

<b>English</b>	<b>INSTRUCTIONS FOR USE: Southern Implants® TRI-NEX Implants</b>
<b>Español</b>	<b>INSTRUCCIONES DE USO: Southern Implants® TRI-NEX Implants</b>
<b>Italiano</b>	<b>ISTRUZIONI PER L'USO: Southern Implants® TRI-NEX Implants</b>
<b>Français</b>	<b>MODE D'EMPLOI : Southern Implants® TRI-NEX Implants</b>
<b>Deutsch</b>	<b>GEBRAUCHSANWEISUNG: Southern Implants® TRI-NEX Implants</b>
<b>Português</b>	<b>INSTRUÇÕES DE UTILIZAÇÃO: Southern Implants® TRI-NEX Implants</b>



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**Intended use**

The devices are intended to treat partially or fully edentulous patients eligible for placement of one or more dental implants as a means of fixing a permanent or removable single crown, partial or full arch dental prosthesis in the upper or lower jaw. The devices allow for immediate or delayed prosthetic restoration based on the user's evaluation of the patient's eligibility.

**Intended user**

Maxillo-facial Surgeons, General Dentists, Orthodontists, Periodontist, Prosthodontists and other appropriately trained and experienced implant users.

**Intended environment**

The implants are intended to be used in a clinical environment such as an operating theater or a dentist consultation room.

**Intended patient population**

This device is used in the dental restoration of partially or fully edentulous patients in the upper or lower jaw. Restorations may comprise single teeth, partial or full bridges, and may be fixed or removable.

**Description**

The TRI-NEX implant is a self-tapping implant made of commercially pure special Grade 4 Titanium (UTS ≥900 Mpa). Implants are available with either a tapered or parallel walled body shape. All implants feature a built in "platform shifting". All implants are surface-roughened up to the collar using Southern Implants' proven surface. The surface has a S value of 1.4 microns.

The TRI-NEX implant is also available in the angulated platform Co-Axis® design. With a built-in platform angulation of 12°, this design enables tilting of the implant without compromising the restorative emergence angle. The TRI-NEX Co-Axis® implants are available in Ø4.3mm and Ø5.0mm, in tapered body shapes. Cover screws and healing abutments are sold separately.

**TRI-NEX Implants**

	CODE	LENGTHS	Cylindrical or Tapered
Ø3.5	IA-LH-35	8 / 10 / 11.5 / 13 / 16	T
	IA-LHS-35	8 / 10 / 11.5 / 13 / 15	C
Ø4.3	IA-LH-43	8 / 10 / 11.5 / 13 / 16	T
	IA-LHS-43	8 / 10 / 11.5 / 13 / 15	C
Ø5.0	IA-LH-50	8 / 10 / 11.5 / 13 / 16	T
	IA-LHS-50	8 / 10 / 11.5 / 13 / 15	C
Ø6.0	IA-LH-60	8 / 10 / 11.5 / 13 / 16	T



**TRI-NEX Implants** Co-Axis®

	CODE	LENGTHS	Cylindrical or Tapered
Ø4.3	IA43-12d	10 / 11.5 / 13 / 16	T
Ø5.0	IA50-12d	10 / 11.5 / 13 / 16	T

\* Prosthetic platform angled at 12°



### Indications for use

Southern Implants Dental Implants are intended for both one- and two-stage surgical procedures in the following situations and with the following clinical protocols:

- Replacing single and multiple missing teeth in the mandible and maxilla.
- Placement in extraction sites and in situations with a partially or completely healed alveolar ridge.
- Especially indicated for use in soft bone applications where implants with other implant surface treatments may be less effective.
- Immediate loading in all indications, except in soft bone (type IV) where implant stability may be difficult to obtain and immediate loading may not be appropriate.

