4.6 26	4.6	26	7.5	900297
BCS 4.6 29	4.6	29	7.5	900298
BCS 5.5 8	5.5	8	5.5	900255
BCS 5.5 10	5.5	10	5.5	900281
BCS 5.5 12	5.5	12	6.0	900250
BCS 5.5 14	5.5	14	6.0	900251
BCS 5.5 17	5.5	17	6.0	900252
BCS 5.5 20	5.5	20	6.0	900253
BCS 5.5 23	5.5	23	6.0	900265
BCS 5.5 26	5.5	26	6.0	900266
BCS 5.5 29	5.5	29	6.0	900267

BCS 12 12



BCS 7 12 BCS 9 14 BCS 10.5 14

a) thread Ø	7 - 12 mm
b) endosseous length	8 - 20 mm
c) length abutment	7.2 mm
d) abutment Ø	3.9 mm
e) max. crestal Ø of shaft	2.0, 2.1 mm
f) length of thread	5.5 - 6.5 mm

Description	a	b	e	f	REF
BCS 7.0 8	7	8	2.0	5.5	900258
BCS 7.0 10	7	10	2.0	5.5	900282
BCS 7.0 12	7	12	2.0	5.5	900260
BCS 7.0 14	7	14	2.0	5.5	900261
BCS 7.0 17	7	17	2.0	5.5	900262
BCS 7.0 20	7	20	2.0	5.5	900263
BCS 9.0 8	9	8	2.1	5.5	900269
BCS 9.0 10	9	10	2.1	5.5	900270
BCS 9.0 12	9	12	2.1	5.5	900274
BCS 9.0 14	9	14	2.1	5.5	900271
BCS 10.5 10	10.5	10	2.1	6.5	900276
BCS 10.5 12	10.5	12	2.1	6.5	900277
BCS 10.5 14	10.5	14	2.1	6.5	900278
BCS 10.5 17	10.5	17	2.1	6.5	900280
BCS 12.0 8	12	8	2.1	5.5	900279
BCS 12.0 10	12	10	2.1	5.5	900272
BCS 12.0 12	12	12	2.1	6.5	900275
BCS 12.0 14	12	14	2.1	6.5	900273

ZDI ZYGOMA SCREW IMPLANTS

ZDI implants are inserted either trans-sinusally (between the membrane and outer bones) or submucosal in the lateral upper jaw and anchored in the area of the Os Zygomaticum. In this case, the smooth parts of the implant are submucosal.

These implants are only used by experienced practitioners with a good knowledge of anatomy. **ZDI** implants have a bending area below the cementing abutment and can therefore be inserted into the dental arch according to the axis even after palatal insertion into the upper jaw. A separate vertical osteotomy may be necessary for this. See scheme. In one-sided free-end situations, it can be combined with one or more BCS implants in the area of the tubero-pterygoid region.

The treatment should be carried out in immediate loading protocol. Immediate splinting of the implants is necessary.

Material Highly resistant titanium alloy Ti6Al4V.

Description	Enossal Ø	Length	REF	Price cat.
Allfit ZDI 4.6 35	4.6	35	**900100**	**K**
Allfit ZDI 4.6 37.5	4.6	37.5	**900101**	**K**
Allfit ZDI 4.6 40	4.6	40	**900102**	**K**
Allfit ZDI 4.6 42.5	4.6	42.5	**900103**	**K**
Allfit ZDI 4.6 45	4.6	45	**900104**	**K**
Allfit ZDI 4.6 47.5	4.6	47.5	**900105**	**K**
Allfit ZDI 4.6 50	4.6	50	**900106**	**K**
Allfit ZDI 4.6 52.5	4.6	52.5	**900107**	**K**
Allfit ZDI 4.6 55	4.6	55	**900108**	**K**

a) Abutment Ø	3.9 mm
b) Abutment height	7.2 mm
c) Enossal length	35 - 55 mm
d) Length of thread	10 mm
e) Enossal Ø	4.6 mm
f) Neck Ø above thread	2.2 mm
g) Neck Ø at the top	2.0 mm

INCLUSIVE

ZDI implants are delivered incl. lab-set REF 462353, consisting of

Double analogue, plastic

IA4/IAU

462111

Impression post castable, internally edged, for large head

PA X

462136

Impression post castable, internally round, for small head

TSPA 4

462029

NOTE This is a standard lab-set and therefore contains parts for both **LARGE** abutment heads (**PA X**) and **SMALL** abutment heads (**TSPA 4**).

