

PIEZOIMPLANT SYSTEM

NARROW RIDGES

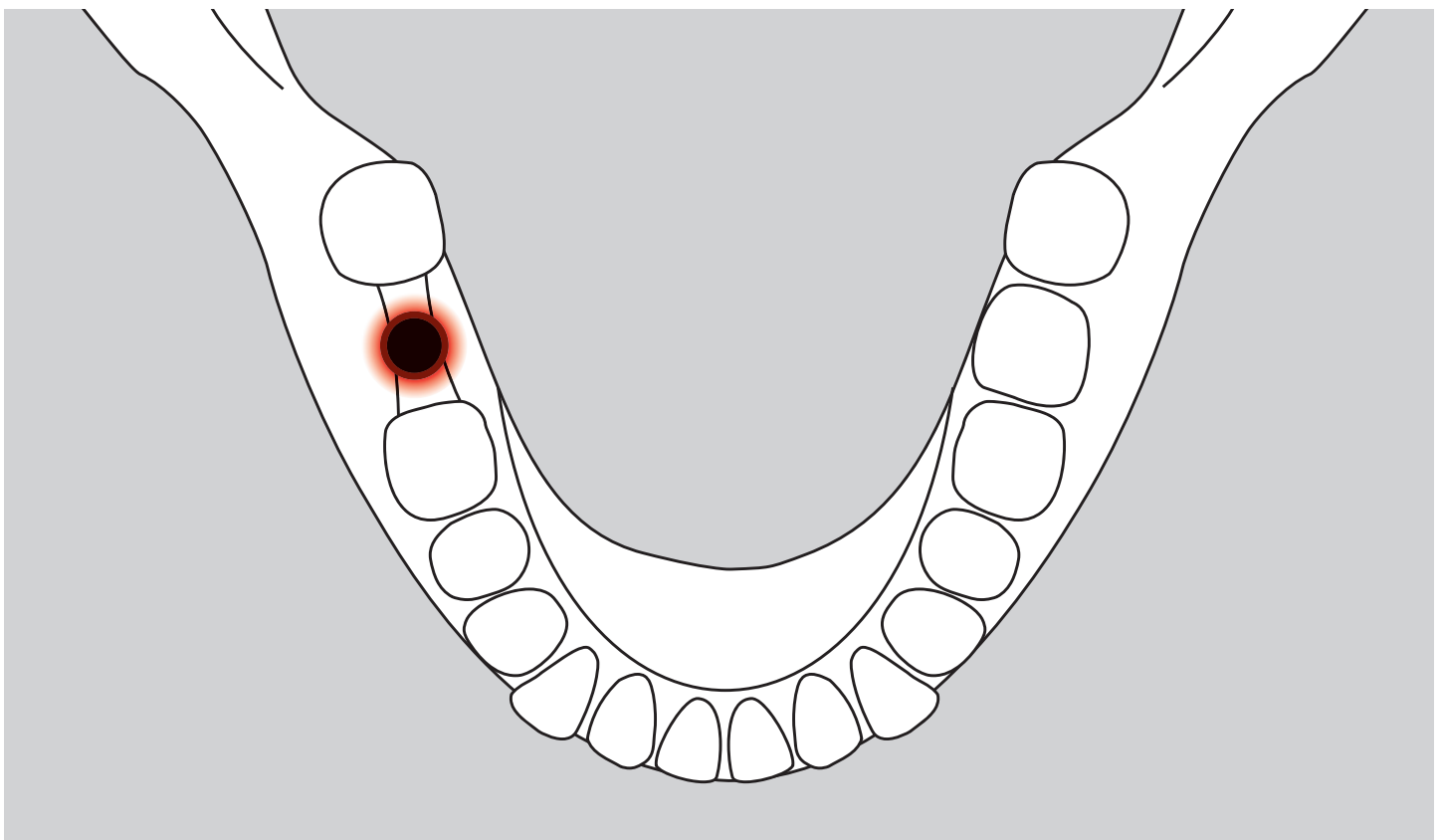
A COMMON CLINICAL CHALLENGE

SUCCESSFUL IMPLANTOLOGY REQUIRES ADEQUATE CRESTAL BONE WIDTH

Placing a dental implant in a narrow crest without adequate width can lead to dehiscence, increasing the risk of peri-implantitis.

Because a peri-implant bone thickness of 1.5 - 2 mm is needed to reduce the risk of dehiscence, crestal bone must be 6.5 - 7.5 mm wide for placement of a screw implant.

Traditionally, clinical cases with horizontal defects have been solved using mini-implants or bone augmentation procedures. Both of these techniques are fraught with complications.