### Contraindications

Do not use in patients:

- Who are medically unfit for dental implant procedures
- Where adequate numbers of implants could not be placed to achieve full functional support of the prosthesis.
- Who are allergic or have hypersensitivity to pure titanium or titanium alloy (Ti-6Al-4V), gold, palladium, platinum or iridium.
- Who are under the age of 18, have poor bone quality, blood disorders, infected implant site, vascular impairment, uncontrolled diabetes, drug or alcohol abuse, chronic high dose steroid therapy, anti-coagulant therapy, metabolic bone disease, radiotherapy treatment.

### Warnings

#### THESE INSTRUCTIONS ARE NOT INTENDED AS A SUBSTITUTE FOR ADEQUATE TRAINING

- For the safe and effective use of dental implants, it is suggested that specialised training be undertaken, including hands-on training to learn proper technique, biomechanical requirements and radiographic evaluations.
- Responsibility for proper patient selection, adequate training, experience in the placement of implants, and providing appropriate information for informed consent rests with the practitioner. Improper technique can result in implant failure, damage to nerves/vessels and/or loss of supporting bone.
- For short implants, clinicians should closely monitor patients for any of the following conditions: Peri implant bone loss, changes to implant's response to percussion, or radiographic changes in bone to implant contact along the implant's length. If the implant shows mobility or greater than 50% bone loss, the implant should be evaluated for possible removal. If the clinicians choose a short implant, then clinicians should consider a two-stage surgical approach, splinting a short implant to an additional implant, and placement of the widest possible fixture. Allow longer periods for osseointegration and avoid immediate loading.

### Cautions

New and experienced Implant users should do training before using a new system or attempting to do a new treatment method. Take special care when treating patients who have local or systemic factors that could affect the healing of the bone and soft tissue. (i.e. poor oral hygiene, uncontrolled diabetes, are on steroid therapy, smokers, infection in the nearby bone and patients who had oro-facial radiotherapy).

Thorough screening of prospective implant candidates must be performed including:

- A comprehensive medical and dental history.
- Visual and radiological inspection to determine adequate bone dimensions, anatomical landmarks, occlusal conditions and periodontal health.
- Bruxism and unfavourable jaw relations must be taken into account.
- Proper pre-operative planning with a good team approach between well trained surgeons, restorative dentists and lab technicians is essential for successful implant treatment.
- Minimising the trauma to the host tissue increases the potential for successful osseointegration.
- Electro-surgery should not be attempted around metal implants, as they are conductive.

### Pre-operative examination and planning

A full medical and dental history must be taken, with emphasis on the presence of soft and or hard tissue pathology. The patient must have clinically symptom-free sinuses and no pathology in surrounding bone or soft tissue.

It is recommended that a CT scan and or CBCT analysis be performed as part of the planning process in order to;

- Detect the presence of any pathology in the maxillary sinuses.
- Bone volume and condition.
- Jaw relationships.
- Choose an appropriate size implant for the amount of bone available, without violating the biological width, and evaluate sufficient bone volume surrounding the implant body. In dense bone, use new drills and profuse irrigation. In low-density bone, it is recommended to undersize the osteotomy by drilling with a smaller final drill (i.e. If placing a diameter 4.3mm implant, final shaping drill would be 3.5mm).

### Storage, cleaning & sterilisation

The implants, cover screws and healing abutments are supplied sterile (sterilised by gamma irradiation) and intended for single-use prior to the expiration date (see packaging label). Sterility is assured unless the container or seal is damaged or opened. If packaging is damaged do not use the product and contact your Southern representative, or return to Southern Implants. Do not reuse implants, cover screws, temporary abutments and abutments. Re-using these components may result in:

- Damage on the surface or critical dimensions, which may result in performance and compatibility degradation.
- Adds the risk of cross-patient infection and contamination if single use items are reused.

Southern Implants does not accept any responsibility for complications associated with re-used components.