ZDI implants may be used in a trans-sinusal or sub-mucosal manner. The abutment head is aligned with the tooth arch through bending.

FITTING AND CEMENTING OF PROSTHETICS

The lower border of the abutment head of the Strategic implant® is (only) used as a margin to hold the transfer during impression-taking. Because the implant and the abutment head are both polished, the lower margin of the implant does not typically serve as a crown margin as we know it from teeth or conventional 2-stage implants. There are no medical or technical reasons why the crown margin (or the margin of the technical abutment) should reach the lower border of the abutment head.

It is important however that enough distance between the lower margin of the prosthetic workpiece and the gums (or the bone respectively) is left after cementation. We recommend to use only strong permanent cements (e.g. Fuji Plus, GC Corp.) and to have a vertical cementing surface/zone of at least 4 mm on the abutments. The abutment head may be shortened/adjusted vertically and/or laterally in order to achieve a good aesthetic result and to allow good phonetics.

Those surfaces on the abutment head which will provide retention for the cement must be roughened and cleaned before cementation. All other surfaces of the abutment head must remain fully polished.

The main aim of this step of the treatment is the incorporation of a prosthetic workpiece which is easily cleanable or which allows self-cleaning (on the lingual or palatal side) in function.

Fig. 1
The transfer cap (3) is positioned on the abutment head until the lower border of the abutment head (1) is reached. The transfer will sit firmly in this position. Then the impression is taken with silicone putty or heavy body silicone material. This allows the transfer of the implant position to the model.

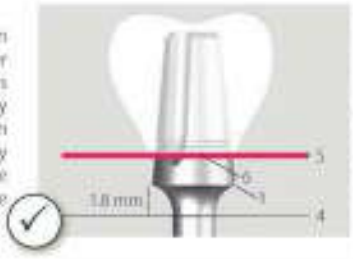


Fig. 2
The implant head was placed approximately 1.8 mm above the bone level (4). The mucosa level (5) reaches higher than the lower border of the abutment head (1). The level of the crown margin (6) and the lower border of the abutment head (1) are in a distance to each other. This avoids retention of cements and debris in the submucosal area. This is a correct result. On the x-ray the crown will appear however as "too short", considering not applicable criteria from conventional dentistry.

Fig. 3
The crown margin (6) will be the same level as the lower border of the abutment head (1) if the abutment head sits on the mucosa line (5).

Fig. 4
If the abutment head is positioned on a mucosal slope, the lower border of the abutment head is on one side (1a) deeper in the mucosa than on the other side (1b). In such a case the crown margin (6) will also run oblique, in order to avoid submucosal position of parts of the crown. See the clincial example in Fig. 9. Also in this case the crown may appear as "too short" on the x-ray, considering not applicable criteria from conventional dentistry.

Fig. 5
For aesthetic reasons it may be necessary to create vestibular overhangig portions of the prosthetic workpiece (7).

Fig. 6
It is not allowed to create such prosthetic overhangs (7a, 7b) on both sides of the prosthetic workpice, because this would lead to an non-hygienic situation without the possibility of self cleaning. Food and debris will get stuck in the area of the mucosal penetration area of the implant and this will create an inflammation.

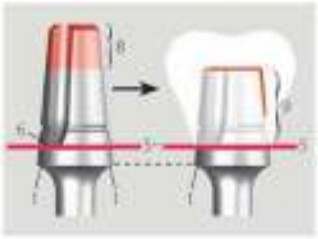


Fig. 7
If vertical height is missing, the top part of the abutment head may be shortened (region 8 is removed). At the same time it might be necessary to keep a distance between the lower margin of the abutment head (1) and the lower crown margin (6). Nevertheless the vertical cementation area (9) should be not less than 4 mm heigh.

