

BioHPP® elegance hybrid abutments



Surpassed only by nature itself

individual | comfortable | resilient

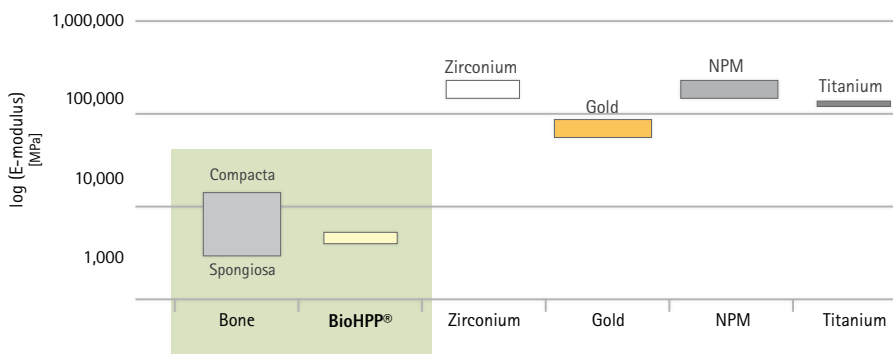
BioHPP® surpassed only by nature itself

The high-performance polymer BioHPP® was developed especially for intra-oral use. Bredent group's 10 years of experience in processing high-performance polymers based on PEEK forms the basis for this development. By adding special ceramic fillers, BioHPP® now has optimum physiological and mechanical properties for use in dental prosthetics. This innovative material forms the basis for pre-fabricated and individual abutments, as well as suprastructures on both fixed and removable implants.

Physiology = natural resilience

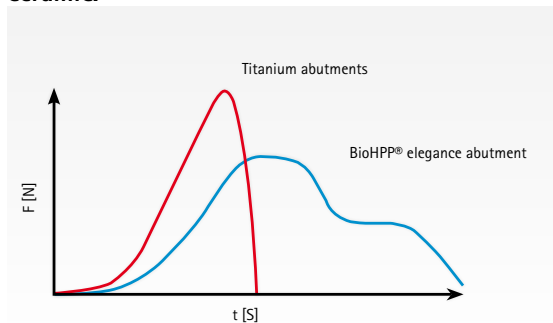
BioHPP® has a level of elasticity that is comparable to human jaw bone, therefore BioHPP® can be incorporated in the chewing system perfectly. The chewing forces and load peaks are cushioned in a natural way, particularly in implant-supported restorations. Framework and abutment materials used to date are 10 to 20 times more rigid - i.e. less flexible than bone, in comparison to BioHPP®. The elasticity of BioHPP®, which is similar to bone, has a particularly positive effect in the mandible in the case of wide-span framework structures and in the case of immediate restoration of implants with abutments.

Comparison of elasticity of bone – framework materials Logarithm depiction



Shock absorption

The off-peak property significantly reduces the chewing force peaks in comparison with titanium, zirconium and ceramic.



The elasticity of BioHPP® reduces the chewing force peaks and distributes the application of force across the implant onto the bone over a longer period of time. This makes it possible to carry out immediate restoration of implants and optimal osseointegration.

Biocompatible

PEEK has been successfully used in human medicine (finger prostheses, intervertebral discs of the spine and hip joint prostheses) for over 30 years now due to its excellent biocompatible material properties. These include the following, to name but a few examples: no loss of inherent strength or ageing, no electrolytic conduction possible, chemical stability, water solubility, lightweight material and resistant to gamma and x-ray radiation. Due to the additions which lead to BioHPP, the most stable non-metal material in dental medicine, these benefits are supplemented for the dental sector by further.

- Resistant to extreme stress
- Non-abrasive for the residual teeth
- Plaque-neutral

Benefits of BioHPP® restorations

- Long-term stability, in contrast to ceramic
- BioHPP has inherent strength
- Optimum ability to customise
- Unbeatably easy to process
- Can be ground like dentine, even in the mouth itself
- Prevents chipping
- Protects antagonists
- Supports osseointegration
- Enables optimal gingival management
- Durability of the restoration
- Natural feeling in the mouth
- Natural feeling on chewing
- Natural aesthetics due to the material colours (dentine shade 1 white) or shade 2 (tooth-coloured)
- Prevents CMD
- Makes it possible to carry out immediate restoration
- Makes it possible to carry out one-time treatment
- Analogue or digital workflow
- Laboratory solutions and solutions in the dentist's chair