### Packaging & Precautions to maintain the sterility of the implant

Implants are packaged as follows:

- An outer package consisting of a rigid, clear box which acts as protection for the inner package.
- The inner package consisting of a blister pack (clear plastic-formed bubble-type base with a TYVEK "peel-back" lid).
- Within the inner package there is a hollow tube which contains one implant suspended from a titanium ring, this ensures the implant never touches the inside of the plastic tube.
- Labelling information is located on the surface of the peel-back lid and on the outside of the rigid box.

Care must be taken to maintain the sterility of the implant by proper opening of the packaging and handling of the implant:

- Open the implant package in the non-sterile field, with non-sterile gloves, tear the address label to open the box.
- With non-sterile gloves remove the inner blister pack. Do not place the plastic box or blister pack lid onto the sterile field. The contents of this inner package are sterile.
- The sealed blister is to be opened by an assistant, (with non-sterile gloves); remove the TYVEK lid and drop or place the

sterile tube onto the sterile field, open the tube cap and attach the implant placement tool onto the implant and carefully remove from the sterile tube. Do not touch the sterile implant.

Other sterile components are packed in a peel pouch or bubble-type base with a "peel-back" lid. Labelling information is located on the bottom half of the pouch, inside the packet or on the surface of the peel-back lid. Sterility is assured unless the pouch is damaged or opened.

Non-sterile components are supplied clean but not sterile in a peel pouch or bubble-type base with peel-back lid. Labelling information is located on the bottom half of the pouch, or on the surface of the peel-back lid.

### Compatibility

- Ø3.5mm straight and Ø4.3mm Co-Axis implants use T RI-NEX<sup>®</sup> Ø3.5mm prosthetic components.
- Ø4.3mm straight and Ø5.0mm Co-Axis implants use TRI-NEX<sup>®</sup> Ø4.3mm prosthetic components.
- Ø5.0mm straight implants use TRI-NEX Ø5.0mm prosthetic components.
- Ø6.0mm straight implants use TRI-NEX Ø6.0mm prosthetic components.

## SURGICAL PROCEDURE

### PARALLEL WALLED IMPLANTS

#### Step 1: Initiate the osteotomy (Fig. 1)

**Note:** It is recommended to raise a full-thickness mucoperiosteal flap. The 3Spade drill (D-3Spade-1.8M) (Fig. 4A) is used to initiate the osteotomy by perforating the cortical plate at the desired location.

All drilling should be performed at a speed of 1000-1500 rpm with copious irrigation. An intermittent technique should be used to avoid overheating of the bone.

#### Step 2: Pilot drilling – Ø2mm Twist Drill (Fig. 2)

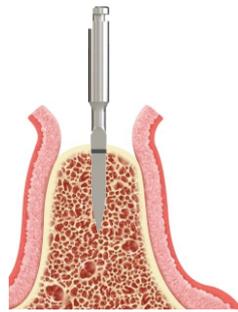
Drill with the Ø2mm twist pilot drill (D-20T- M10/M15/M20) to the implant length corresponding to the laser markings on the twist drills and depth gauge (Fig. 4C).

**Note:** Depth should allow the implant to be inserted level or slightly submerged in the surrounding bone.

To verify the alignment with adjacent teeth / implants, insert the Direction indicator (I-DI) (Fig. 4D). A radiograph is taken at this point to verify the depth and angulation. If the drilling direction is incorrect, start a new direction with the Ø2mm pilot drill.

#### Step 3: Gradually enlarge the osteotomy (Fig. 3)

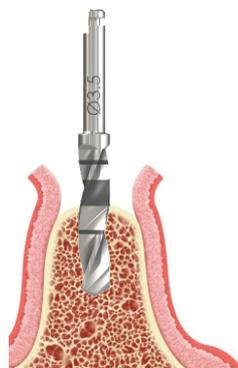
Repeat Step 2 for each consecutive twist drill in the drill sequence corresponding to the selected implant. Drill to the appropriate depth, as indicated by the depth markings on each drill. (Fig. 4E) Insert the direction indicator (I-DI) after using each twist drill.