Fig. 8
If abutment heads are used as technical abutments, they are shortened after the final cementation of the prosthetic wor piece (region 8 is removed) and after the cement has fully set. This adjustment may be done at the first control appointment. They remain «open». The height of the cementing surface (9) should be not less than 4 mm. The lower margin of the crown does not necessarily coincide with the lower border of the abutment head.

Fig. 9
The implant crowns 43 and 44 have been shortened more than 3 mm on the lingual side and on the vestibular side an overhang has been modelled. The necessary height for cementation is given both on the vestibular and the lingual side on the abutment head.

CONCLUSION

The question if the prosthetic construction is proppeely fitted to the abutment of the Strategic implant® depends on the spational relationship between the crown margin to the mucosa much more than on anything else. Relevant for any judgement about the length of the crown is the moment of the cementation. Only for selected bridge materials and bridge designs, subgingival connection between implant abutment and prosthetics is possible. In such cases the final connection between the two components requires an open surgical cementation.

Bendable up to 15°

Wide range of sizes:

BECES® EX

Enossal length	12 - 29 mm
Enossal Ø	3.5, 4.1 mm

BECES® EX implants are delivered incl. lab-set:

THE ADVANTAGES

OF THE ENDOSSEOUS DENTAL IMPLANT SYSTEM **BECES® EX**

BECES® EX implants provide a sharp and cutting central thread part, which engages in to the corticals of the extraction sockets. The apical compression thread provides perfect stability both in compressed spongious and in cortical bone. The coronal micro-thread seals the 1st cortical if the implant is used in healed bone areas. **BECES® EX** implants may be used both in extraction sockets and in healed bone areas. They are used for circular bridges and segments. Under adequate loading conditions and if enough implants are splinted, the treatment can be performed in an immediate load protocol. Due to their polished surface, **BECES® EX** implants are extremely resistant against bacterial colonialization and they avoid periimplantitis. **BECES® EX** implants are not designed for single implant reconstruction.

The prescribed or recommended tightening torques for implants can be found on our website:

www.implant.com/en/downloads

- Sharp and cutting crestal thread
- Apical compression thread provides perfect stability
- May be used both in extraction sockets and in healed bone areals
- Made of highly resistant titanium alloy
- Extremely resistant against bacterial colonialization/ periimplantitis due to polished surface

BECES® EX IMPLANTS

Polished surface and triple thread. Material TI6AL4V ELI.

		Description	Max. Ø	Max. enoss. Ø mm	Enossal length	REF	Price cat.
BECES® EX 3.5 15		BECES® EX 3.5 12	4.25 mm	3.5	12	420120	K
		BECES® EX 3.5 15	4.25 mm	3.5	15	420121	K
		BECES® EX 3.5 17	4.25 mm	3.5	17	420122	K
		BECES® EX 3.5 19	4.25 mm	3.5	19	420123	K
BECES® EX 3.5 17		BECES® EX 3.5 21	4.25 mm	3.5	21	420124	K
		BECES® EX 3.5 23	4.25 mm	3.5	23	420125	K
		BECES® EX 3.5 26	4.25 mm	3.5	26	420126	K
		BECES® EX 3.5 29	4.25 mm	3.5	29	420127	K
BECES® EX 4.1 15		BECES® EX 4.1 12	4.95 mm	4.1	12	420130	K
		BECES® EX 4.1 15	4.95 mm	4.1	15	420131	K
		BECES® EX 4.1 17	4.95 mm	4.1	17	420132	K
		BECES® EX 4.1 19	4.95 mm	4.1	19	420133	K
BECES® EX 4.1 17		BECES® EX 4.1 21	4.95 mm	4.1	21	420134	K
		BECES® EX 4.1 23	4.95 mm	4.1	23	420135	K

INCLUSIVE

BECES® EX implants are delivered incl. lab-set REF 462353, consisting of

Double analogue, plastic

IA4/IAU

462111

Impression post castable, internally edged, for large head

PA X

462136

Impression post castable, internally round, for small head

TSPA 4

462029

NOTE. This is a standard lab-set and therefore contains parts for both **LARGE** abutment heads (**PA X**) and **SMALL** abutment heads (**TSPA 4**).