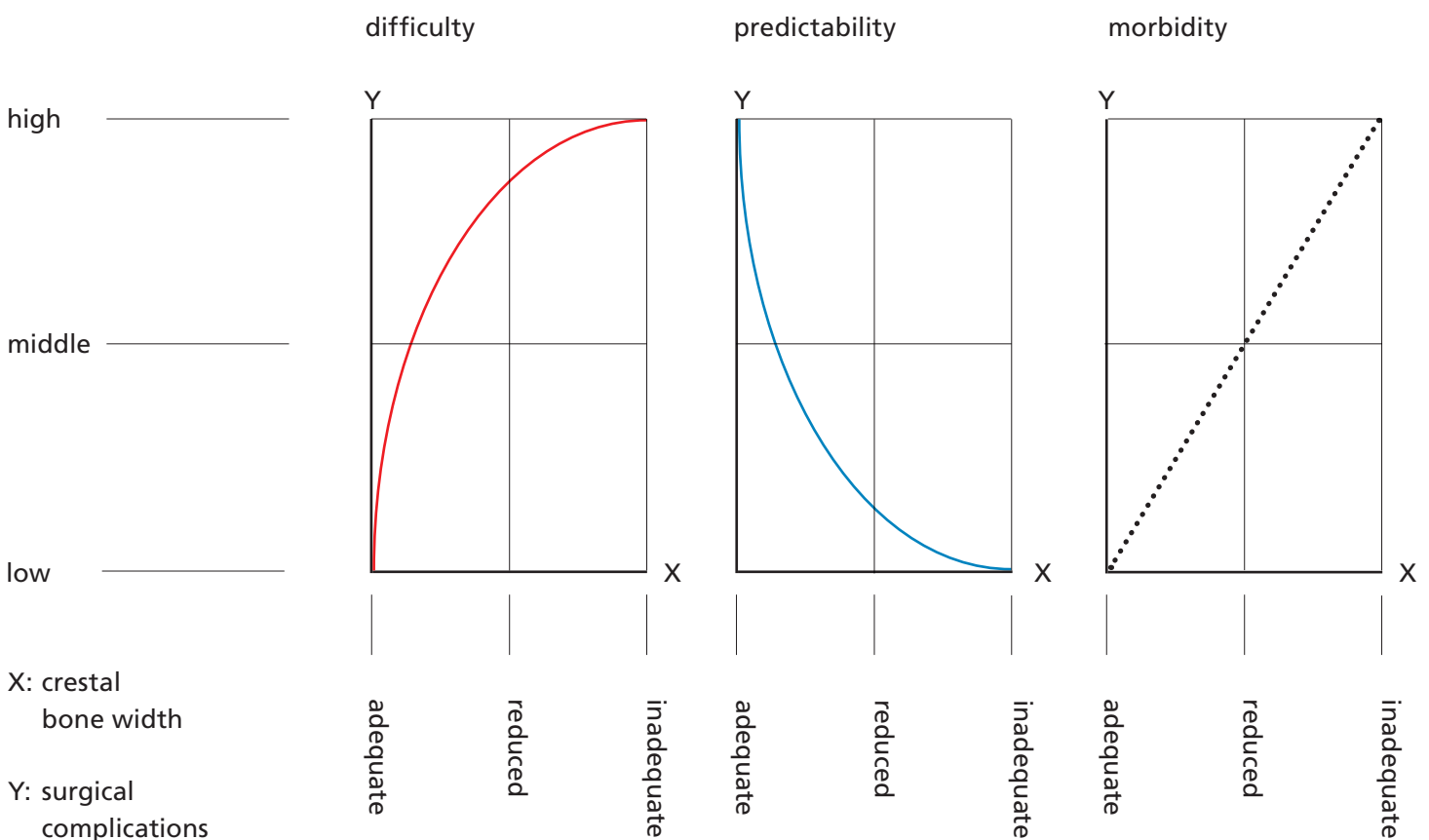
ANATOMICAL DIFFICULTY REDUCES IMPLANT PREDICTABILITY

When bone volume is inadequate for safe implant placement, surgeons resort to augmentation procedures such as Guided Bone Regeneration (GBR) and bone block grafting.

However, these procedures increase surgical difficulty, patient morbidity, timing, and overall cost of therapy.

WHAT ARE THE DISADVANTAGES FOR THE PATIENT?

-  The high cost of intervention for both the dental practice and the patient often creates a significant barrier to treatment acceptance.
-  Treatment can easily take up to 8 months. This lengthy treatment time creates yet another barrier for patients.
-  Lastly, and most importantly, the post-operative period is usually associated with considerable morbidity for the patient.