(Fig. 1)



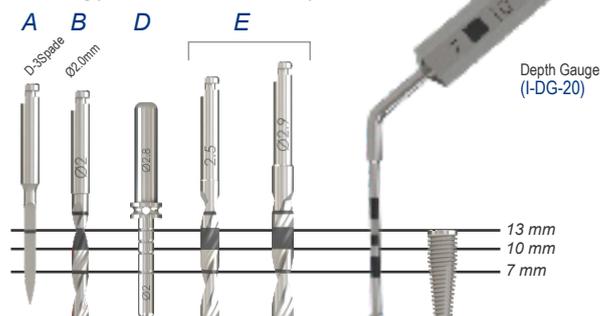
(Fig. 2)



(Fig. 3)

#### IMPLANT DRILL DEPTH (Fig. 4)

Illustrating placement of a 13 mm implant



### PARALLEL WALLED IMPLANTS

#### Step 4: Implant placement (Fig. 5)

Connect the Hand-Piece insertion tool (I-HLH/U-xxS / M) to the handpiece.

Engage the internal hex of the implant with the insertion tool and carefully remove the implant from the sterile vial.

**Note:** The insertion tool must be fully engaged in the implant before torque is applied.

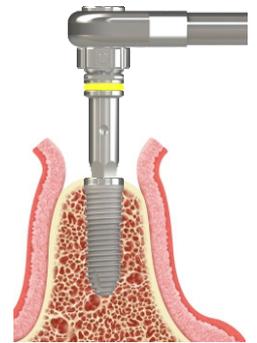
Alternatively, the Wrench insertion tool (I-WI-LHxxS / M) can be connected to the Ratchet Wrench (I-TWS), with wrench insert converter (I-WI-SS), and used to extract the implant from its packaging. Insert the implant at 15 rpm while applying downward pressure.



(Fig. 5)

#### Step 5: Fully seat the implant (Fig. 6)

The Ratchet Wrench & Torque Attachment, (I-TWS with I-TWS-B100), in combination with the converter (I-WI-CST) Hand-Piece insertion tool (I-HLHS/M/L), or Wrench insertion tool (I-WI-LHxxS) with wrench insert converter (I-WI-SS), may be used for final manual seating of the implant.

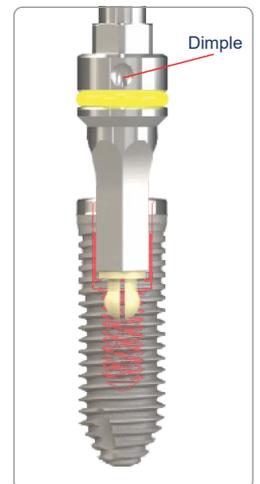


(Fig. 6)

#### Insertion Tool Protocol (Fig. 7)

The dimples of the insertion tool and lobes of the implant should line up when inserting the tool into the implant. This allows alignment of a lobe buccally.

The hexagon must be fully engaged before torque is applied to the implant, to prevent any damage. The hexagon is fully engaged when the straight portion of the hexagon tool is almost completely sunken in the implant.



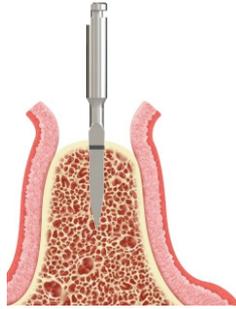
(Fig. 7)

**SURGICAL PROCEDURE**

**TAPERED & CO-AXIS IMPLANTS**

**Step 1: Initiate the osteotomy (Fig. 8)**

**Note:** It is recommended to raise a full-thickness mucoperiosteal flap. The 3Spade drill (D-3Spade-1.8M) (Fig. 14A) is used to initiate the osteotomy by perforating the cortical plate at the desired location.



(Fig. 8)

All drilling should be performed at a speed of 1000-1500 rpm with copious irrigation. An intermittent technique should be used to avoid overheating of the bone.

