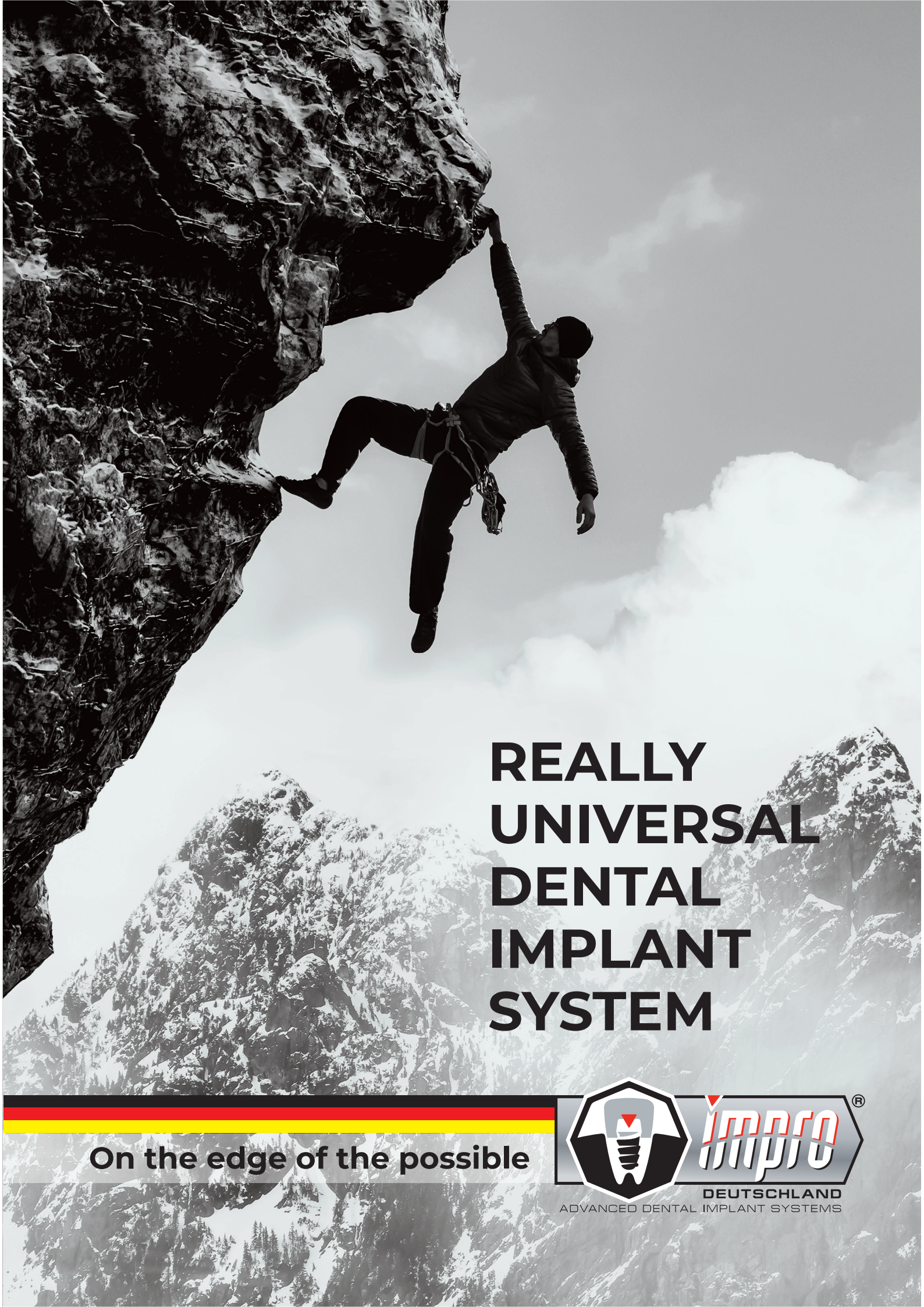




REALLY UNIVERSAL DENTAL IMPLANT SYSTEM

On the edge of the possible



CONTENT

Introduction	3
Ideal Implant for Clinical Case concept	4
Description of all IMPRO lines	6
LIGHT	8
IMPLANTEM.....	9
DEEP THREAD	12
RESPECT SPLIT	14
RESPECT WIDE	16
RESPECT SUPERWIDE.....	20
RESPECT ULTRASHORT	22
RESPECT LONG, LIGHT LONG	28
MiNi Duo.....	29
MiNi Fix, MiNi Temporary	30
MiNi Ball, MiNi Locator	31
Surgical kits	32
Surgical Guide	34
Prosthetic protocol	35
Features of IMPRO	38
ImproBone	42
SinPro	46
Cosinus	47
ImprOst	48
Improviser Silimpress	49

INTRODUCTION

The IMPRO dental implant system is the world's first REALLY universal implant system. It was created based on more than 20 years of experience in implantology and meets the most demanding requirements of modern dentistry.

The uniqueness of this system is that it can be used to solve absolutely all problems. Any dental surgeon can install the implant as efficiently, quickly and reliably as possible in any clinical situation.

Now the implantologist can be independent of the patient's bone type, the size of the defect after tooth extraction or extraction of the failed implant. Thanks to presence of cortical and spongy implants, short, long, wide, conical, etc., the implantologist can select the IDEAL implant for a specific clinical case.

For each clinical situation we recommend a specific type of implant and for each type of implant we have developed precise recommendations for their use. All this is scientifically proven and confirmed by clinical studies.

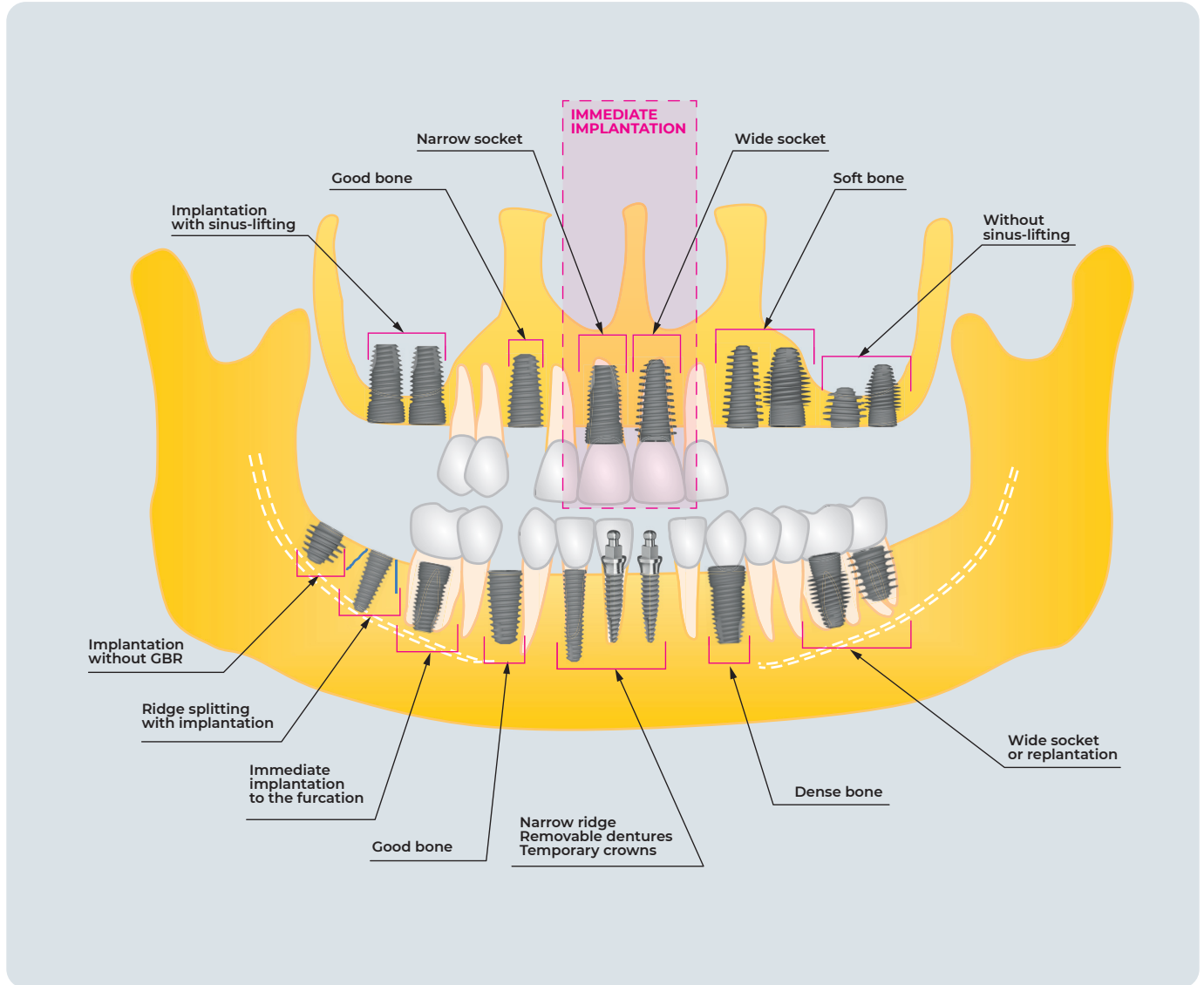
With a new approach to implantation, you will be able to:

- achieve high primary stability in any type of bone
- install an implant without bone grafting
- expand the indications for one-stage implantation
- combine implantation and bone grafting
- significantly reduce the patient's rehabilitation time



2IC CONCEPT

IDEAL IMPLANT FOR CLINICAL CASE

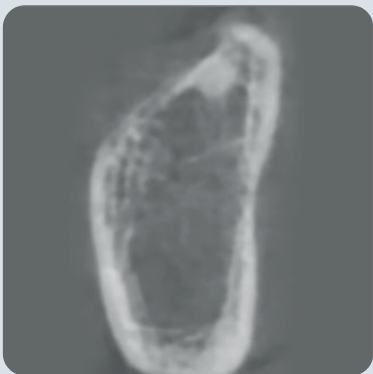
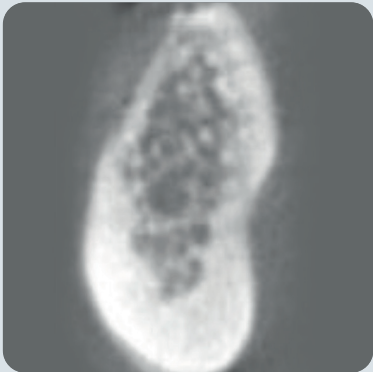
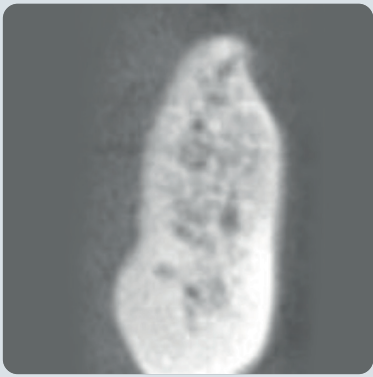


Clinical situations in the oral cavity can differ dramatically. For example, different densities of D1 bone and D4 bone will not allow to achieve the same primary stability if the same implant design is used. For immediate implantation in a wide socket we need interproximal anchoring and wide threads, in a narrow socket we need apical anchoring and cylindrical body, in case of a split ridge we need a conical implant, and for installing an implant simultaneously with sinus lifting we need microthreads on the neck of the implant.

IMPRO implant system is the first and only really universal implant system that allows you to select the optimal implant for a specific clinical case.



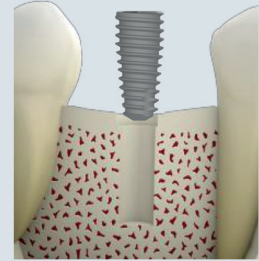
ALWAYS PREDICTABLE INITIAL STABILITY



**Thanks to a new
concept of planning,
we can achieve
excellent results
regardless of the bone
type**

D₁

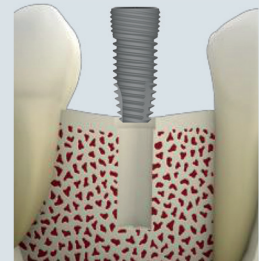
Initial stability **50 Ncm**
Osseointegration:
2 months



Cortical implant with rounded neck is the best choice for the very dense bone (D1). Rounded neck allow to minimize compression to the bone. Best for the flapless operation.

D₂

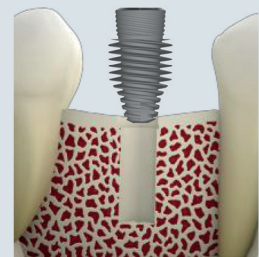
Initial stability **50 Ncm**
Osseointegration:
2 months



Cortical implant with conical neck is the best choice for the moderate dense bone (D2) and immediate loading. Due to microthread on the neck loading distributes more accurately. Thanks to the conical neck implant cannot deep down even under immediate loading.

D₃

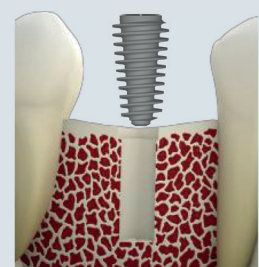
Initial stability **50 Ncm**
Osseointegration:
2 months



Combined cortical-spongeous implant – with deep thread is the best choice for soft bone with thin cortical plate (D3).

D₄

Initial stability
40-50 Ncm
Osseointegration:
3 months



Spongeous implant, due to increased square (friction increased) allow to achieve almost the same initial stability even in the very soft bone.

LIGHT



LIGHT

For **D1** bone
For flapless implantation (**D1-D2**)
For low price implantation (in ideal bone)

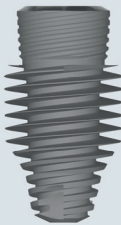
IMPLANTEM



IMPLANTEM

For **D1-D2-D3** bone
For flapless implantation (**D2-D3**)
For immediate implantation (**D1-D2-D3**) and immediate loading (**D1-D2**)
For immediate implantation with sinus lifting
(2-4 mm of bone height is enough)

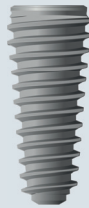
DEEP THREAD



DEEP THREAD

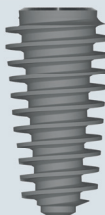
For **D3** bone
For immediate implantation (**D3, wide socket**)
and immediate loading (**D3**)

Respect



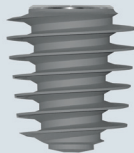
RESPECT SPLIT

For immediate implantation with ridge splitting
For narrow bone or lack of space (**D2-D3**)



RESPECT WIDE

For **D3-D4** bone
For flapless implantation (**D3-D4**)
For immediate implantation (**D3-D4, wide socket**)
and immediate loading (**D3-D4**)
For replantation



RESPECT SUPERWIDE

For **D3-D4** bone
For flapless implantation (**D3-D4**)
For immediate implantation (**D3-D4, wide socket**)
and immediate loading (**D3-D4**)
For replantation



RESPECT ULTRASHORT

For implantation without sinus lifting
For implantation with small crestal sinus lifting
For implantation without vertical GBR on lower jaw

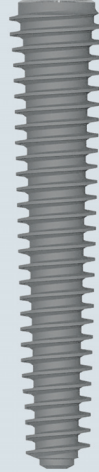
LIGHT



LIGHT LONG

For immediate loading
(D1-D2)
For immediate loading with
support on 3 or 4 implants
(D1-D2)
For replantation

Respect



RESPECT LONG

For immediate loading
(D2-D4)
For immediate loading with
support on 3 or 4 implants
(D2-D4)
For replantation



MINI DUO (mini platform)

For implantation in narrow
bone or with lack of space
(lateral upper incisor, lower
incisors)

MINI

MINI BALL



For fixation of
full removable
dentures on lower
jaw **(D1-D2)**

MINI FIX



For implantation
in narrow bone or
with lack of space
(lateral upper inci-
sor, lower incisors)
For temporariza-
tion in soft bone
(D3)

MINI TEMPORARY



For temporariza-
tion in dense bone
(D1-D2)



MINI LOCATOR

For fixation of full
removable dentures on
lower jaw **(D1-D2)**
and upper jaw **(D3)**



MINI ORTHO

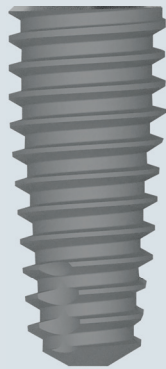
For anchorage during
orthodontic treatment



ZYGOMA

For implantation to Zygoma

LIGHT



LIGHT

For **D1** bone
 For full mouth rehabilitation on 4 or 6 implants (**D1 bone**)
 For flapless implantation (**D1-D2**)
 For low price implantation (**in ideal bone**)

Thanks to rounded neck of the implant, no stress in the cortical bone and additional space for live bone forming (around the top of the neck).