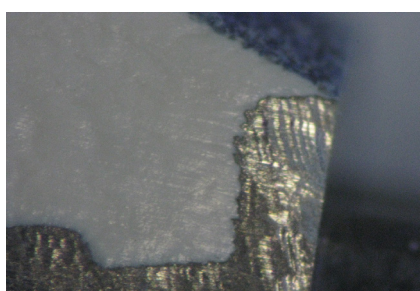
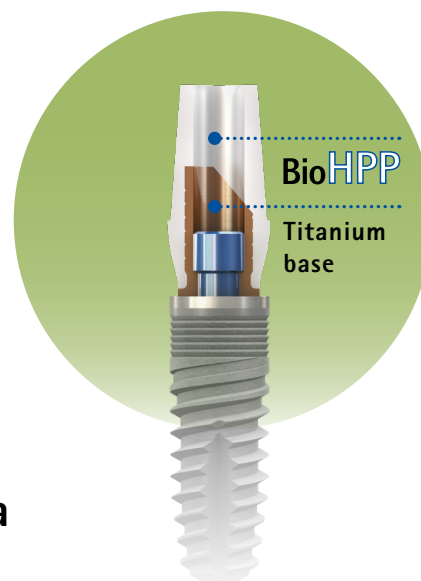
BioHPP® elegance hybrid abutments

Predestined for individual solutions

The hybrid abutment BioHPP® elegance has a titanium base, which is available for the majority of implant systems - **with the original level of quality!**

The unique procedure, from the conditioned titanium surface and the thermoplastic manufacture to the protected design, guarantee a gap-free and integral bond. The BioHPP® abutment in the individual form comprises a completely gap-free and integral base.

Any requirements of tooth or gingival situations can be easily resolved thanks to the easy processing and reworking of BioHPP®. In contrast to hard or brittle materials, BioHPP® can even be reworked easily, quickly and without risks in the mouth itself.



Safety against bacteria

Gap-free and adhesive-free hybrid abutment
Always the perfect fit, no adhesion necessary and therefore more easily sterilised.
Long-term safety against the penetration of bacteria.



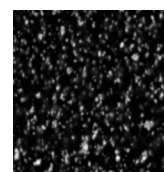
Semi-crystalline BioHPP® and titanium surface
Alpha case surface clear, enlargement 100:1

Osnabrück University of Applied Sciences
Laboratory for Metallurgy and Material Analysis
Prof. Dr. I.-M. Zylla

Good for the gingiva

Gum irritation is ruled out due to the surface quality of the material and its low surface roughness of $0.018 \mu\text{m} R_A$ (Jena Uni).

The excellent polishing properties of BioHPP® can be seen in its homogeneous structure. The very small grain size of the ceramic filler of 0.3 to 0.5 μm forms the basis for this.



Homogeneous surface of BioHPP® magnified 1000 times under the electron microscope.



Two extracted gingiva formers (BioHPP® and titanium) - the ring-shaped injury shows that the gingiva has bonded better with the BioHPP® abutment than with the titanium abutment.

Images from the Department of Implantology at Dental Clinic IRCCS Fondazione Policlinico Ospedale Maggiore Università degli Studi di Milano. (Scientific & Clinical book: "Physiological Prosthetic" page 16)

BioHPP® offers comfort in all areas

Convenient processing as a principle

This material is extremely easy to handle.

Product and processing variants, processing, customisation, reworking and polishing can be carried out quickly and without problems with the conventional procedure. Even intra-oral processing is totally simple and stress-free. The positive material properties are constantly maintained in contrast to hard and brittle materials.

Comfortable variants

Individually modelled (titanium base)

The key to the system is the titanium base, which is easily and conveniently over-pressed with BioHPP in individual modelling procedures®. The procedure is one that a dental technician is very familiar with.



The titanium anchor
with retention
profile



Modelling



The finished
over-pressed
abutment
in BioHPP®

Ready-to-use – crown abutments

Order an individual BioHPP® abutment from a laboratory you trust and the laboratory will already have veneered this with, for example, visio.lign. Simply insert this, screw it tight and close the screw channel with a light-curing composite. The results do not differ from a natural tooth in terms of their appearance or wearing comfort.

