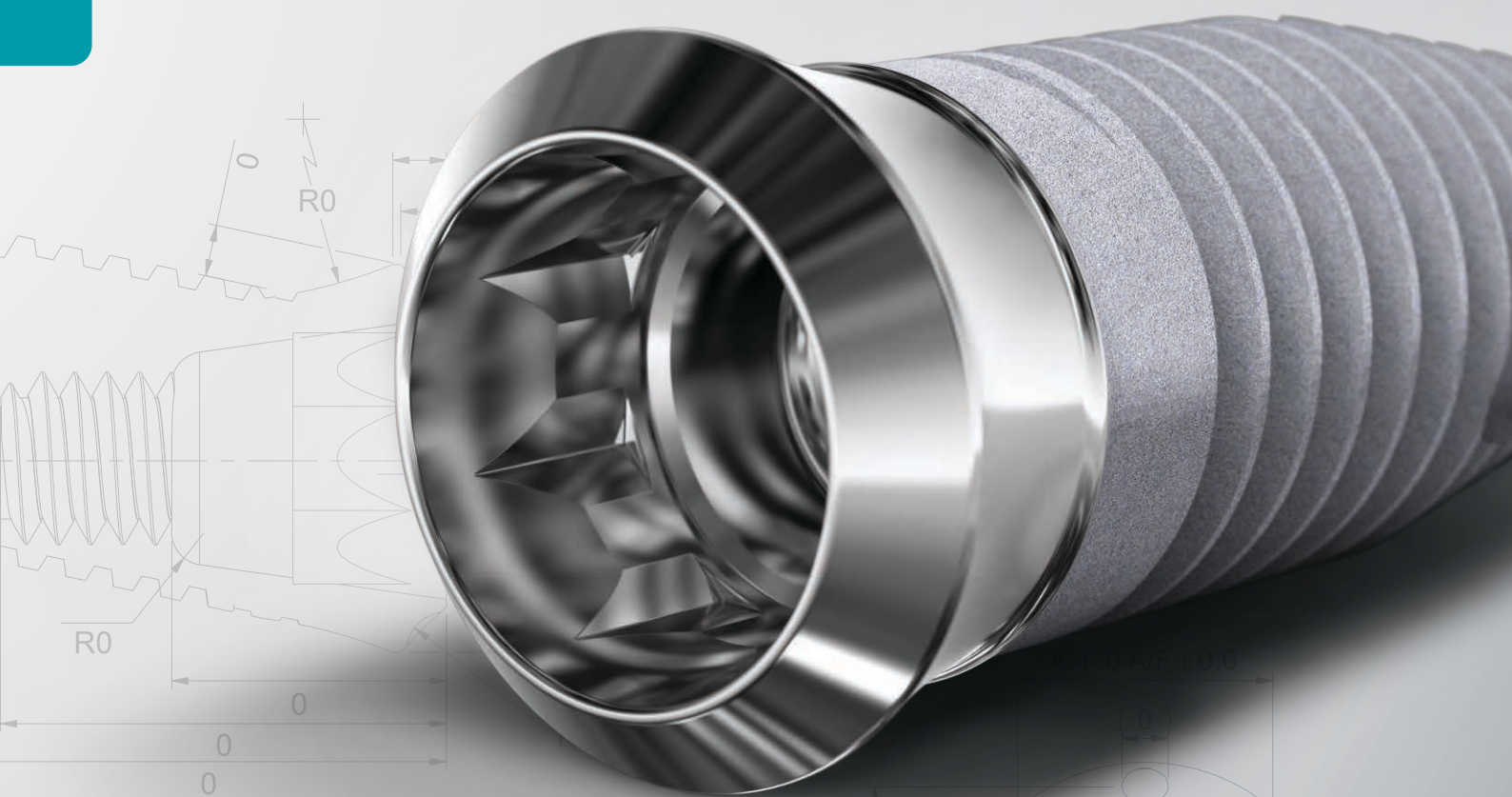




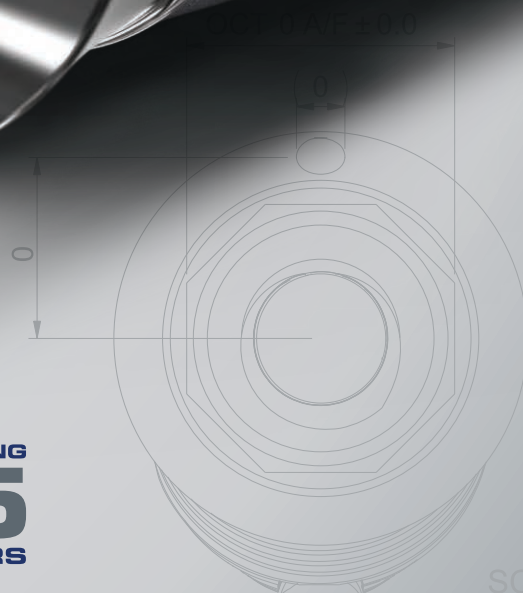
IT CONNECTION
SOUTHERNIMPLANTS



DETAIL C
SCALE 20 : 1

CELEBRATING
25
YEARS

PRODUCT CATALOGUE V.9.2



VIEW B
SCALE 3 : 1



Dental implants are now an indispensable part of dental treatment options. With the globalization of medical infrastructures and higher standards of living, implant applications continue to increase.

Southern Implants has been a manufacturer and distributor of dental implants since 1987. Today, the Southern group is a leading biomedical engineering entity, with major intellectual property and capabilities in implantable devices, arthroplasties and tissue regeneration. Top-end professional users, who want more choices, have driven our product range to enormous and exciting heights. Striving for excellence and meeting customer needs has led to our wide product range characterized by numerous unique and innovative products, which include:

- Multiple interfaces, both internal and external, to suit customer preference.
- The MAX, a wide-diameter implant specifically designed for molar tooth replacement.
- Co-axis, the only angled-top, tapered, screw-form implant, available in angulations of 12°, 24° and 36°.
- The 55° Zygomatic implant, optimized for load distribution.
- Many products optimized for primary stability and suitable for immediate loading.
- A surface which continues to out perform those which it is trialled against.

My sincere thanks to all specialists, dentists and technicians who give continual feedback, suggestions and input. The products are our interpretation of your needs.



Graham Blackbeard
Managing Director, Southern Implants

Contents

IT Implants Introduction.....	Page 02
Ø3.3 ITC Implants, Components and Site Preparation Information.....	Page 03
Ø4.1 ITC Implants, Components and Site Preparation Information.....	Page 04
Ø4.9 ITC Implants, Components and Site Preparation Information.....	Page 05
Ø4.9 ITC6 Implants, Components and Site Preparation Information.....	Page 06
Ø4.0 ITT Implants, Components and Site Preparation Information.....	Page 07
Ø5.0 ITT Implants, Components and Site Preparation Information.....	Page 08
Ø6.0 ITT Implants, Components and Site Preparation Information.....	Page 09
Ø5.0 ITT6 Implants, Components and Site Preparation Information.....	Page 10
ITST12d Co-Axis Implants Introduction.....	Page 11
Ø4.0 ITST12d Co-Axis Implants, Components and Site Preparation Information.....	Page 12
Ø5.0 ITST12d Co-Axis Implants, Components and Site Preparation Information.....	Page 13
MAXIT Implants Introduction.....	Page 14
Ø7.0 MAXIT Implants, Components and Site Preparation Information.....	Page 15
Ø8.0 MAXIT Implants, Components and Site Preparation Information.....	Page 16
Ø9.0 MAXIT Implants, Components and Site Preparation Information.....	Page 17
Immediate Implant Placement into a Molar Extraction Socket.....	Page 18
Implant Pick-up & Placement Procedures.....	Page 19
Ø4.8 Prosthetic Flowchart.....	Page 20
Ø6.5 Prosthetic Flowchart.....	Page 21
IT and MAX Instrument Trays.....	Page 22
Prosthetic Instrument Tray.....	Page 23
Precision Attachments & Bars.....	Page 24
Explanation of Symbols & Certificates.....	Inside Cover
Contact Details.....	Back Cover

Complimentary Manuals & Instructions

Instructions for use.....	PRO-6038
Externally Hexed Product Catalogue.....	CAT-2020
TRI-NEX Product Catalogue.....	CAT-2004
Instrument Catalogue.....	CAT-2006
Prosthetic & Laboratory Manual.....	CAT-2001
Cranio - Facial Brochure.....	CAT-2036
Patient Information Brochure.....	CAT-2022

Various Data Sheets are available on our website
www.southernimplants.com

Images are for illustration purposes only and do not necessarily accurately represent the product.

The Internal Octagon Implant Range

The IT range of implants consist of cylindrical (ITC) and tapered (ITT) versions. The ITC implants are available in diameters 3.3mm, 4.1mm and 4.9mm, and the ITT implants come in diameters of 4.0mm, 5.0mm and 6.0mm.

Adding a new dimension to anterior aesthetics, is the Co-Axis range of ITT implants with the prosthetic axis angled at 12 degrees to the surgical axis. These implants come in diameter 4.0mm and 5.0mm.

For molar tooth replacement, there are highly tapered MAXIT implants in diameters 7.0mm, 8.0mm and 9.0mm.

These implants are made from ASTM-F67-95 Grade 4 Pure Titanium and surface enhanced using the Southern well proven process which has been in use for more than 15 years, giving a surface with:

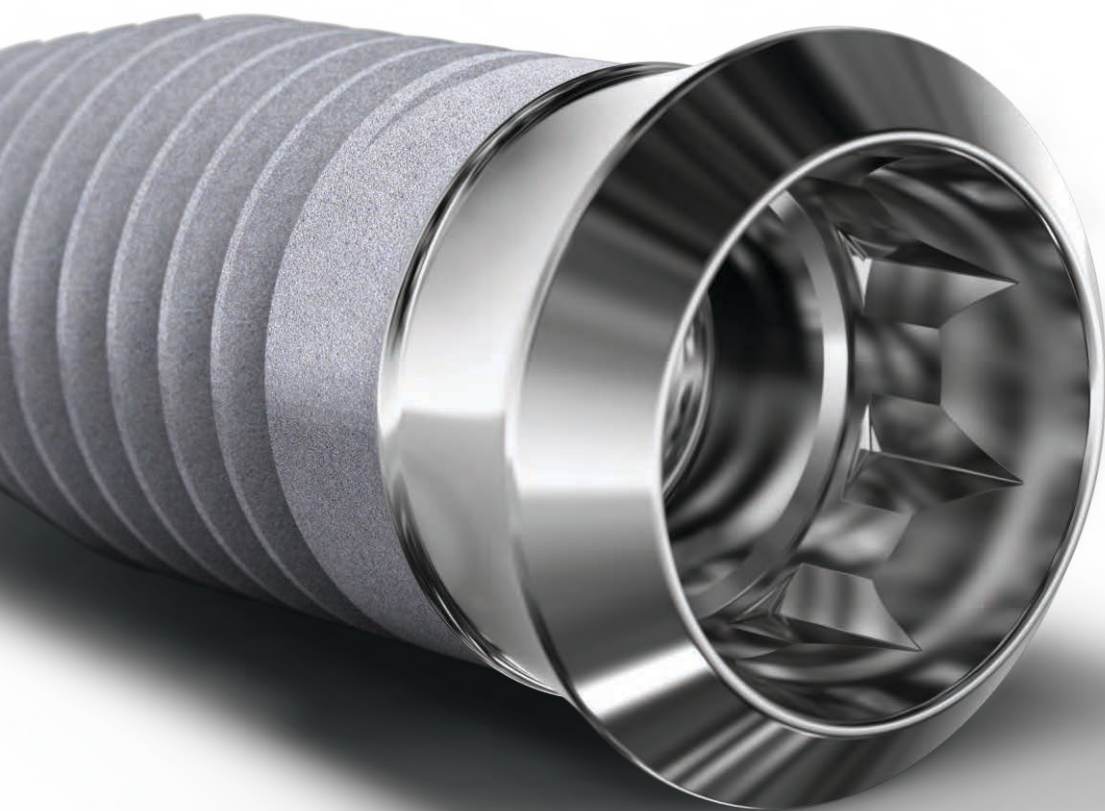
S_a = 1.43 μ m
 S_{cx} = 12.15 μ m
 S_{dr} = 50%.

The implant abutment interface consists of an external 45° bevel top, an internal octagon for anti-rotation, and an 8° internal taper. The effectiveness of this interface has been proven by both Swiss and American manufacturers.

Short Implant, 6mm length Implant Indications:

Due to the reduced surface area for anchorage in bone, the **6mm length** implants are only recommended for the following indications:

- **As an additional implant together with longer implants to support implant-borne reconstructions.**
- **As an auxiliary implant for implant-borne bar constructions supporting full dentures in a severely atrophied mandible.**



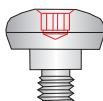
Cover Screw

Healing Abutments

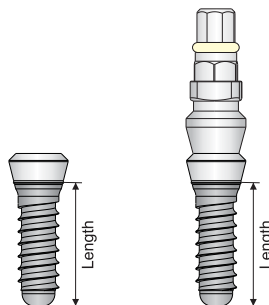
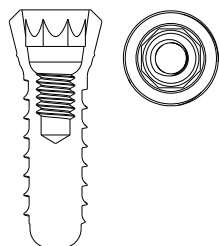
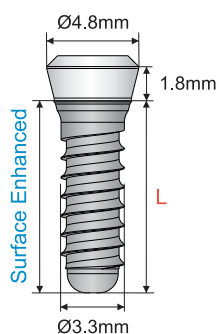
TT0



TT



1 / 2 / 3 / 4.5



Unmounted Implants

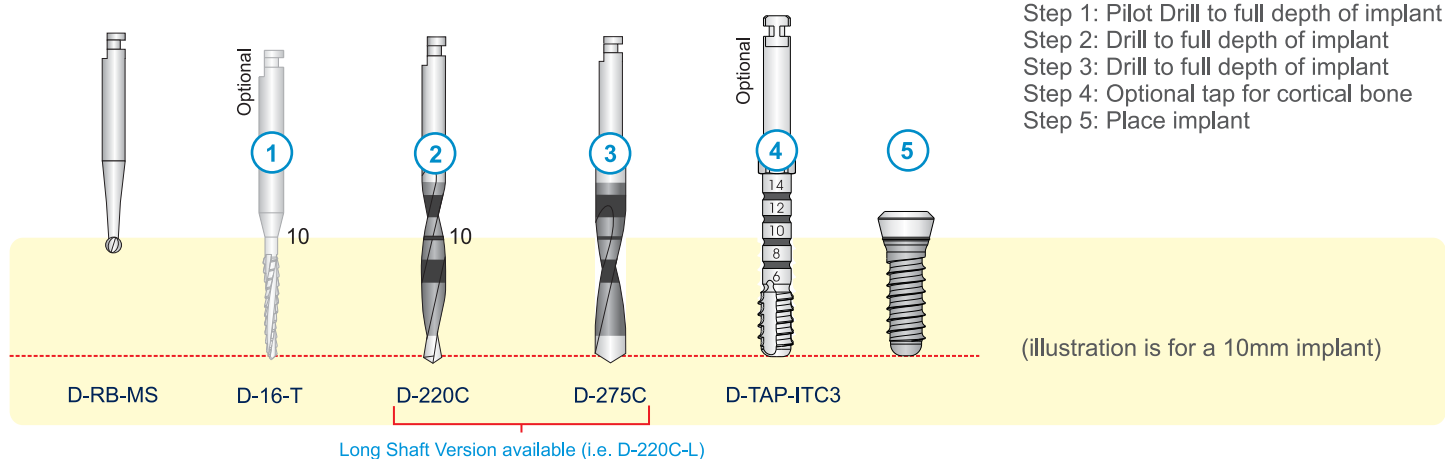
- ITC306. Length = 6mm
- ITC308. Length = 8mm
- ITC310. Length = 10mm
- ITC312. Length = 12mm
- ITC314. Length = 14mm