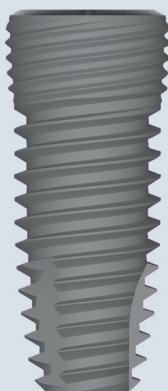
FLAPLESS OPERATION

No bleeding
 No pain
 No swelling
 Maximum comfort

	7 mm	8 mm	10 mm	12 mm	14 mm
Ø 3.5	LIM(P)3507	LIM(P)3508	LIM(P)3510	LIM(P)3512	LIM(P)3514
Ø 4.0	LIM(P)4007	LIM(P)4008	LIM(P)4010	LIM(P)4012	LIM(P)4014
Ø 4.5	LIM(P)4507	LIM(P)4508	LIM(P)4510	LIM(P)4512	LIM(P)4514
Ø 5.0	LIM(P)5007	LIM(P)5008	LIM(P)5010	LIM(P)5012	LIM(P)5014

LIM = 11° conical connection (20 sizes)
 LIMP = 5° conical connection (20 sizes)

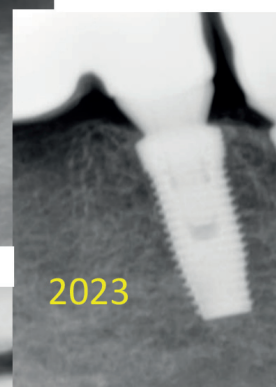
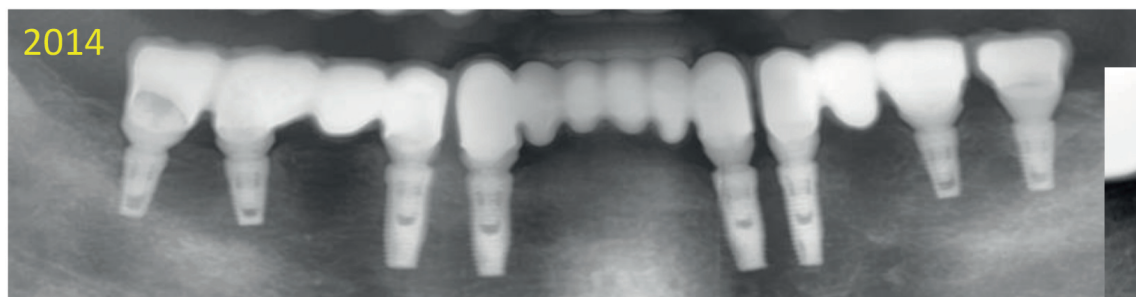
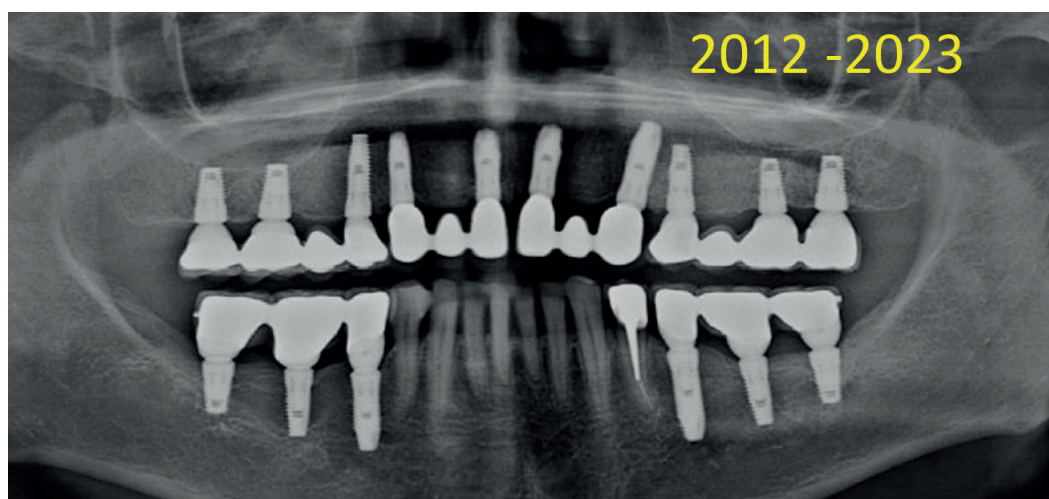
IMPLANTEM



IMPLANTEM

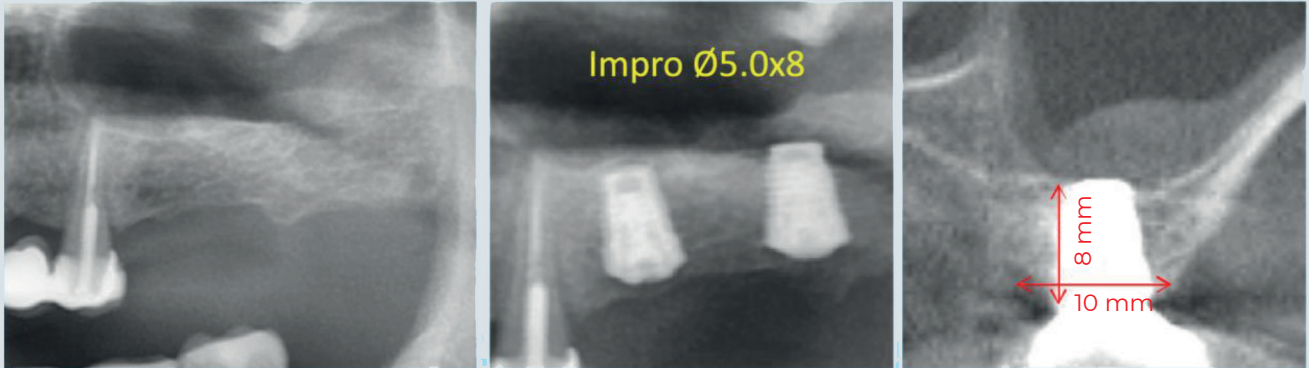
For **D1-D2-D3** bone
 For flapless implantation (**D2-D3**)
 For immediate implantation (**D1-D2-D3**)
 and immediate loading (**D1-D2**)
 For immediate implantation with sinus lifting
 (2-4 mm of bone height is enough)

Thanks to microthreads on the neck of implant occlusal forces distribute evenly. Zero bone loss for over 15 years.



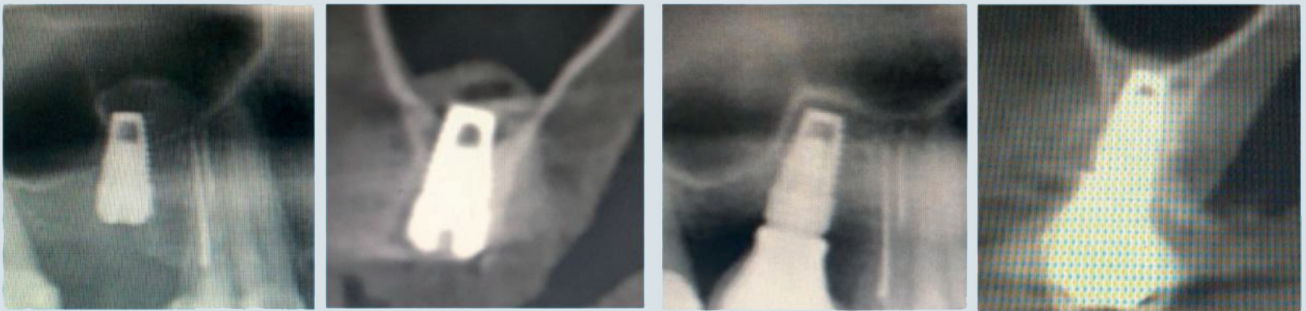
BICORTICAL FIXATION

Thanks to flat tip it is possible to lift the sinus floor and to achieve very high initial stability due to bicortical fixation.



CLOSED (CRESTAL) SINUS-LIFTING IN NARROW RIDGE

In combination with the PRF procedure, a crestal sinus lift can be performed with minimal invasion.



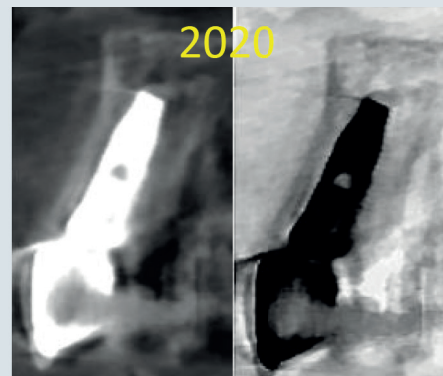
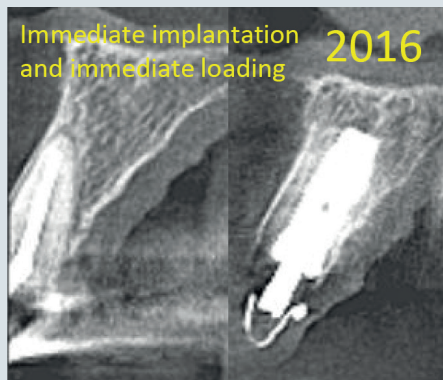
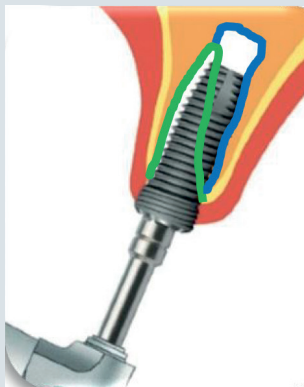
LATERAL SINUS-LIFTING + IMMEDIATE IMPLANTATION

Due to conical design of the neck and thanks to microthread it is possible to achieve good initial stability in 2 mm bone height.



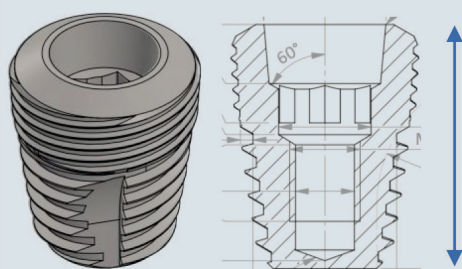
IMMEDIATE IMPLANTATION

Thanks to flat tip and cylindrical body it is possible to anchorage the implant apically in the extraction socket (palatal part of frontal ridge, furcation of molars).

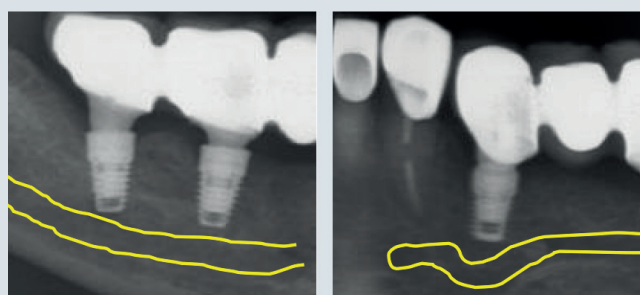


ULTRASHORT CORTICAL IMPLANT (6 mm)

Allows to avoid vertical GBR on the lower jaw.



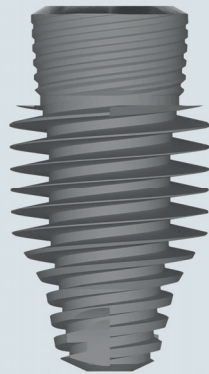
6 mm



	6 mm	7 mm	8 mm	10 mm	12 mm	14 mm
ø 3.6	IMP3606	IM(P)3607	IM(P)3608	IM(P)3610	IM(P)3612	IM(P)3614
ø 4.0	IMP4006	IM(P)4007	IM(P)4008	IM(P)4010	IM(P)4012	IM(P)4014
ø 4.5	IMP4506	IM(P)4507	IM(P)4508	IM(P)4510	IM(P)4512	IM(P)4514
ø 5.0	IMP5006	IM(P)5007	IM(P)5008	IM(P)5010	IM(P)5012	IM(P)5014
ø 6.0			IM(P)6008			

IM = 11° conical connection (21 sizes)
IMP = 5° conical connection (25 sizes)

DEEP THREAD

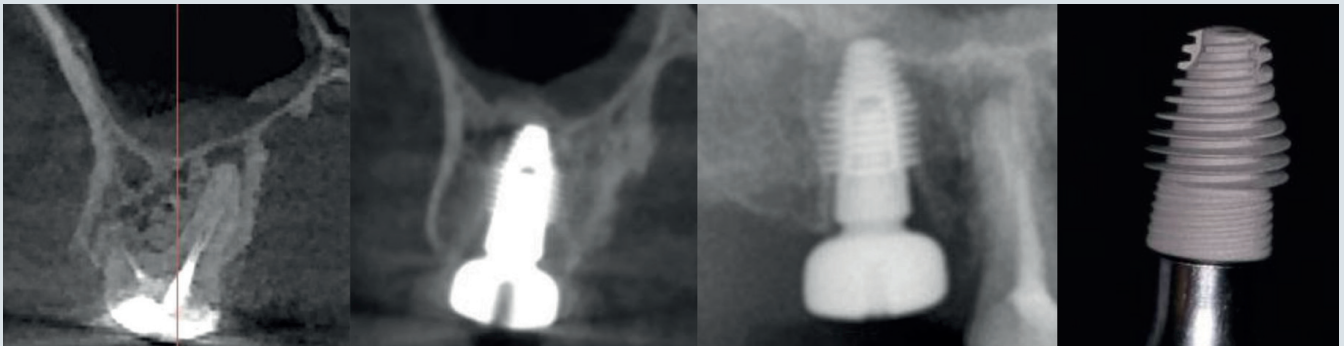


DEEP THREAD

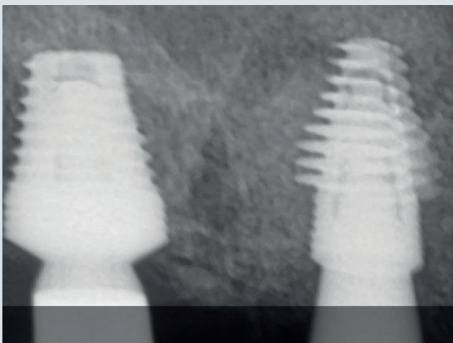
Ø 4.5 – 5.5

For **D3** bone

For immediate implantation (**D3, wide socket**) and immediate loading (**D3**)

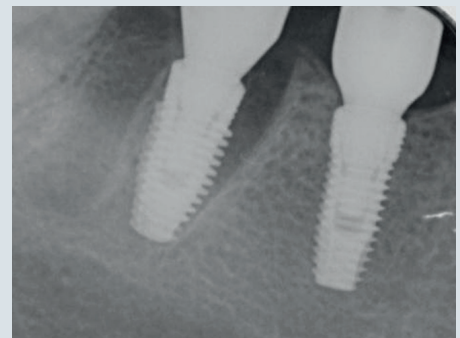


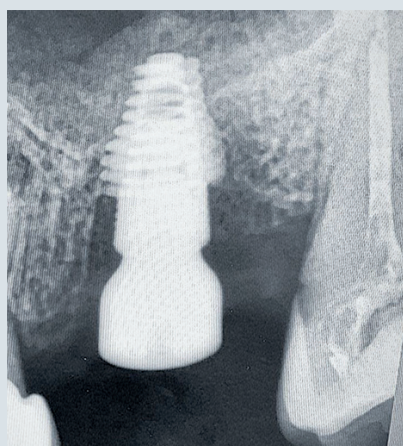
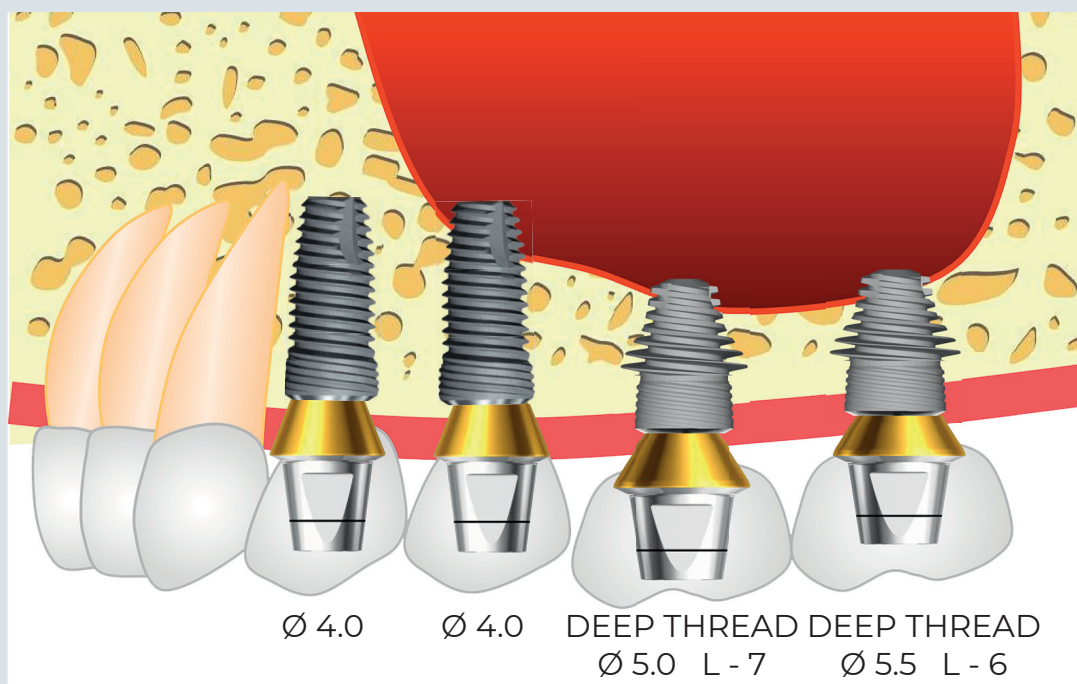
DEEP THREAD implants are recommended for immediate implantation in wide sockets on the upper jaw.



Compared to cortical implants with big diameters DEEP THREAD implants allow to remain more bone tissues and achieve more initial stability.

DEEP THREAD implants are also recommended on the lower jaw in the wide sockets.



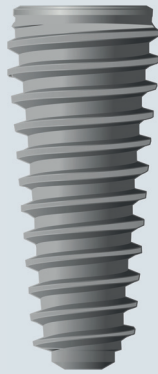


Short DEEP THREAD implants allow to avoid lateral sinus lifting or minimize the trauma during crestal sinus lifting.