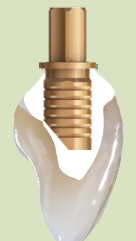


Image source: Vario Dental Technology, MDT Thomas Käter, Munich

Comfort for the patient:

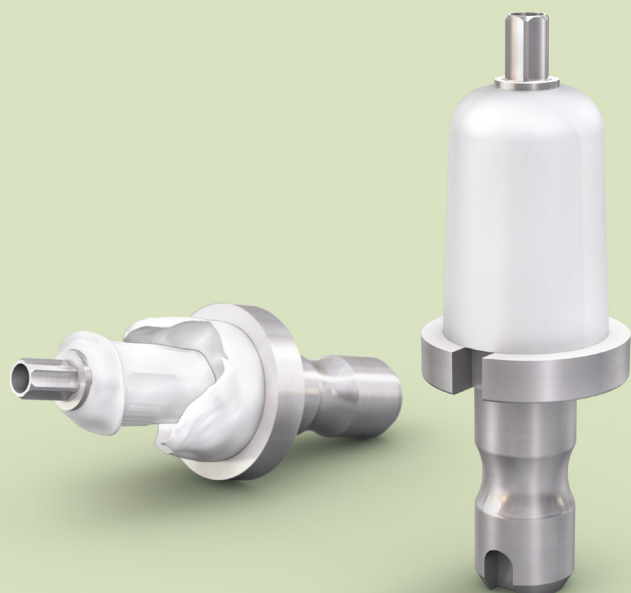
I don't even notice that I have gaps anymore, either when looking in the mirror or when feeling around with my tongue!

I can chew like I did before!

I have never been as happy as I was after this dentist appointment. I look better than I did before.

Brilliant! I only had to walk around with gaps in my teeth for one day.

The price was no problem either!



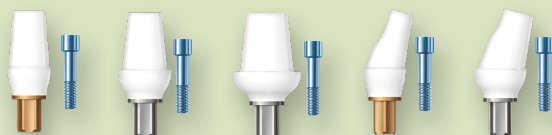
Integrated in the CAD/CAM workflow (prefab)

After (oral) scanning, the individual restoration is planned in the CAD system and the corresponding order is sent to the laboratory or even created whilst the patient is sitting in the dentist's chair. The individual abutment also has excellent scanning properties, so the order for the corresponding crown (whether in visio.lign, HIPC, zirconium, ceramic, metal or lithium disilicate) can also be easily produced in the same workflow.

Prefabricated (abutment)

You can quickly find the right shape for most patients from a selection of three different sizes (S, M, L) and two angles (0° and 15°).

The prefabricated abutments are designed as a prepared stump, providing the best possible basis for further processing. If the designs on offer will not work, particularly due to the condition of the gingiva, you can simply order an individual pressed abutment from your laboratory.



6 Immediate restoration of an individual tooth with an individual abutment made by a dental technician

Introduction

Individual abutments, tailored to the anatomy, create perfect conditions for achieving optimal aesthetic results with an implant restoration.

These should ideally be available as early as the implantation stage when performing an immediate restoration to ensure the right soft tissue shape from the very start of the regeneration process. We are about to show you a workflow for transferring the 3D plan to the model using simple dental technology methods, thereby creating an optimal basis for the manufacture of individual abutments. A simple drilling template was used to transfer the model situation to the clinic.

Case description

A master model of the initial situation was manufactured and an incision was made through the middle of the tooth to be replaced with a saw. The implant plans, duly printed out and tailored accordingly, were pasted up and the height dimensions and axes marked. Once a hole based on the diameter of the implant had been drilled, a practice implant was cemented in at the right height, before the proposed gingiva line in the sulcus was etched. Next, the individual abutment was modelled and manufactured using the *for2press* device.

The temporary crown was then manufactured using the *visio.lign* veneer system. A simple drilling template helps the surgeon transfer the axes to the clinic. Following extraction and removal of the granulation tissue, the implant was inserted with sufficient primary stability and any little bone defects were filled.

The individual abutment inserted immediately only required minimal adaptation to the actual gingiva line, which meant that the temporary crown could be provisionally cemented in place without any problems. The permanent ceramic crown was made after three months and fixed permanently to the individual SKY elegance abutment – without removing the abutment.

Conclusion

This simple workflow, which does not involve a great deal of technical work, is both safe and reliable and we use it on a regular basis to carry out immediate restorations of single-tooth implants.