Pre-Mounted Implants

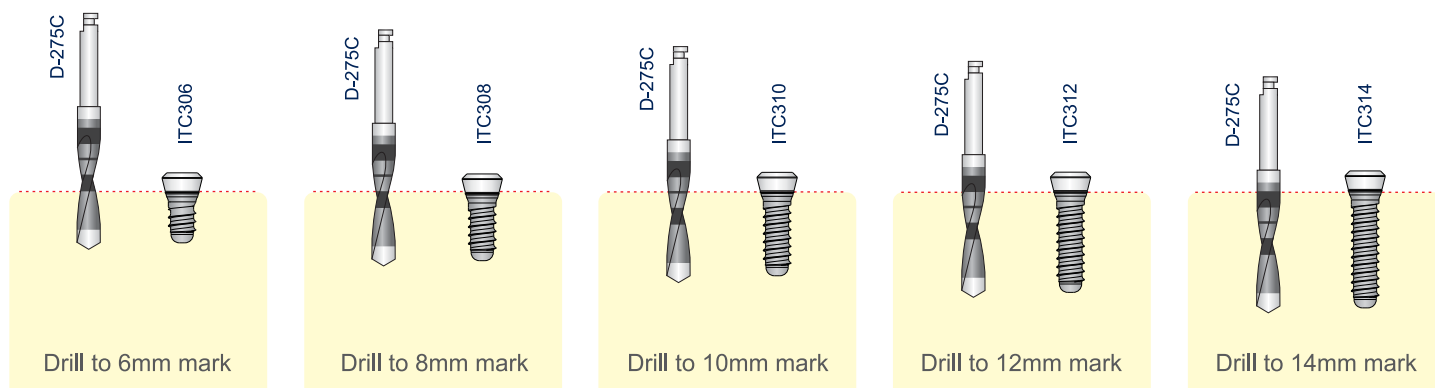
Packaged with TT1 Healing Abutment

- ITC306 f. Length = 6mm
- ITC308 f. Length = 8mm
- ITC310 f. Length = 10mm
- ITC312 f. Length = 12mm
- ITC314 f. Length = 14mm

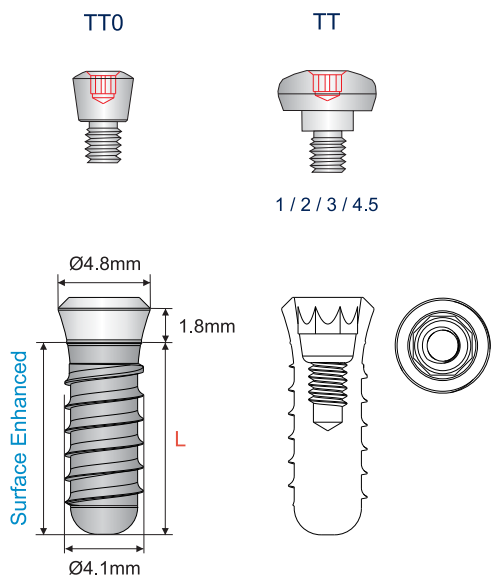
Site Preparation Sequence



Relationship of Final Drill Depth to Implant Position



Cover Screw Healing Abutments



Unmounted Implants

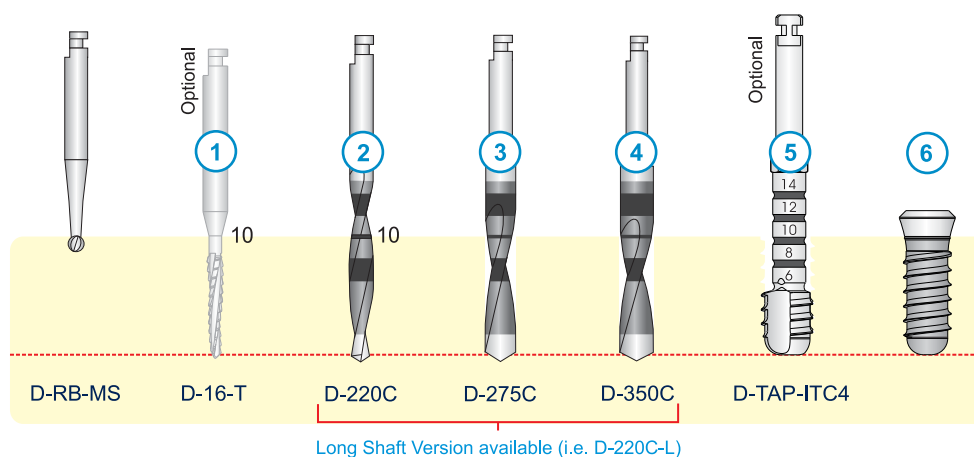
- ITC406.** Length = 6mm
- ITC408.** Length = 8mm
- ITC410.** Length = 10mm
- ITC412.** Length = 12mm
- ITC414.** Length = 14mm

Pre-Mounted Implants

Packaged with TT1 Healing Abutment

- ITC406 f.** Length = 6mm
- ITC408 f.** Length = 8mm
- ITC410 f.** Length = 10mm
- ITC412 f.** Length = 12mm
- ITC414 f.** Length = 14mm

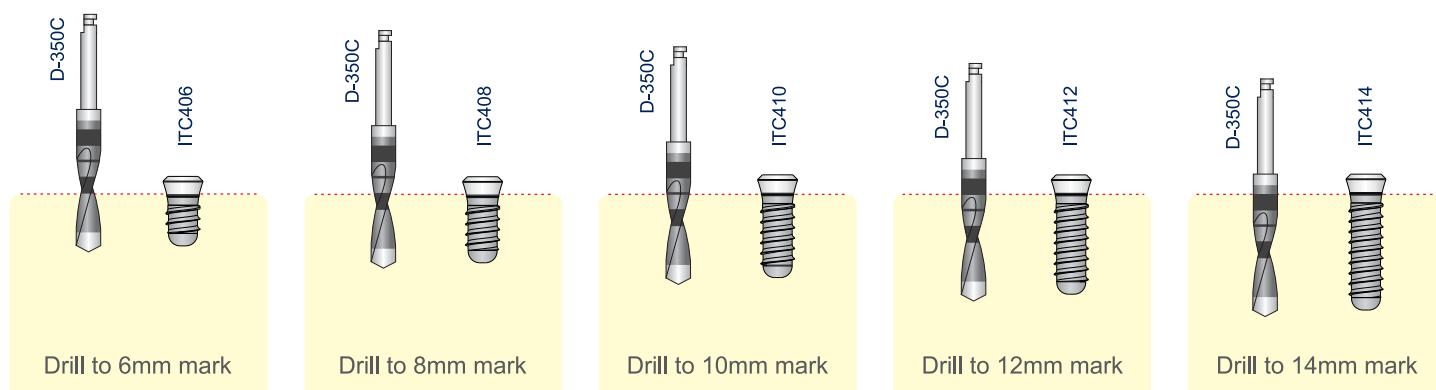
Site Preparation Sequence



- Step 1: Pilot Drill to full depth of implant
- Step 2: Drill to full depth of implant
- Step 3: Drill to full depth of implant
- Step 4: Drill to full depth of implant
- Step 5: Optional Tap for cortical bone
- Step 6: Place implant

(illustration is for a 10mm implant)

Relationship of Final Drill Depth to Implant Position



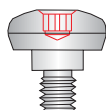


Cover Screw Healing Abutments

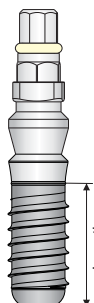
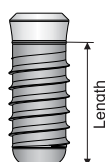
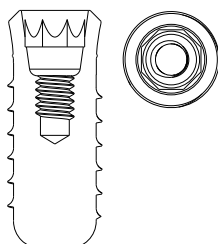
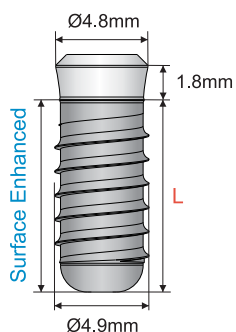
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TT



1 / 2 / 3 / 4.5



Unmounted Implants

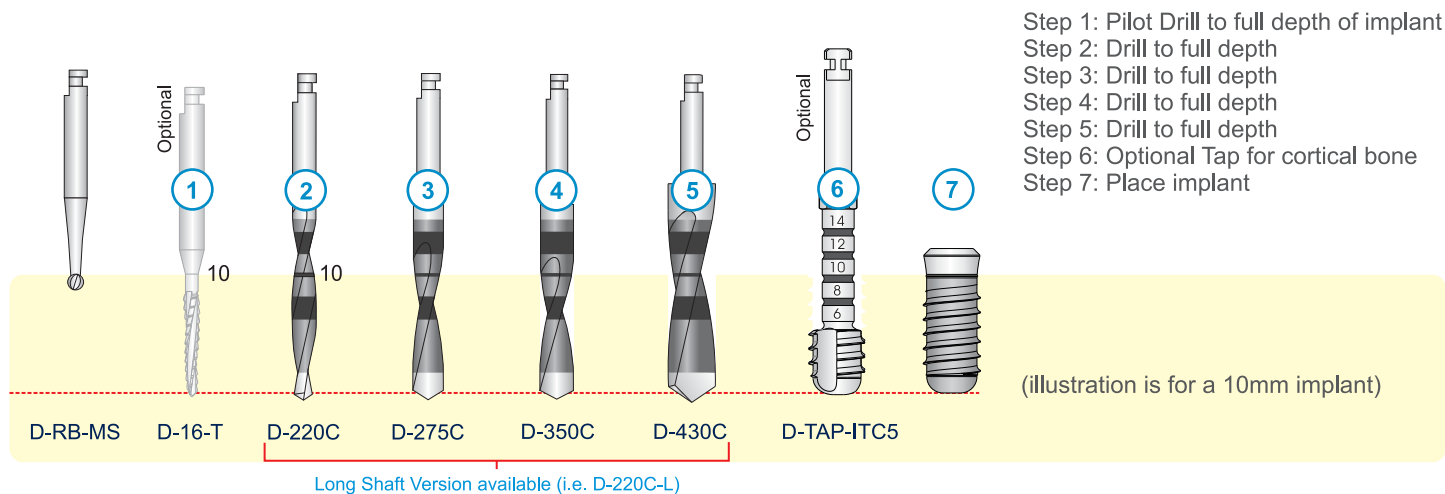
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- ITC508. Length = 8mm
- ITC510. Length = 10mm
- ITC512. Length = 12mm
- ITC514. Length = 14mm

Pre-Mounted Implants

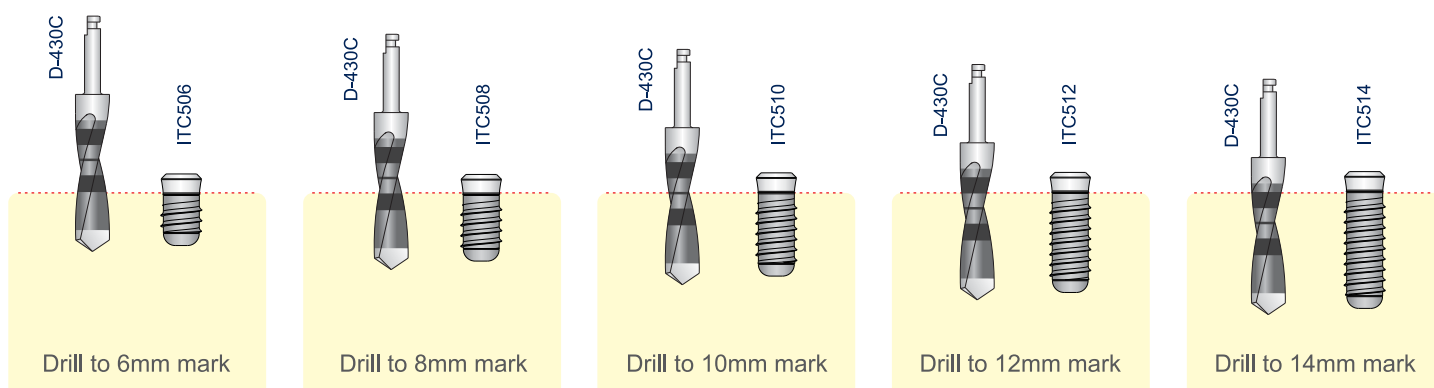
Packaged with TT1 Healing Abutment

- ITC506 f. Length = 6mm
- ITC508 f. Length = 8mm
- ITC510 f. Length = 10mm
- ITC512 f. Length = 12mm
- ITC514 f. Length = 14mm