	6 mm	7 mm	8 mm	10 mm	12 mm
Ø 4.5	DTP4506	DT(P)4507	DT(P)4508	DT(P)4510	DT(P)4512
Ø 5.0	DTP5006	DT(P)5007	DT(P)5008	DT(P)5010	DT(P)5012
Ø 5.5	DTP5506	DT(P)5507	DT(P)5508	DT(P)5510	DT(P)5512

DT = 11° conical connection (12 sizes)
DTP = 5° conical connection (15 sizes)

Respect

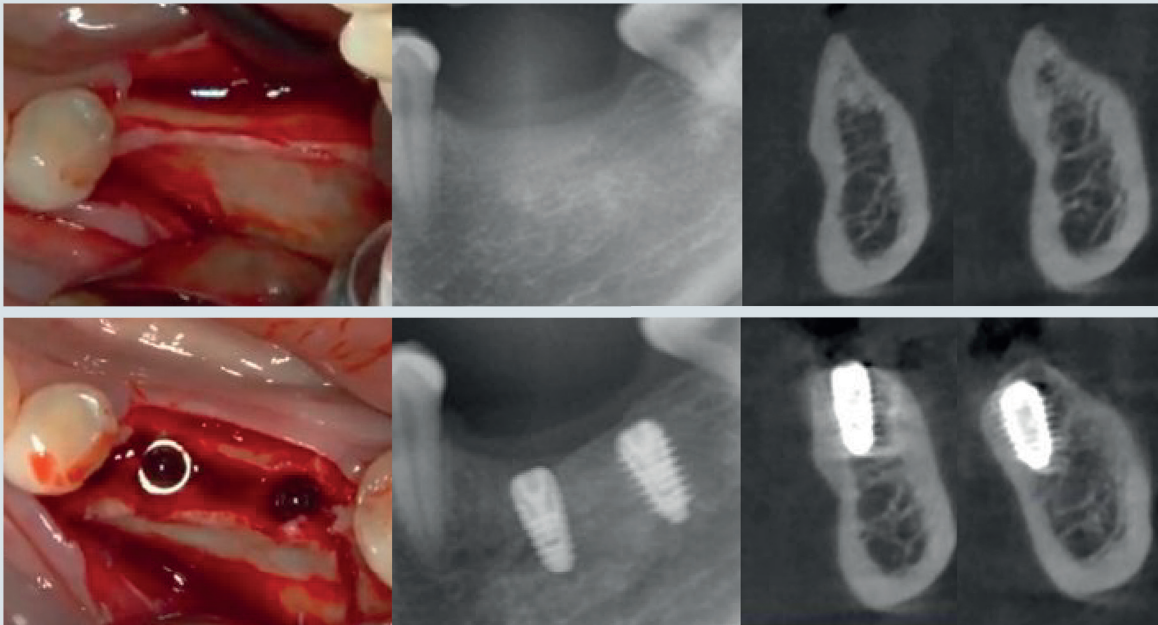
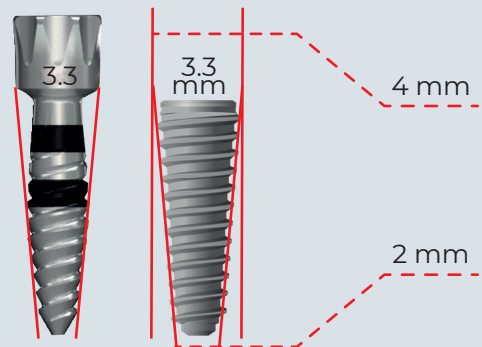


RESPECT SPLIT

Ø 3.5 – 4.0

For immediate implantation with ridge splitting
For narrow bone or lack of space **(D2-D3)**

RESPECT SPLIT implants are specially designed for immediate implantation with ridge splitting. Body of the implant has almost the same design as the expander for splitting. Thanks to conical design of the body implant can split the bone ridge itself.

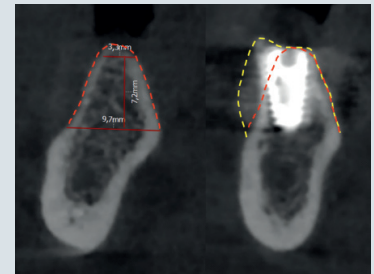
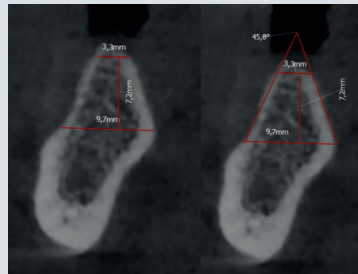


	6 mm	7 mm	8 mm	10 mm	12 mm
Ø 3.5	RIM3506	RIM3507	RIM3508	RIM3510	RIM3512
Ø 4.0	RIM4006	RIM4007	RIM4008	RIM4010	RIM4012

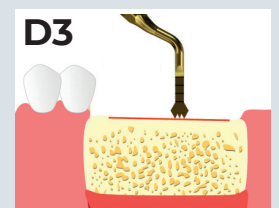
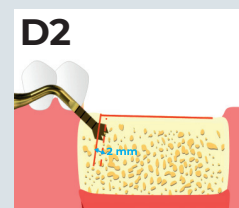
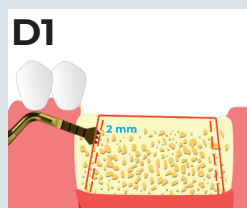
5° conical connection

RECOMMENDATIONS FOR RIDGE SPLITTING WITH IMPRO RESPECT SPLIT

1) Angle between buccal and lingual walls of the ridge should be more than 30 degree

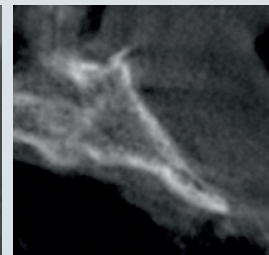
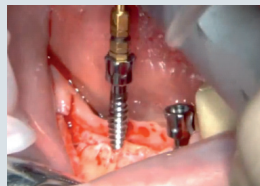


2) Design of the bone cuts depends on the bone density



3) Bone expanders are recommended for more predictable result

4) Hourglass shaped and uniformly narrow ridges are contraindicated for the ridge splitting



RISK EVALUATION TABLE

— low risk
 — high risk
 — no splitting

angle		20	30	40	50
height	10	4.4	6.4	8.2	10.4
	9	4.06	5.86	7.48	9.46
	8	3.72	5.32	6.76	8.52
	7	3.38	4.78	6.04	7.58
	6	3.04	4.24	5.32	6.64

1 mm



angle		20	30	40	50
height	10	6.4	8.4	10.2	12.4
	9	6.06	7.86	9.48	11.46
	8	5.72	7.32	8.76	10.52
	7	5.38	6.78	8.04	9.58
	6	5.04	6.24	7.32	8.64

3 mm



angle		20	30	40	50
height	10	5.4	7.4	8.2	11.4
	9	5.06	6.86	8.48	10.46
	8	4.72	6.32	7.76	9.52
	7	4.38	5.78	7.04	8.58
	6	4.04	5.24	6.32	7.64

2 mm

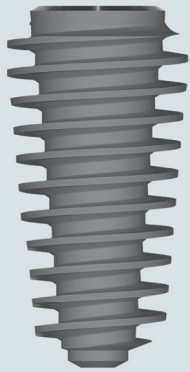


angle		20	30	40	50
height	10	7.4	9.4	11.2	13.4
	9	7.06	8.86	10.48	12.46
	8	6.72	8.32	9.76	11.52
	7	6.38	7.78	9.04	10.58
	6	6.04	7.24	8.32	9.64

4 mm



Respect



RESPECT WIDE

Ø 4.5 – 5.5

For **D3-D4** bone

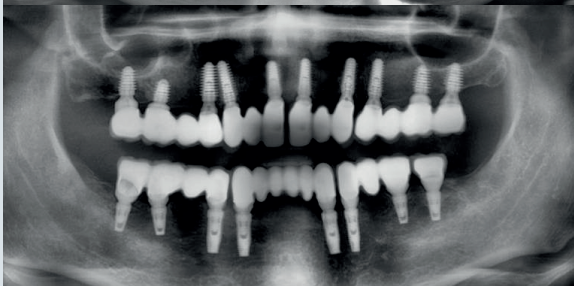
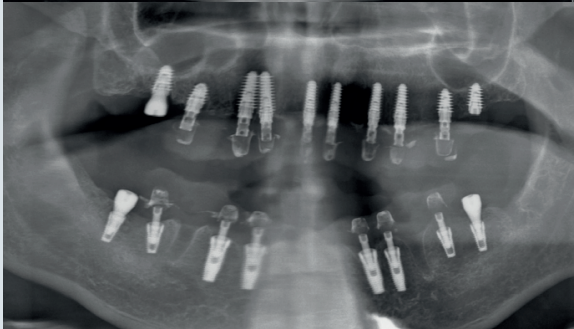
For flapless implantation (**D3-D4**)

For immediate implantation (**D3-D4**, wide socket) and immediate loading (**D3-D4**)

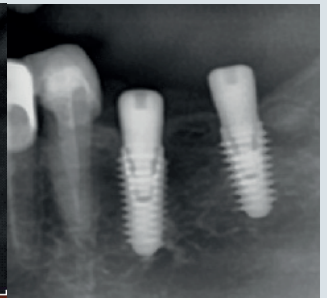
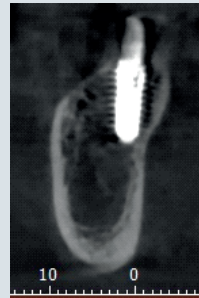
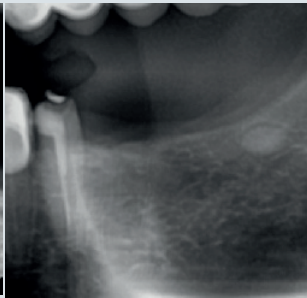
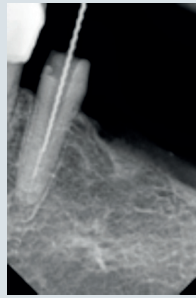
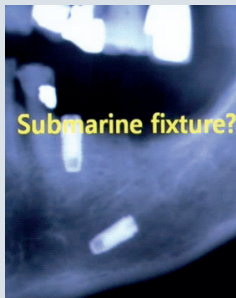
For replantation



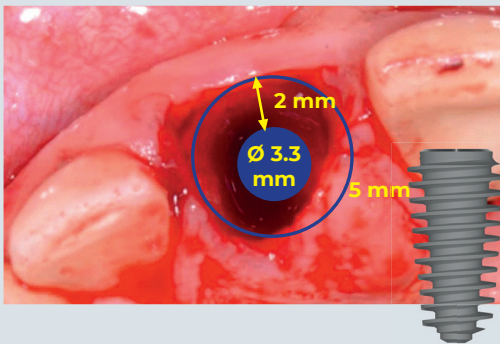
RESPECT WIDE implants are spongy implants. This means that stabilization is achieved by threads that penetrate deep into the spongy bone layer. The increased surface area increases the friction force, which leads to increased primary stability. It is recommended to use in D3-D4 bone.



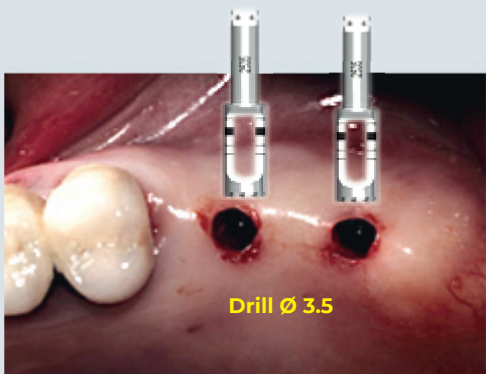
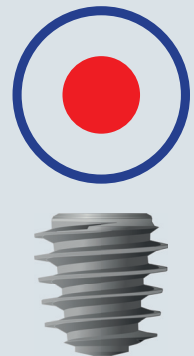
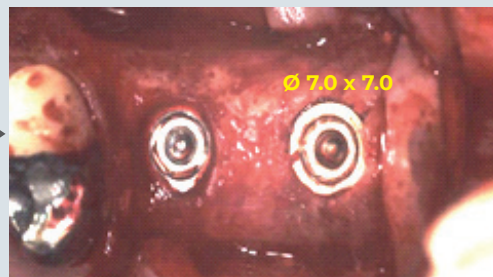
The spongy (wide) implant RESPECT allows achieving good primary stability (40-50 Ncm) even in soft bone (D3-D4), so the immediate load on the upper jaw is as predictable as on the lower. The patient receives temporary crowns immediately after the operation, and after 3 months it is possible to take impressions for a final prosthesis.



When the cortical plate is almost absent, there is a risk of implant failure. To avoid this, RESPECT WIDE implants should be used in D4 bone.



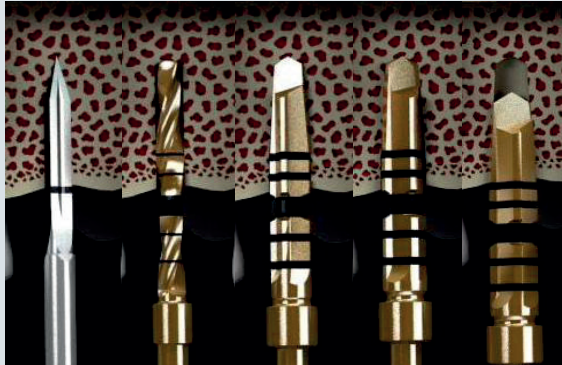
In a wide socket, good primary stability can be achieved by proximal anchoring while maintaining biological space. The combination of a narrow body and wide thread significantly expands the possibilities for one-stage implantation.



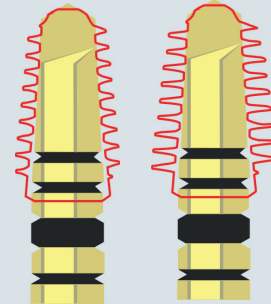
Due to the fact that the implant body can be almost 2 times smaller than the thread diameter, it is possible to place an implant with a diameter of 5.5 mm through a 3.5 mm hole or an implant of 7.0 through a 5 mm hole (in bone D3-D4)

SURGICAL PROTOCOL FOR IMPRO RESPECT WIDE

D3

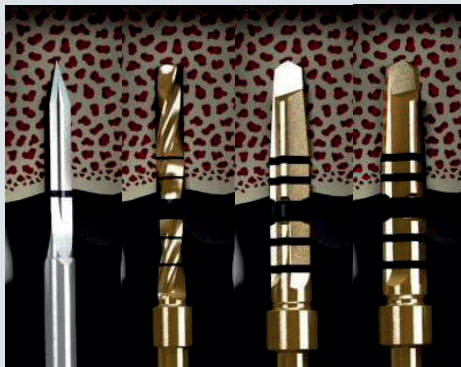


Ø 1.5 Ø 2.2 Ø 2.8 Ø 3.3 Ø 3.8

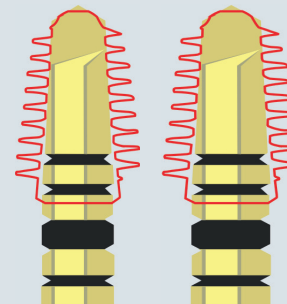


Ø 4.5 Ø 5.0

D4

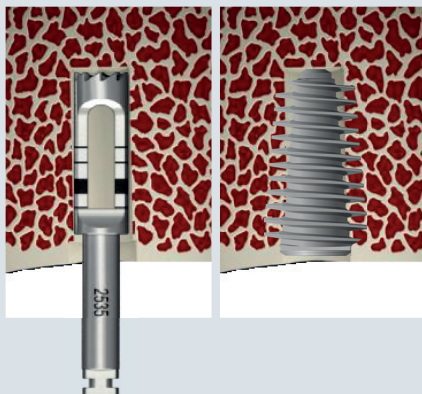


Ø 1.5 Ø 2.2 Ø 2.8 Ø 3.3



Ø 5.0 Ø 5.5

D4



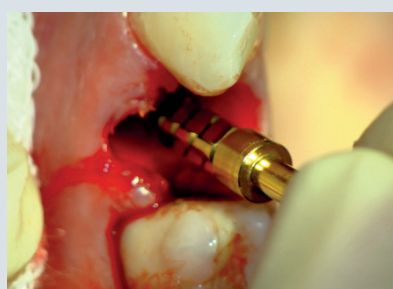
Ø 3.5 Ø 5.0-5.5



X-ray before extraction



Socket after extraction



Drill Ø 3.3 try-in



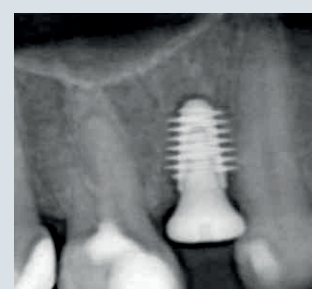
Drill Ø 5.3 try-in



RESPECT WIDE Ø 5.5



Fixture should be deepened 3-4 mm below the gum level



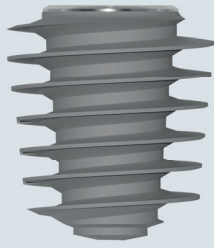
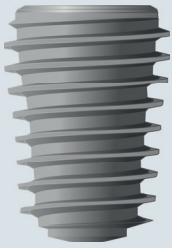
Final X-ray

A spongy implant can be installed in the tooth socket after extraction without preliminary preparation with drills. A drill with a diameter of 3.3 mm is used to determine the length of the implant. The gum on the vestibular side serves as a reference point. The implant should be immersed 3-4 mm below the gum level. The thread diameter is selected by trying on drills of a larger diameter. If the drill gets stuck in the upper 1/3 of the socket, this will be the diameter of the implant thread. Before installation, the socket walls should be thoroughly cleaned with a Lucas curettage spoon and Clot-PRF clot should be introduced. The implant is inserted using a handpiece, pressing the implant to the palatal wall.