**Step 2: Pilot drilling – Ø2mm Twist Drill**

**(Tapered implants) (Fig. 9)**  
Drill with the Ø2mm twist pilot drill (D-20T- M10/M15/M20) to the implant length corresponding to the laser markings on the twist drills and direction indicator (Fig. 14C).



(Fig. 9)

**Note:** Depth should allow the implant to be inserted level or slightly submerged in the surrounding bone.

To verify the alignment with adjacent teeth / implants, insert the direction indicator (I-DI) (Fig. 14D). A radiograph is taken at this point to verify the depth and angulation. If the drilling direction is incorrect, start a new direction with the Ø2mm pilot drill.

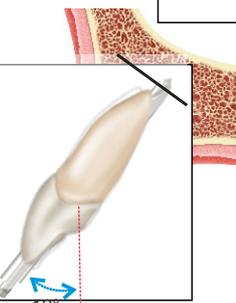
**Pilot drilling: Ø2mm Twist Drill (Co-Axis® implants)**

Drill in the planned direction to the appropriate depth, as indicated by the depth markings on the Ø2mm twist drill (D-20T-M10 / M15 / M20). If an anterior implant is being placed, align the drill to the incisal edge of the adjacent tooth. (Fig. 10-11).



(Fig. 10)

With the 12° Co-Axis® angulation, the screw access hole will come out on the palatal side in the area of the cingulum if aligned correctly. If the osteotomy is angulated too much to the palatal side (e.g. normal direction when preparing for a screw retained restoration) there is a risk of a sub-optimal restoration angle, with soft and hard tissue being compromised on the palatal side. Insert the direction indicator (I-DI-12d) (Fig. 12). A radiograph is taken at this point to verify the depth and angulation. If the drilling direction is incorrect, start a new direction with the Ø2mm pilot drill.



(Fig. 11)

**Note:** Vertical positioning is dependent on soft tissue height and the jump gap between the buccal wall and implant.

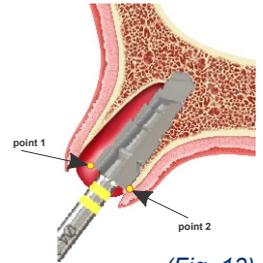


(Fig. 12)

**TAPERED & CO-AXIS IMPLANTS**

**Step 3: Gradually enlarge the osteotomy (Fig. 13)**

The TRI-NEX tapered drills are length and diameter specific. Use the length and diameter drill corresponding to the implant that is selected. Widen the osteotomy intermittently to the desired diameter. (Fig. 14E). Follow the recommended drill protocols for soft, medium and dense bone by referring to catalogue.



(Fig. 13)

**Note:** Caution should be taken to not over prepare the implant site, especially for shorter length implants (9mm and shorter).

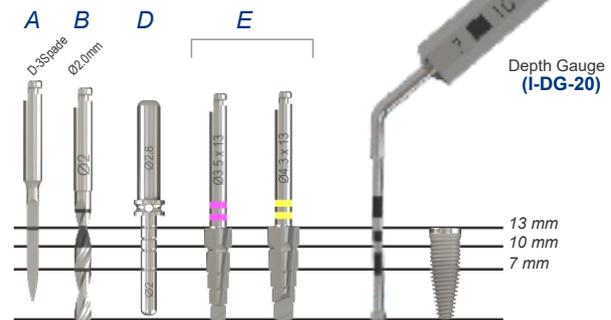
**Please Note:** With a probe, check the soft tissue height, prepare final step at least 1 mm subcrestal. Depending on the gap between planned implant and buccal bone plate, deeper countersinking can be appropriate.

\*Final Tapered Drill Position (Co-Axis)

**PLEASE NOTE:**  
**Point 1**  
This corner of the drill is to be at bone level.  
**Point 2**  
This corner of the drill will be subcrestal.