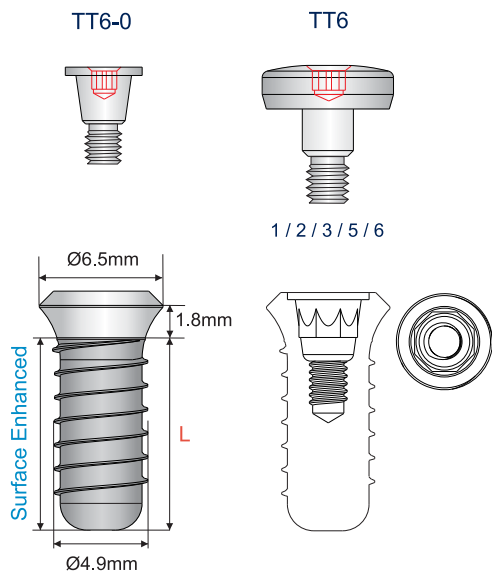
Site Preparation Sequence



Relationship of Final Drill Depth to Implant Position



Cover Screw Healing Abutments



Unmounted Implants

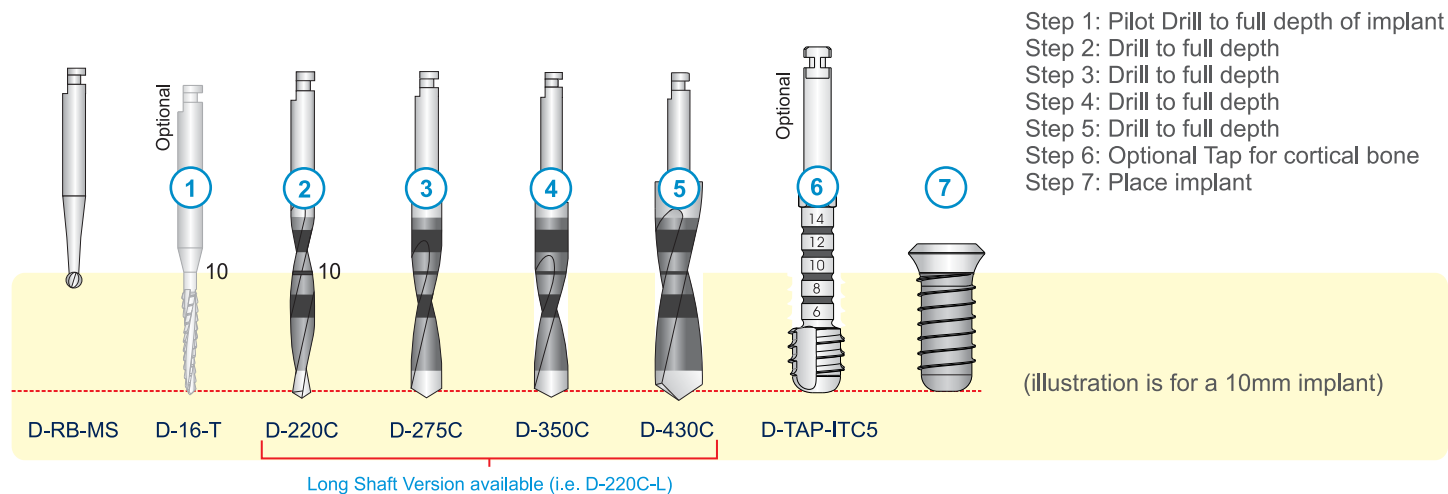
- ITC6-506.** Length = 6mm
- ITC6-508.** Length = 8mm
- ITC6-510.** Length = 10mm
- ITC6-512.** Length = 12mm

Pre-Mounted Implants

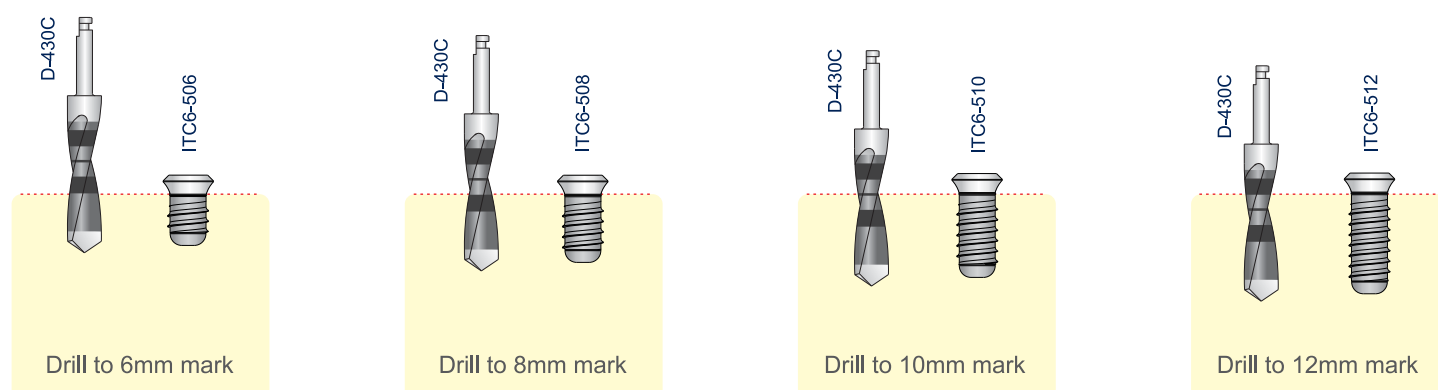
Packaged with TT6-1 Healing Abutment

- ITC6-506 f.** Length = 6mm
- ITC6-508 f.** Length = 8mm
- ITC6-510 f.** Length = 10mm
- ITC6-512 f.** Length = 12mm

Site Preparation Sequence



Relationship of Final Drill Depth to Implant Position



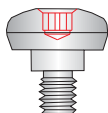
Cover Screw

TT0

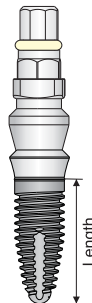
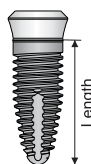
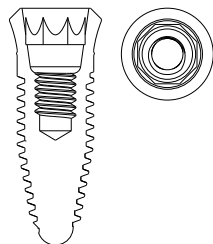
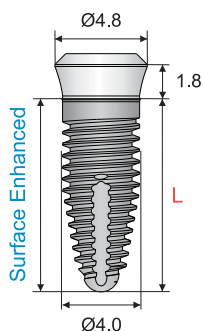


Healing Abutments

TT



1 / 2 / 3 / 4.5



Unmounted Implants

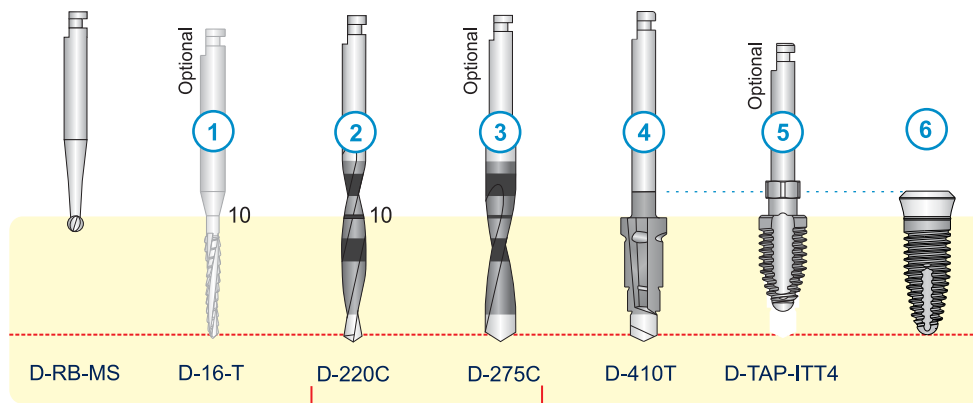
- ITT408. Length = 8mm
- ITT410. Length = 10mm
- ITT412. Length = 12mm
- ITT414. Length = 14mm

Pre-Mounted Implants

Packaged with TT1 Healing Abutment

- ITT408 f. Length = 8mm
- ITT410 f. Length = 10mm
- ITT412 f. Length = 12mm
- ITT414 f. Length = 14mm

Site Preparation Sequence

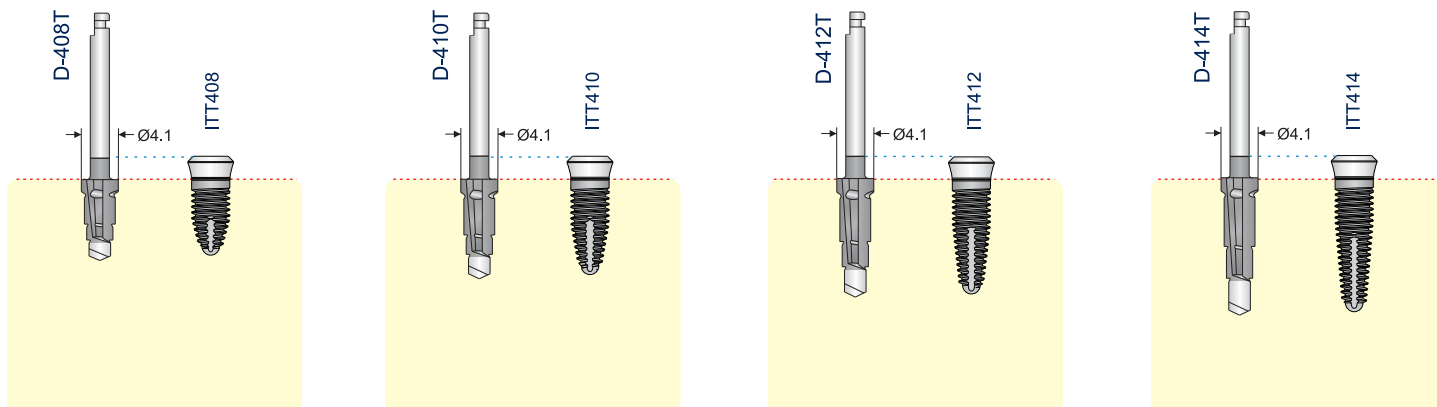


Long Shaft Version available (i.e. D-220C-L)

- Step 1: Pilot Drill to full depth of implant
- Step 2: Drill to full depth of implant
- Step 3: Drill to full depth of implant
- Step 4: Dedicated Drill to full depth
- Step 5: Optional Tap for cortical bone
- Step 6: Place implant

(illustration is for a 10mm implant)

Relationship of Final Drill Depth to Implant Position



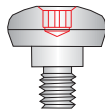
Cover Screw

TT0

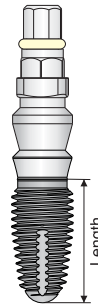
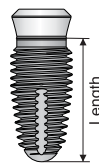
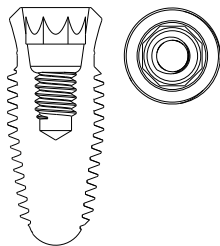
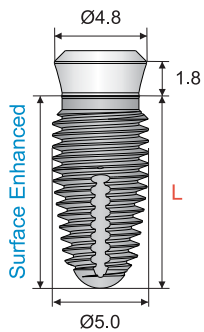


Healing Abutments

TT



1 / 2 / 3 / 4.5



Unmounted Implants

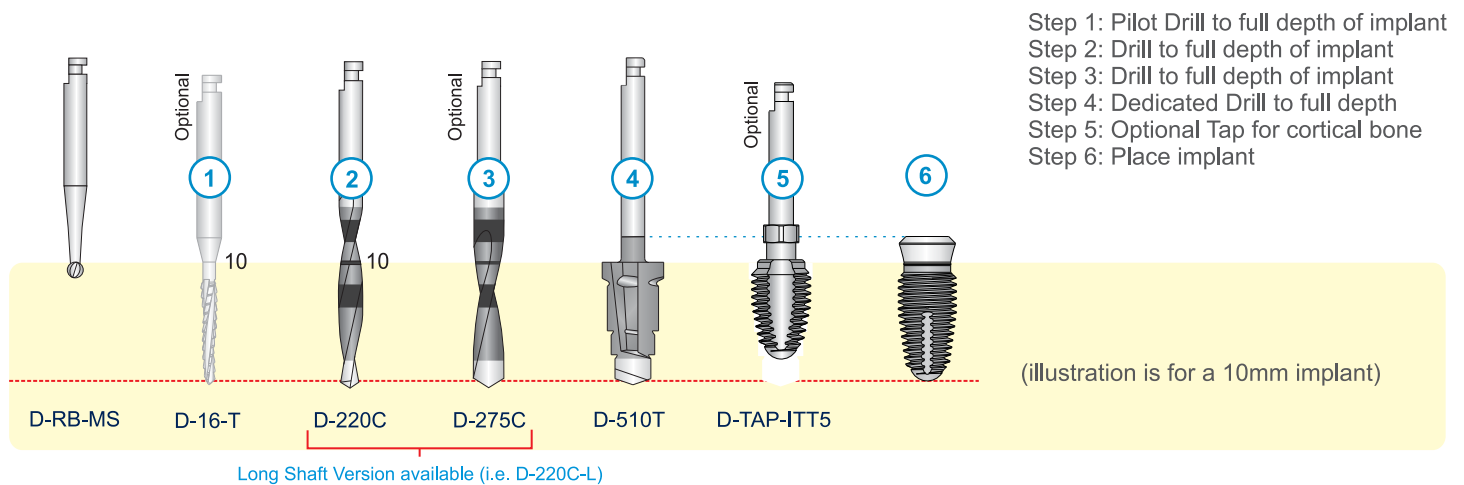
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- ITT510. Length = 10mm
- ITT512. Length = 12mm
- ITT514. Length = 14mm

Pre-Mounted Implants

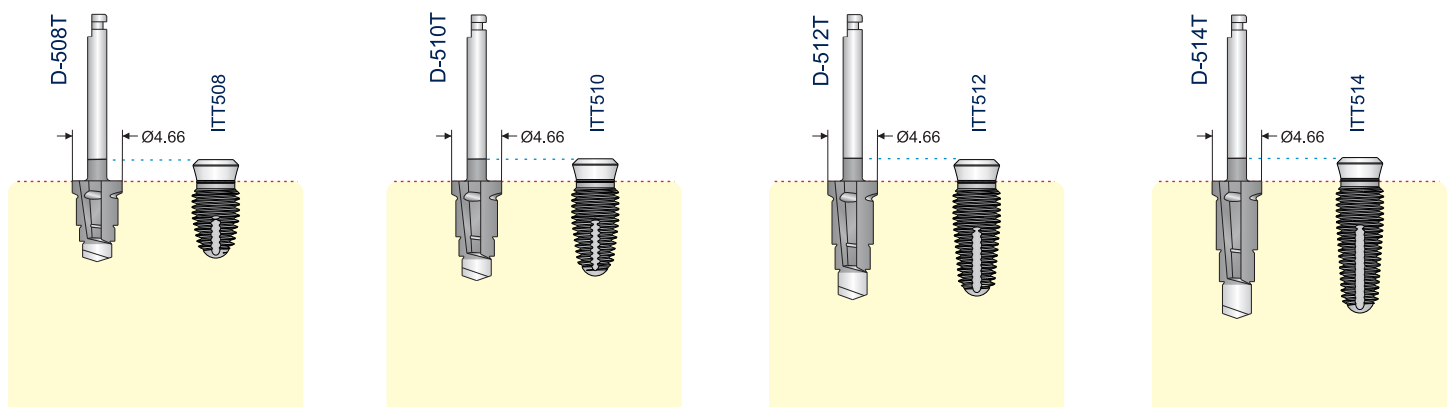
Packaged with TT1 Healing Abutment

- ITT508 f. Length = 8mm
- ITT510 f. Length = 10mm
- ITT512 f. Length = 12mm
- ITT514 f. Length = 14mm