	6 mm	7 mm	8 mm	10 mm	12 mm	14 mm
Ø 4.5	RIM4506	RIM4507	RIM4508	RIM4510	RIM4512	RIM4514
Ø 5.0	RIM5006	RIM5007	RIM5008	RIM5010	RIM5012	RIM5014
Ø 5.5	RIM5506	RIM5507	RIM5508	RIM5510	RIM5512	RIM5514

5° conical connection

Respect



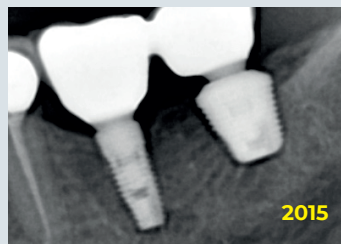
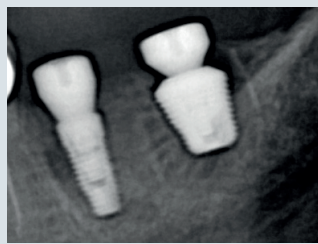
RESPECT SUPERWIDE

Ø 6.0 – 8.0

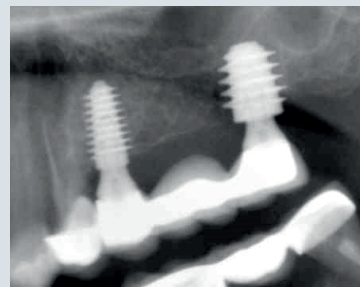
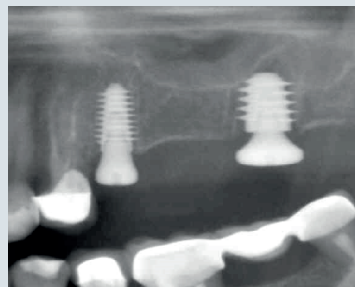
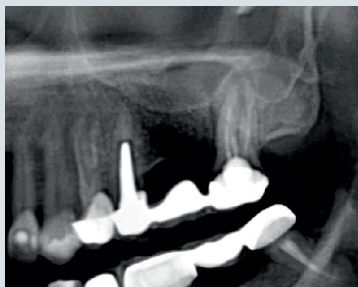
For **D3-D4** bone

For flapless implantation (**D3-D4**)

For immediate implantation (**D3-D4, wide socket**)
and immediate loading

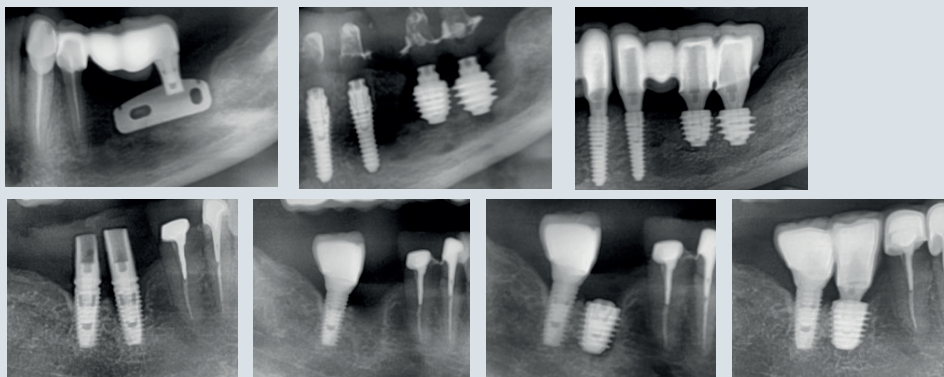


Extra-wide cortical implants with a diameter of 6-7 mm leads to bone loss in few years, as they are surrounded by a non-vital cortical bone. Extra-wide spongy RESPECT implants with a diameter of 6-8 mm allow preserving bone tissue around the implants, as the body of these implants is only 4.8 mm in diameter and «living» spongy bone is formed between the body of the implant and the thread.

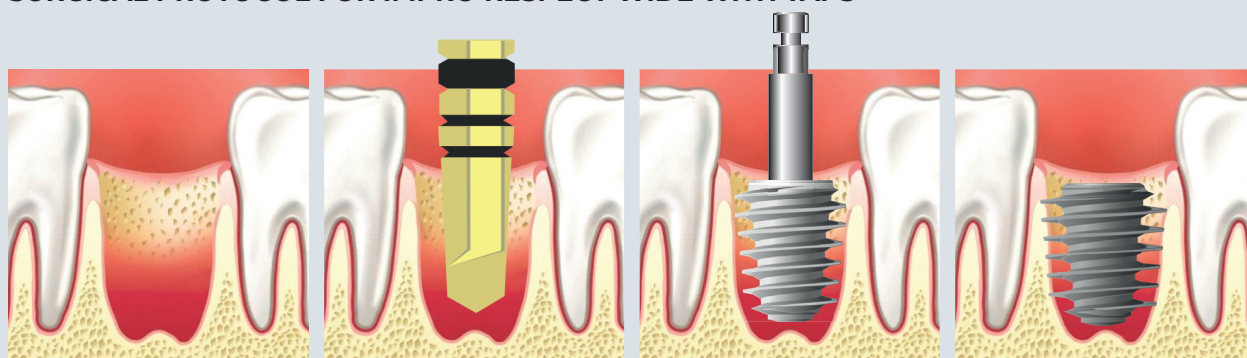


For single-stage implantation in a wide socket, RESPECT SUPERWIDE ultra-wide implants should be inserted 2 mm below the level of the vestibular bone wall (approximately 5 mm below the gum level)

REPLANTATION WITH SUPER WIDE RESPECT



SURGICAL PROTOCOL FOR IMPRO RESPECT WIDE WITH TAPS



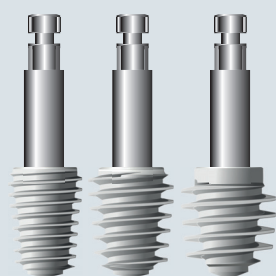
Wide socket

Using a Ø 4.8 mm drill,
determine the length of the
implant (2 mm below the
bone level)

Using special taps, cut
a thread of the required
diameter

Place the implant 2 mm
below the level of the buccal
bone wall

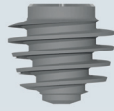
SUGICAL TAPS FOR IMPRO RESPECT WIDE



Core diameter	Thread diameter	Ref. No
4.8	6.0	M4860
	7.0	M4870
	8.0	M4880

	6 mm	7 mm	8 mm	10 mm	12 mm
Ø 6.0	RIM6006	RIM6007	RIM6008	RIM6010	RIM6012
Ø 7.0	RIM7006	RIM7007	RIM7008	RIM7010	RIM7012
Ø 8.0	RIM8006	RIM8007	RIM8008	RIM8010	RIM8012

Respect



RESPECT ULTRASHORT

Ø 4.0 – 5.5 (length 5.5 mm)

For implantation without sinus lifting

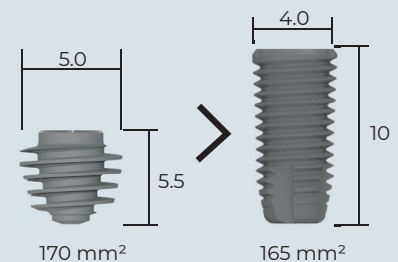
For implantation with small crestal sinus lifting

For implantation without vertical GBR on lower jaw

WHY ARE IMPRO RESPECT ULTRASHORT IMPLANTS AS RELIABLE AS CONVENTIONAL LONG IMPLANTS?



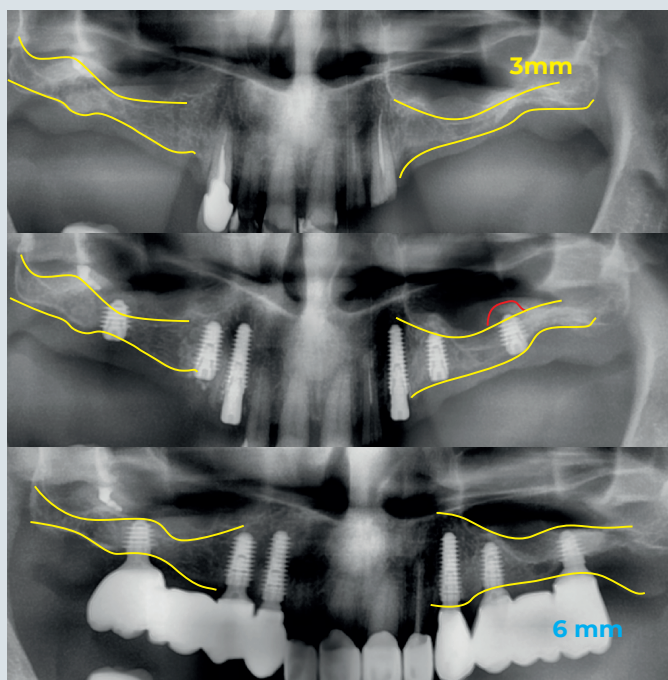
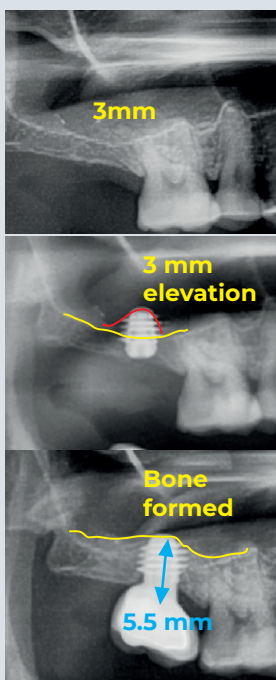
The bone implant contact area (BIC) is one of the main factors of primary stabilization. The larger the area, the greater the stability [1]. Therefore, a short implant with a large surface area will be as effective as a long implant with the same surface area. The length of the implant does not affect its survival, provided that the surface area is sufficient [2]. The ratio of the implant length to the orthopedic structure is also irrelevant in the presence of a conical connection and platform switching [3].



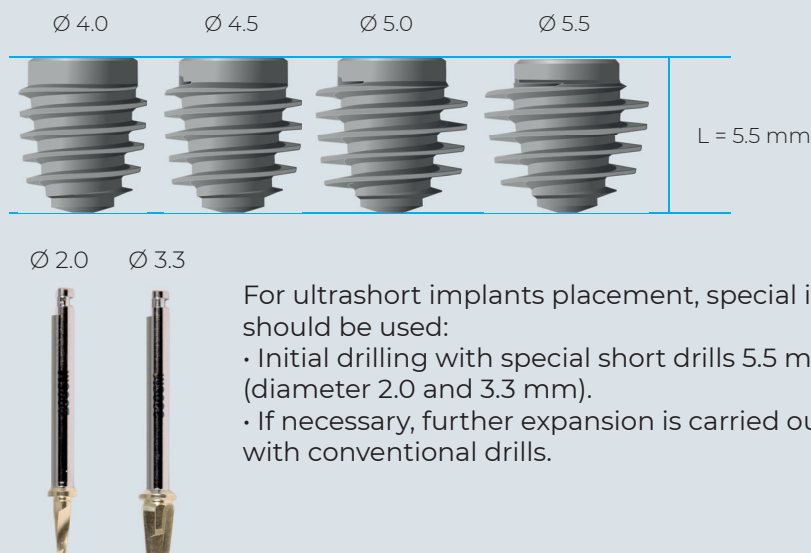
[1] Clin Implant Dent Relat Res. 2006;8(4):218-22. Scarano A., Degidi M., Lezzi G., Petrone G., Piattelli A. Correlation between implant stability quotient and bone-implant contact: a retrospective histological and histomorphometrical study of seven titanium implants retrieved from humans.

[2] AAP | Los Angeles, CA | Sept. 29-Oct. 2, 2012 Dragan, I.F. · Chuang, S.K. · McKenna, M. · Urdaneta R.A. Comparison Of Crestal Bone Level Changes Surrounding Five, Six, And Eight Millimeter Long Platform-Switching Implants

[3] Journal of Prosthetic Dentistry, Vol 98, Issue 1, July 2007, Pages 1-5 Schulte, J., Flores, A., Weed, M., Crown-to-implant ratios of single tooth implant-supported restorations.



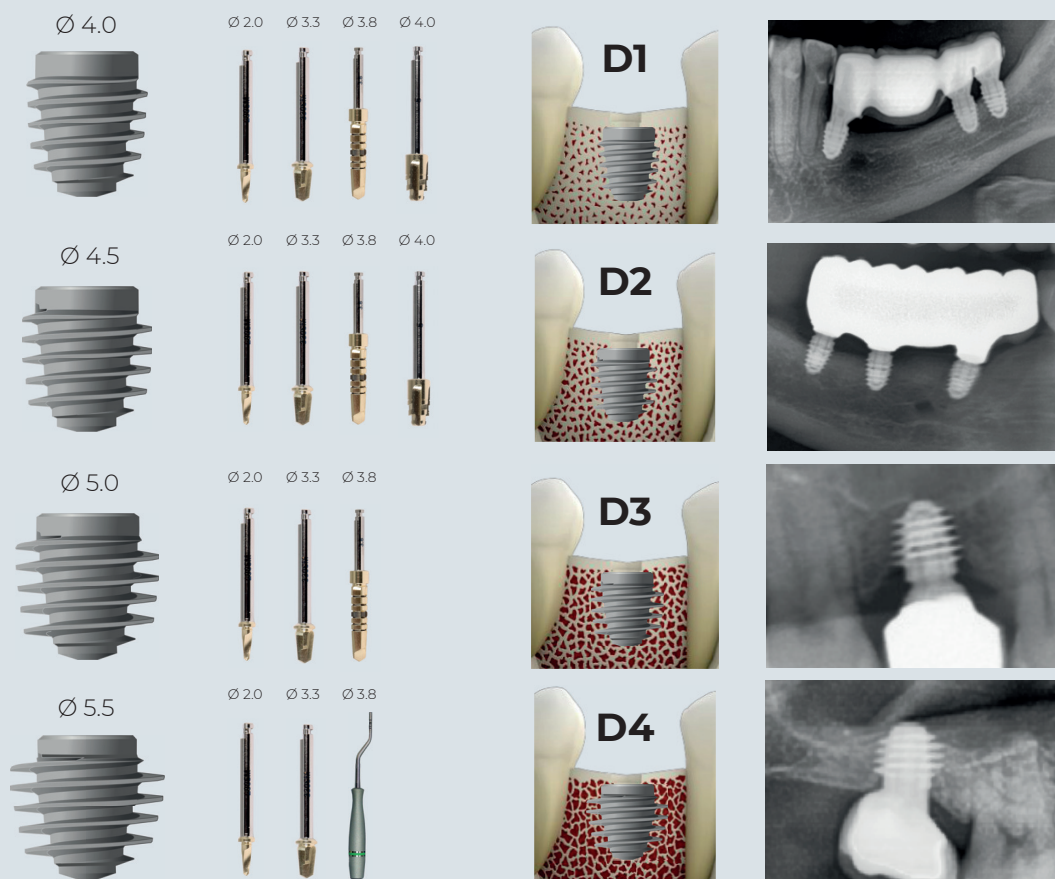
DRILLING PROTOCOL FOR SHORT IMPLANTS RESPECT ULTRASHOT



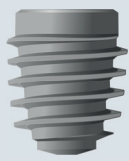
For ultrashort implants placement, special initial short drills should be used:

- Initial drilling with special short drills 5.5 mm long (diameter 2.0 and 3.3 mm).
- If necessary, further expansion is carried out with conventional drills.