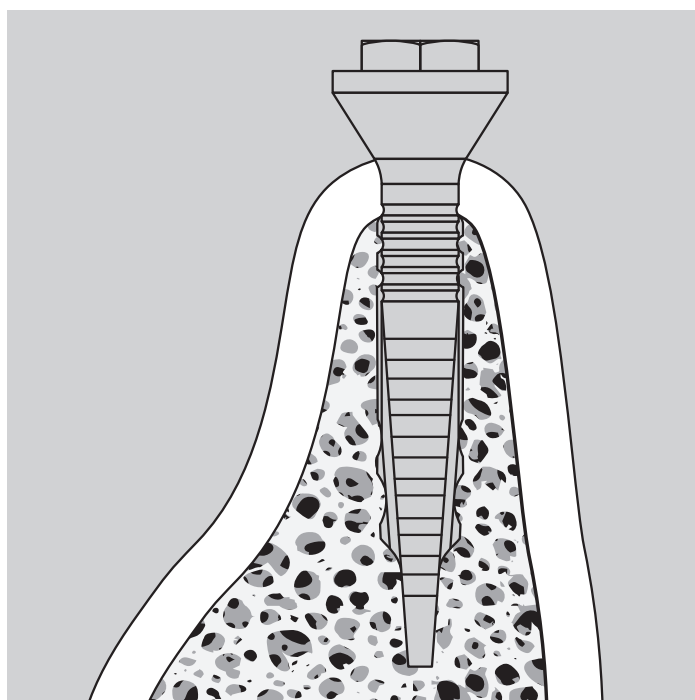
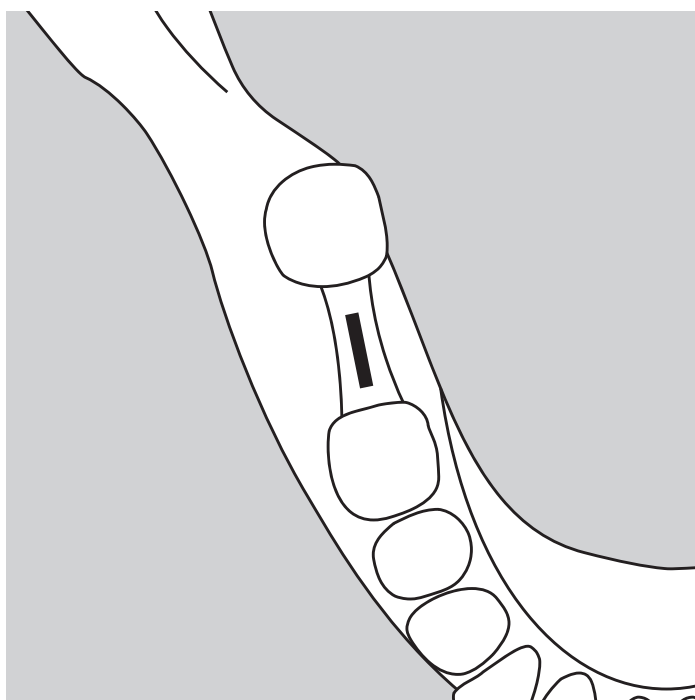
REX PIEZOIMPLANTS A NEW CLINICAL RATIONALE

AN IMPLANT DESIGNED FOR THE ANATOMY

The REX PiezoImplant System was designed specifically to manage reduced crestal width. Its rectangular section mimics the anatomy of the residual crestal bone, allowing for adequate bone thickness to be preserved on the vestibular and lingual sides.

This level of bone preservation is not possible with traditional, screw-form implants because their circular section poses a geometrical discrepancy with the anatomy.

The morphological advantages of REX PiezoImplants allow preserving a crestal thickness greater than 1.5 mm buccally and lingually even when the residual crest is only 3.5 mm.



REX PIEZOIMPLANT CLINICAL SUCCESS

SCIENTIFICALLY-PROVEN CLINICAL SUCCESS

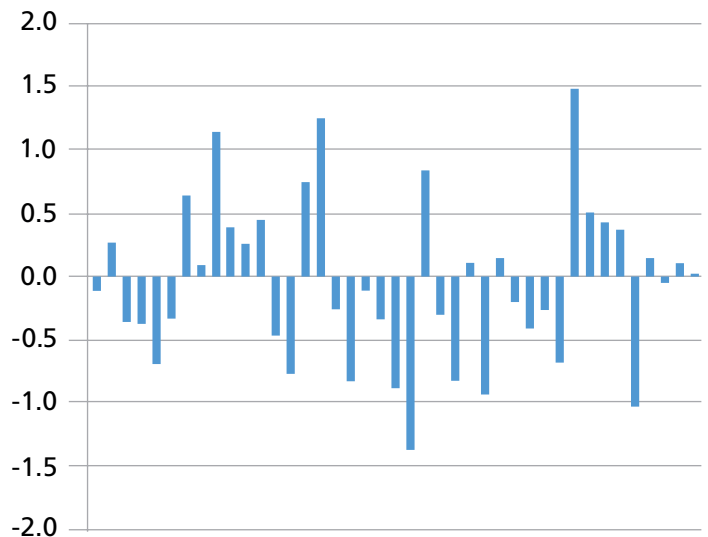
A case series review of early REX PiezoImplant designs included clinical data from five clinical centers for 56 patients (20 M; 35 F; ages: 24-81; mean age: 59.7). A total of 111 implants were placed in edentulous ridges ranging from 2 – 5 mm with an average width of 3.3 mm. Clinical outcomes over the first three years after loading were evaluated in relation to patient discomfort, implant stability, radiographic bone loss, and exudate history per the ICOI International Health Scale.¹