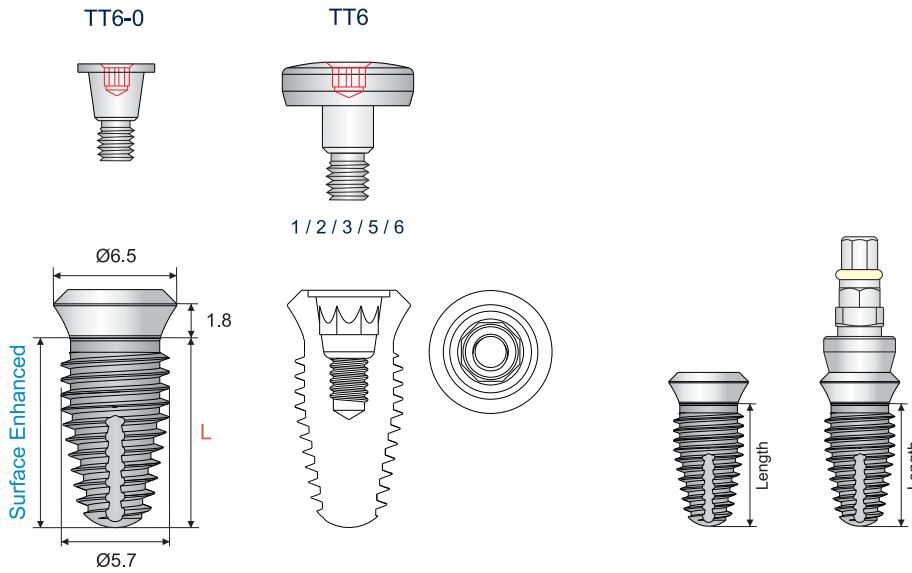
Site Preparation Sequence



Relationship of Final Drill Depth to Implant Position



Cover Screw Healing Abutments



Unmounted Implants

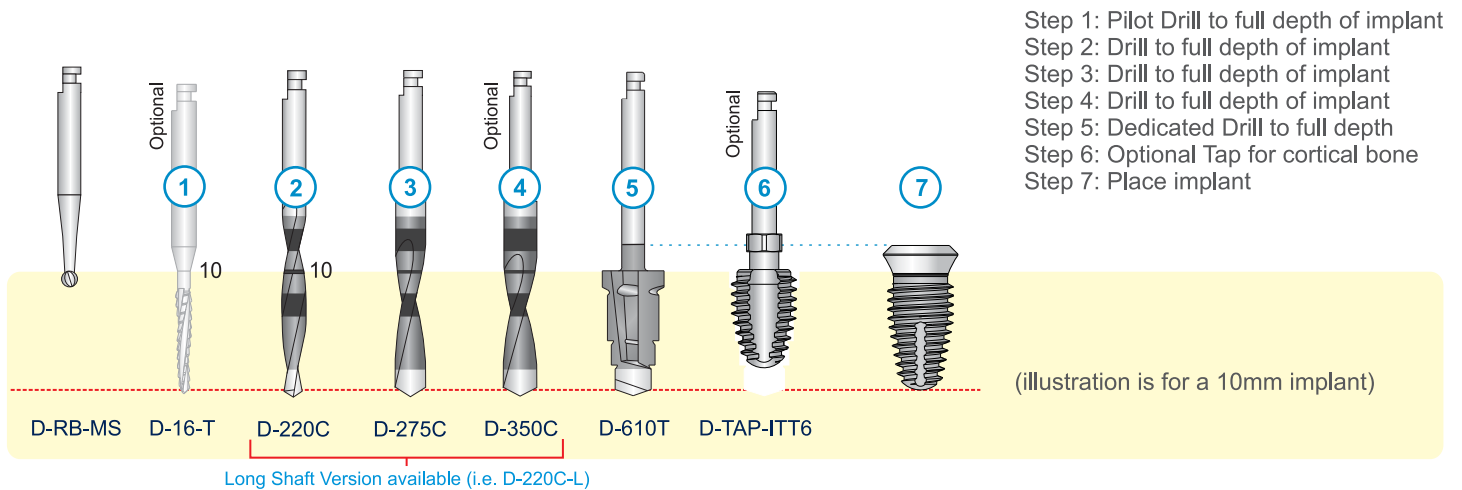
- ITT608. Length = 8mm
- ITT610. Length = 10mm
- ITT612. Length = 12mm

Pre-Mounted Implants

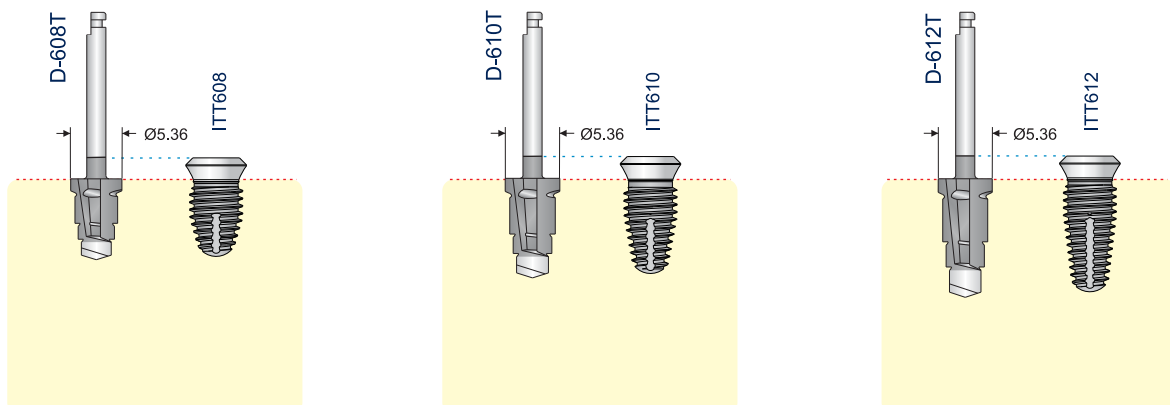
Packaged with TT6-1 Healing Abutment

- ITT608 f. Length = 8mm
- ITT610 f. Length = 10mm
- ITT612 f. Length = 12mm

Site Preparation Sequence



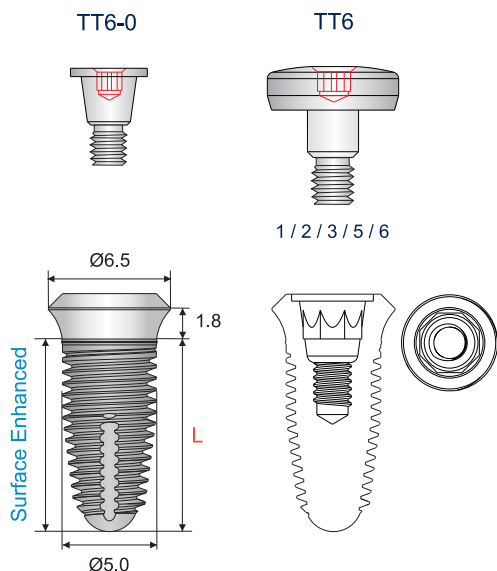
Relationship of Final Drill Depth to Implant Position



ITT6 Ø5.0 Implants

 Diameter 5.0mm Implants with Diameter 6.5mm Prosthetics

Cover Screw Healing Abutments



Unmounted Implants

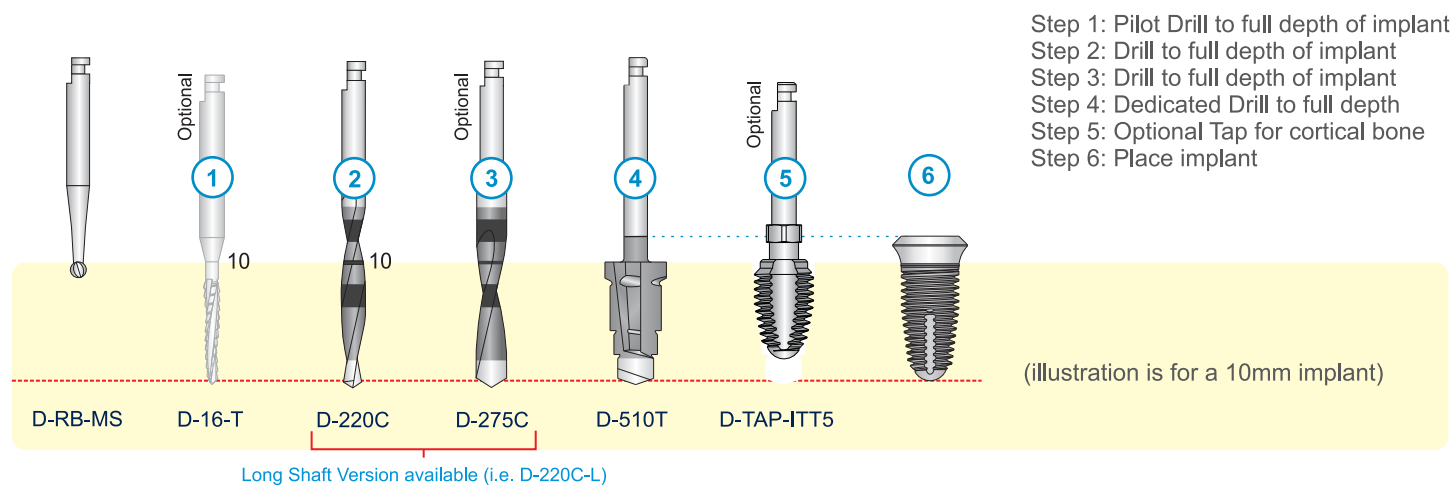
ITT6-508. Length = 8mm
ITT6-510. Length = 10mm
ITT6-512. Length = 12mm

Pre-Mounted Implants

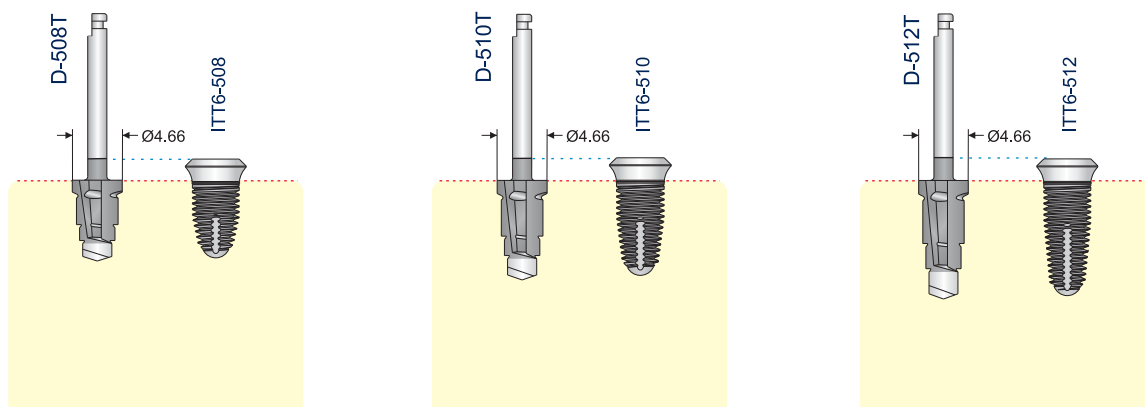
Packaged with TT6-1 Healing Abutment

ITT6-508 f. Length = 8mm
ITT6-510 f. Length = 10mm
ITT6-512 f. Length = 12mm

Site Preparation Sequence



Relationship of Final Drill Depth to Implant Position



The Internal Octagon Co-Axis range

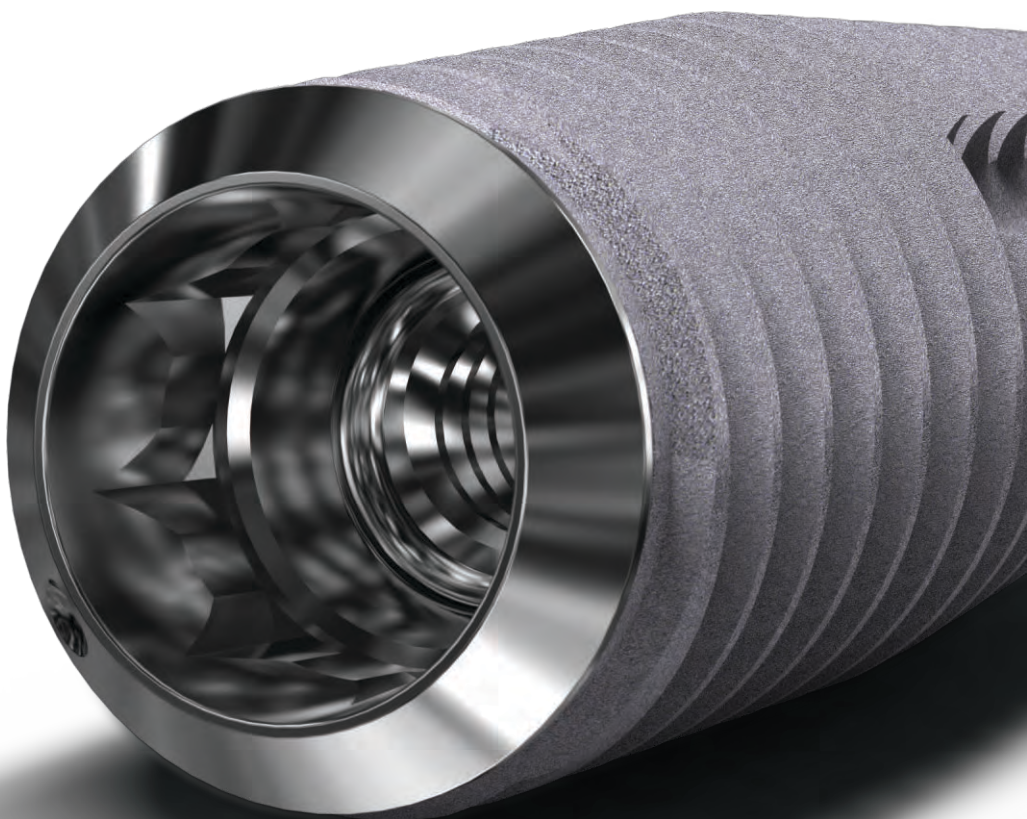
The Co-Axis implant is indicated for use in situations where the long axis of a conventional implant would not coincide with the long axis of the restoration and would therefore result in a restorative compromise.

The most common example of this is encountered where an implant is placed in the anterior maxilla at a labially inclined angle, as dictated by the anatomy of the alveolus, resulting in the screw access hole of the prosthetic crown passing through the labial face of the crown. The Co-Axis implant effectively solves this problem by having the prosthetic platform and screw hole of the implant tilted at an angle of 12 degrees to the long axis of the implant. The axis of the retaining screw is therefore also offset within the body of the implant.

The Co-Axis concept can be applied to solve many other situations where inclined placement of implants is either unavoidable or even an advantage. For example where avoidance of anatomical structures dictates (eg maxillary sinus, mental foramen) or where bony anatomy can be maximised by inclined placement of an implant. An elegant and truly innovative solution to a frequent problem in implant dentistry.

