

Predictable Anterior Aesthetics with the INVERTA[™] Implant – A Dossier

Optimizing Predictable Anterior Aesthetics with an Innovative Body-Shift[™] Implant Design



Introducing the INVERTA[™] Implant



A NEW Implant Designed for Optimizing Aesthetics in Maxillary Anterior Extraction Socket Sites

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The Background of Breakthrough Innovations - Evolution of the INVERTA[™] Implant

A foreword based on the account of Dr. Stephen Chu, Graham Blackbeard, and Jeremy Pitman

In 2016 Dr. Stephen Chu (Prosthodontist, New York, USA) and Graham Blackbeard, Engineer, founder and managing director of Southern Implants, Pty (Republic of South Africa) met for discussions about dental implant design, specifically Southerns' MAX Implant. Graham detailed for Dr. Chu how the MAX Implant's innovative design is tailored to optimize molar post extraction sites and engage the bony septum in the inter-radicular and lateral walls, providing high primary stability. The latter being key as Dr. Chu explains, achieving high primary stability in molar extraction sockets is very challenging.

The conversation then evolved to Southern Implants' long-standing, privately owned history (established 1987), and how Graham has designed and manufactured products in collaboration with leading clinicians and researchers from around the world, including Prof. Per-Ingvar Brånemark. Graham highlighted Southerns' vision and mission of providing Innovative Treatment Solutions for Optimal Patient Outcomes, facts Dr. Chu had not previously had insight into. Dr. Chu was inspired by learning more about this unique company, especially in today's implant dentistry landscape. Dr. Chu then concluded "Southern Implants is like a Formula 1 racing car team; the technology that develops from the high-performance division is disseminated to the overall implant portfolio". The company manufactures specialty implants for the dental specialist through innovative treatment solutions in macro implant design." This is clearly characterized by Southern's existing product portfolio of site-specific implants: Zygomatic, Co-Axis® Subcrestal Angle Correction[®] Implants, MAX, Extra Oral Ultra-Short Implants, as well as conventional Parallel-Walled and Tapered Implants.

Dr. Chu was intrigued with Southern Implants' vision, triggering a thought. "The dental implant profession faces similar challenges with maxillary anterior extraction sockets, which has been a subject of particular interest and expertise for Dr. Chu and his long-time surgical partner Dr. Dennis Tarnow. According to Dr. Chu and many thought leaders on the subject, there are

anatomic limitations in an apical direction for bone engagement and primary stability before violating the floor of the nasal cavity. However, diameter is a very effective mechanism in achieving high primary stability. The Co-Axis Implant design takes anatomic advantage of the greater volume of apical-palatal bone while offering a consistent screw-retained restorative solution. However, the Co-Axis Implant requires an incisal path of drilling and insertion, which is easier to perform, but comes at the expense of diminished facial-crestal gap distance. Invariably, implants placed into extraction sockets are subcrestal on the palatal and interproximal sides. Consequently, as a classically trained prosthodontist, Dr. Chu found the provisional restoration of Tapered, Parallel-Walled and Co-Axis Implants to be problematic since the top of the implant is divergent and wide, which limits the amount of restorative space for prosthetic components. Dr. Chu found platform switching to help this cause, but it was frequently not enough. Therefore, in Dr. Chu's opinion, the simplest solution to these dilemmas could be to significantly decrease the coronal diameter of the



2016



INVERTA Implant Design History

Initial commercial release consists of INVERTA[™] Co-Axis[®] and Straight Deep Conical and External Hex configurations. Additional configurations planned for release are designs in PROVATA™ Internal Hex connection and narrower, and wide bodies.

implant. The Co-Axis Implant was designed in 2002 for edentulous ridge applications, making Subcrestal Angle Correction[®] novel for that application, however the actual body of the implant was still not ideal for extraction socket therapy. Dr. Chu, realizing the need for a new implant design ideal for immediate extraction socket therapy set out to look for a corporate partner to bring this concept to life. Recalling his enlightened and inspirational conversation with Graham, knowing the company can be nimble, reactive and proactive being privately owned, Dr. Chu believed Southern Implants may be the right partner for this endeavor. Dr. Chu brought the basic concept in implant scheme to Graham Blackbeard, and together the INVERTA or inverted reverse-tapered implant design concept was born and finalized with the assistance of Drs. P.O. Östman, Costa Nicolopoulos, and Dennis

Tarnow. The INVERTA Implant is a novel and unique design concept that represents a paradigm shift in biologic thought as it relates to modern day aesthetic implant dentistry.