Outcomes after 5+ years of loading were evaluated in terms of implant survival and marginal bone loss, assessed radiographically. Bone level measurements were made on each radiographic image using an image elaboration software using the implant dimensions for scale. The implant shoulder was used as the reference across timepoints and bone level changes were assessed using the time of loading as baseline. Survival at 5+ years was 92.8% (103/111) and mean bone level change following implantation across all time points was -0.68 (±1.05) mm. Overall, several implants showed a net marginal bone gain over time and no implant exhibited marginal bone loss greater than 1.5mm, with 94.6% of implants meeting bone loss acceptability (≤ 1 mm at year one plus 0.2 mm/per year thereafter).²

CLINICAL OUTCOMES OVER THE FIRST THREE YEARS AFTER LOADING

TIMEPOINT	IMPLANTS EVALUATED	ICOI GROUP 1 (SUCCESS)	ICOI GROUP 2 (SATISFACTORY)	IMPLANT SURVIVAL
1 year	101	90%	4%	98%
2 years	73	93%	3%	99%
3 years	22	86%	9%	95%

BONE LEVEL CHANGE AFTER 5 YEARS OF LOADING



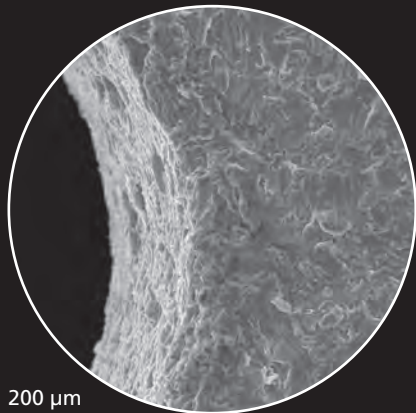
Change in mean bone level values at the final radiographic timepoint (mean: 58.4 months, SD: 13.4), normalized to the time of loading/earliest radiographic follow-up.

¹ Misch CE, Perel ML, Wang H-L, et al.: Implant Success, Survival, and Failure: The International Congress of Oral Implantologists (ICOI) Pisa Consensus Conference. *Implant Dentistry*, 17 (1):5-15, 2008.2)

² Kline R, Hoar JE, Beck GH, et al. A prospective multicenter clinical investigation of a bone quality-based dental implant system. *Implant Dent*. 2002;11:224-234.

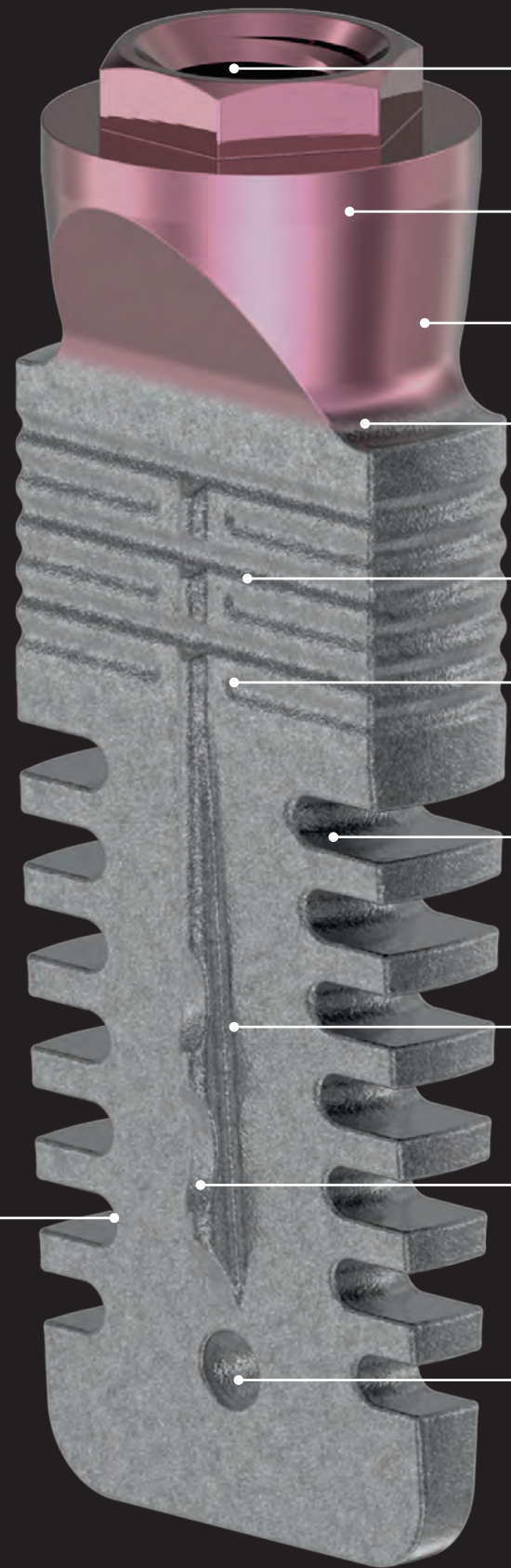
REX TISSUE LEVEL PIEZOIMPLANTS UNIQUE MORPHOLOGICAL FEATURES

The innovative features of REX PiezoImplant are protected by various patents*.