The gingiva remains in excellent condition due to the almost total lack of trauma and soft tissue accumulates very nicely at the BioHPP® surface.

This is why the method delivers such reliable and predictable aesthetics, something which these patients, particularly those with a high laugh line, value greatly.

Initial position



Temporary restoration



Permanent restoration



Follow-up after six months



Dr Weiss, Opus-DC, Ulm, Germany
MDT Jan Langner, Schwäbisch Gmünd, Germany

8 Immediate restoration of a single-tooth gap with CAD/CAM procedures on SKY elegance abutments

Abstract

We have noticed at our practice that patients tend to be more receptive to implant-based treatments if these are carried out quickly and only involve a few visits to the practice. This is why SKY fast & fixed is proving so successful at our practice.

Previously, we did not have a comparable standardised and reliable protocol for the restoration of single-tooth gaps and could not be confident of achieving predictable results for patients with this kind of restoration work. Thanks to the new SKY elegance abutments, we now believe this kind of protocol can become a reality, particularly with the integration of modern CAD/CAM-supported processes which can be implemented while the patient is sitting in the dentist's chair. We believe that the literature contains sufficient evidence that immediate restoration can be used for an individual tooth as well.¹⁾

Case description

A 54-year-old patient came to see us at our practice. She had the remainder of a root at region 25. We told her about a treatment plan involving implant-based immediate restoration with a temporary crown manufactured using CAD/CAM technology, and she agreed to this immediately. On the day surgery was performed, we carefully removed what remained of the root, taking care not to damage any hard tissue. The implant was inserted following curettage of the granulation tissue (blueSKY 4512).

Having achieved adequate primary stability of around 50 Ncm, we were then able to proceed with immediate restoration. A 15° size M SKY elegance abutment was used for this purpose, which we shortened slightly and customised outside the mouth. It was then screwed in with a torque level of 25 Ncm. The clinical situation was scanned using the intraoral scanner (PlanCADCAM from Planmeca, Helsinki).

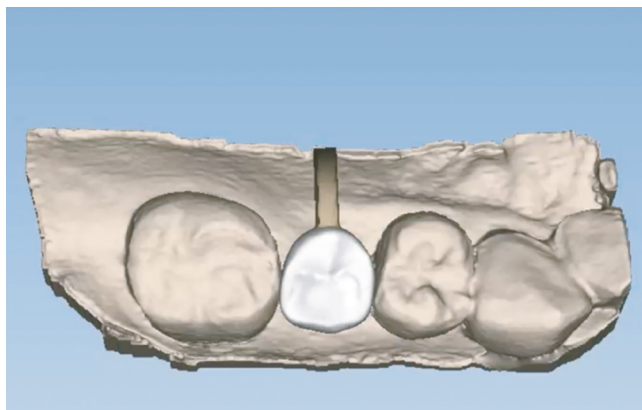
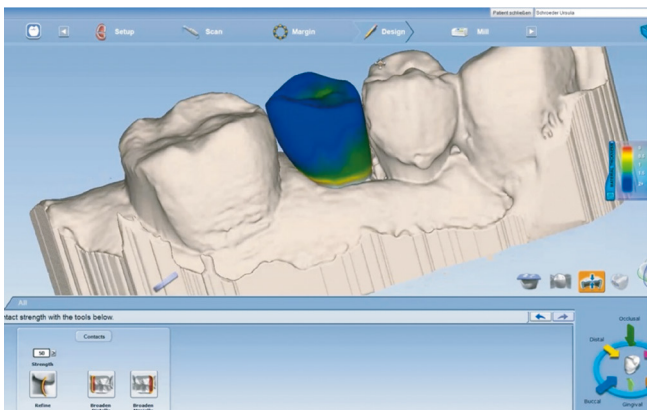
Because BioHPP® scans very well, there was no need for any powder. A virtual version of the slightly reduced anatomical crown was then modelled on the basis of the intraoral scan (PlanCAD Easy from Planmeca, Helsinki). Most of this is done automatically as part of the program, which meant we only had to check there were no occlusion contacts. After a few minutes we were able to send the data to the milling machine (PlanMill 40 from Planmeca, Helsinki), which also took little time to manufacture the crown out of Telio CAD (from Ivoclar Vivadent, Schaan). The crown was then integrated and temporarily cemented in place. Once occlusion had been checked, the satisfied patient was able to leave the practice with her fixed immediate restoration after just an hour or so. The permanent restoration was scheduled for three months later, with the device again being manufactured with the patient in the dentist's chair using CAD/CAM technology.