RECOMMENDATIONS FOR CHOOSING THE IMPLANT DIAMETER DEPENDING ON THE BONE TYPE



Ø 4.0



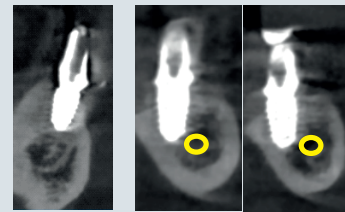
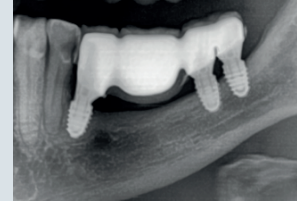
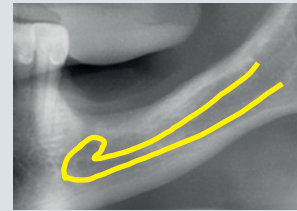
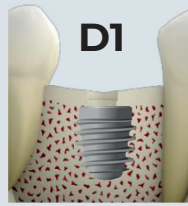
Ø 2.0 Ø 3.3 Ø 3.8 Ø 4.0



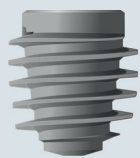
Ø 2.0 Ø 3.3 Ø 3.8 Ø 4.0



Ø 2.0 Ø 3.3 Ø 3.8



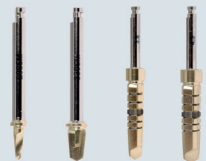
Ø 4.5



Ø 2.0 Ø 3.3 Ø 3.8 Ø 4.3 Ø 4.8



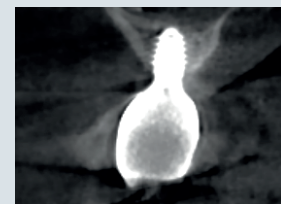
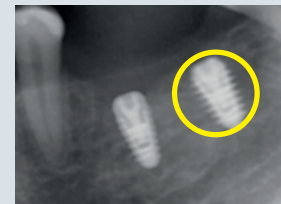
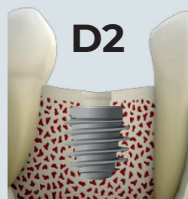
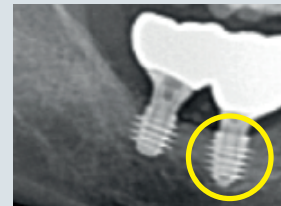
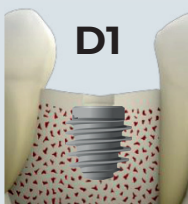
Ø 2.0 Ø 3.3 Ø 3.8 Ø 4.3

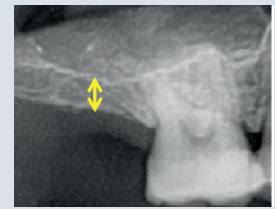
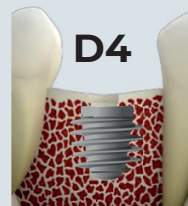
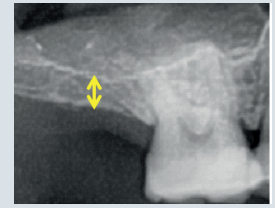
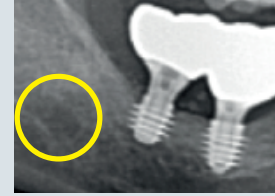
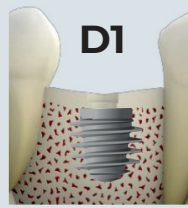
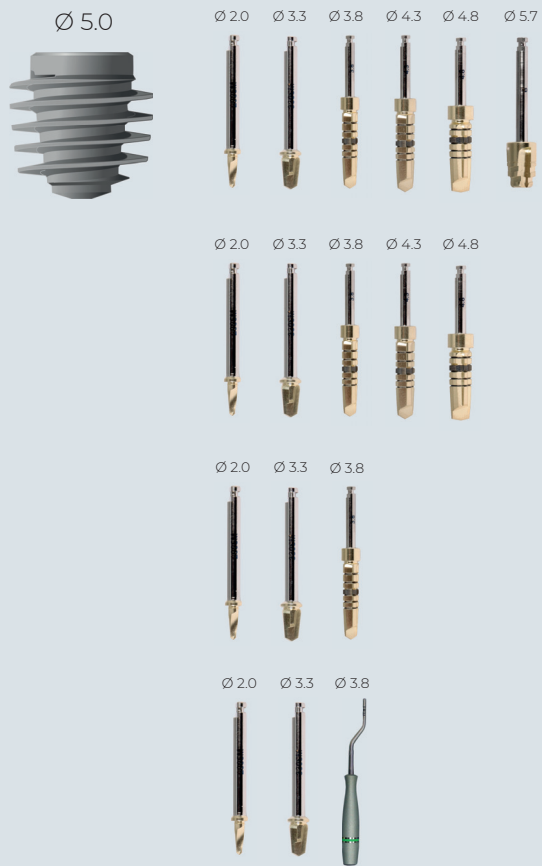


Ø 2.0 Ø 3.3 Ø 3.8

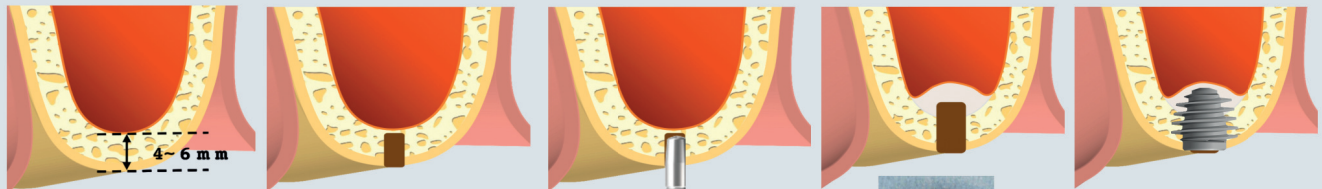


Ø 2.0 Ø 3.3 Ø 3.8

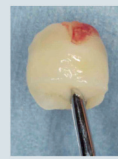




CRESTAL SINUS LIFTING WITH ULTRASHORT RESPECT IMPLANTS



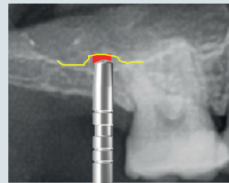
With special
drills 5.5 mm
long



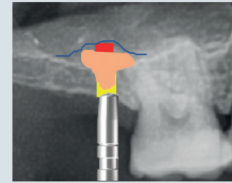
Bone height
3 – 4 mm



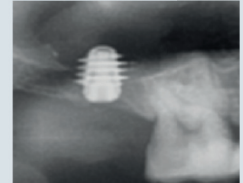
Drilling 1 mm
less to the
bottom of the
maxillary sinus
(2/3 special drills
L 5.5)



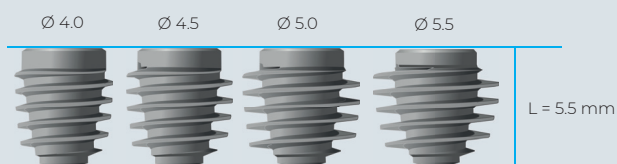
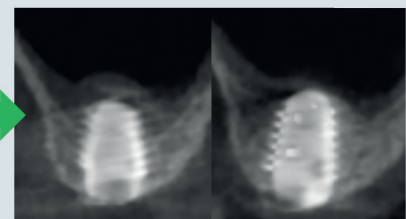
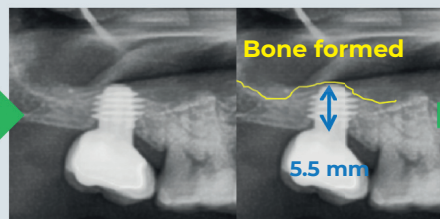
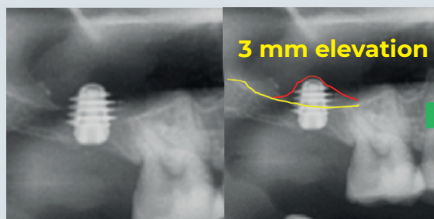
With ImprOst
osteotome
Ø 3.8 go 2 – 3 mm
deeper



Place compressed
Clot-PRF and push
it inside with an
osteotome



Place RESPECT
US Ø 4.5 – 5.5 mm
with speed 20 rpm
and 40-50 Ncm



Core diameter	Thread diameter	Ref. No
3.5	4.0	RIM-4055
	4.5	RIM-4555
	5.0	RIM-5055
	5.5	RIM-5555

5° conical connection

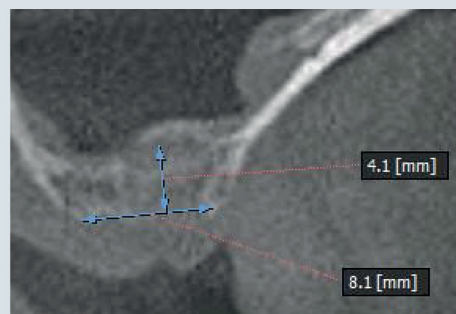
CLINICAL CASE



Initial situation



2 months after extraction
with Clot-PRF



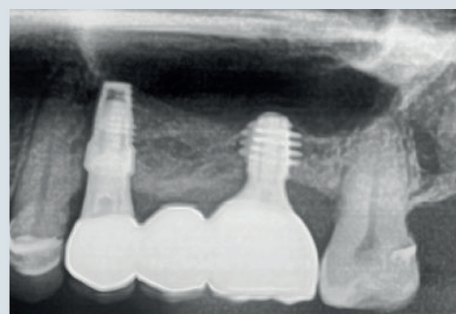
Ridge height is only 3.5 – 4.0 mm,
width 8 mm



RESPECT ULTRASHOT
Ø 5.5 x 5.5 mm

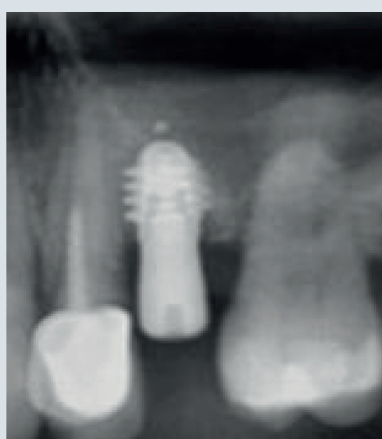


Immediately after
implantation



4 months after implantation

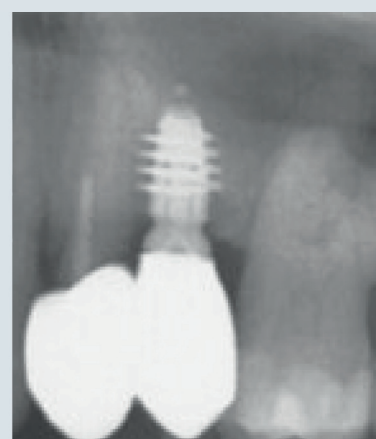
CLINICAL CASE



Immediately after
implantation

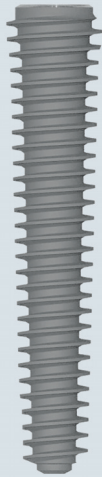


RESPECT ULTRASHOT
Ø 5.0 x 5.5 mm



4 months after implantation

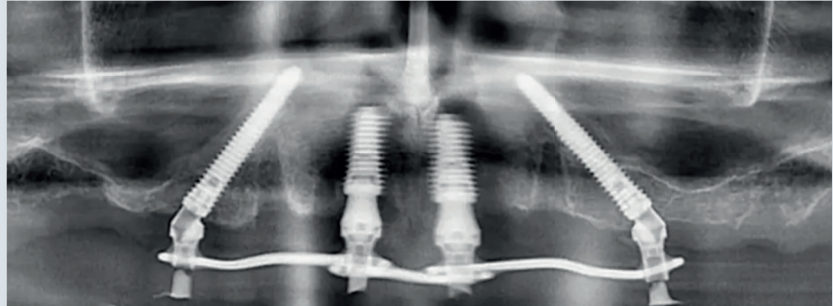
Respect



RESPECT LONG

For immediate loading **(D2-D4)**

For immediate loading with support on 3 or 4 implants **(D2-D4)**



	16 mm	18 mm	20 mm	22 mm	25 mm
Ø 4.0	RIM-4016	RIM-4018	RIM-4020	RIM-4022	RIM-4025
Ø 4.5	RIM-4516	RIM-4518	RIM-4520	RIM-4522	RIM-4525

5° conical connection

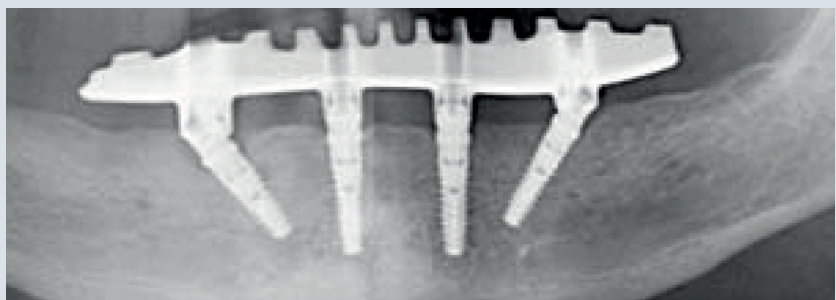
LIGHT



LIGHT LONG

For immediate loading **(D1-D2)**

For immediate loading with support on 3 or 4 implants **(D1-D2)**



	16 mm	18 mm	20 mm	22 mm	25 mm
Ø 4.0	LIM(P)-4016	LIM(P)-4018	LIM(P)-4020	LIM(P)-4022	LIM(P)-4025

LIM = 11° conical connection

LIMP = 5° conical connection

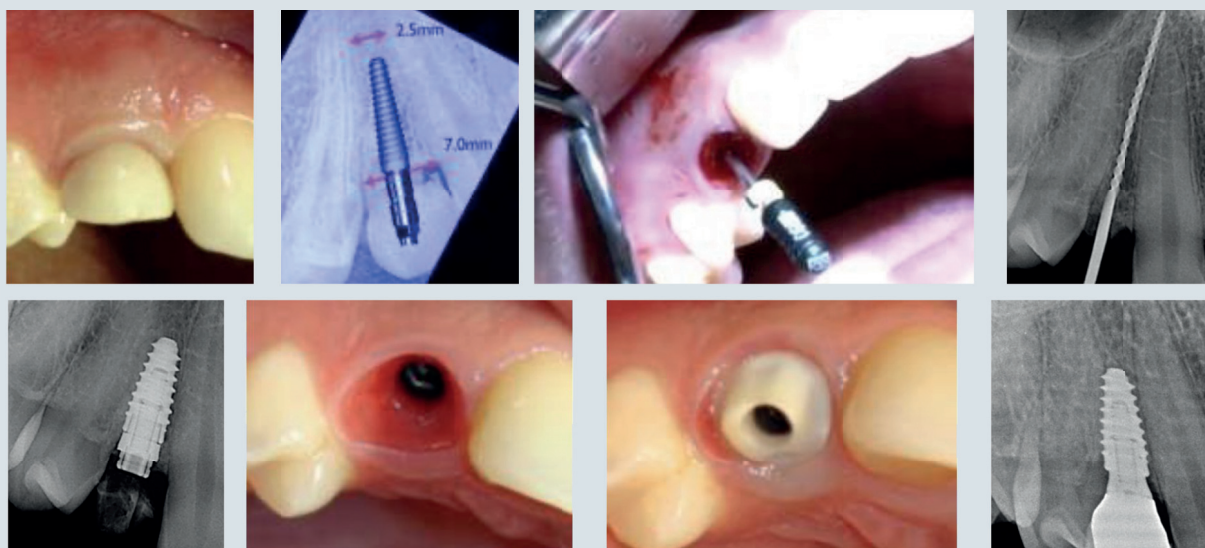

MINI DUO (mini platform)

For implantation in narrow bone or with lack of space
(lateral upper incisor, lower incisors)

CLINICAL CASE ON THE LOWER JAW



CLINICAL CASE ON THE UPPER JAW



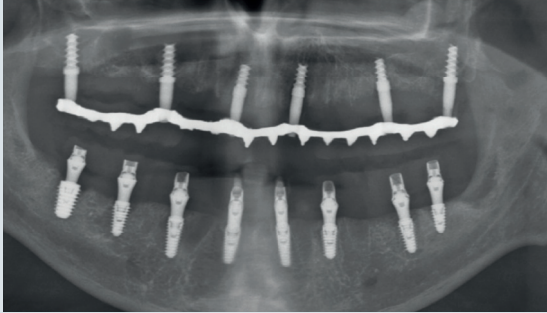
	8 mm	10 mm	12 mm	14 mm
Ø 3.0	MDL-3008	MDL-3010	MDL-3012	MDL-3014
Ø 3.25	MDL-3308	MDL-3310	MDL-3312	MDL-3314

5° conical connection — mini platform



MINI FIX

For implantation in narrow bone
or with lack of space (lateral upper incisor, lower incisors)
For temporarization in soft bone **(D3)**



	6 mm	8 mm	10 mm	12 mm	14 mm
Ø 2.0	MSE-201506	MSE-201508	MSE-201510	MSE-201512	MSE-201514
Ø 2.5	MSE-251506	MSE-251508	MSE-251510	MSE-251512	MSE-251514
Ø 3.0	MSE-301506	MSE-301508	MSE-301510	MSE-301512	MSE-301514
Ø 3.5	MSE-351506	MSE-351508	MSE-351510	MSE-351512	MSE-351514



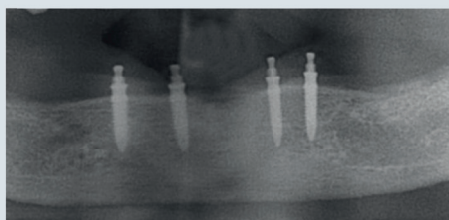
MINI TEMPORARY

For temporarization in dense bone **(D1-D2)**

	6 mm	8 mm	10 mm	12 mm	14 mm
Ø 2.0	MT-201506	MT-201508	MT-201510	MT-201512	MT-201514
Ø 2.5	MT-251506	MT-251508	MT-251510	MT-251512	MT-251514

**MINI BALL**

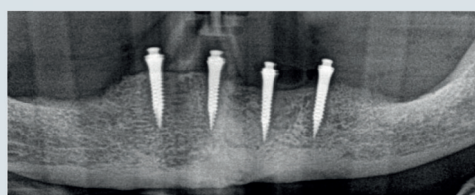
For fixation of full removable dentures on lower jaw **(D1-D2)**



	6 mm	8 mm	10 mm	12 mm	14 mm
Ø 2.0	MBE-201506	MBE-201508	MBE-201510	MBE-201512	MBE-201514
Ø 2.5	MBE-251506	MBE-251508	MBE-251510	MBE-251512	MBE-251514
Ø 3.0	MBE-301506	MBE-301508	MBE-301510	MBE-301512	MBE-301514
Ø 3.5	MBE-351506	MBE-351508	MBE-351510	MBE-351512	MBE-351514

**MINI LOCATOR**

For fixation of full removable dentures on lower jaw **(D1-D2)**
and upper jaw **(D3)**



	6 mm	8 mm	10 mm	12 mm	14 mm
Ø 2.0	ML-2506	ML-2508	ML-2510	ML-2512	ML-2514
Ø 2.5	ML-3006	ML-3008	ML-3010	ML-3012	ML-3014
Ø 3.0	ML-3506	ML-3508	ML-3510	ML-3512	ML-3514