It offers the best of both worlds: higher primary stability of a wider diameter tapered implant shape at the apical portion and the gap distance of a smaller diameter cylindrical implant in the coronal portion, all in a singular body design.

Welcome to the latest breakthrough technology from Southern Implants - Welcome to INVERTA!

"Over the past 10-years we have been engaged in studies of immediate placement in anterior extraction sockets. What we've learned in following these patient groups has been extremely valuable in developing the INVERTA Site-Specific Implant"

> - Graham Blackbeard Founder and Managing Director Southern Implants (Pty) Ltd. Irene, RSA



The INVERTA[™] Difference

Deep Conical Internal Connection

appuddada

External Hex

Popular Co-Axis[®] Feature

Built-in 12° Subcrestal Angle Correction® without using angled abutments resulting in greater facial soft-tissue volume and ideal screw-retained restorative options.

Body-Shift[™] Implant Design

Coronal aspect is narrow and tapers outward to a maximum diameter midway down the length of the implant. This innovative design allows for apical bone engagement in immediate placement and a coronal chamber for bone growth resulting in natural aesthetics.

High Strength Titanium

Manufactured from High Strength Grade 4 Pure Titanium (≥900 MpA) providing exceptional fatigue strength.

Coronal Thread

All INVERTA Implants feature a shallow square thread at the coronal aspect designed for blood clot and graft stability and thereafter the ability to effectively transfer load to the bone.

SInergy[™] Surface with 20-Year History

Decades of clinical research back the un-changed, moderately rough Southern Implants Alumina-blasted surface shown to have consistent results for early osseointegration and longevity.

Apical Thread

Aggressive thread for maximum primary stability in trabecular bone.

5.0mm



- 1. Create preliminary osteotomv with the dedicated spade drill (D-3SPADE-IV)
- 2. Begin shaping the osteotomy with the dedicated tapered drill (D-IV4513)
- 3. Complete the osteotomy shaping with the dedicated tapered drill (D-IV5013)



4. Place the implant 2-3mm subcrestally

Research Summary: Evaluation of an Innovative Hybrid Macroaeometry Dental Implant in Immediate Extraction Sockets: A Histomorphometric Pilot Study in Foxhound Dogs.

Research Summary: Evaluation of the novel implant INVERTA[™] in Cadavers



Nevins M, Chu SJ, Jang W, Kim DM.

Summary by: P.O. Östman, DDS, PhD, MD

A preclinical pilot study was performed to evaluate the safety, efficacy, primary stability, and wound healing of a hybrid dental implant with a unique macrogeometry design in which the coronal section is narrower and cylinder-shaped followed by a wider, tapered apical portion, each comprising approximately one half the length of the implant.

Material and Methods

Eighteen hybrid macrogeometry-designed dental implants were placed bilaterally into three foxhounds in the mandibular third and fourth premolar and first molar (P3, P4, and M1, respectively) extraction sockets of different dimensions immediately following full periosteal flap elevation and removal of teeth without socket grafting.

Bone plate thickness, implant position and depth, gap distance, and insertion torque values were measured following implant installation.

Surgical sites were healed uneventfully for 3 months, and then samples of soft and hard tissues surrounding the implants were retrieved to perform light microscopic and histo-morphometric analyses.



Surgical sites were healed uneventfully for 3 months, and then samples of soft and hard tissues surrounding the implants were retrieved to perform light microscopic and histo-morphometric analyses.

Results

All 18 implants were stable and osseointegrated both clinically and

radioaraphically. The analyses revealed that the amount of hard tissue alteration and bone fill that occurred during the healing period was significantly influenced by the thickness of the bone plate, the size of the horizontal buccal gap, and the implant diameter, position, and depth within the extraction socket.

The P3 and P4 hybrid implants placed approximately 1.0 mm subcrestal from the interproximal height of bone with less gap distance (≤ 1.0 mm) exhibited minor to modest (1.5 to 2.0 mm) crestal bone remodeling relative to the implant platform. Conversely, M1 implants positioned with areater depth (≥ 2.0 mm) and app distance (≥ 2.0 mm) that were evaluated in a buccallingual dimension exhibited minimal crestal change with first bone-to-implant contact within 1.0 mm (range: 0.00 to 0.89 mm) of the machined-collar surface.