Dimensionen for all BECES® EX

Neck height	3.5 mm
Neck Ø	2 mm (bendable up to 15°)
Abutment	3.9 B x 7.2 H (mm)

THE ADVANTAGES OF KOS® MU IMPLANTS

- Feature a pre-angulation of 15°
- May be bent additionally, using the insertion tool
- In conjunction with the clinically possible rotational positions of the head, virtually all possible angulations can be realized
- Made of highly resistant titanium alloy

THE ADVANTAGES OF BCS® MU IMPLANTS

- For occlusal screwed bridges
- Feature a pre-angulation of 15°
- May be bent additionally, using the insertion tool
- In conjunction with the clinically possible rotational positions of the head, virtually all possible angulations can be realized
- May be used by authorized users only
- Made of highly resistant titanium alloy

IMPLANT SYSTEM FOR ENDOSSEOUS DENTAL IMPLANTS

KOS® BCS® MU

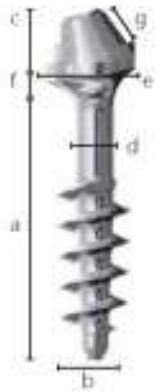
SINGLE-PIECE MULTIUNIT IMPLANTS

KOS® MU features a pre-angulation of 15 degrees. **KOS® MU** may be bent additionally, using the insertion tool. In conjunction with the clinically possible rotational positions of the head, all possible angulations can thus conceivably be realized. Material **Ti6Al4V**.

		Description	REF
		KOS MU 3.0 15	455830
		KOS MU 3.2 12	455838
a) endosseous length	10 - 15 mm	KOS MU 3.2 15	455839
b) endosseous Ø	3.0 - 5.0 mm	KOS MU 3.7 10	455840
c) hight abutment	3.7 mm	KOS MU 3.7 12	455841
d) shaft Ø	2 mm	KOS MU 3.7 15	455831
e) platform Ø	4.8 mm	KOS MU 4.1 12	455832
f) trans-mucosal height	3 mm	KOS MU 4.1 15	455833
g) height of connecting part	2 mm	KOS MU 5.0 10	455834
Prosthetic screw	SFK MU	KOS MU 5.0 12	455835

BCS® MU

BCS® MU features a fixed pre-angulation of 15 degrees. **BCS® MU** can also be bent after insertion using the insertion tool. Since the implant head can be positioned during the surgery in any direction, directional changes for the prosthetic screw of between -15 and +15 degrees are possible due to the pre-angulation. In addition, if the neck is bent by max. 15 degrees, angulation of the prosthetic screw of between -30 and +30 degrees relative to the implant axis can be achieved. **BCS® MU** implants may be used by authorized users only. Material **Ti6Al4V**.



		Description	REF
		BCS MU 3.6 8	900397
		BCS MU 3.6 10	900398
		BCS MU 3.6 12	900376
		BCS MU 3.6 14	900330
		BCS MU 3.6 17	900331
		BCS MU 3.6 20	900332
a) endosseous length	8 - 29 mm	BCS MU 3.6 23	900333
b) endosseous Ø	3.6 - 7.0 mm	BCS MU 3.6 26	900377
c) hight abutment	3.7 mm	BCS MU 3.6 29	900378
d) shaft Ø	2 mm	BCS MU 5.5 10	900334
e) platform Ø	4.8 mm	BCS MU 5.5 12	900335
f) neck height	0.8 mm	BCS MU 5.5 14	900336
g) height of connecting part	2 mm	BCS MU 7.0 10	900337
Prosthetic screw	SFK MU	BCS MU 7.0 12	900338