Advantages

1. The Co-Axis solution greatly simplifies the restorative treatment of an inclined implant by eliminating the need for angle correcting abutments or custom abutments. This reduces the number and cost of components required, reduces the complexity and cost of laboratory work as well as the number of patient visits required.
2. Aesthetic advantages result from having no need for labially placed screw access holes.
3. Avoidance of anatomical structures by inclined implant placement, without incurring possible prosthetic complications, is made possible by exploiting the Co-Axis concept.
4. The Co-Axis implant allows for maximal utilisation of available bone anatomy and may result in the advantage of being able to use either a longer or larger diameter implant.
5. Screw retained restorations can be used instead of cemented restorations
6. Immediate loading protocols are greatly facilitated by use of the Co-Axis implant by making screw retained restorations routinely attainable.
7. The tapered Co-Axis implant provides an anatomically correct implant for ideal use in the anterior Maxilla.



ITST12d Ø4.0 Co-Axis Implants

 Diameter 4.0mm Implants with Diameter 4.8mm Prosthetics

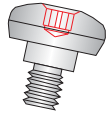
Cover Screw

Healing Abutments

TT0



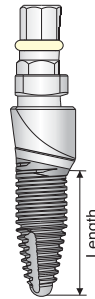
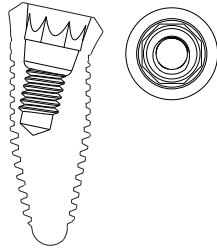
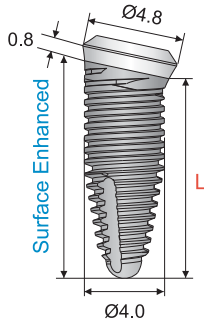
TT



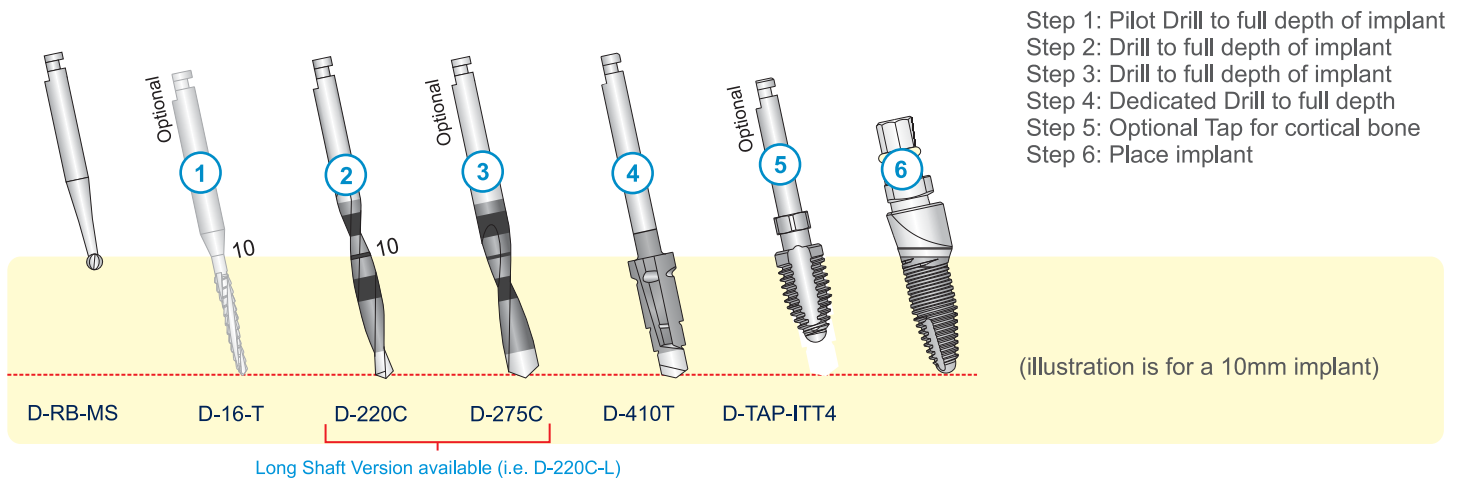
1 / 2 / 3 / 4.5

These implants are only available as pre-mounted.

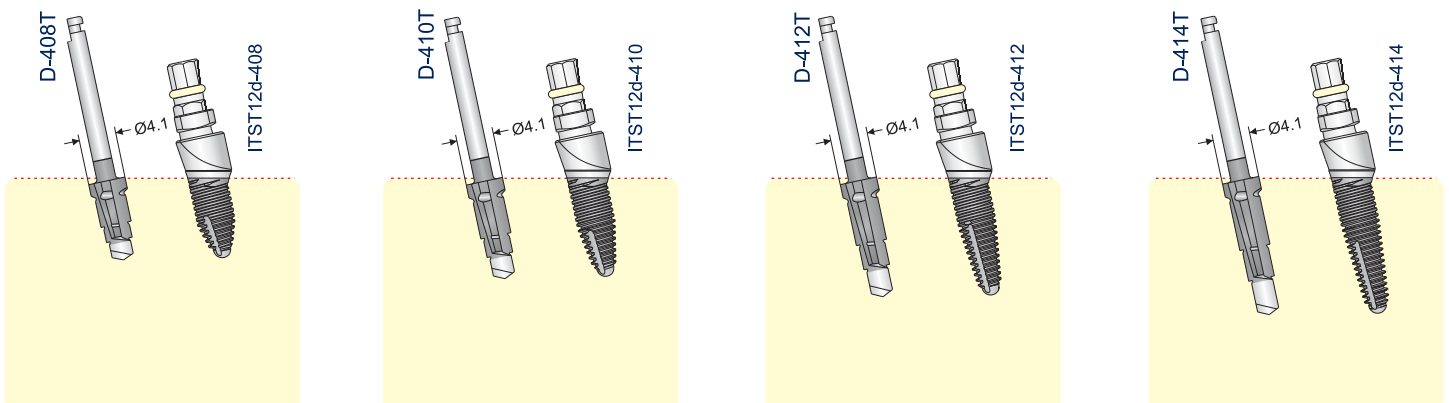
ITST12d-408 / f *. Length = 8mm
ITST12d-410 / f *. Length = 10mm
ITST12d-412 / f *. Length = 12mm
ITST12d-414 / f *. Length = 14mm
* Packaged with TT1 Healing Abutment



Site Preparation Sequence



Relationship of Final Drill Depth to Implant Position



ITST12d Ø5.0 Co-Axis Implants

 Diameter 5.0mm Implants with Diameter 4.8mm Prosthetics

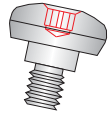
Cover Screw

TT0

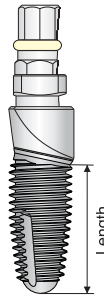
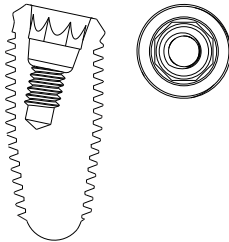
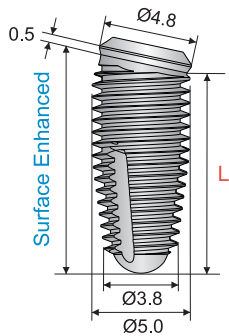


Healing Abutments

TT



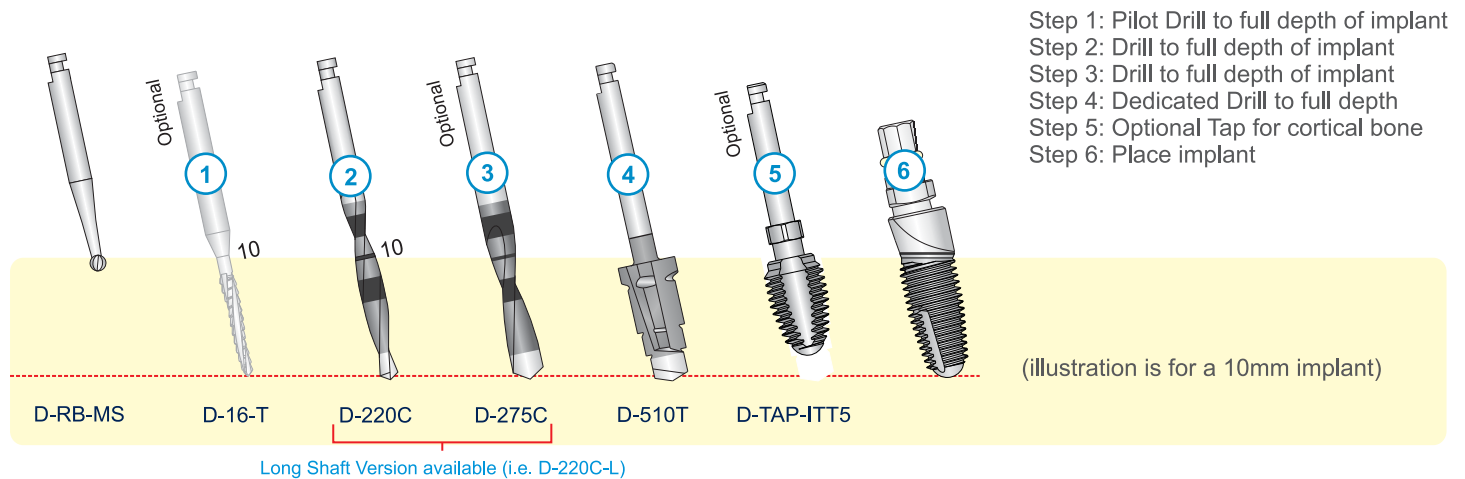
1 / 2 / 3 / 4.5



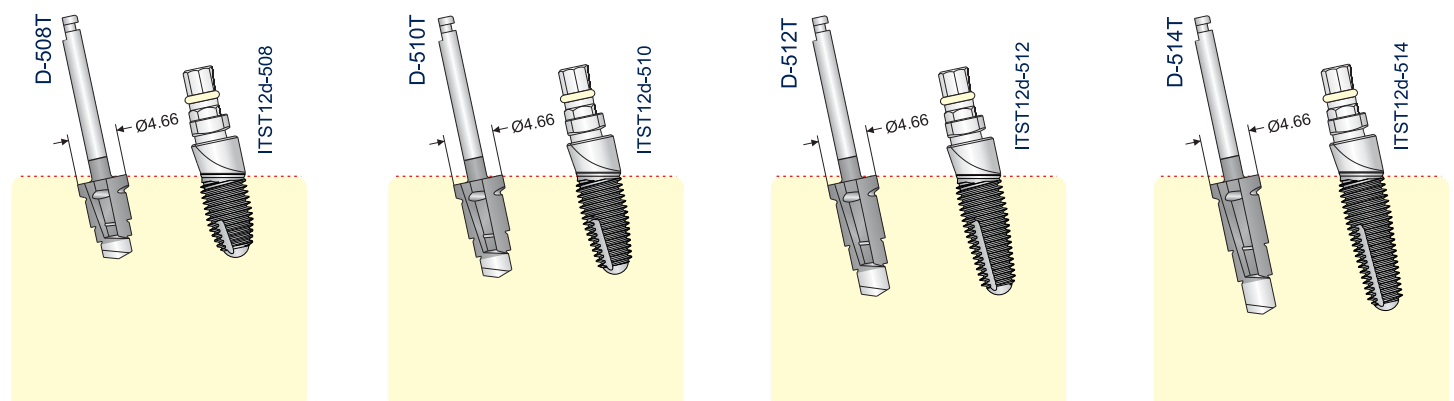
These implants are only available as pre-mounted.

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ITST12d-510 / f *. Length = 10mm
ITST12d-512 / f *. Length = 12mm
ITST12d-514 / f *. Length = 14mm
* Packaged with TT1 Healing Abutment

Site Preparation Sequence



Relationship of Final Drill Depth to Implant Position

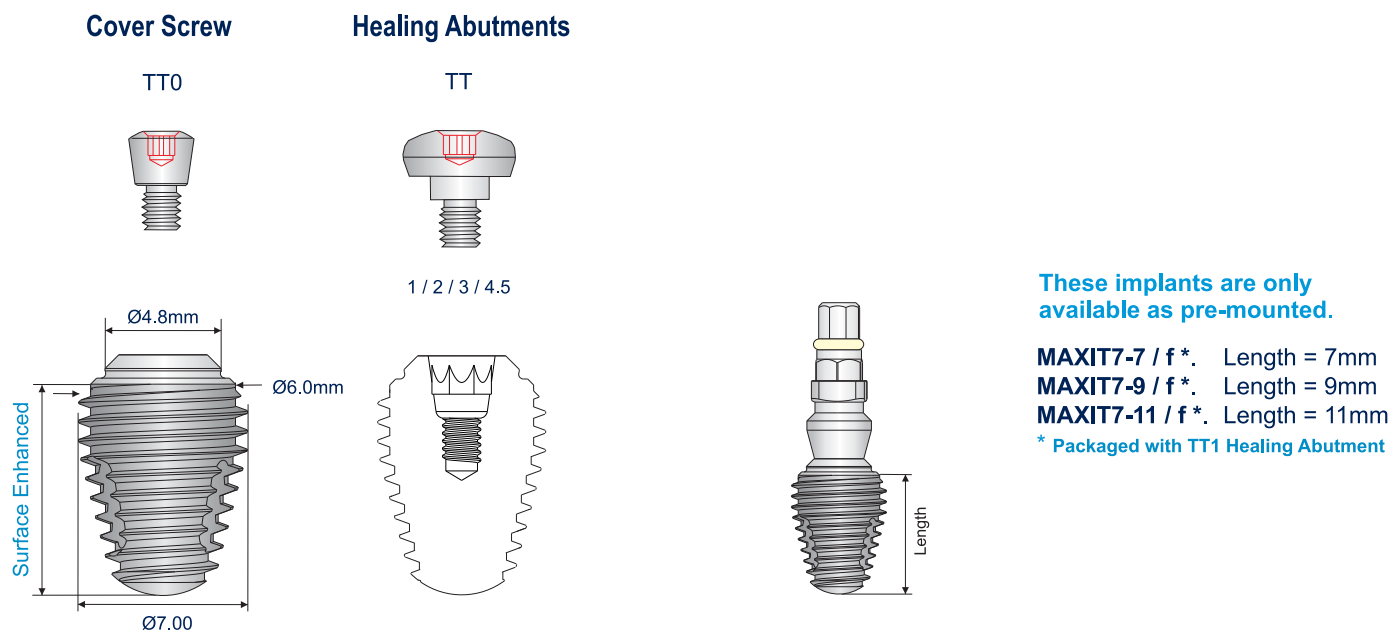


The MAXIT Implant

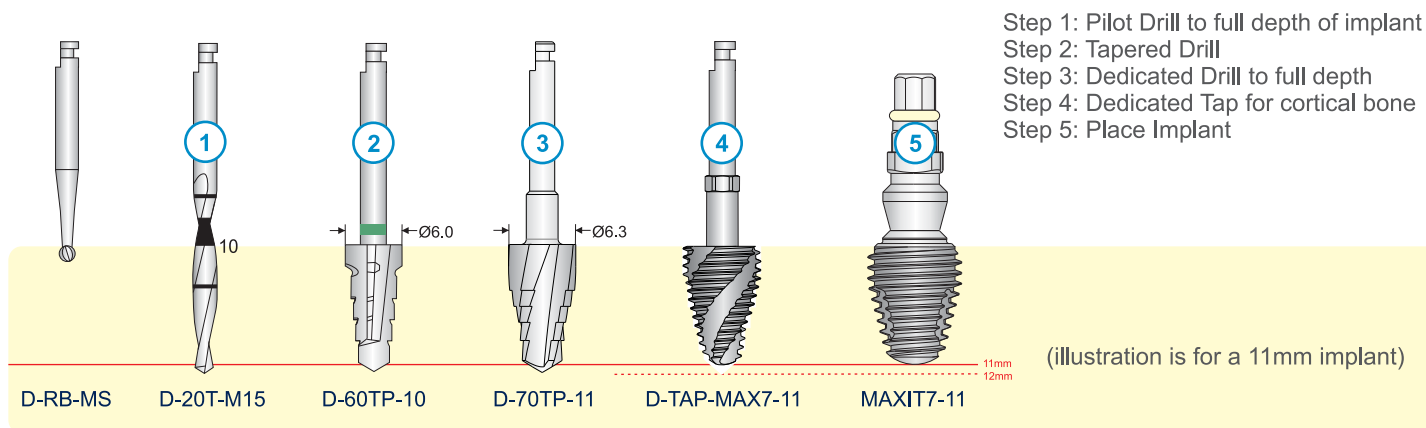
The concept of the MAXIT implant provides for a design of implant and a surgical protocol which makes immediate placement of the implant into a multi-rooted molar socket attainable.