Conclusion

Given our very positive experience with this case, we will be using the same protocol for more cases with a view to improving and standardising it. We aim in future – in cases where we fail to achieve sufficient primary stability – to provide most patients losing a tooth with immediate or slightly delayed restorations in accordance with this protocol.

By cutting out some treatment steps and components, we are giving patients the faster treatment they want. The scope to reduce the overall cost of treatment will also appeal to patients. We expect treatment results to improve too, with soft tissue no longer having to endure continuous trauma.

1) Degidi M, et al. *Clin Oral Implants Res.* 2010 Apr 19;Atieh MA, et al. *MP. Clin Oral Implants Res.* 2009 Jul; 20(7): 645-59.



Follow-up after seven days



Dr. Robert Schneider MSc MSc, Neuler, D

10 SKY elegance abutment – Conventional manufacture of a permanent restoration

Abstract

Immediate restoration with SKY elegance abutments offers one particular advantage: they do not need to be removed again at the time of the permanent restoration. This means that the connective and epithelial tissue which has accumulated at the abutments does not have to be destroyed. Certain time-consuming work steps – such as screwing and unscrewing the gingiva formers and impression abutments – can also be dispensed with, because they have become completely redundant. The SKY elegance abutment is treated the same as a natural tooth stump. This particular time saved must still be offset against the time needed to prepare the gingival line and arrange the threads for the impression. All told, however, we have noticed that much less time is spent working in the dentist's chair compared with the traditional procedure.

Case description

Three months after implantation and simultaneous immediate restoration with the SKY elegance abutment, the patient attended our practice for the permanent restoration. The gingiva had healed really well and had accumulated very nicely at the abutment, so we were pleased we no longer needed to remove the abutment.

The temporary crown was removed and we established that the gingival line at the abutment required some slight preparatory work. This was done with a fast-action implement and a carbide mill at high speed using cooling water. I then noticed that the material is really tough to process, although it is easier to grind than titanium. However, things did take longer than I expected. Once the threads had been arranged and the screw channel had been closed with wax, we took the impression as if it had been a natural tooth. The temporary restoration was temporarily fixed in place again.

The permanent crown was then manufactured in the laboratory using BioHPP® and the visio.lign veneer system. The mechanical retaining elements to ensure good binding were visible on the BioHPP®. The insertion of the finished crown and adhesion with Panavia were both quick and easy. Once occlusion had been checked, the patient was able to leave the practice within half an hour.

Conclusion

The patient's very positive response to what was a quick and easy implantation rather vindicates our policy of extending the concept of immediate restoration to restoration of single tooth gaps. The new material BioHPP® proved to have the same positive characteristics as we have already seen with other types of restorations. Patients have been particularly appreciative of the soft and pleasant bite, which they felt was very natural. We found that soft tissue accumulates very well, which is why we believe this type of restoration will prove to be highly durable.



Dr Goldschmid, Lingen, Germany
Laboratory, MDT Martina Brüffer, Osnabrück, Germany

12 **Maxillar and Mandibular BioHPP® telescope on BioHPP® elegance individual abutments and tooth abutments for telescopic primary and secondary bridge construction from BioHPP® veneer as a base material**



Every abutment was manufactured individually taking into consideration the direction of insertion. Due to the excellent suitability for milling with an optic and haptic glossy surface, the friction and gliding properties are outstanding. A loss of friction is not possible with the material pairing of primary and secondary crowns made from BioHPP®.



A highly aesthetic solution can be created by using the novo.lign veneers and the veneer composite crea.lign that is gingiva-coloured.

The entire telescopic bridge weighs less than 20 g and is therefore not noticeable to the patient. As soon as this has been inserted, it feels similar to natural teeth when worn.



*Implementing laboratory: Thomas Käter, Vario-Dental-Technique, Munich
Practice providing treatment: Dr. Sasan Mahdavi, Munich*



BioHPP® elegance abutments used for Straumann Bone Level Implants. The individual abutments were manufactured with the *for2press* system in a lost-wax procedure. Due to the white colour of the BioHPP®, the implant abutment and the primary parts on the remaining preserved teeth correspond to the natural tooth colour and therefore generate an invisible transition between the primary and secondary part.