**MINI ORTHO**

For anchorage during orthodontic treatment

*Details in special catalogue

SURGICAL KITS

11° CONICAL CONNECTION KIT (LIGHT, IMPLANTEM, DEEP THREAD)



Basic kit



Expert kit

MINI MONOIMPLANTS KIT



5° CONICAL CONNECTION KIT (RESPECT)



Basic kit



Expert kit

5° / 11° CONICAL CONNECTION COMPACT UNIVERSAL KIT (ALL TYPES OF IMPLANTS)



5° CONICAL CONNECTION COMPACT UNIVERSAL KIT (ALL TYPES OF IMPLANTS WITH 5°)



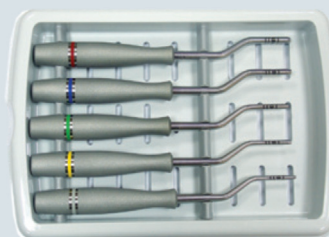
5° CONICAL CONNECTION UNIVERSAL GUIDE KIT (ALL TYPES OF IMPLANTS WITH 5°)



IMPROSPLIT



IMPROST



11° CONICAL CONNECTION GUIDE KIT (LIGHT, IMPLANTEM, DEEP THREAD)



COSINUS



5° CONICAL CONNECTION GUIDE KIT (RESPECT)



MINI-ORTHO

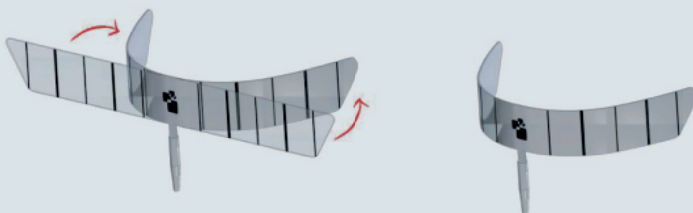
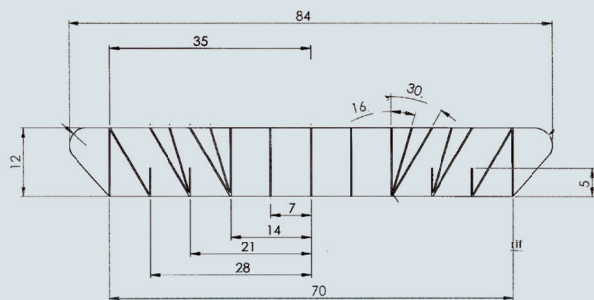


SURGICAL GUIDE FOR ANGULATED IMPLANTATION



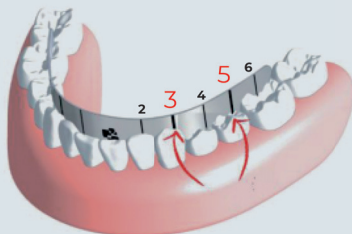
The IMPRO surgical guide is one of the most cost-effective and accessible methods for positioning angulated implants.

The guide helps to perform angulated implantation using angled implants quickly, easily and predictably. The template has vertical markings with a 7 mm pitch and additional divisions located at an angle of 15° and 30°. Such markings help to clearly position the implants at an angle of 15-17° and at an angle of 29-30°, which allows the guide to be used with a lot of different implant systems.



How to use the guide:

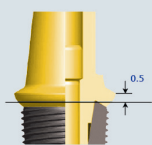
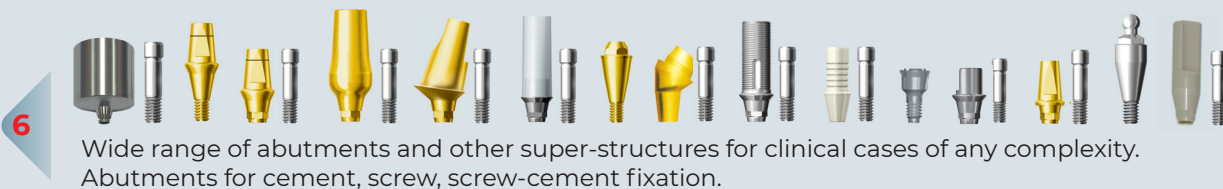
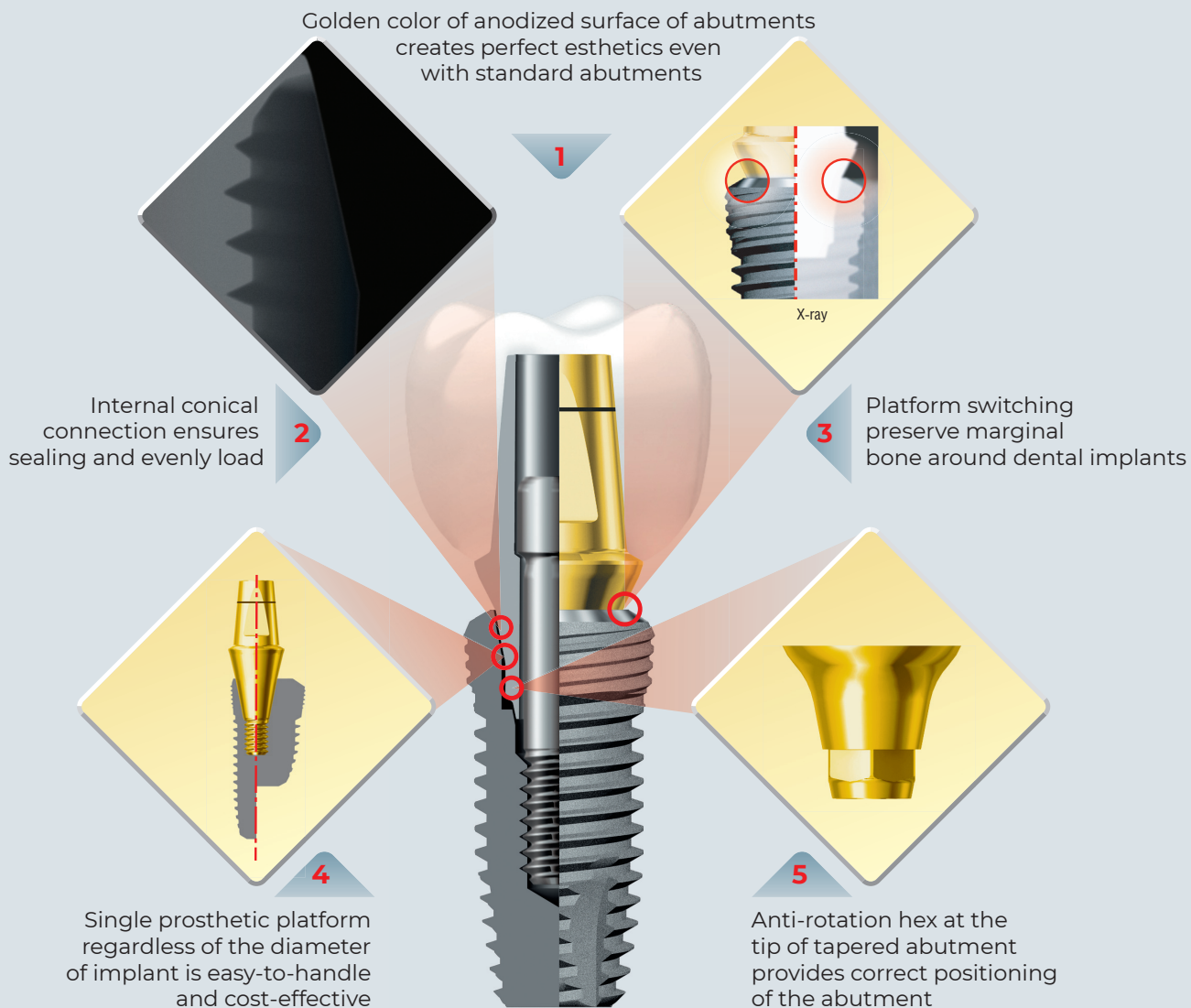
- Fix the template at the centre of the jaw using a special pin
- Select the angle of the vertical inclination of the guide
- Bend the guide to the shape of the jaw



The guide is a flexible but very strong ruler. The guide can be autoclaved and used at least 10 times. Convenient and easy to use, the guide allows you to install implants as accurately as possible without additional devices and costs.

PROSTHETIC PROTOCOL

FEATURES OF THE IMPRO IMPLANTEM PROSTHETIC PROTOCOL

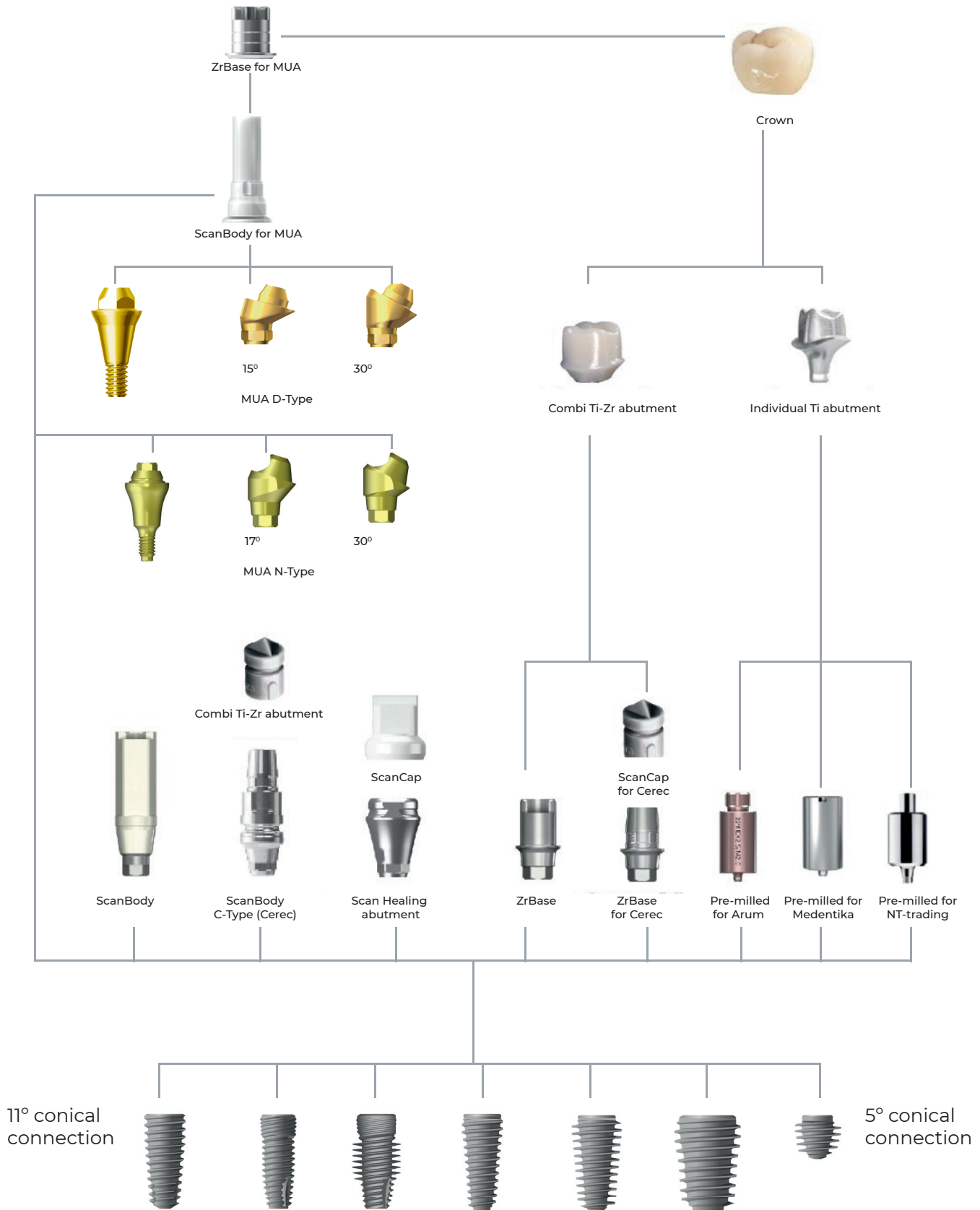


Zero-level abutments make it possible to work at the minimal gum height

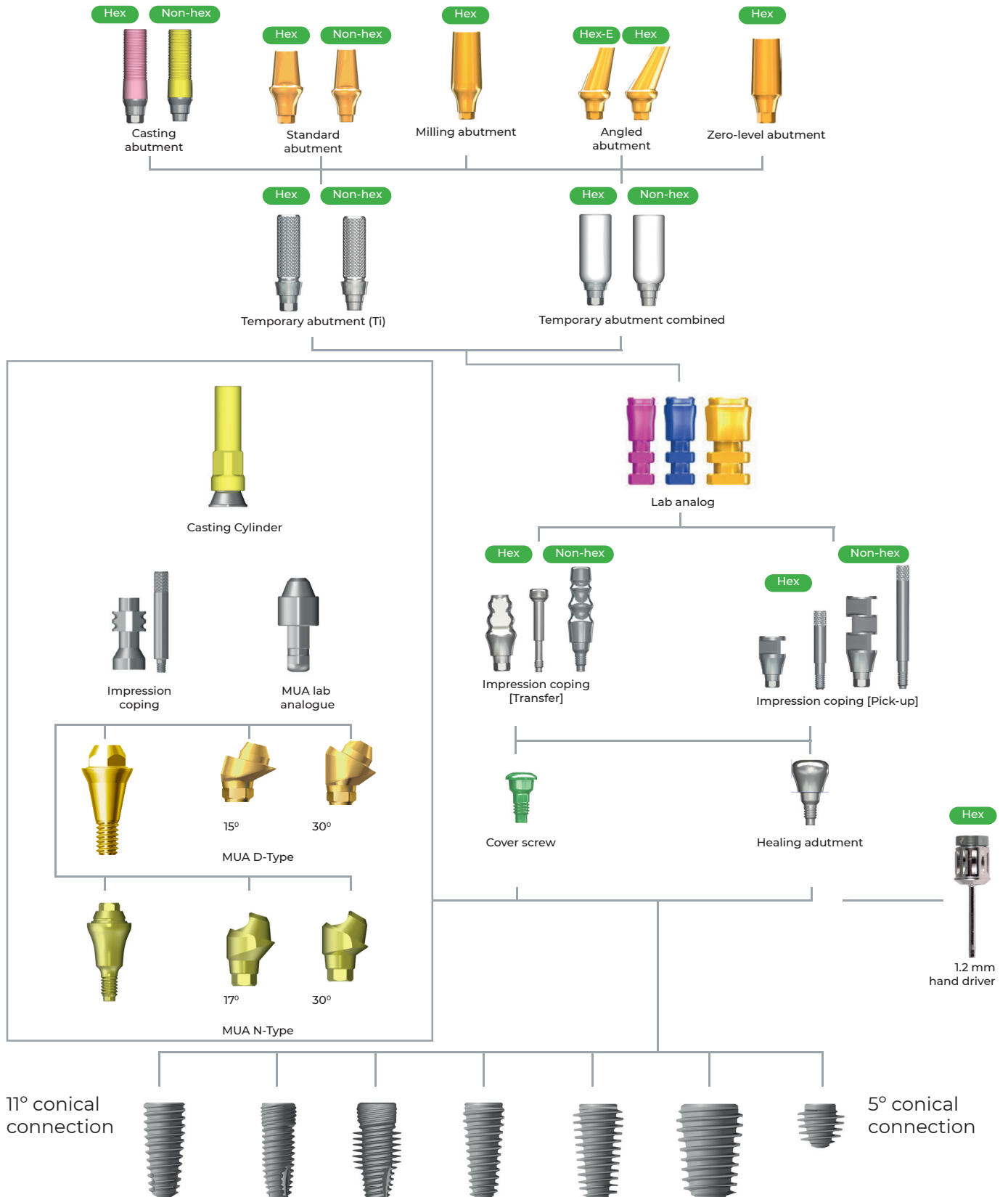
6

Prosthetic platform is compatible with many modern implant systems (see the Systems Compatibility Chart)

DIGITAL PROSTHETIC PROTOCOL



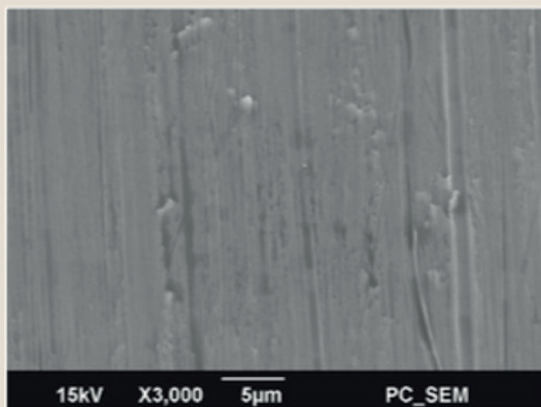
TRADITIONAL (NON-DIGITAL) PROSTHETIC PROTOCOL



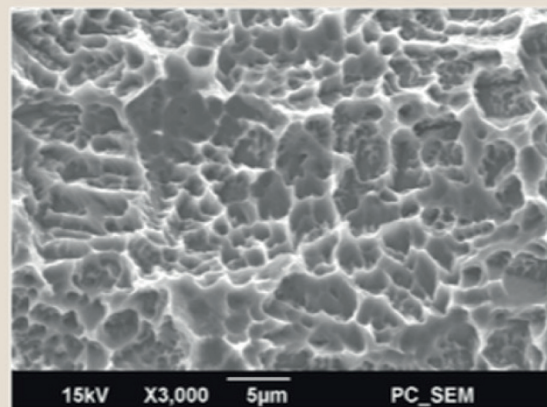
FEATURES OF IMPRO UNIVERSAL SYSTEM

Accelerated osseointegration due to:

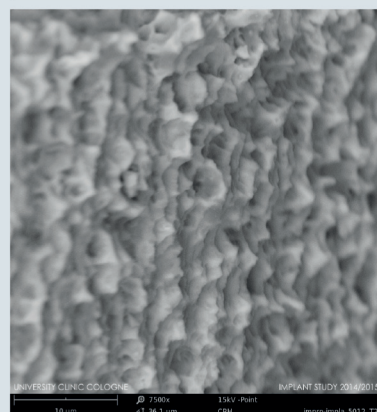
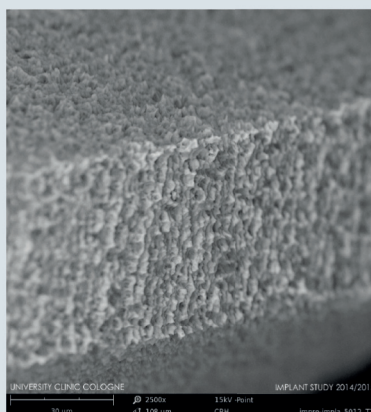
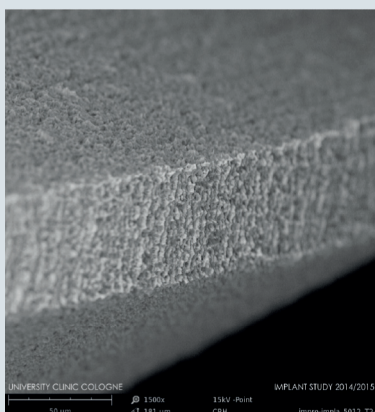
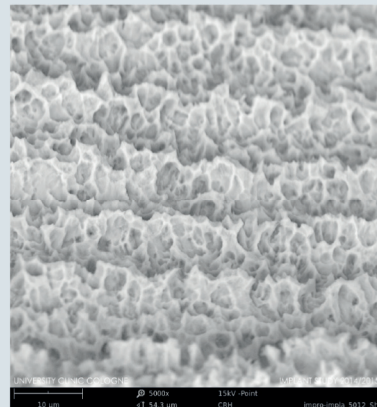
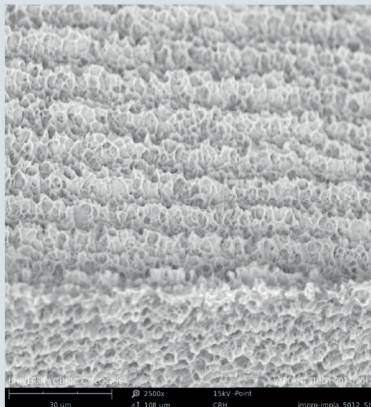
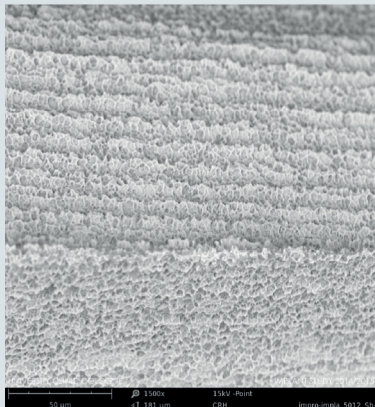
- Unique SuperH surface treatment
- Hydrophilicity of the implant surface
- High purity of the implant surface
- Use of medical titanium of the highest purity - Grade IV



Surface without treatment

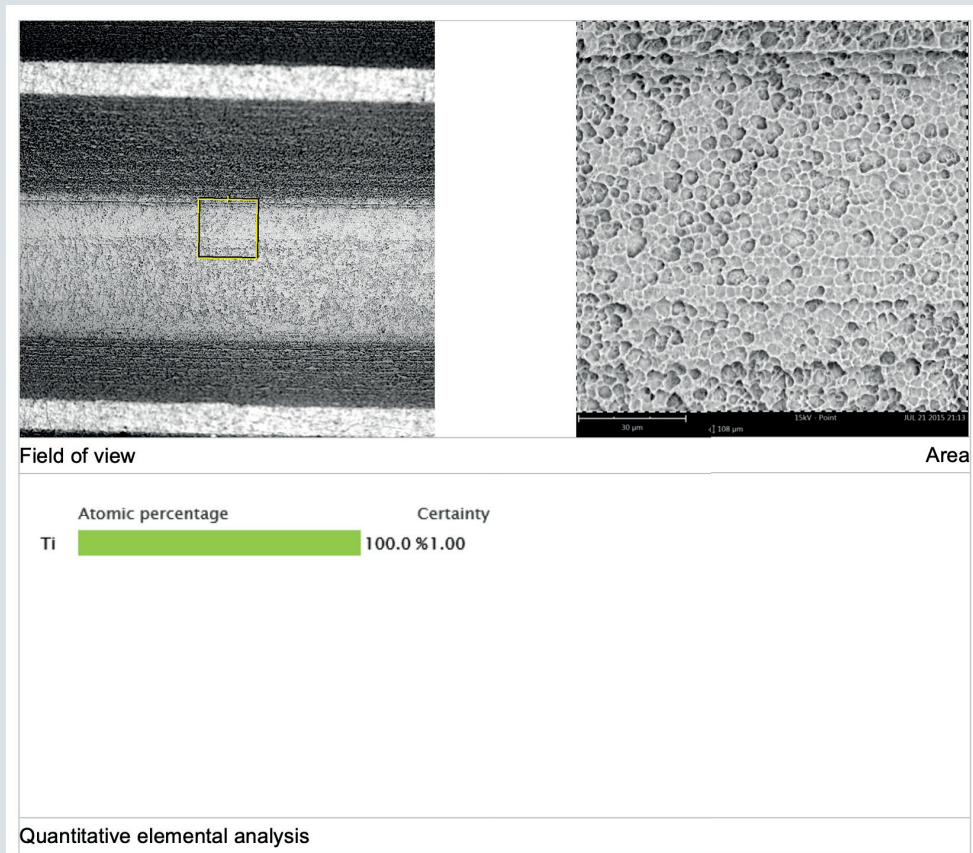


SuperH® surface of IMPRO implants

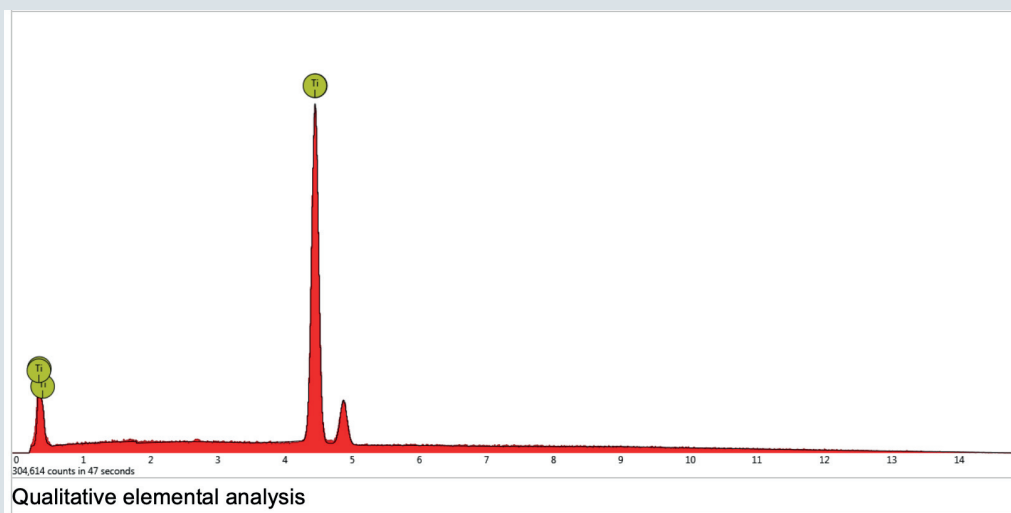


Unique surface treatment technology – three-dimensional acid etching. The absence of sandblasting allows to guarantee 100% purity and hydrophilicity of the surface.

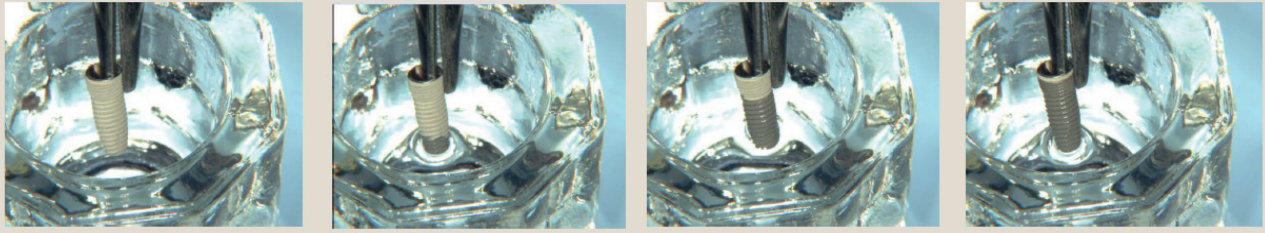
Since sandblasting is not used during implant surface treatment, the presence of foreign substances (e.g. aluminum oxide particles, quartz, etc.) on the implant surface is excluded. The surface remains absolutely clean. This is confirmed by independent studies.



Qualitative elemental analysis confirms the absence of impurities in the Grade IV titanium alloy used



SURFACE HYDROPHILICITY



Thanks to the special SuperH surface treatment, the surface of the IMPRO implant becomes superhydrophilic and actively absorbs liquid (blood) on its surface during implant installation.

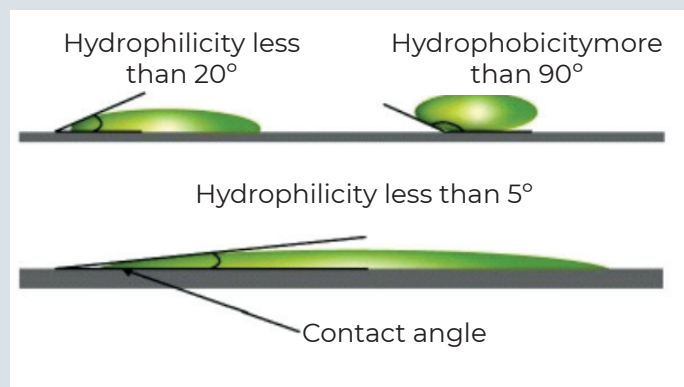
High hydrophilicity (superhydrophilicity) ensures a high percentage of implantation success (over 99%), reliable osseointegration and acceleration of the osseointegration process



Regular implant



IMPRO implant



Titanium dental implants hydrophilicity promotes preferential serum fibronectin over albumin competitive adsorption modulating early cell response. Ludovica Parisi 1, Benedetta Ghezzi 2, Massimiliano G Bianchi 3, Andrea Toffoli 4, Francesca Rossi 5, Ovidio Bussolati 6, Guido M Macaluso 7

Mater Sci Eng C Mater Biol Appl. 2020 Dec;117:111307. doi: 10.1016/j.msec.2020.111307. Epub 2020 Jul 28.

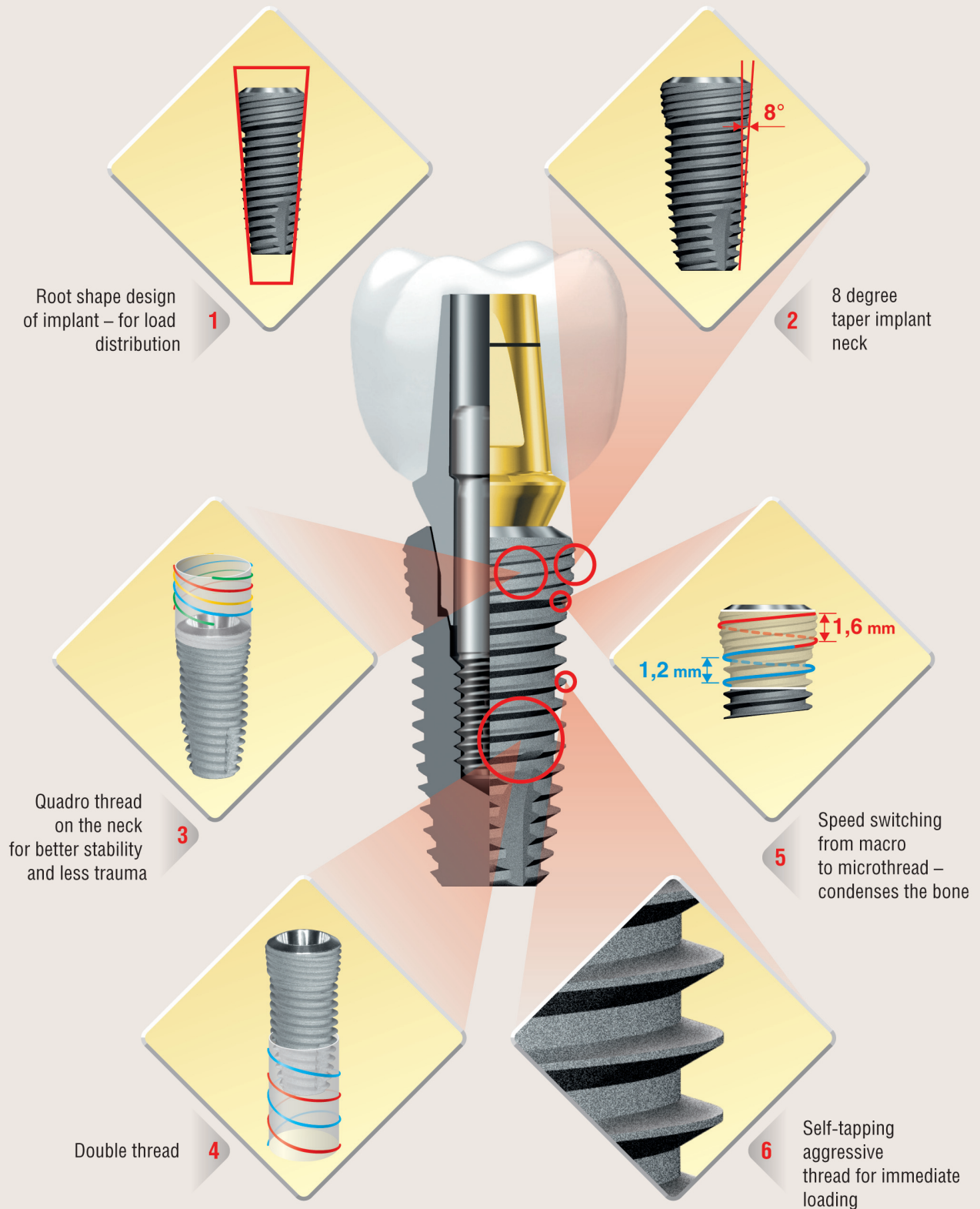
A hydrophilic dental implant surface exhibits thrombogenic properties in vitro

Jaan Hong 1, Seta Kurt 2, Andreas Thor 3

Clin Implant Dent Relat Res. 2013 Feb;15(1):105-112. doi: 10.1111/j.1708-8208.2011.00362.x. Epub 2011 Jul 11.

A systematic review comparing the macrophage inflammatory response to hydrophobic and hydrophilic sandblasted large grit, acid-etched titanium or titanium-zirconium surfaces during in vitro studies Eamonn Donohoe 1, Rawan Kahatab 2, Fadi Barrak 1

Clin Exp Dent Res. 2023 Jun;9(3):437-448. doi: 10.1002/cre2.730. Epub 2023 Mar 29.



75% Hydroxyapatite (HA) / 25% Tricalcium phosphate (TCP)

ImproBone[®] BCP



- 100% synthetic bone material
- Osteoconductive
- High porosity (90%)
- Bioresorbable (6-24 months)
- Hydrophilic
- Radiopaque

Induces
BONE FORMATION

SAFE



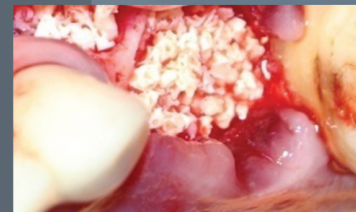
Not human or animal tissues are used. 100% synthetic.

BIORESORBABLE



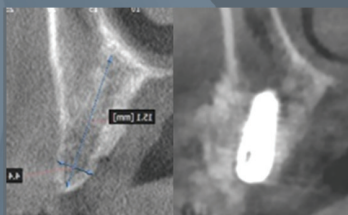
Totally replaced by new bone within 6-24 months

NO MEMBRANE



Not necessary to use membrane

RADIOPAQUE



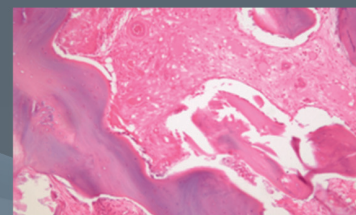
Allows to estimate the maturation of bone

HYDROPHILIC



Excellent adhesion

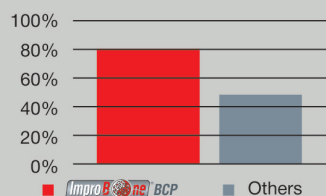
VASCULARIZATION



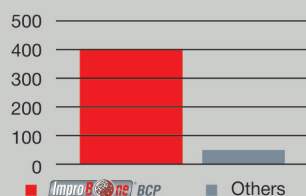
Induces angiogenesis and ensures vascularization

Works like natural bone

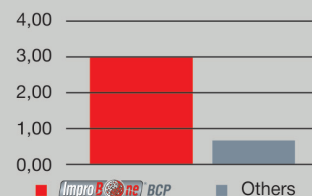
Porosity*



Pore size (µm)*



Mechanical Resistance (MPa)



Perence: C.M.S. Ranito, F.C. Olivera, J.P. Borges, Hydroxyapatite Foams For bone replacement Key Mater.