ACCESSORIES SINGLE-PIECE MULTI-UNIT IMPLANTS

	Description		Code	REF	Price cat.
	Insertion tool for KOS® MU, BCS® MU and Hexacone® Plus MU 15° Use with IT2 BCS, IT2 S BCS, AH MU Tool HT 1.25		ITX MU15	418203	G
	Insertion tool long For large head Use with RAT2 and TW2, length 19 mm		IT2 BCS	900030	E
	Insertion tool short For large head Use with RAT2 and TW2, length 7 mm		IT2 S BCS	900038	E
	Adapter for handgrip Fits ITX MU15 (REF 418203)		AH-MU	900041	F
	Description		**Code**	**REF**	
	Hex instrument 1.25, length 14 mm	short	HTS 1.25	425101	C
	Hex instrument 1.25, length 21 mm	medium	HT 1.25	425100	C
	Hex instrument 1.25, length 45 mm	long	HTX 1.25	425102	C
	Scan abutment for MU implants Incl. screw SSA MU Sterilisable, two-part, material Ti6Al4V		SAB MU	418205	D
Parts for passive connection of the bridge frame					
	Prosthetic screw for KOS® MU and BCS® MU		SF K MU	418164	B
	Castable abutment Use with T-Base and SF K MU		PA2 MU	418189	B
	Titanium base* Use with SF K MU (REF 418164) For KOS® MU, BCS® MU and Hexacone® Plus MU		T-Base MU	418188	B
Parts for UCLA technique					
	Prosthetic screw For KOS® MU and BCS® MU		SF K MU	418164	B
	Castable abutment UCLA For direct use on MU implants SF K MU sold separately		PA MU	418119	B
Part for UCLA technique & passive connection					
	Digital lab analogue for MU implants* For KOS® MU, BCS® MU and Hexacone® MU		IA K MU	418159	B
	Long screw for prosthetic use or as pick-up screw for use with HLT MU Tool: HT 1.25, material Ti6Al4V		SFL MU	418168	B
	Transfer for pick-up impressions Straight Delivery incl. SFL MU		HLT MU	418162	C
	Temporary base SF K MU or SFL MU sold separately		TC MU	418161	D

Works with all MU implants

EXTENSION SET FOR BCS® TRAY

* PLEASE GO TO **HTTPS://IMPLANT.COM/EN/DOWNLOADS** TO DOWNLOAD THE CORRESPONDING STL FILES

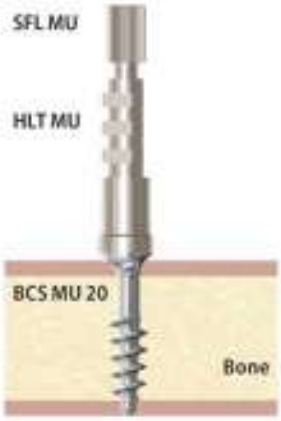
SEE PAGE 51 FOR SCANBODIES FOR DIGITAL IMPRESSIONS ON MU IMPLANTS

APPLICATION OF SINGLE-PIECE MULTI-UNIT IMPLANTS

1.

Tighten screw SFL MU with the tool HT 1.25.

Fix the transfer with the long screw, then take pick-up-impression.



2.

Connect the transfer to the implant analogue (IA K MU) and pour the impression with gypsum.

3.a

Connect PA MU with SF K MU on the analogue IA K MU. Tighten screw SFL MU with the tool HT 1.25.

Now the modulation can be created and the frame is veneered. Veneering is possible with acryl, composite and ceramics.

3.b

T-Base is positioned over the analogue and screwed on with SF K MU. The castable PA2 MU is then fitted on top of the T-Base.

Now the modulation is made. Veneering is possible with acryl, composite and ceramics.

4.

T-Base is sandblasted **from the outside** and cleaned.

The bridge frame is sandblasted **from below in the area of the implants.**

5.

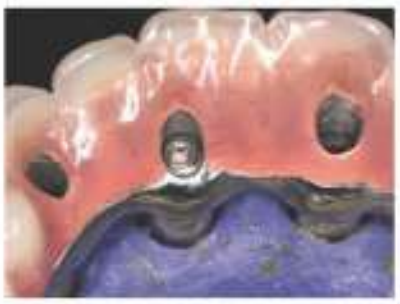
All T-Base are fixed to the implants with SF K MU or the long screw SFL MU. Then all T-Base are glued with adhesive cement to the bridge frame.

This guarantees a passive fit. Composite excess is removed and the site is polished.

6.

Now the bridge may be screwed on passive with SF K MU.

Screw canals are closed with temporary filling material or composite, taking into consideration that later access must be possible.



Application
of insertion tool MU

Example for insertion tool ITX MU15 on the implant BCS® MU / KOS® MU.