200 μ m

400x magnification

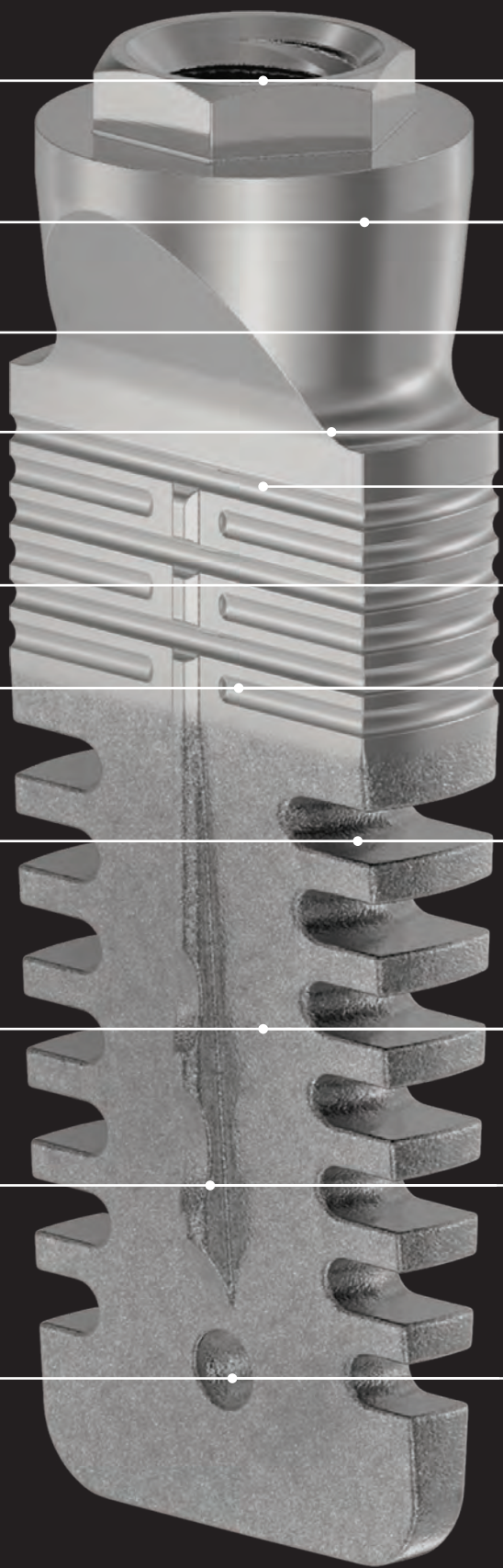


3. Abrahamsson I, Berglund T. Effects of different implant surfaces and designs on marginal bone-level alterations: a review. *Clin. Oral Implants Res* 2009. 20:207-15.

4. Berglund T, Gotfredsen K, Zitzmann NU, Lang NP, Lindhe J. Spontaneous progression of ligature induced peri-implantitis at implants with different surface roughness: an experimental study in dogs. *Clin. Oral Implants Res* 2007. 18:655-661.

5. Ibañez C, Catena A, Galindo-Moreno P, Noguero B, Magán-Fernández A, Mesa F. Relationship Between Long-Term Marginal Bone Loss and Bone Quality, Implant Width, and Surface. *Int J Oral Maxillofac Implants* 2016. 31:398-405.

6. Roberts RA. Types, uses, and evaluation of the plate-form implant. *J Oral Implantol* 1996. 22:111-118.



Highly versatile prosthetic connection

Titanium Grade 23 (Ti6Al4V ELI) with greater biocompatibility and fatigue strength than Grade 5 alloy

Anodized pink for in vivo identification

Width of 1.8 or 2.9 mm

Machined transcortical region to help prevent crestal bone resorption and peri-implantitis ^{3,5}

Transcortical region surface treated with Resorbable Blast Media (RBM) to promote osteointegration ⁸⁻⁹

Micro grooves to promote osteointegration in cortical bone ⁷

Macro grooves to promote osteointegration in cancellous bone ⁶⁻⁷

Resorbable Blast Media (RBM) Surface Treatment: REX PiezoImplants are grit-blasted with hydroxylapatite and acid-passivated to increase the roughness of the surface and promote osteointegration ⁸⁻⁹

Sagittal Fin for improved press-fit and initial stability

Identification Port for verifying osteointegration radiographically

7. Golab KG, Kashani IR, Azami-Tameh A, Zaminy A, Nik IN, Nik SN. Evaluation of the effect of adipose tissue-derived stem cells on the quality of bone healing around implants. *Connect Tissue Res* 2016. 57(1):10-19.