As here with the last try-in prior to production, the patient can enjoy a metal-free, highly biocompatible, cosmetically smooth and natural dental prosthesis.

Summary of potential bonding and fixing materials

Fixing type	BioHPP® crowns and bridges to...	Fixing systems				
		Metal/alloy abutments	Zirconium dioxide abutments	BioHPP® abutments	Hard tooth substance (Dentine/enamel)	use visio.link on BioHPP®
permanent	Adhesive – with conditioning/primer using composite fixing cement, e.g. Panavia F 2.0 (Kuraray), VarioLink II (Ivoclar), NX-3 (Kerr)	✓	✓	✓	✓	✓
	Self-adhesive composite fixing cement 110 µm jet, e.g. Rely X Unicem (3M Espe)	✓	✓	✓	●	●
	Glass ionomer cement, e.g. Ketac Cem (3M Espe)	●*	●*	●	●*	X
	Zinc phosphate cement (e.g. Harvard)	●	●	●	●*	X
temporary	Zinc oxide, eugenol-free cement (Tempbond by Kerr)	✓	✓	✓	●*	X
	A-Silicone-based fixing cement (Tempsil 2 by Coltène Whaledent)	✓	✓	✓	✓	X

Fixing type	BioHPP abutment with framework materials made from...	Fixing systems				
		use visio.link on BioHPP®	Dental alloys	Zirconium dioxide	BioHPP®	e.max (lithium disilicate/lithium silicate) silanized
permanent	Adhesive – with conditioning/primer using composite fixing cement, e.g. Panavia F 2.0 (Kuraray), VarioLink II (Ivoclar), NX-3 (Kerr)	✓	✓	✓	✓	K
	Self-adhesive composite fixing cement 110 µm jet, e.g. Rely X Unicem (3M Espe)	●	✓	✓	✓	X
	Glass ionomer cement, e.g. Ketac Cem (3M Espe)	X	●*	●*	●	X
	Zinc phosphate cement (e.g. Harvard)	X	●	●	●	X
	Zinc oxide, eugenol-free cement (Tempbond by Kerr)	X	✓*	✓*	●	X
temporary	A-Silicone-based fixing cement (Tempsil 2 by Coltène Whaledent)	X	✓	✓	✓	X

* Only use with a preparation angle up to 5°

✓ = optimum K = only to be used for crowns ● = generally possible X = not recommended

Order individual BioHPP® abutments from your dental technician for the following implant systems