**IMPLANT DRILL DEPTH (Fig. 14)**

Illustrating placement of a 13 mm implant



**Step 4: Implant placement (Tapered implants) (Fig. 15)**

Connect the hand-piece insertion tool (I-HLH/U-xxS/M) to the handpiece. Engage the internal hex of the implant with the insertion tool and carefully remove the implant from the sterile vial.



(Fig. 15)

**Note:** The insertion tool must be fully engaged in the implant before torque is applied.

Alternatively, the wrench insertion tool (IWI-LHxxS / M) can be connected to the ratchet wrench (I-TWS), with wrench insert converter (I-WI-SS), and used to extract the implant from its packaging.

Insert the implant at 15 rpm while applying downward pressure.

**Step5: Implant placement  
(Co-Axis® implants)**

The TRI-NEX Co-Axis® implants are placed with a special insertion tool.  
Connect the Co-Axis® hand-piece insertion tool (I-Lxx-12d) to the handpiece (Fig. 16).  
Identify the two dimples on the implant platform (Fig.17).  
Identify the dimples on the insertion tool (Fig. 18).  
Line up the dimples on the insertion tool with the dimples on the implant (Fig. 19).  
Push the tool into the implant until the insertion tool fits flush with the implant, and carefully remove the implant from the sterile vial.

Alternatively, the Co-Axis® wrench insertion tool (I-WLxx-12d) can be connected to the ratchet wrench (I-TWS),with wrench insert converter (I-WI-SS), and used to extract the implant from its packaging. The Co-Axis® wrench insertion tool is connected to the implant in the same way as the Co-Axis® hand-piece insertion tool.

Insert the implant at 15 rpm while applying downward pressure. (Fig. 20)

**Co-Axis® Insertion tool removal protocol**

1. To remove the insertion tool from the implant, pull the insertion tool in the direction perpendicular to restorative platform and parallel to prosthetic axis (Fig. 21).
2. The insertion tool will be removed in the direction of the pulling force (Fig. 22).

**NOTE:** It is advised not to detach insertion tool from implant before final placement is confirmed, and after final X-rays have been taken. Detach insertion tool from the hand piece only. This is due to the difficulty of re-inserting the tool once the implant is in situ.

**Note:**

- Use light finger force on the wrench when placing the implant. Excessive torque (>70Ncm) with the wrench should be avoided, as this will cause too much compression in the bone or damage to the implant. A torque exceeding the maximum limit indicates that the implant should be retrieved and additional drilling should be performed in the site.
- Because the implants are self-tapping, it is recommended to stop rotation once the implant has reached the prepared depth. The implant may continue to advance beyond the drilled depth with further rotations, owing to the effective self-tapping thread. Care should be taken not to countersink the implant too far, especially in soft bone. There is also a risk that the implant may spin.