8. Gansukh O, Jeong JW, Kim JW, Lee JH, Kim TW. Mechanical and Histological Effects of Resorbable Blasting Media Surface Treatment on the Initial Stability of Orthodontic Mini-Implants. *Biomed Res Int* 2016. 1-9.

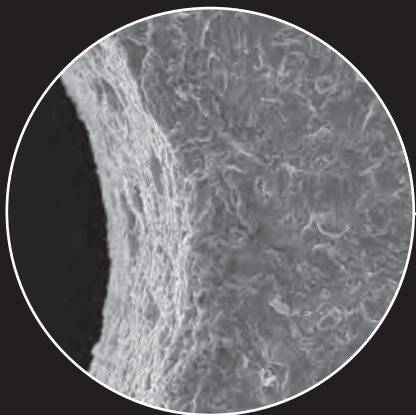
9. Todisco M, Trisi P. Histomorphometric evaluation of six dental implant surfaces after early loading in augmented human sinuses. *J Oral Implantol* 2006. 32:153-166.

(*) US 9566136 / US 10835350 / EP 2509530 / JP 5814255 / IT GE2009A000097 / IT 102009901791774

REX BONE LEVEL PIEZOIMPLANTS UNIQUE MORPHOLOGICAL FEATURES

4 MM

The innovative features of REX PiezoImplant are protected by various patents*.



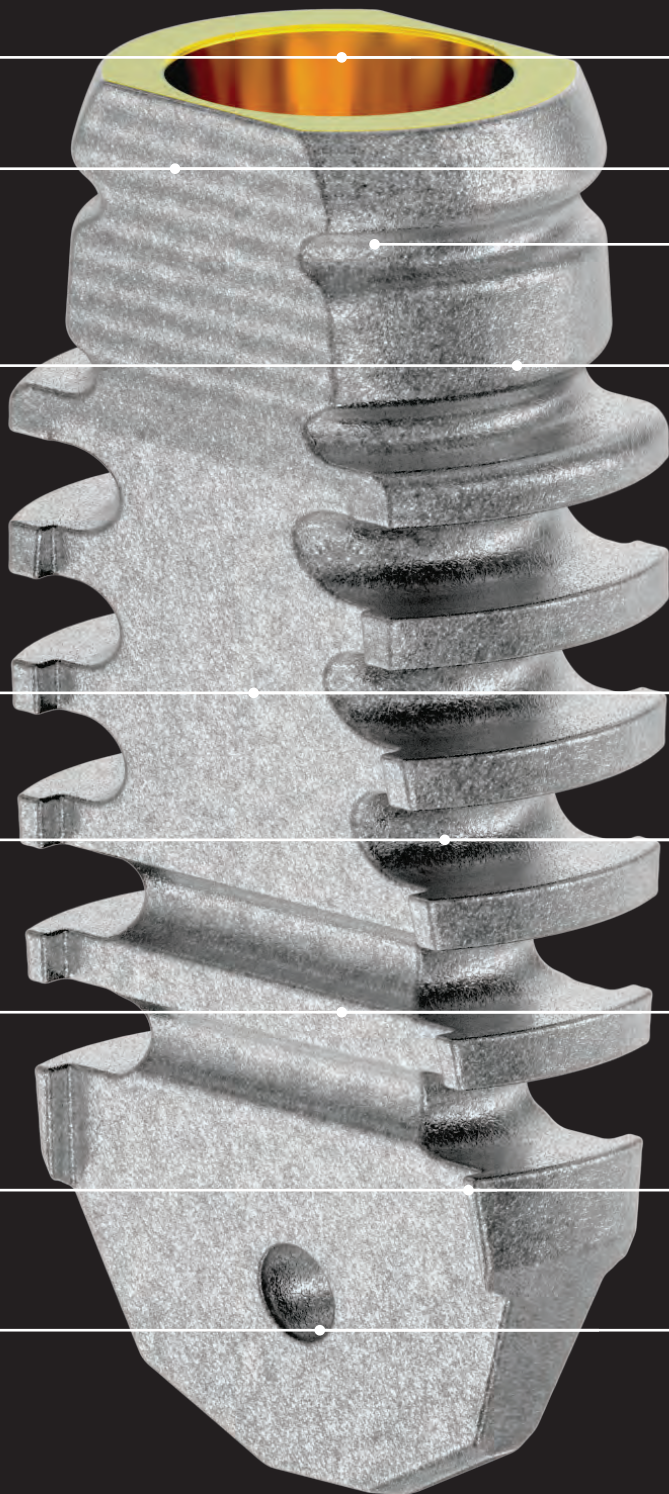
200 μ m
400x magnification



6. Roberts RA. Types, uses, and evaluation of the plate-form implant. J Oral Implantol 1996. 22:111-118.

7. Golab KG, Kashani IR, Azami-Tameh A, Zaminy A, Nik IN, Nik SN. Evaluation of the effect of adipose tissue-derived stem cells on the quality of bone healing around implants. Connect Tissue Res 2016. 57(1):10-19.