The MAXIT implant features a body with larger than conventional diameter to not fill the molar site, but to achieve primary stability from engagement of the pillars of the bony wall of the specially prepared molar socket. The greater taper of the implant body allows for maximal preservation and engagement of inter-radicular bone within the socket of a molar with divergent roots. In the case of a molar tooth with tapering root form, the implant body has a natural fit to the socket shape. The highly tapered geometry of the implant allows excellent primary stability to be achieved in the majority of molar sockets.

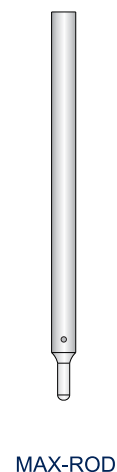
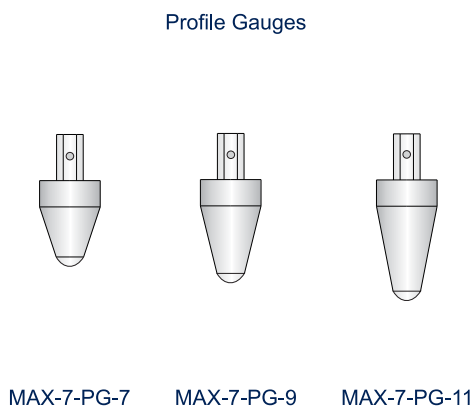
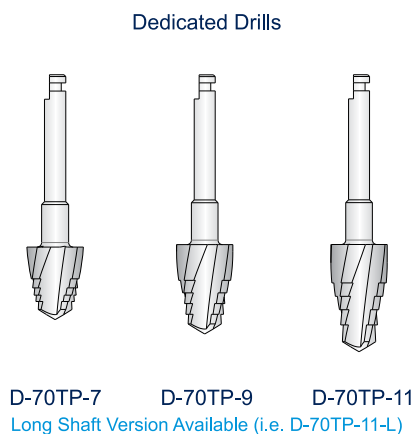




Site Preparation Sequence

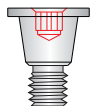


MAXIT7 Drills & Additional Instrumentation



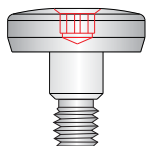
Cover Screw

TT6-0

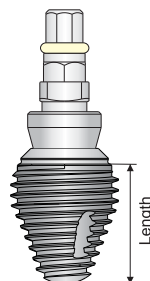
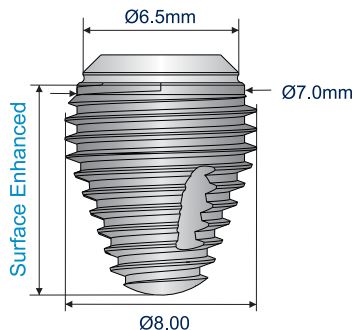
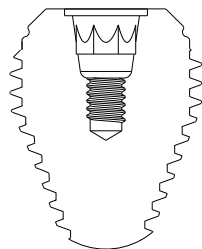


Healing Abutments

TT6



1 / 2 / 3 / 5 / 6



These implants are only available as pre-mounted.

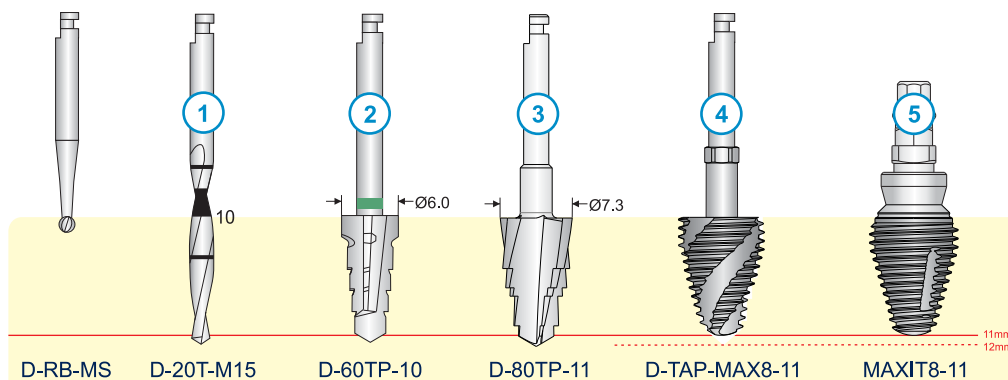
MAXIT8-7 / f *. Length = 7mm

MAXIT8-9 / f *. Length = 9mm

MAXIT8-11 / f *. Length = 11mm

* Packaged with TT6-1 Healing Abutment

Site Preparation Sequence

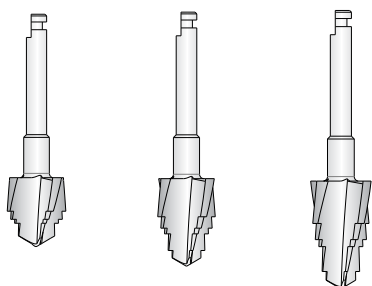


Step 1: Pilot Drill to full depth of implant
Step 2: Tapered Drill
Step 3: Dedicated Drill to full depth
Step 4: Dedicated Tap for cortical bone
Step 5: Place Implant

(illustration is for a 11mm implant)

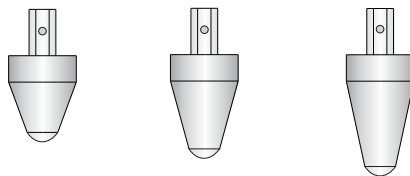
MAXIT8 Drills & Additional Instrumentation

Dedicated Drills



D-80TP-7 D-80TP-9 D-80TP-11
Long Shaft Version Available (i.e. D-80TP-11-L)

Profile Gauges



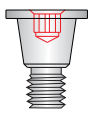
MAX-8-PG-7 MAX-8-PG-9 MAX-8-PG-11



MAX-ROD

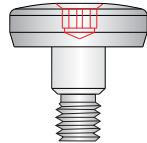
Cover Screw

TT6-0

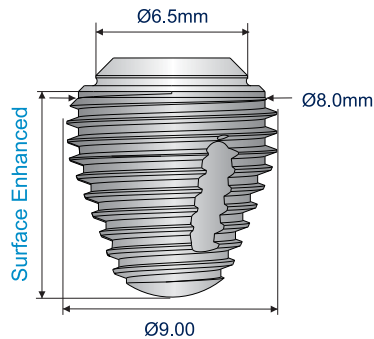
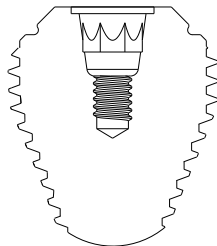


Healing Abutments

TT6



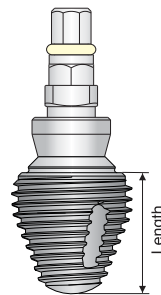
1 / 2 / 3 / 5 / 6



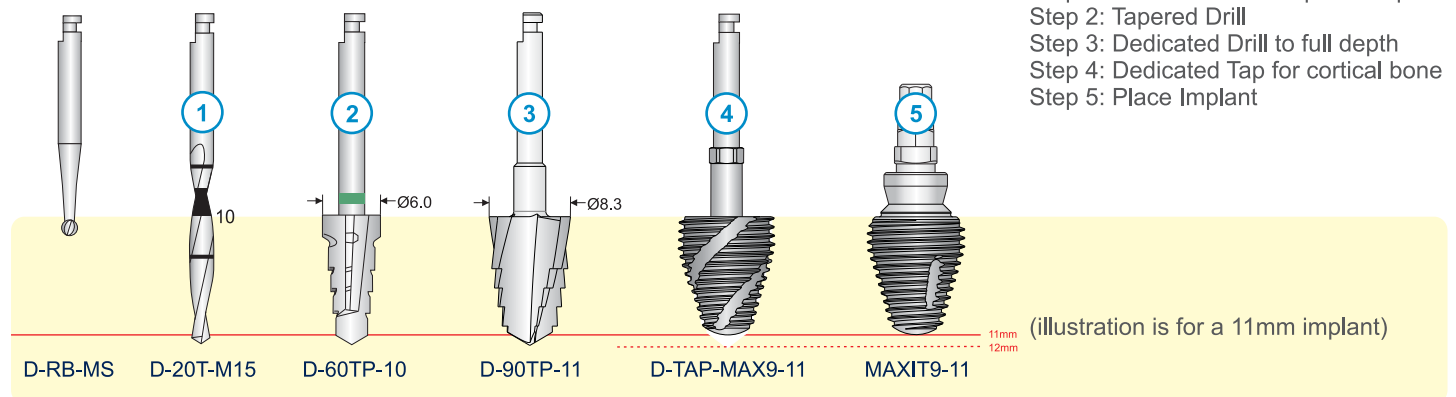
These implants are only available as pre-mounted.

MAXIT9-7 / f * Length = 7mm
MAXIT9-9 / f * Length = 9mm
MAXIT9-11 / f * Length = 11mm

* Packaged with TT6-1 Healing Abutment

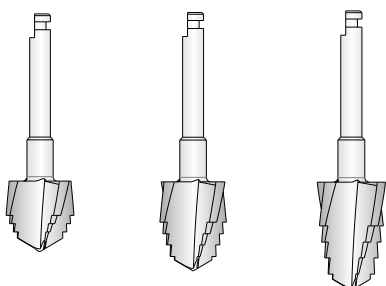


Site Preparation Sequence



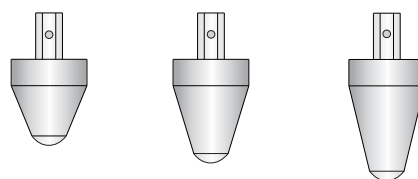
MAXIT9 Drills & Additional Instrumentation

Dedicated Drills



D-90TP-7 D-90TP-9 D-90TP-11
 Long Shaft Version Available (i.e. D-90TP-11-L)

Profile Gauges



MAX-9-PG-7 MAX-9-PG-9 MAX-9-PG-11



MAX-ROD

Immediate Implant Placement Into a Molar Extraction Socket

Background:

The immediate placement of a conventional dental implant into a molar extraction socket poses a number of difficulties. Most significantly, the size and shape of the multi-rooted molar socket is not suited to optimal placement of a typical dental implant, often resulting in compromised implant positioning, poor primary stability or the inability to place an implant at all. This may result in the need for a waiting period of 3 to 4 months to allow for healing of the socket prior to attempting implant placement. Often, the healed extraction site presents with reduced bone height, inadequate for implant placement, resulting in the need for bone augmentation procedures, especially in the Maxilla. This leads to further lengthening of treatment time with increased cost and complexity. An alternate approach has been to place a 6.00mm diameter implant into one socket of a multi-rooted extraction site, typically the palatal socket of a Maxillary molar. Problems associated with the latter approach include adverse biomechanical forces resulting from the implant being off- centre and off-axis to the application of load, poor emergence profile and difficult hygiene maintenance resulting from the unavoidable buccal overhang of the restoration.

The MAX Concept:

The concept of the MAXIT implant provides for a design of implant and a surgical protocol which makes immediate placement of the implant into a multi-rooted molar socket attainable, thus obviating the multiple problems discussed above.

The MAXIT implant features a body with larger than conventional diameter to not fill the molar site, but to achieve primary stability from engagement of the pillars of the bony wall of the specially prepared molar socket. The greater taper of the implant body allows for maximal preservation and engagement of inter-radicular bone within the socket of a molar with divergent roots. In the case of a molar tooth with tapering root form, the implant body has a natural fit to the socket shape. The highly tapered geometry of the implant allows excellent primary stability to be achieved in the majority of molar sockets.

Advantages of the MAX protocol:

1. Immediate placement of the MAXIT implant into a molar socket has the following advantages:
 - preservation of alveolar bone
 - avoidance of separate grafting procedures
 - shortened treatment time for molar replacement
 - reduced number of surgical procedures
 - reduced cost and complexity of treatment
2. Excellent primary stability is achieved by the tapered, threaded design engaging parts of the perimeter bony walls of the socket.

Surgical protocol:

The ability to immediately place a MAXIT implant into a fresh molar extraction site represents the major advantage of this innovative treatment modality. The modality is, however, critically dependant on the preservation of the perimeter bony walls of the socket at extraction. In the case of a multi-rooted molar tooth, the extraction is best carried out by sectioning the tooth to allow removal of the roots individually, avoiding fracture of the buccal plate. If the crown of the molar is cut off horizontally, the roots can be separated and the inter-radicular bone within the socket can be removed to provide space into which the roots can be elevated. Once the roots are removed, further preparation of the socket is carried out to create a suitable tapered shape to receive the implant.

Due to the highly variable anatomy of molar roots, the operator needs to adapt the method of surgical preparation of the socket according to circumstances. Socket preparation may include all or part of the following sequence:

- a. Partial flattening of inter-radicular bone within the socket using surgical burs or Rongeur type instruments, to create a platform for pilot hole preparation.
- b. Preparation of a pilot hole in the center of the socket or desired axis of placement of the implant. Pilot hole preparation may include the use of tapered implant drills of 4, 5 or 6 mm diameter.
- c. Shaping of the socket using dedicated MAXIT implant drills.
- d. In place of step (c) or in combination with step (c) the D-TAP-MAX can be used to enlarge the site by way of advancing the tap into the site by way of motor-unit and / or Wrench with adaptor.
- e. Shaping of the socket can also be achieved with the Dedicated Max Osteotomes.