The thicker lingual bone plate on all M1 implants was relatively maintained and unaffected. The apical half of the implant provided high initial stability (range: 65 to 100 Ncm). The mean percentage of bone-to-implant contact was 56.34% (range: 40.15% to 72.04%).

Conclusion

This preclinical study provided clinical and histologic evidence to support the safety and efficacy of a new hybrid macrogeometry implant design that achieved excellent primary and secondary stability in immediate extraction sockets without grafting.



AO 2018 Los Angeles

Christiaens V, Glibert M, Pitman J, De Bruvn H.

The objective of this study was to evaluate the volumetric viability and buccal gap distance of the INVERTA Implant.

Forty implants were placed in the premaxilla's of 6 human cadavers to evaluate 2 INVERTA Implant designs (design 1= reversed tapered body shift in the apical 40%, design 2= reversed tapered body shift apical 50%) to neighboring teeth, anatomical structures as well as the buccal gap distance. INVERTA design 1 implant was placed first, and immediately following its removal, INVERTA design 2 implant was placed in the same locus. After placing each implant, a peri-apical X-ray was taken to evaluate the position of the reversed tapered body shift to the neiahborina anatomical structures (see Figure 1).

INVERTA Implants increase the apical bone to implant contact in cases of immediate placement and may be seen as a promising solution.

Results

A mean insertion torque value of 65 Ncm (range 45 to 100 Ncm) was reached with the use of the tapered apical half of the implant healing period of 1 year. A labial plate dimension body.

No implants failed during an average between 1.8 and 2.1 mm was attained

Research Summary: Prospective Multicenter Clinical Cohort Study of a Novel Macro Hybrid Implant in Maxillary Anterior Postextraction Sockets - 1-Year Results.

Chu SJ, Östman PO, Nicolopoulos C, Yuvanoglu P, Chow J, Nevins M, Tarnow DP.

Summary by: P.O. Östman, DDS, PhD, MD

Material and Methods

A prospective cohort clinical study was performed to evaluate the concept and design of a novel macro hybrid implant placed into maxillary anterior postextraction sockets. Thirty-three patients with an equal number of hybrid implants were used to replace nonrestorable single anterior teeth with immediate tooth replacement therapy (immediate implant placement and immediate provisional restoration).

A mean insertion toraue value of 65 Ncm (range 45 to 100 Ncm) was reached with the use of the tapered apical half of the implant body. No implants failed during an average healing period of 1 year. A labial plate dimension between 1.8 and 2.1 mm was attained immediately posttreatment and remained stable over time. A tooth-to-implant interdental as reached; it was also sustained at the 1-year follow-up.

The average PES was 12.5 (range 9.0 to 14.0), with nearly 90% of treated sites with an "almost perfect" score.





immediately posttreatment and remained stable over time. A tooth-to-implant interdental bone crest distance and dimension of 2.3 to 2.6 mm was reached; it was also sustained at the 1-year follow-up. The average PES was 12.5 (range 9.0 to 14.0), with nearly 90% of treated sites with an "almost perfect" score.

Conclusion

This macro hybrid implant in concept and design may be useful in immediate tooth replacement therapy of maxillary anterior postextraction sockets to achieve successful implant survival and esthetic outcomes, specifically labial plate and papilla preservation without midfacial or interdental tissue loss and discoloration.







Int J Periodontics Restorative Dent. 2018;38(Suppl):s17-s27. doi: 10.11607/prd.3987.

Utilizing the INVERTA[™] Co-Axis[®] Implant to Achieve Predictable and Highly Aesthetic Outcomes

Clinical Treatment By:

Stephen J. Chu, DMD, MSD, CDT & Dennis P. Tarnow, DDS

Case Overview

A 47 year old female patient presented with a chief complaint of discoloration of tooth #9 and #10. Radiographic and clinical examination resulted in a diagnosis of secondary occlusal traumatism and pulpal atrophy with a poor endodontic prognosis. Based on this diagnosis, the treating clinicians recommended immediate tooth replacement therapy for tooth #9 utilizing a PROVATA™ Implant and a INVERTA Co-Axis Deep Conical Implant for #10. A provisional restoration using acrylic resin was placed the day of surgery and the final restorations will be two single-unit, metal-ceramic screw-retained crowns.