**Loading times**

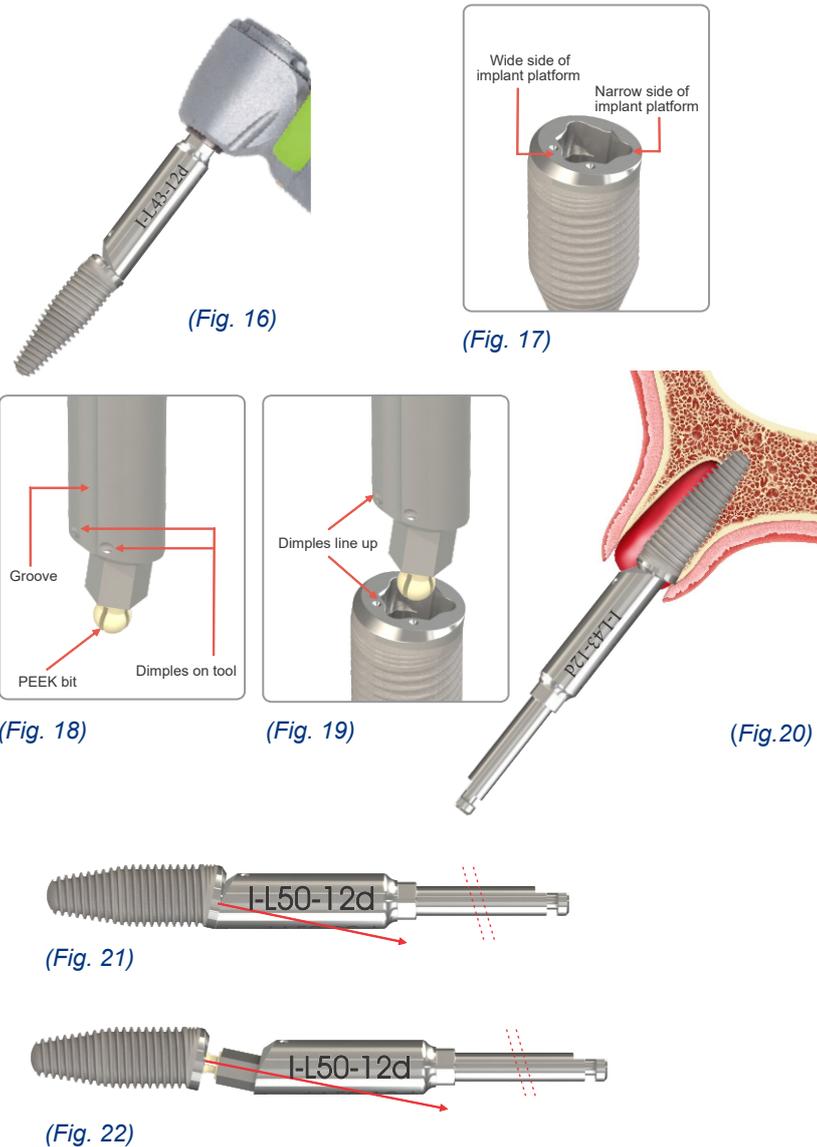
Healing period is generally 3-4 months in the mandible and 4-6 months in the maxilla, however, healing periods may vary for each patient. When a shorter healing time or immediate loading is being considered, the assessment must be based on the individual clinical situation (i.e. bone quality, bone quantity, primary stability achieved, loading conditions, design of super structure, etc.). Implants may be immediately temporized on single or splinted multiple-unit restorations, if good primary stability is achieved. Immediately temporized restorations should be kept out of occlusion. The patient should adhere to a soft diet and place minimal forces on the restoration for 6-12 weeks.

**Troubleshooting**

**Implant mobility:** If the implant is very loose, consider removal and replacement with a wider diameter implant, without further drilling.

**Poor implant alignment:** If the angular misalignment is less than 30°, the problem can be addressed using angulated abutments. If the angle is greater than 30°, remove the implant and allow the surgical site to heal for approximately six months. Repeat surgery on the same area after the healing period, or use a Co-Axis® implant to take full advantage of available bone.

**Exposed threads:** If the implant threads are exposed in the coronal region, perform a bone augmentation procedure.



Over countersinking: Over countersinking can cause complications with primary stability in cortical bone. The countersink should not extend beyond the cortical region whenever possible. Continue with normal treatment protocol, but it is recommended to avoid immediate or early loading, and to pay special attention to the stability of the implant in the first 3-6 months after placement.

### Clinical benefits

Patients can expect to have their missing teeth replaced and/or crowns restored.

### Healing

The healing time required for osseointegration depends on the individual and treatment protocol. It is the responsibility of the practitioner to decide when the implant can be restored. Good primary stability will govern if immediate loading can be done.

### Implant care and maintenance

Potential implant patients should establish an adequate oral hygiene regime prior to implant therapy. Proper post-operative, oral hygiene and implant maintenance instructions must be discussed with the patient, as this will determine the longevity and health of the implants. The patient should maintain regular prophylaxis and evaluation appointments.