The threaded MAXIT implant is screwed into the prepared site to achieve optimal primary stability. It is recommended that bone removed from the socket by the preceding preparation be harvested in a suction trap and utilized to fill any remaining voids around the seated implant. The occurrence of voids is frequent due to the irregular shape of molar sockets.

Restorative Protocol:

The restorative interface of the MAXIT implant features a wide platform and internal octagon. The implant is restored by "platform switching" i.e. the platform of the restorative component has a smaller diameter than that of the implant platform. Restorative procedures are otherwise similar to those of other ITT6 implants. See flow charts of available restorative options.

Implant Placement for ITC and ITT Implants with no Fixture Mounts

Pick-up and Placement Procedure

The tool I-HITS is used to pick-up the implant from the packaging (Figure 1).

The octagons on the I-HITS and those of the implant might not line-up and this may result in them not engaging (the Placement tool will however pick-up the implant).

The Implant is placed in the prepared site and screwed in with a motor set at 10 to 15 RPM, while applying downwards pressure.

Octagons should engage when implant starts to turn into bone, if not engaged at pick-up.

The octagon is fully engaged if the top of the octagon is flush with the top of the implant and only then can maximum torque be applied.

If they do not engage:

- Change the direction of the rotation.
- Rotate the implant very slightly (half a turn).
- Change the direction again. Only when fully engaged, start screwing the implant into bone.

(This will ensure full engagement of the octagons.)

Important: General wear and tear is to be expected on the Peek Bit of the Placement Tool therefore Spare parts are available.
Item code: I-PBIT-2.

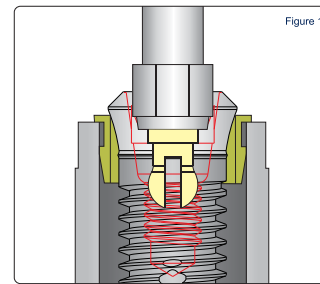


Figure 1

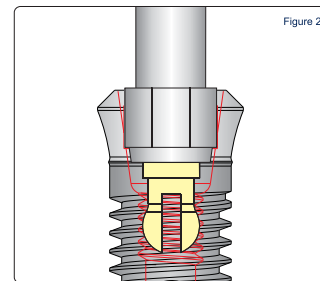


Figure 2

Implant Placement for Implants with Fixture Mounts

These implants are packaged with a propriety design fixture mount that is compatible with a multitude of surgical insertion tools and wrenches (Figure 1).

Pick-up and Placement Procedure

Placement with Southern Handpiece Driver (I-CON-IT)

The I-CON-IT is used to pick up the implants from the product packaging (Figure 2).

Use the I-CON-IT to drive the implant into the prepared site, applying downward pressure, using an implant motor and handpiece, with a speed of 10-15 RPM.

Placement with Southern Wrench (I-RATCHET-2)

After completing the insertion of the fixture into the prepared site using the motor, a cylinder wrench (I-RATCHET-2) can be used to complete the threading manually (Figure 3).

After placement is complete, loosen the fixture mount screw with an I-SCS-S/M/L torx driver and remove the fixture mount.

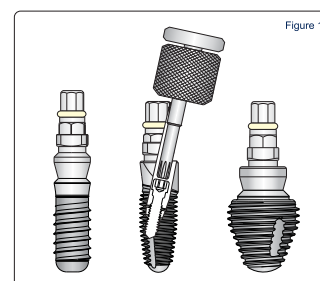


Figure 1

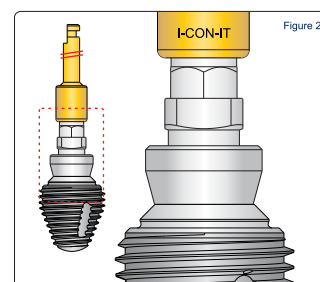


Figure 2

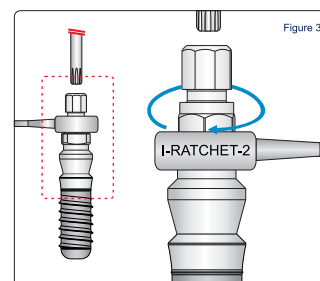
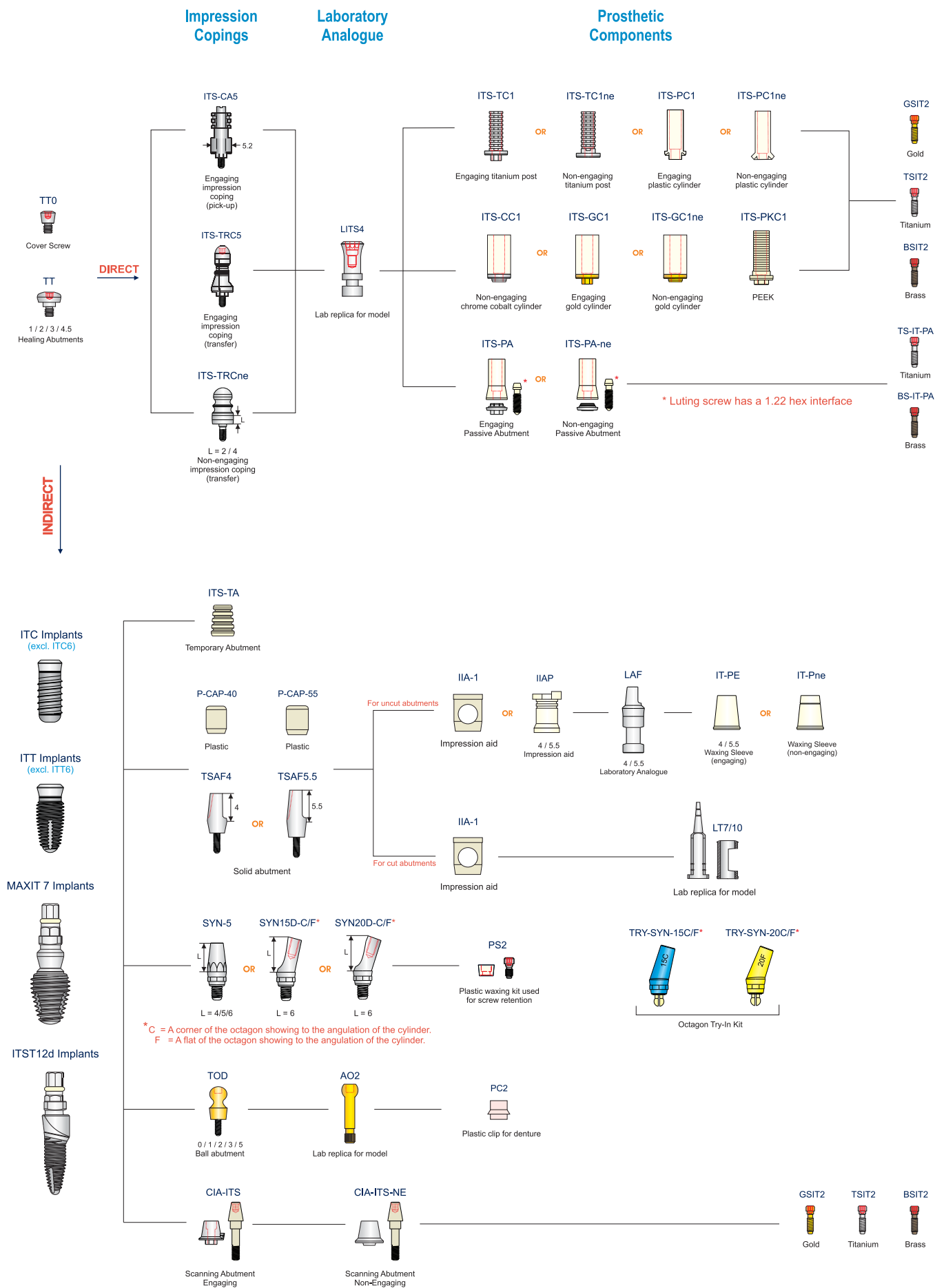
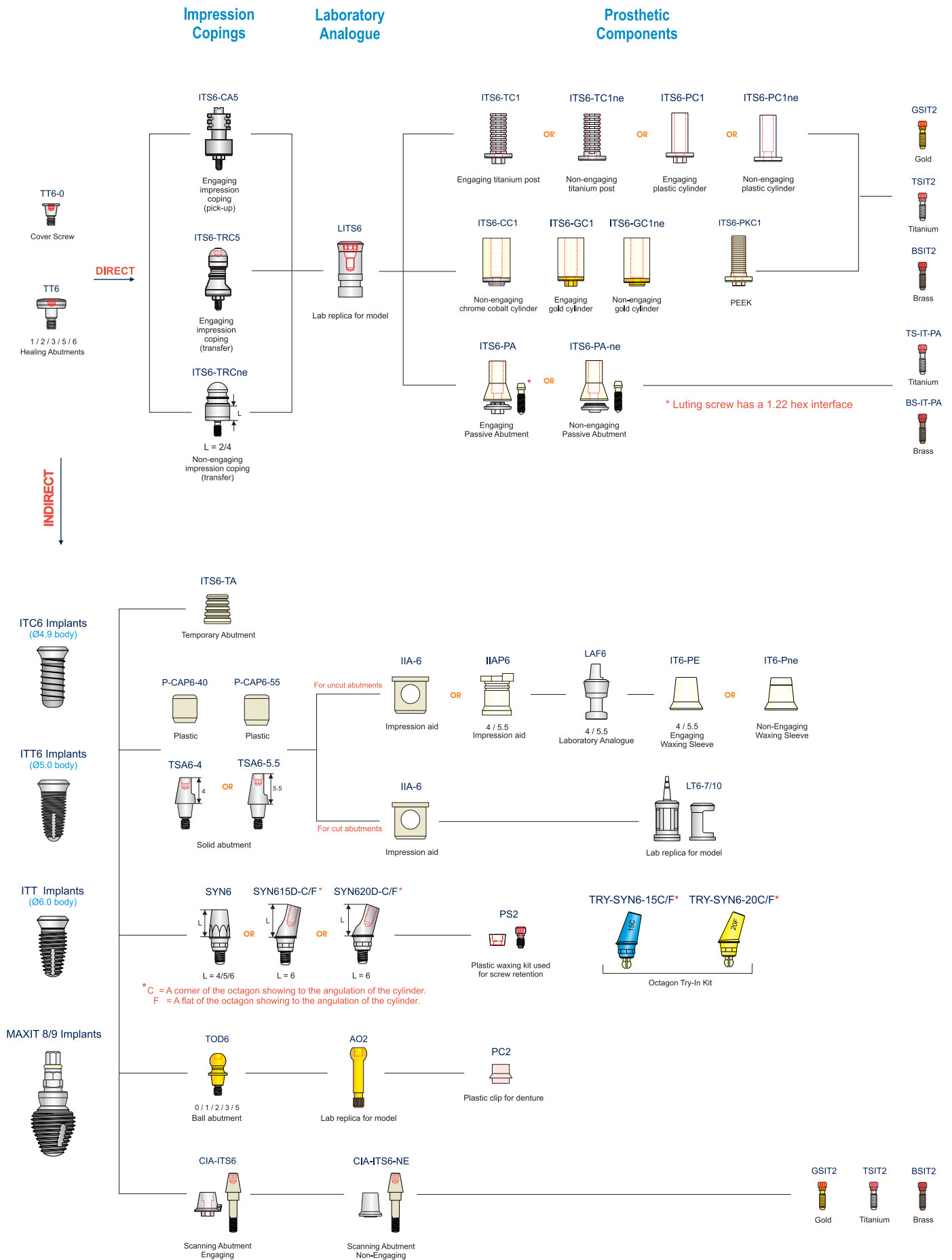


Figure 3

Ø4.8mm Prosthetic Flowchart

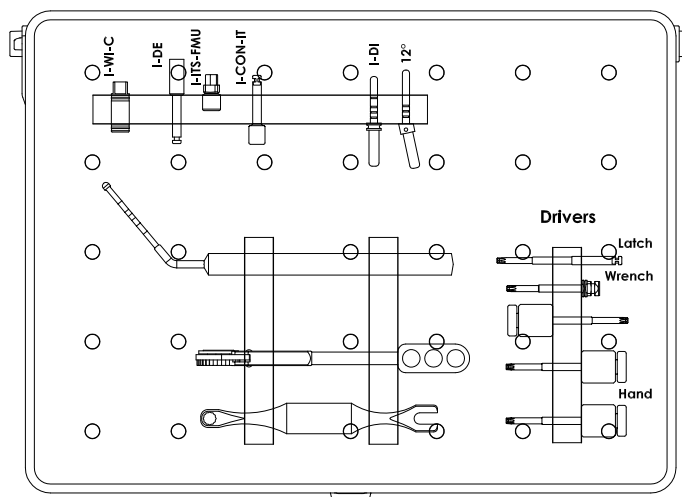
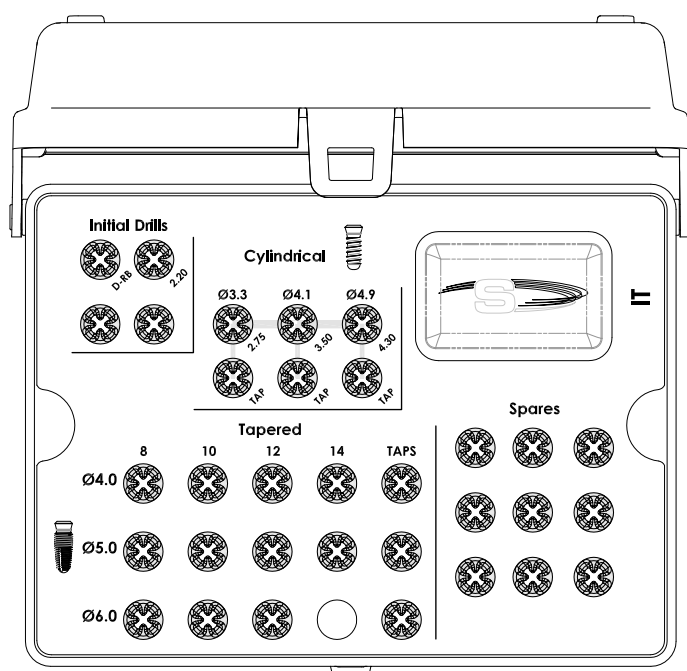