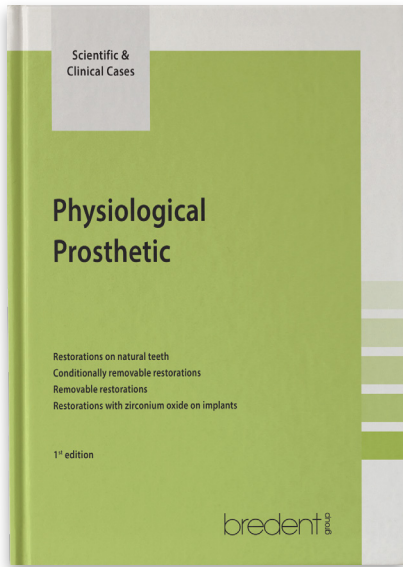
Company/supplier	System	Product	Titanium grade	REF	
breident medical	SKY classic narrowSKY blueSKY	SKY elegance titanium base incl. SKY screw 2.2	Titan Grad 4	SKYETB00	
Straumann®	Bone Level™	elegance Titanium base for Straumann® Bone Level™ RC™	Grade 4 titanium	STRFTBRO	
		elegance Titanium base for Straumann® Bone Level™ NC™	Grade 4 titanium	STRFTBNO	
		Screw M 1.6 for Straumann® Bone Level™ RC™	Niobium grade titanium	STRSCR16	
	Tissue Level™	Screw M 1.6 for Straumann® Bone Level™ NC™	Niobium grade titanium	STRSCN16	
		elegance Titanium base for Straumann® Tissue Level™ RN™	Grade 5 titanium	STFTBRNO	
		elegance Titanium base for Straumann® Tissue Level™ WN™	Grade 5 titanium	STFTWNO	
		Screw for Straumann® Tissue Level™ RN™	Grade 5 titanium	STTSRNO	
Screw for Straumann® Tissue Level™ WN™	Grade 5 titanium	STTSCWNO			
Astra - Tech®	OsseoSpeed®	elegance Titanium base for Astra® OsseoSpeed® 3.5/4.0	Grade 4 titanium	AST FTB40	
		elegance Titanium base for Astra® OsseoSpeed® 4.5/5.0	Grade 4 titanium	AST FTB50	
		Screw M 1.6 for Astra® OsseoSpeed® 3.5/ 4.0	Grade 5 titanium	ASTSC400	
		Screw M 2.0 for Astra® OsseoSpeed® 4.5/ 5.0	Grade 5 titanium	ASTSC500	
Nobel Biocare®	Nobel Active™	elegance Titanium base for Nobel Active™ RP™	Grade 4 titanium	NBFTBRPO	
		elegance Titanium base for Nobel Active™ NP™	Grade 4 titanium	NBFTBNPO	
		Screw for Nobel Active™ RP™	Grade 5 titanium	NBSCRPO0	
	Nobel Branemark™	Nobel Branemark™ NP™	Screw for Nobel Active™ NP™	Grade 5 titanium	NBSCNP00
			elegance Titanium base for Nobel Branemark™ NP™	Grade 5 titanium	NMFTBNPO
			elegance Titanium base for Nobel Branemark™ RP™	Grade 5 titanium	NMFTBRPO
		Nobel Branemark™ WP™	elegance Titanium base for Nobel Branemark™ RP™	Grade 5 titanium	NMFTBWPO
			Screw for Nobel Branemark™ NP™	Grade 5 titanium	NMSCBNPO
			Screw for Nobel Branemark™ RP™	Grade 5 titanium	NMSCBRPO
	Nobel Replace™	Nobel Replace™ NP™	Screw for Nobel Branemark™ WP™	Grade 5 titanium	NMSCBWPO
			elegance Titanium base for Nobel Replace™ NP™	Grade 5 titanium	NRFTBNPO
		Nobel Replace™ WP™	elegance Titanium base for Nobel Replace™ RP™	Grade 5 titanium	NRFTBRPO
			elegance Titanium base for Nobel Replace™ WP™	Grade 5 titanium	NRFTBWPO
Camlog®	Screw/Rootline™	Screw for Nobel Replace™ NP™	Grade 5 titanium	NRSCBNPO	
		Screw for Nobel Replace™ RP™	Grade 5 titanium	NRSCBRPO	
		Screw for Nobel Replace™ WP™	Grade 5 titanium	NRSCBWPO	
		elegance Titanium base A for Camlog® Screw/Rootline™ 3.8	Grade 5 titanium	CET3800A	
		elegance Titanium base B for Camlog® Screw/Rootline™ 3.8	Grade 5 titanium	CET3800B	
Dentsply®	Friadent® Xive®	elegance Titanium base A for Camlog® Screw/Rootline™ 4.3	Grade 5 titanium	CET4300A	
		elegance Titanium base B for Camlog® Screw/Rootline™ 4.3	Grade 5 titanium	CET4300B	
		Screw M 1.6 for Camlog® Screw/Rootline™ 3.8/ 4.3	Grade 5 titanium	CAMSCM16	
		elegance Titanium base for Dentsply® Friadent® Xive® 3.4	Grade 5 titanium	FRIXFTNP	
		elegance Titanium base for Dentsply® Friadent® Xive® 3.8	Grade 5 titanium	FRIXFTRP	
Biohorizons®	Biohorizons®	elegance Titanium base for Dentsply® Friadent® Xive® 4.5	Grade 5 titanium	FRIXFTWP	
		Screw for Dentsply® Friadent® Xive® 3.4	Grade 5 titanium	FRIXSCNP	
		Screw for Dentsply® Friadent® Xive® 3.8	Grade 5 titanium	FRIXSCRNP	
		Screw for Dentsply® Friadent® Xive® 4.5	Grade 5 titanium	FRIXSCWNP	
		elegance Titanium base for Biohorizons® 3.7	Grade 5 titanium	BIOHFTNP	
		elegance Titanium base for Biohorizons® 4.25	Grade 5 titanium	BIOHFTRP	
		elegance Titanium base for Biohorizons® 5.25	Grade 5 titanium	BIOHFTWP	
Sweden & Martina Kohno®	Sweden & Martina Kohno®	Screw for Biohorizons® 3.7	Grade 5 titanium	BIOHSCNP	
		Screw for Biohorizons® 4.25	Grade 5 titanium	BIOHSCRNP	
		Screw for Biohorizons® 5.25	Grade 5 titanium	BIOHSCWNP	
		elegance Titanium base for Sweden & Martina Kohno® 3.8	Grade 5 titanium	SWEMFTNP	
		elegance Titanium base for Sweden & Martina Kohno® 4.25	Grade 5 titanium	SWEMFTRP	
Zimmer®	Screw Vent®	elegance Titanium base for Sweden & Martina Kohno® 5.0	Grade 5 titanium	SWEMFTWP	
		Screw for Sweden & Martina Kohno® 3.8	Grade 5 titanium	SWEMSCNP	
		Screw for Sweden & Martina Kohno® 4.25	Grade 5 titanium	SWEMSCRNP	
		Screw for Sweden & Martina Kohno® 5.0	Grade 5 titanium	SWEMSCWNP	
		elegance Titanium base for Zimmer® Screw Vent® 3.5 MIS 3.5/ 4.5	Grade 5 titanium	ZSVMFTNP	
3i®	Osseotite®	elegance Titanium base for Zimmer® Screw Vent® 4.5	Grade 5 titanium	ZSVOFTRP	
		elegance Titanium base for Zimmer® Screw Vent® 5.7 MIS 5.7	Grade 5 titanium	ZSVMFTWP	
		Screw for Zimmer® Screw Vent® 3.5 MIS 3.5/ 4.5	Grade 5 titanium	ZSVMSCNP	
		Screw for Zimmer® Screw Vent® 4.5	Grade 5 titanium	ZSVOSCRNP	
		Screw for Zimmer® Screw Vent® 5.7 MIS 5.7	Grade 5 titanium	ZSVMSCWNP	
3i®	Osseotite®	elegance Titanium base for 3i® Osseotite® 3.4	Grade 5 titanium	3ICEFTNP	
		elegance Titanium base for 3i® Osseotite® 4.1	Grade 5 titanium	3ICEFTRP	
		elegance Titanium base for 3i® Osseotite® 5.0	Grade 5 titanium	3ICEFTWP	
		Screw for 3i® Osseotite® Certain 3.4/ 4.1/ 5.0	Grade 5 titanium	3ICESCO0	