1. Patient presents with complaints of discoloration and hypermobility of #9 and #10. Radiograph shows signs of trauma and resorption.



gingival recession.



4. The design of the mount for the INVERTA Implant allows visualization of the screw access hole to be in the ideal restorative position.



5. Temporary Cylinders screw access holes aligned with the cingulum for proper aesthetics. Provisional Restorations set over the temporary cylinders, prior to luting with acrylic resin.



6. The finished, polished, and characterized provisional restoration is used as a prosthetic socket seal device in dual-zone graffing therapy.





2. Pre-operative condition of teeth #9, 10. Note the thin periodontal phenotype, scalloped gingival architecture and mid-facial



PROVATA[™] Implant placed at tooth #9 and INVERTA[™] Co-Axis[®] (12° Subcrestal Angle Correction[®]) Deep Conical Implant placed at tooth #10. Note the INVERTA Implant does not impinge on the buccal wall.



7. Provisional restoration and CBCT at three-month follow-up.

"The INVERTA Implant design represents a paradigm shift in biologic and aesthetic thinking. Combining apical stability with an inverted Body-Shift design allows for coronal spacing, optimizing the ability to provide more bone and ultimately superior aesthetics for patients."

> - Stephen J. Chu, DMD, MSD, CDT New York, USA

Immediate Implant Placement with 18-Month Follow-Up and No Buccal Recession

Clinical Treatment By:

P.O. Östman, DDS, PhD, MD

Case Overview

A 35 year old male patient presented with a crown and root fracture endodontic complication. Radiographs and clinical examination resulted in a diagnosis of a mobile tooth #9 with horizontal root fracture, endodontic complication, biotype 2 with keratinized mucosa, and tooth #8 enamel/dentin fracture. Based on diagnosis, treating clinician recommended extraction of tooth #9, immediate implant placement and temporalization utilizing a PEEK Temporary Cylinder with a composite crown. After 10 weeks healing, a veneer was placed on tooth #8 and a definitive restoration was placed on the implant at tooth #9 location.



1. Pre-Operative clinical photograph showing tooth #9 with temporary filling after trauma.



2. The tooth was carefully removed and the buccal bone plate was shown to be intact.



4. An INVERTA External Hex Implant was placed with a final torque of 80 Ncm.



5. The INVERTA Co-Axis[®] Implant was oriented according to the dimple of the implant mount. The driver was used to verify prosthetic direction.



showing stable buccal bone wall.





3. Bone quality was type 2 and a 5.0 mm INVERTA™ Final Drill was used to shape the osteotomy.



7. 18-month follow-up clinical pictures. Note: No evidence of buccal recession.

"To be able to use" IINVERTA Implants in aesthetically challenging cases gives me a predictable outcome with limited buccal recession and healthy soft tissue."

- P.O. Östman, DDS, PhD, MD Falun, Sweden



Achieving Predictable Aesthetic Results When Immediately Loading the Anterior Maxilla Extraction Socket

Clinical Treatment By:

Costa Nicolopoulos, BDS, FFD (MFOS) (Oral Maxillofacial Surgeon) & Petros Yuvanoglu, DMD (Prosthodontist)

Case Overview

A 38 year old male patient presented with mobility in anterior. Radiographs and clinical examination resulted in a diagnosis of an unrestorable, fractured root at tooth #8. Based on diagnosis, treating clinicians recommended extraction of the fractured tooth, immediate implant placement and an all ceramic final restoration.



1. Mobile clinical crown, swelling over cervical and mid-buccal region.



2. Endodontically treated tooth #8, appearing to have a fracture line palatal at alveolar crest level and confirmed at tooth extraction.



3. An INVERTA External Hex Implant was placed with a final torque of 80 Ncm.



4. Final all ceramic zirconia screw-retained crown placed 4 hours after implant placement. CBCT x-ray taken at the same time. Note the "gap" in-between the buccal plate and the implant coronally.



5. CBCT and clinical photograph at 1-year follow-up.



4. Dual-zone bone grafting with a 4:1 ratio of FDBA/Xenograft and temporary cylinder allows for visualization of the angle correction afforded by Co-Axis built-in Subrcrestal Angle Correction[®].