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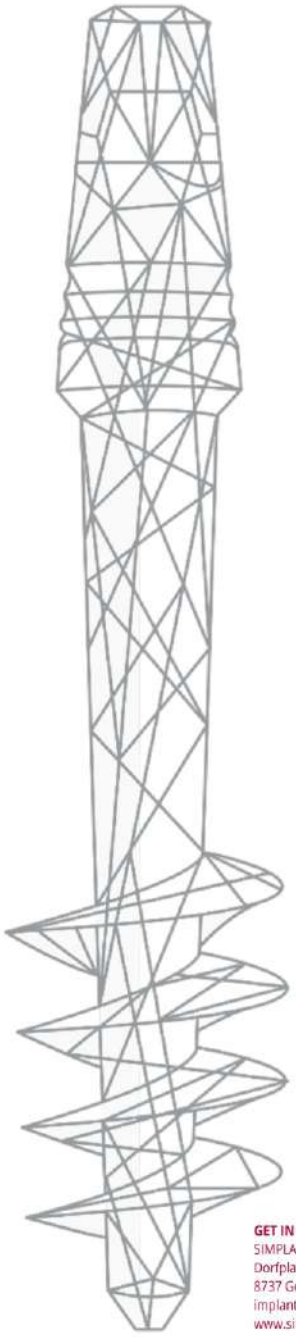

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IHDE DENTAL GOMMISWALD SWITZERLAND

SIMPLADENT INDIA

WHY SIMPLADENT ?

- Pioneer in Corticobasal® Implants Worldwide and providing a wide range of Implants for the past 60 years.
- Experience unparalleled quality and precision with our genuine Swiss-made Immediate Functional Loading Implants, engineered for optimal stability and long-term success.
- True Bi Cortical Screw (BCS) implants with pitch/distance between threads to get Bone Compressed between threads with great Prognosis.
- NO-ITIS® LASER Surface treated Implants
  a. The Surface that increases Survival ratio
  b. The Ideal Surface for Immediate loading
- Corticobasal® Implants are easily bendable till 35°. Compressive & BECES-EX Implants bendable till 15° and Single Piece Zygoma Implant bendable till 90°.
- BECES 2.7 & 3.0-mm Implant for very thin Jaw and used as supporting Implants for cortical anchorages of bridges and crowns.
- BECES-EX (TPG UNO) Implant design exclusively for extraction sockets, in healed bone areas and tubero-pterygoid region.
- More than a decade of successful Implant placement and follow-ups of Corticobasal® Implants.
- Clinical research of case study of Simpladent & IHDE Dental Implant with success rate.
- 100+ IF-certified Teachers/Mentors globally specialize in Corticobasal® Implantology, promoting excellence in education and practice.
- 30+ IF Teachers/Mentors in India who yearly get their Licence renewed by constant updation and upgradation of Knowledge through International Implant Foundation.
- Founded by Prof. Stefan Ihde in 2006, the International Implant Foundation features teachers who have conducted extensive research and published in renowned journals, summarizing their findings in the Evidence Based Book on Corticobasal® Implants.
- Regular updates on knowledge and technical advancements in Corticobsal® Implantology are provided at International and National conferences, as well as at the Annual Teachers Retreat.
- BECES & KOC Single Piece Multi Unit Implant with fixed pre angulation of 15° with retrievability option.
- The integration of Single-piece multi-unit Compressive and Corticobasal® Implants into the Digital protocol substantially decreased the duration required for both surgical and prosthetic procedures, while enhancing precision and offering retrievability options.
- Simpladent India has established designated Digital Labs in Mumbai, Ahmedabad, Chennai, and Agra to ensure seamless operations, offering comprehensive Digital services from inception to completion.

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We are certified according to DIN EN ISO 13485 and Annex II of Directive 93/42 EEC.
The product dimensions shown in this brochure may differ from reality for technical reasons.
If implants are reprocessed, there is a risk of the development of infections, because no validated method for processing exists.
Implants therefore may not be reprocessed.

Compilation and explanation of possible symbols on the packaging:

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Production No.	Sterilized by gamma radiation	Non-sterile	Intended for use by dentists or surgeons only	Single use product	Instruction for use	Expiry date
Store in a dry place	Store tightly keep closed	Do not use if packing is damaged	Do not resterilize	Manufacturer	Production date	REF Catalogue number