Eng. 284-286 (2005) 341-344; C.M.S. Ranito, Fabrication of Hydroxyapatite Foams bone mediacalapplications, SPM, vol 15, n°3/4 (2003) 2-15.

Instruction

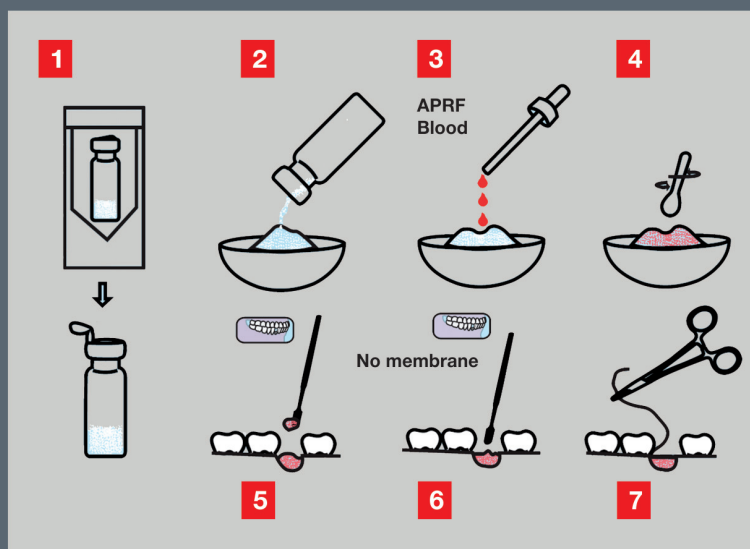
- Impregnate ImproBone BCP with patient's blood (APRF or IPRF) or mix with the autologous bone
- Place ImproBone BCP on slightly bloody or decorticated bone
- Slightly pack the material
- Mixing of ImproBone BCP with other materials is possible under dentist response

Indications

- Sinus lifting
- GBR
- Ridge preservation
- Filling of bone defects
- GBR around dental implants

Properties

- ImproBone BCP is porous synthetic ceramic, containing calcium phosphate and designed to fill bone defects. This ceramic consists a mixture of two types of calcium phosphate - hydroxyapatite and TCP.
- Calcium phosphate ceramics is rapidly osteointegrated due to chemical composition because it is very close to the mineral phase of human bone and due to its high porosity, which ensures full graft vascularization
- Tricalcium phosphate is more soluble than HA and improves the resorption of material, allowing to achieve resorption rate similar to physiology of bone cells



Ref No	Size	Quantity
IBB010505G	0.1 - 0.5 mm	0,5 g x 1 pc
IBB050105G	0.5 - 1 mm	
IBB010505P	0.1 - 0.5 mm	0,5 g x 5 pcs
IBB050105P	0.5 - 1 mm	
IBB010510G	0.1 - 0.5 mm	1 g x 1 pc
IBB050110G	0.5 - 1 mm	
IBB010210G	1-2 mm	
IBB010510P	0.1 - 0.5 mm	1 g x 5 pcs
IBB050110P	0.5 - 1 mm	
IBB010210P	1-2 mm	



0.1 - 0.5 mm



0.5 - 1 mm



1 - 2 mm

99,9% Tricalcium phosphate (TCP)

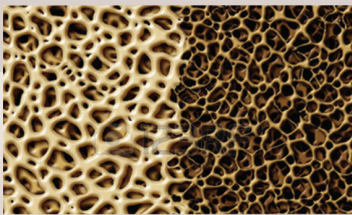
ImproBone[®] TCP

- 100% synthetic bone material •
- Osteoconductive •
- High porosity (90%) •
- Bioresorbable (1-6 months) •
- Hydrophilic •
- Radiopaque •



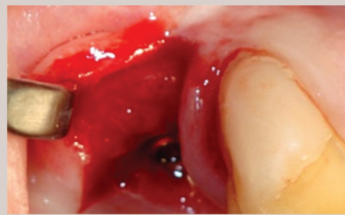
For quick
RESULTS

SAFE



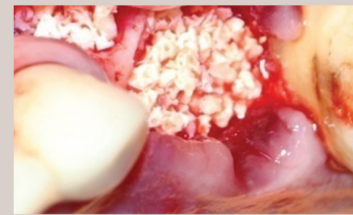
Not human or animal tissues are used. 100% synthetic.

BIORESORBABLE



Totally replaced by new bone within 3-12 months

NO MEMBRANE



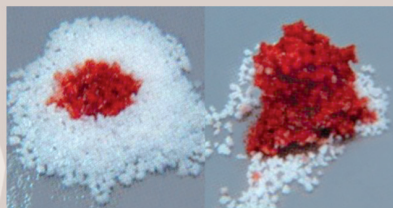
Not necessary to use membrane

RADIOPAQUE



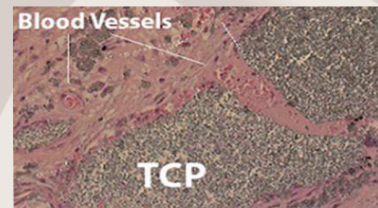
Allows to estimate the maturation of bone

HYDROPHILIC



Excellent adhesion

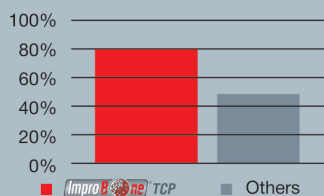
VASCULARIZATION



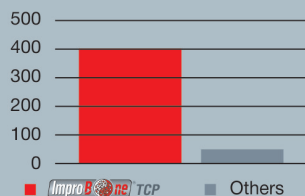
Induces angiogenesis and ensures vascularization

Resorption time from 1 month!

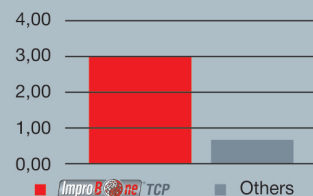
Porosity*



Pore size (µm)*

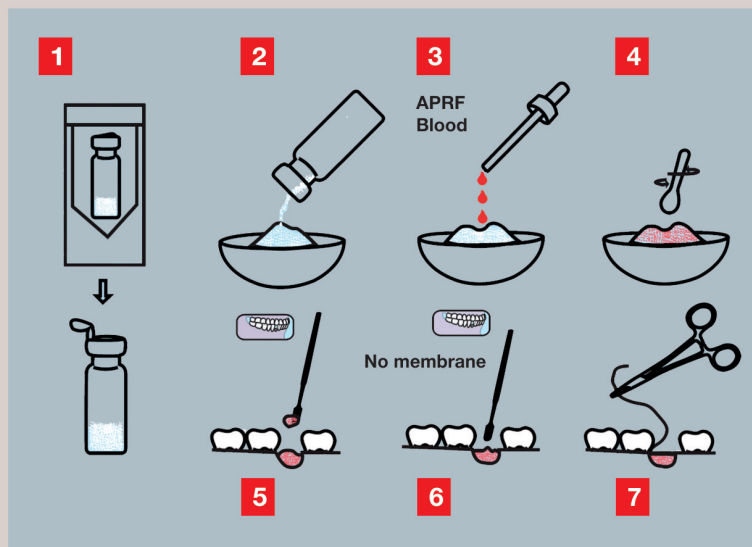


Mechanical Resistance (MPa)



Perence: C.M.S. Ranito, F.C. Olivera, J.P. Borges, Hydroxyapatite Foams For bone replacement Key Mater.

Eng. 284-286 (2005) 341-344; C.M.S. Ranito, Fabrication of Hydroxyapatite Foams bone mediacalapplications, SPM, vol 15, n°3/4 (2003) 2-15.



Instruction

- Impregnate ImproBone TCP with patient's blood (APRF or IPRF) or mix with the autologous bone
- Place ImproBone TCP on slightly bloody or decorticated bone, or into socket
- Slightly pack the material
- Mixing of ImproBone TCP with other materials is possible under dentist response

Indications

- GBR of small defects
- Filling of bone pockets around the teeth
- Ridge preservation
- GBR around dental implants
- Sinus lifting - crestal approach

Properties

- ImproBone TCP is porous synthetic ceramic, containing calcium phosphate and designed to fill bone defects. This ceramic consists of Beta-Tricalcium phosphate.
- Calcium phosphate ceramic is rapidly osteointegrated due to chemical composition because it is very close to the mineral phase of human bone and due to its high porosity, which ensures full graft vascularization.
- Tricalcium phosphate is more soluble than HA and improves the resorption of material, allowing to achieve resorption rate similar to physiology of bone cells. Optimal for small defects. Resorption time 1-3 months (up to 6 months).

Ref No	Size	Quantity
IBT010505G	0.1 - 0.5 mm	0,5 g x 1 pc
IBT050105G	0.5 - 1 mm	
IBT010505P	0.1 - 0.5 mm	0,5 g x 5 pcs
IBT050105P	0.5 - 1 mm	
IBT010510G	0.1 - 0.5 mm	1 g x 1 pc
IBT050110G	0.5 - 1 mm	
IBT010210G	1-2 mm	
IBT010510P	0.1 - 0.5 mm	1 g x 5 pcs
IBT050110P	0.5 - 1 mm	
IBT010210P	1-2 mm	



1 - 2 mm



0.5 - 1 mm



0.1 - 0.5 mm



SinPro

SAFE DIAMOND BUR FOR LATERAL SINUS-LIFTING

LIFETIME WARRANTY

Protective rim to rely on the bone walls and prevent from falling inside the sinus



High-quality German steel

ensures durability and reliability of the bur

Cuts even metal, but does not damage the thinnest mucous membrane



Artificial diamond grit of the same size and with smooth edges prevents **damage of the membrane**

The hemispherical shape of the bur ensures maximum bone wall preparation and at the same time protects the Schneiderian membrane from damage

SinPro burs are:

- **fast and efficient lateral window formation - grind-out technique (from 30 to 120 seconds)**
- **good access even in hard-to-reach areas due to optimal size**
- **guarantee of the safety of Schneider membrane**
- **reliability and durability**

There are 2 modifications of burs – with large diamond grit (universal) and medium diamond grit (for ultrafine mucous membrane)

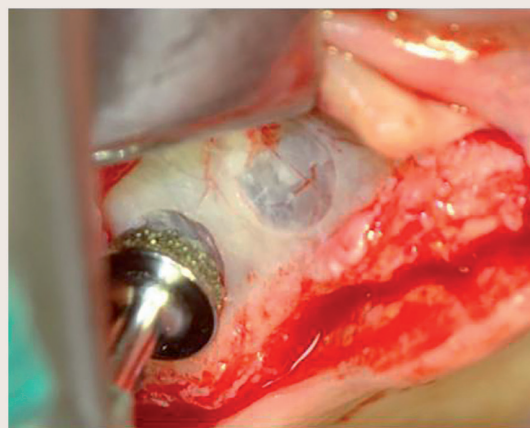


large diamond grit

85 €

medium diamond grit

Unique safe SinPro burs
- **guarantee of Schneiderian membrane safety**
Lifetime warranty



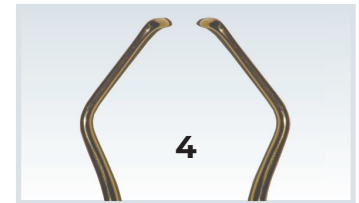
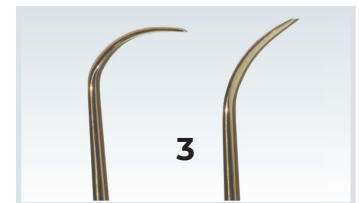
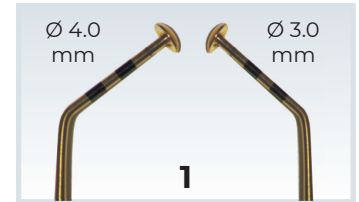
COSINUS – UNIVERSAL KIT FOR LATERAL AND CRESTAL SINUS-LIFTING



Improst

A set of osteotomes IMPROst with an ergonomic handle and two types of working end - concave and convex - allows not only to carry out a crestal (closed) sinus-lifting, but also to compact the bone, improving implant fixation. The shape of the handle allows to work without a hammer during ridge splitting on upper jaw. Made of German steel.

COSINUS – UNIVERSAL KIT FOR LATERAL AND CRESTAL SINUS-LIFTING



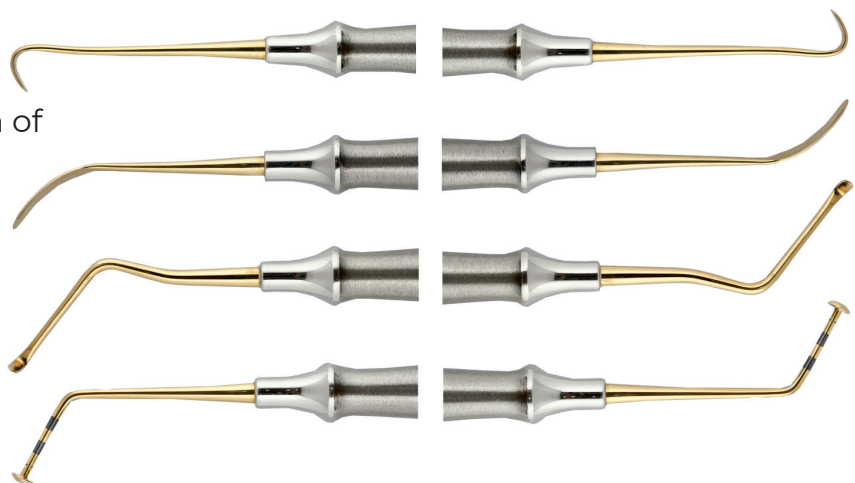
COSinus set consists of 4 currettes for Schneiderian membrane separation. Combinations of instruments allow to provide lateral and crestal sinus-lifting of any complexity.

1+2+3 = for open sinus-lifting

1+4 = for crestal (closed) sinus-lifting

Advantages:

- Safety due to special design of working tips
- Minimal trauma
- Easy to use – simple and obvious protocol
- Comfortable to use due to anti-slip handles
- 2 years guarantee
- German steel



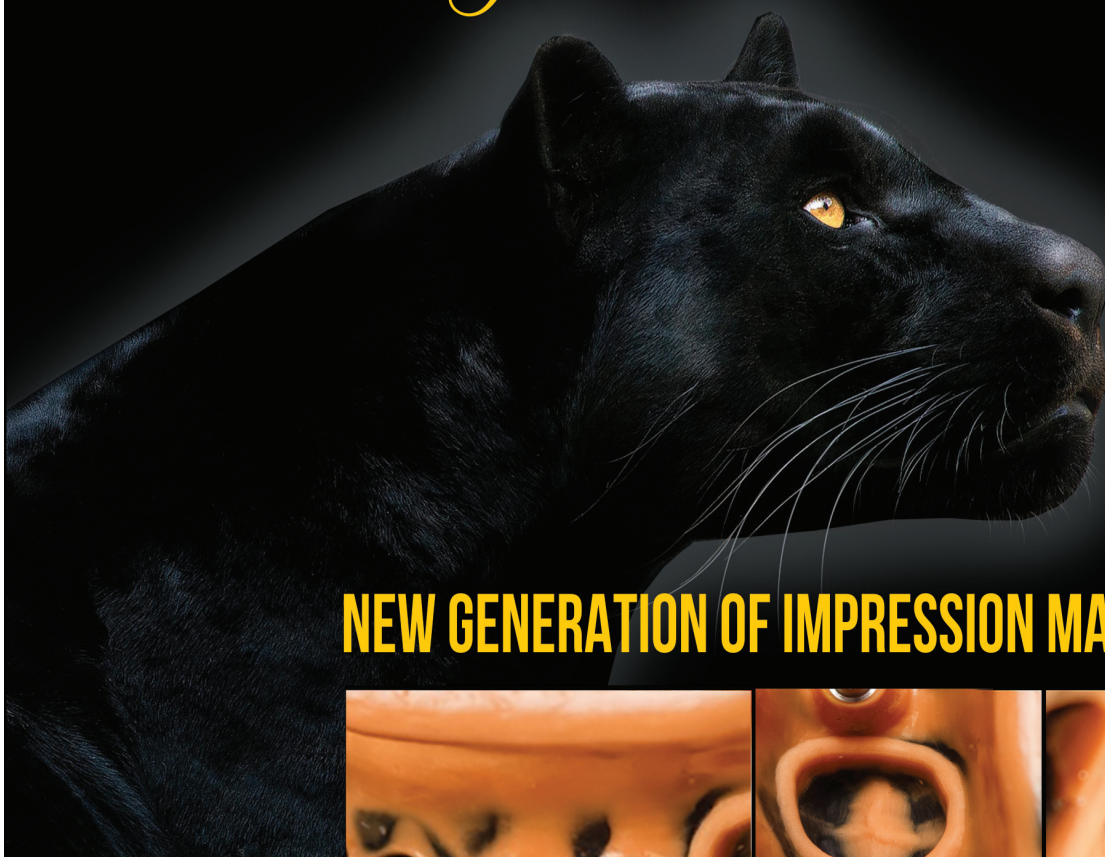
Silimpress

Made
in Germany



ImproViser®

Every detail is visible



NEW GENERATION OF IMPRESSION MATERIALS





Date

Time

Date

Time

50