"By body shifting with the INVERTA Implant we see less bone and papilla loss at SameDay Dental Implants in Dubai "

Costa Nicolopoulos, BDS, FFD (MFOS) & Petros Yuvanoglu, DMD ıbai. UAF

Achieving High Primary Stability After Immediate Implant Placement in the Aesthetic Zone

Clinical Treatment By:

Barry P. Levin, DMD

Case Overview

A 34 year old female presented with the chief complaint of poor aesthetics at tooth #9. Radiographs and clinical examination resulted in a diagnosis of replacement resorption. Based on diagnosis, treating clinician recommended extraction of the tooth and immediate implant placement with provisional crown. Final will be a screw-retained PFM restoration.



. Pre-operative situation demonstrates asymmetry of the gingival margins between tooth #8 and #9 caused by ankylosis of tooth #9.



2. Flapless extraction of tooth #9 facilitated with piezoelectric surgery In the region of ankylosis.



3. Flapless placement of a INVERTA™ Co-Axis[®] Deep Conical Implant. Initial toraue value of 45 Ncm and ISQ of 61 from the facial and palatal resulted in good primary stability.



5. Screw-retained provisional crown fabricated. Dermal Apron Technique[®] utilized for immediate temporization.



6. Clinical and x-ray taken10-weeks post-operative shows soft tissue stability and radiographic bone height was maintained. ISQ value 70 (at implant placement ISQ 61) from buccal & palatal.



"INVERTA affords surgeons the best opportunity to achieve primary stability and hard/soft tissue maintenance for long-lasting, predictable Immediate Tooth Replacement"

Barry P. Levin, DMD Pennsylvania, USA

Immediate implant placement and provisionalization with GBR/GTR

Clinical Treatment By:

Nicholas Egbert DDS, MDS

Case Overview

A 22 year old female presented complaining about an infection and short front tooth. Radiographs and clinical examination resulted in a diagnosis of severe root resorption at tooth #9, 2-3mm atrophy of facial plate, localized moderate periodontitis with CAP #9, non-restorable. Based on the diagnosis the treating clinician recommended extraction of tooth #9, Guided Bone Regeneration (GBR), Guided Tissue Regeneration (GTR) and implant placement. Immediate screw-retained provisional restoration out of occlusion was completed day of surgery. Final restoration will be a screwretained all-ceramic crown.



1. Patient presented with failed root canaled tooth. Tooth #9 showing resorption.



2. Co-Axis[®] Subcrestal Angle Correction[®] design provides the ideal location for screw access.







3. Placement of INVERTA[™] Co-Axis Implant.



4. Occlusal view of GBR using Dermal Apron Technique®



- 5. Facial of provisional restoration showing Dermal Apron Technique
 - 6. CT showing INVERTA Co-Axis Implant placement.



"INVERTA increases the predictability of provisionalizing immediate implants while optimizing biologic, biomechanical and aesthetic outcomes; a tremendous benefit to the patient."

licholas Egbert DDS, MDS Utah, USA

Treating the Endodontic Tooth with a Long-Term, Aesthetic Option

Clinical Treatment By:

Harold Baumgarten, DMD

Case Overview

A 53 year old female patient presented with a broken crown at endodontically treated tooth #9. Radiographs and clinical examination resulted in a diagnosis of the tooth being unrestorable. Based on diagnosis, the treating clinician recommended extraction of tooth #9, immediate implant placement, bone grafting and immediate PMMA provisional restoration. After healing a screw-retained all ceramic crown will be fabricated for the final restoration.



1. Pre-operative clinical and xray showing #9 crown recemented temporarily after it dislodged.



2. Crown removed, tooth extracted, and guide pin placed after osteotomy was created.

3. Implant placed, coronal gap grafted with FDBA. and radiographs taken. Note the direct bone-to-implant contact at the middle and apical of the implant and the chamber at the narrower coronal portion. The gap was grafted with FDBA.



4. Provisional restoration completed day of implant placement.



5. Provisional restoration and CBCT 2-weeks post-operative.



"I get great primary stability in sockets while having a narrow implant at the bone crest."

- Harold Baumgarten, DMD Pennsylvania, USA

Immediate Extraction with Implant Placement and Immediate Non-Occlusal Loading

Clinical Treatment By:

Robert A. del Castillo, DMD

Case Overview

A 22 year old male patient presented unhappy with his anterior aesthetics. Radiographs and clinical examination resulted in a diagnosis of a crown fracture on the palatal side, composite build-up with defective margins and recurrent decay of tooth #9. Based on diagnosis, treating clinician recommended immediate extraction, implant placement with non-occlusal load using a screw-retained PEEK abutment and provisional crown. Final restoration 4-6 months post implant insertion will be screw-retained zirconia crown with layered porcelain using Passive Abutment Components.