5 MM



Internal conical platform specifically designed for a narrow implant

Micro grooves to promote osteointegration

Thinner coronal portion designed to reduce stress-shielding in bone and mitigate resorption over time

Body thickness of 2.9 mm providing implant strength and bone-implant contact area

Titanium Grade 23 (Ti6Al4V ELI) with greater biocompatibility and fatigue strength than Grade 5 alloy

Macro grooves to promote osteointegration in cancellous bone ⁶⁻⁷

Resorbable Blast Media (RBM) Surface Treatment:
REX PiezoImplants are grit-blasted with hydroxylapatite and acid-passivated to increase the roughness of the surface and promote osteointegration ⁸⁻⁹

Dual Sagittal Fins for improved press-fit and initial stability

Identification Port for verifying osteointegration radiographically

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9. Todisco M, Trisi P. Histomorphometric evaluation of six dental implant surfaces after early loading in augmented human sinuses. J Oral Implantol 2006. 32:153-166.

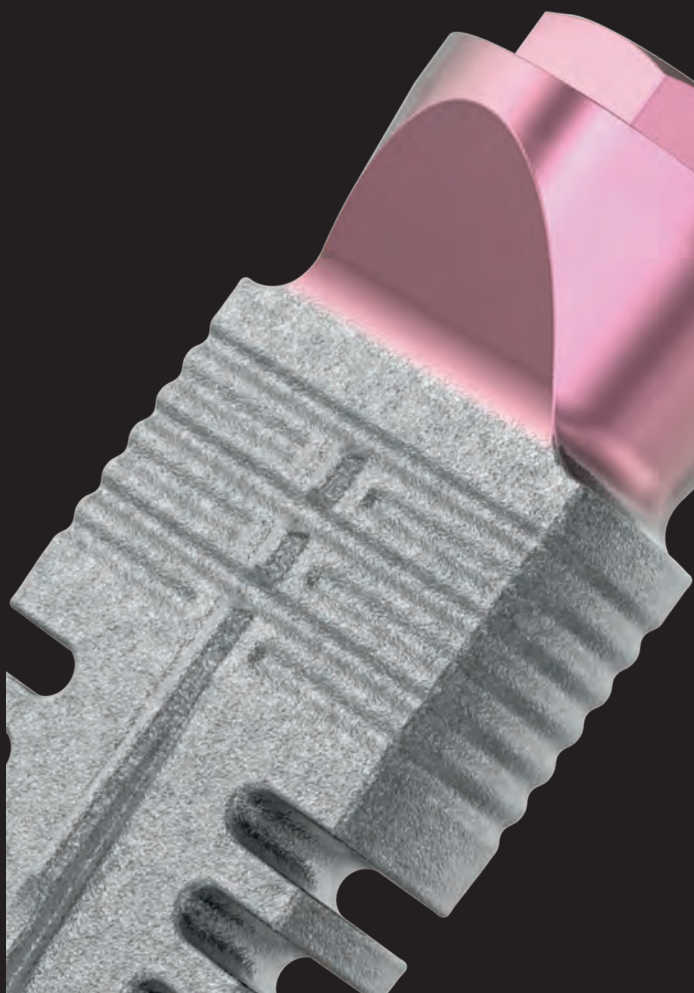
(*)US 9566136 / US 10835350 / EP 2509530 / JP 5814255 / IT GE2009A000097 / IT 102009901791774

REX PIEZOIMPLANT PRODUCT RANGE FEATURES

REX TL 1.8 SURFACE TREATMENT OPTIONS

All REX PiezoImplants are provided with the well-known RBM surface treatment (grit-blasting with hydroxylapatite plus acid-passivation). Trace amounts of hydroxylapatite on the titanium surface promote osteointegration.

REX TL 1.8 PiezoImplants are available with either machined or surface-treated transcortical regions.



REX PiezoImplant TL 1.8 with RBM over the entire endosseous surface area to promote osseointegration.