### Materials

Implant: Commercially pure titanium grade 4, ASTM F67 and ISO5832-2, UTS $\geq$  900MPa).

### Side effects

Potential side effects and temporary symptoms: Pain, swelling, phonic difficulties, gingival inflammation. More persistent symptoms: The risks and complications with implants include, but are not limited to: (1) allergic reaction(s) to implant and/or abutment material; (2) breakage of the implant and/or abutment; (3) loosening of the abutment screw and/or retaining screw; (4) infection requiring revision of the dental implant; (5) nerve damage that could cause permanent weakness, numbness, or pain; (6) histologic responses possibly involving macrophages and/or fibroblasts; (7) formation of fat emboli; (8) loosening of the implant requiring revision surgery; (9) perforation of the maxillary sinus; (10) perforation of the labial and lingual plates; and (11) bone loss possibly resulting in revision or removal.

### Breakage

Implant and abutment fractures can occur when applied loads exceed the tensile or compressive strength of the material. Potential overloading conditions may result from; deficiencies in implant numbers, lengths and/or diameters to adequately support a restoration, excessive cantilever length, incomplete abutment seating, abutment angles greater than 30 degrees, occlusal interferences causing excessive lateral forces, patient parafunction (e.g., bruxing, clenching), loss or changes in dentition or functionality, inadequate prosthesis fit, and physical trauma. Additional treatment may be necessary when any of the above conditions are present to reduce the possibility of hardware complications or failure.

### Changes in performance

It is the responsibility of the clinician to instruct the patient on all appropriate contraindications, side effects, and precautions as well as the need to seek the services of a trained dental professional if there are any changes in the performance of the implant (e.g., looseness of the prosthesis, infection or exudate around the implant, pain, or any other unusual symptoms that the patient has not been told to expect).

### MR Safety

These products have not been tested for MRI safety, however, an analysis and review of the literature has shown that the risks of scanning a Southern Implants implant system are not of concern under the following conditions:

- A static magnetic field of 1.5 Tesla and 3 Tesla
- A magnetic field with a field gradient of 30T/M (3000G/cm). A whole body specific absorption rate (SAR) of 2W/kg, for 15 minutes of scanning.

### Disposal

Disposal of the device and its packaging; Follow local regulations and environmental requirements, taking different contamination levels into account. When disposing of spent items, take care of sharp drills and instruments. Sufficient PPE must be used at all times.

### Disclaimer of liability

This product is part of the Southern Implants product range and should only be used with the associated original products and according to the recommendations as in the individual product catalogues. The user of this product has to study the development of the Southern Implants product range and take full responsibility for the correct indications and use of this product. Southern implants do not assume liability for damage due to incorrect use. Please note that some Southern Implants products may not be cleared or released for sale in all markets.

### Notice regarding serious incidents

Any serious incident that has occurred in relation with the device must be reported to the manufacturer of the device and the competent authority in the member state in which the user and / or patient is established.

The contact information for the manufacturer of this device to report a serious incident is as follows:

[sicomplaints@southernimplants.com](mailto:sicomplaints@southernimplants.com)

## Basic UDI

Product	Basic-UDI Number
Basic-UDI for General Dental Implants	600954403869

## Related literature &amp; catalogues

CAT-2004 - TRI-NEX Implants Product Catalogue

## Symbols and Warnings

 Manufacturer: Southern Implants 1 Albert Rd, P.O Box 605 IRENE, 0062, South Africa. Tel: +27 12 667 1046	 Prescription device*	 Sterilization using Irradiation	  Non-sterile Caution	 instruction for use	 Use by date (mm-yy)	  Do not reuse Do not re-sterilize	 Batch code Do not use if package is damaged	 Medical Device
* Prescription device: Rx only. Caution: Federal Law restricts this device to sale by or on the order of a licenced physician or dentist.					Canada licence exemption: Please note that not all products may have been licensed in accordance with Canadian law.			
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