Ø6.5mm Prosthetic Flowchart



I-IT-EG Surgical Tray for placement of ITC, ITT and ITST12d Implants

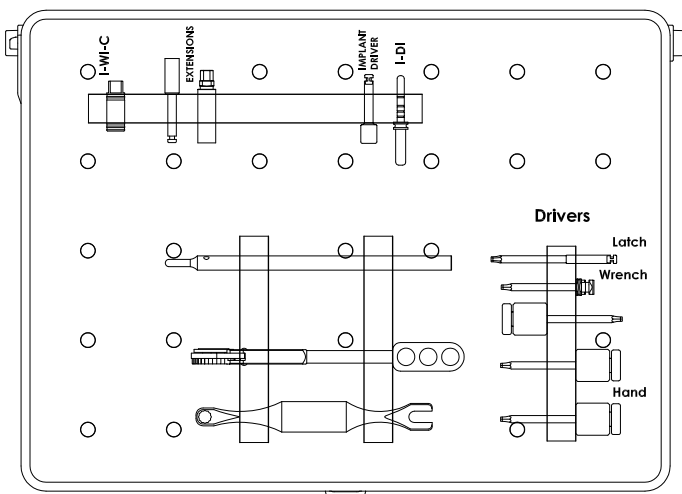
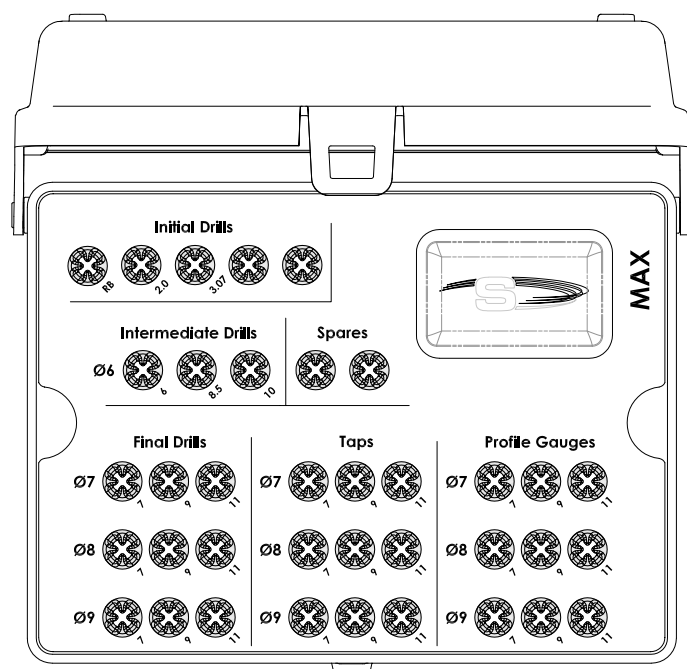
(for more information see CAT-1174)



(for Cleaning & Sterilization Procedure Guidelines please refer to CAT-1039)

I-MAX-EG Surgical Tray for placement of MAXIT Implants

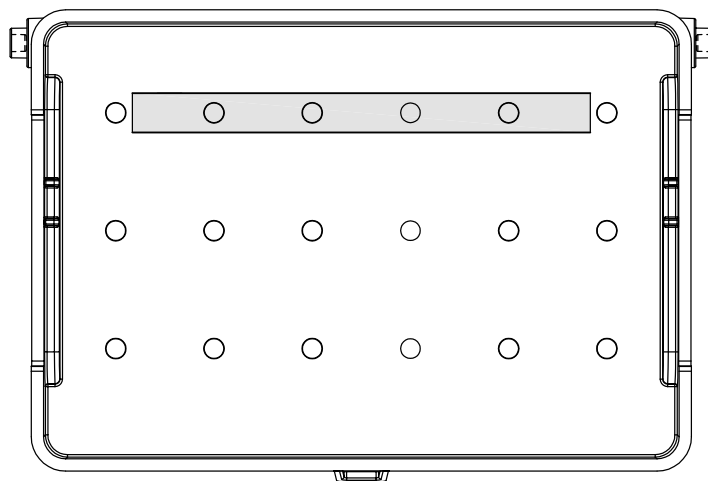
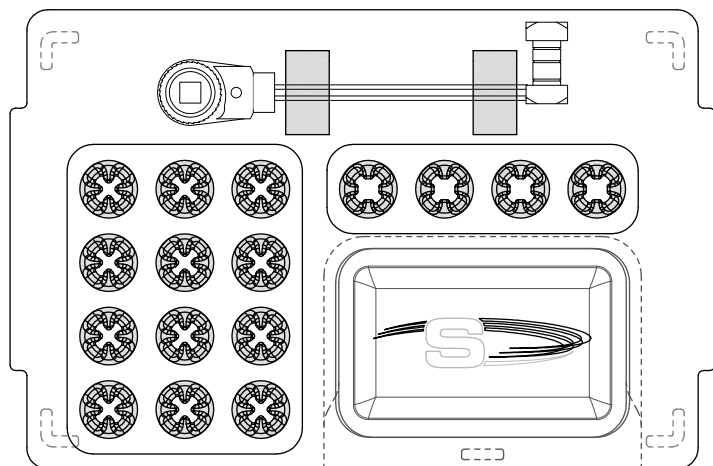
(for more information see CAT-1173)



(for Cleaning & Sterilization Procedure Guidelines please refer to CAT-1039)

I-PROS-EG Prosthetic Instrument Tray

(for more information see CAT-1178)

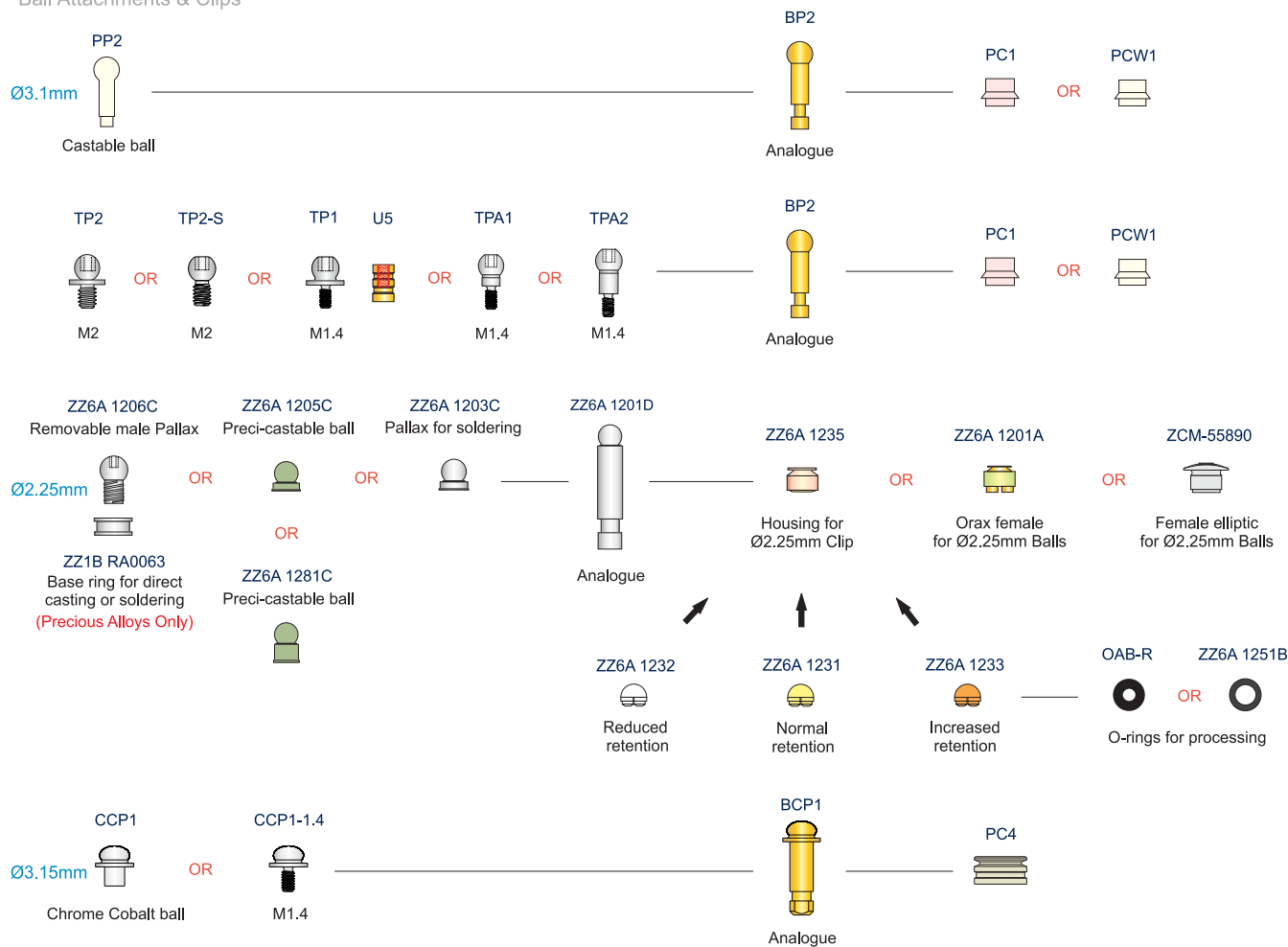


(for Cleaning & Sterilization Procedure Guidelines please refer to CAT-1039)



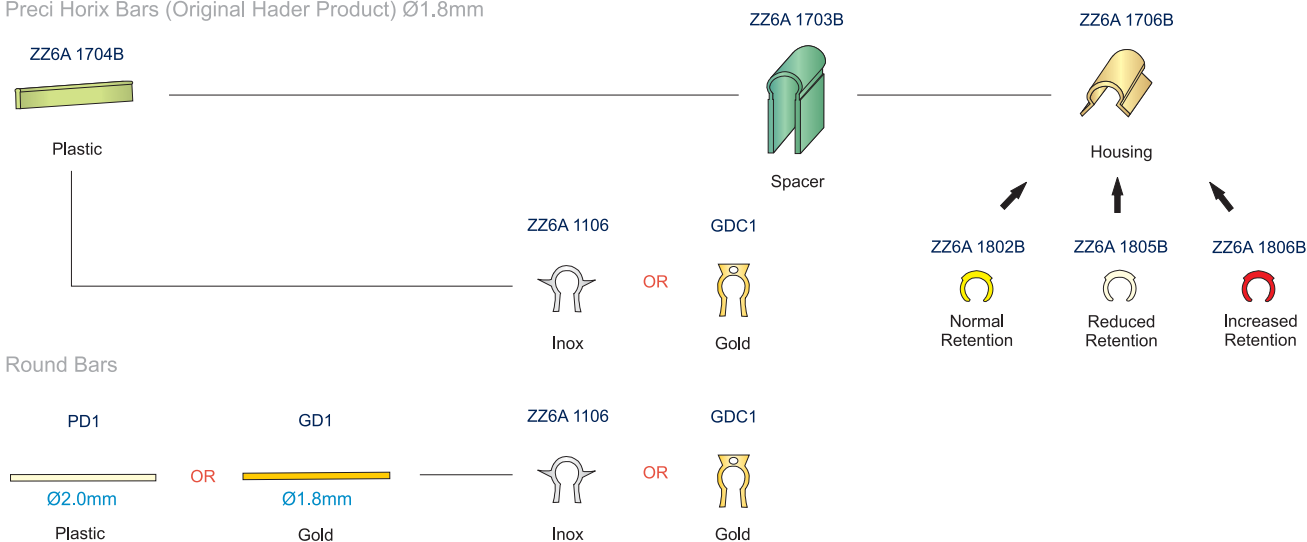
Precision Attachments

Ball Attachments & Clips


















Bars

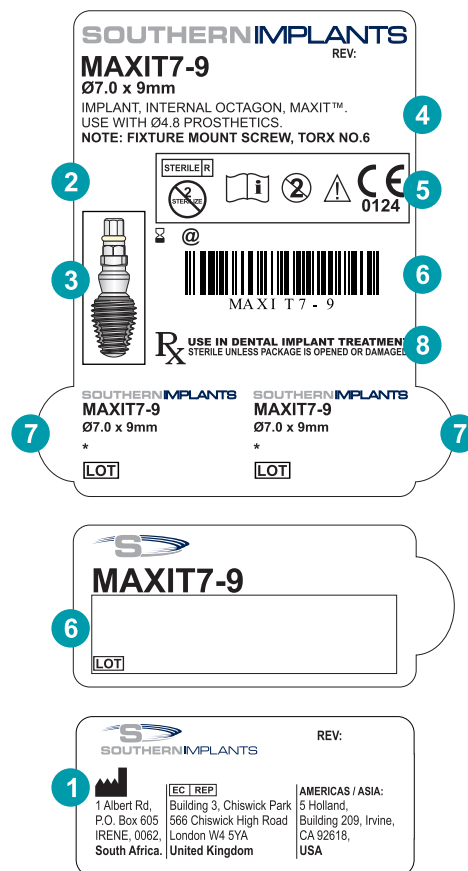
Preci Horix Bars (Original Hader Product) Ø1.8mm



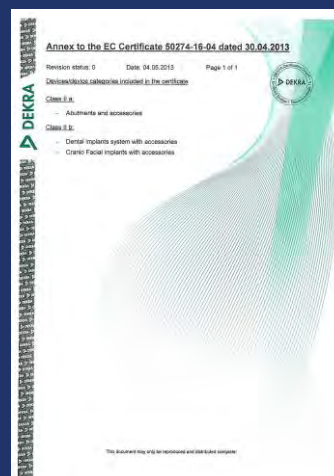
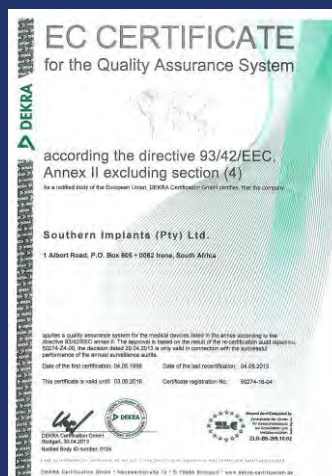
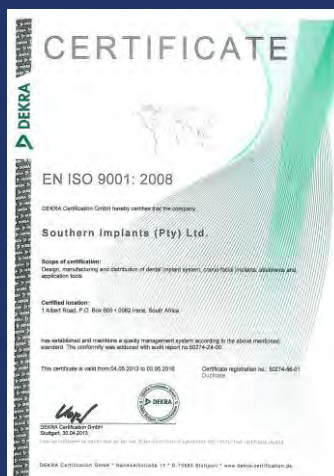
Explanation of symbols

The following symbols are used on our packaging labels and they indicate the following:

- 1  **Manufacturer**
- 2  **Colour code**
- 3  **Implant image**
- 4  **Implant details and size**
- 5  **Batch code**
-  **Use by mm-yy**
-  **CE mark**
-  **Sterilization using Irradiation**
-  **Do not reuse**
-  **Do not Resterilize**
-  **Caution**
-  **Consult instruction for use**
- 6  **Barcode**
Contains the product code and lot number.
- 7  **Sticker**
For documentation purpose.
- 8  **Caution: (US Only) US Federal Law restricts this device to sale to, or on the order of a licenced dentist or physician**



Images are for illustration purposes only and do not necessarily accurately represent the product.





Expanding Proven Concepts

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SECTION A-A
SCALE 10 : 1