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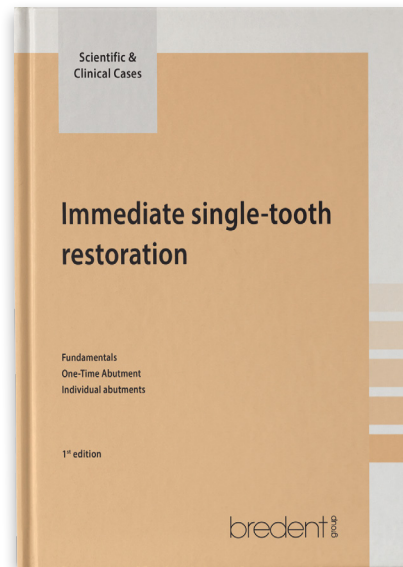
Scientific & Clinical Cases

Physiological Prosthetic Immediate single-tooth restoration

Various practical cases, both scientifically and clinically-documented and complete with illustrations. Discover new approaches to restoration options and take away ideas that you can use in your own laboratory.



Available in German REF 992 976 OD
and English REF 992 976 GB



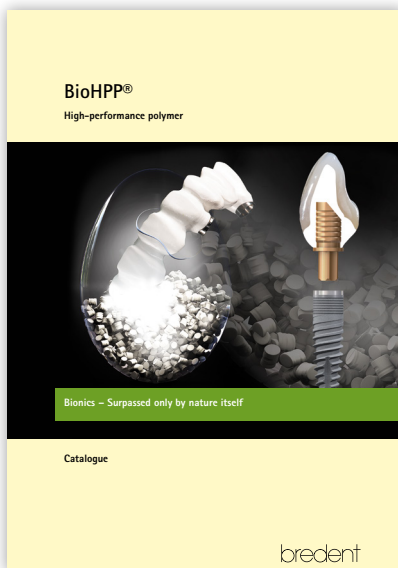
Available in German REF 992 977 OD
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