1. Preclinical picture and radiograph demonstrating large composite build-up with defective margins.



2. External Hex INVERTA[™] Co-Axis[®] Implant placed. Correct orientation of implant is achieved with aid of dimple marking on implant mount.







3. Orientation of hex with 12° angle correction toward the palate. Dual zone grafting with Cortico/Cancellous allograft.



4. Immediate non-occlusal loading of provisional restoration was achieved. Provisional was fabricated using a screw retained PEEK interim abutment and lab provisional crown.



5. Five-days post operative soft tissue follow-up.



"INVERTA's innovative Body-Shiff[™] Design combined with the Co-Axis 12° Subcrestal Angle Correction® represents a treatment solution ideal for long-term, sustainable anterior aesthetics for my patients."

Robert A. del Castillo, DMD Florida, USA

Achieving High Primary Stability After Immediate Implant Placement in the Aesthetic Zone

Clinical Treatment By:

Michael Will, DDS, MD, FACS

Case Overview

A 41 year old female presented with internal resorption of tooth #6. Radiographs and clinical examination resulted in a diagnosis of internal root resorption, secondary to trauma with a healthy thick biotype and no swelling or inflammation noted. Based on the diagnosis, the clinician recommended extraction, bone graft, immediate implant placement, and immediate provisional screw-retained crown at site #6. A natural tooth provisional crown was fabricated and relined with composite resin. A PFM crown final restoration will be placed following healing.



1. Pre-operative panorex radiograph showing cervical internal resorption of tooth #6 prior to atraumatic flapless extraction.



2. Initial INVERTA[™] 2mm Twist Drill



3. Final INVERTA Tapered 4.5mm Drill

4. INVERTA Co-Axis[®] Implant placed along the incisal edge axis with a palatal 12° correction and access for screw retention.



- 5. Natural tooth provisional crown #6.
- 6. Natural tooth provisional crown recontoured to prevent centric or excursive contact. Proximal contact of the provisional crown was avoided to prevent micro-movement.





"INVERTA Implants combine the aggressive thread design of the Max implant and a narrower coronal portion to achieve outstanding primary stability. INVERTA Co-Axis provides predictable palatal screw-axis for final restorations. This implant system routinely meets and frequently exceeds all of the esthetic requirements for highly successful aesthetic zone immediate implant placement outcomes."

Michael Will, DDS, MD, FACS Marvland, USA

INVERTA[™] Product Breadth

Available in INVERTA Co-Axis® and Straight Deep Conical and External Hex Implants. Additional configurations coming soon are designs in PROVATA[™] Internal Hex connection and narrower, and wide bodies.

INVERTA Straight Implant

INVERTA Drills

INVERTA Co-Axis Implants



Acknowledgment

It isn't often that a chance meeting, a short three years ago, would lead to a groundbreaking innovation in optimizing predictable aesthetics.

Three years to design, test, research and commercialize a line of products is unheard-of, yet, INVERTA happened! By combining Southern Implants expertise and willingness to seize an opportunity to optimize patient outcomes with clinician innovators, patients around the globe now have a treatment option they didn't have before. To this end, the Southern Implants Team sincerely thanks all who contributed to INVERTA. Special thanks to Dr. Chu for trusting Southern with bringing his vision to reality. To Drs. P.O. Östman, Costa Nicolopoulos, and Dennis Tarnow for their tireless clinical inputs into the final design. To Drs. Myron Nevins and Hanae Saito for their valued research expertise. To Dr. Véronique Christiaens for the validation of the design, stability and gap distance through an extensive cadaver study. Drs. Baumgarten, Chu, Del Castillo, Egbert, Levin, Nicolopoulos, Östman, Will and Yuvanoglu, for their participation in the registry, meticulous INVERTA case documentation, expert review and assistance bringing this Dossier to completion.

Aesthetics Reimagined

INVERTA[™] Implant

The implant designed for natural looking aesthetics in anterior maxillary extraction sockets.

To learn more, contact your Southern Implants Representative or visit southernimplants.com



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