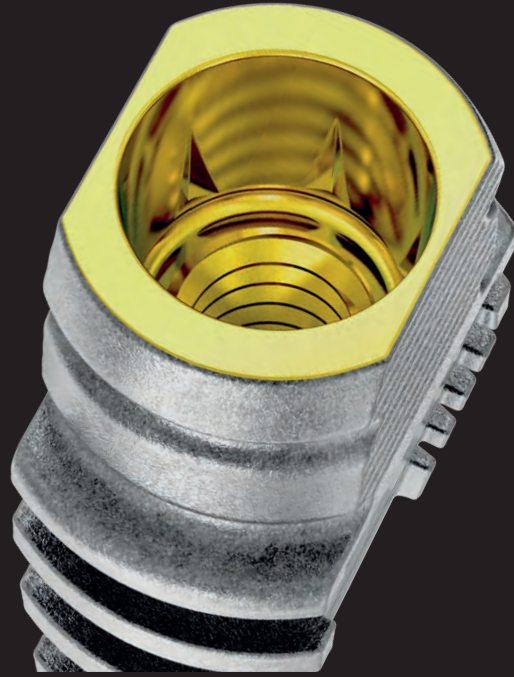


REX PiezoImplant TL 1.8 with a machined transcortical region to facilitate biofilm removal.

RESTORATIVE VERSATILITY

Rex PiezoImplants TL offer external and internal hexagon prosthetic platforms.

Rex PiezoImplants BL offer a unique internal conical prosthetic platform with a hex for indexing, specifically designed for narrow implants.



REX PiezoImplant BL 2.9
Internal angle (full angle): 11°
Platform: Ø2.6 mm



REX PiezoImplant TL 1.8
External hexagon: 2.7 mm
Platform: Ø4.1 mm



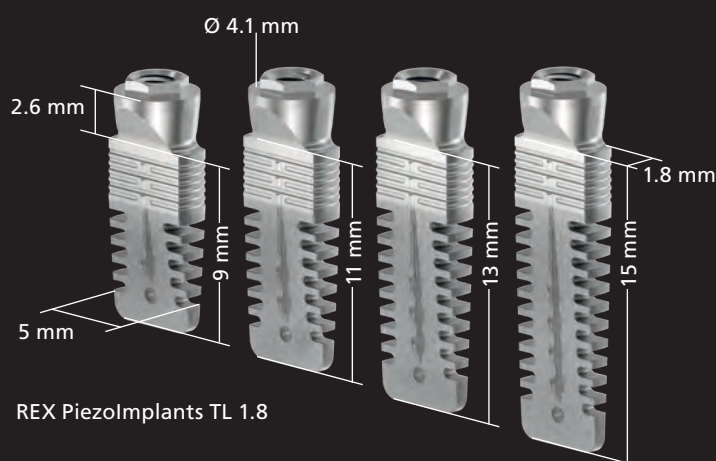
REX PiezoImplant TL 2.9
Internal hexagon: 2.45 mm
Platform: Ø3.5 mm

REX PIEZOIMPLANT PRODUCT RANGE FEATURES

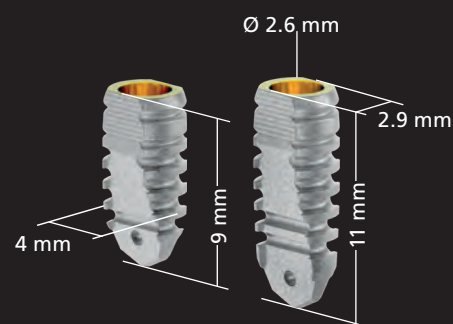
DIFFERENT THICKNESSES AND LENGTHS AVAILABLE

REX TL PiezoImplants are 5 mm wide mesiodistally and 9 mm to 15 mm in length, with a vestibular-lingual thickness of 1.8 mm or 2.9 mm.

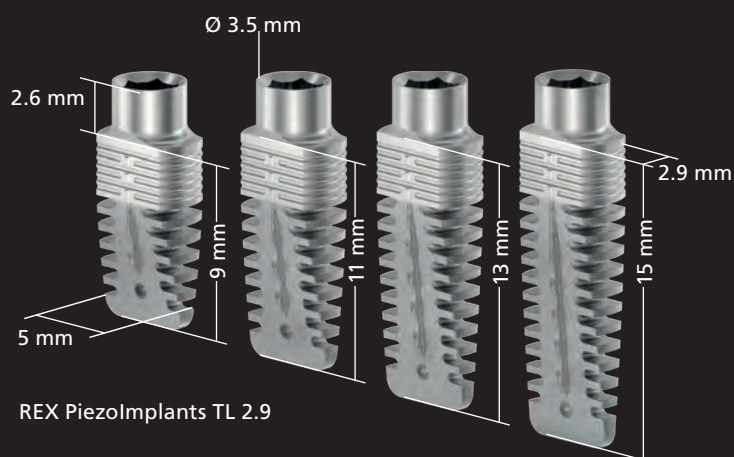
REX BL PiezoImplants are 4 mm or 5 mm wide mesiodistally and 9 mm to 11 mm in length, with a vestibular-lingual thickness of 2.9 mm.



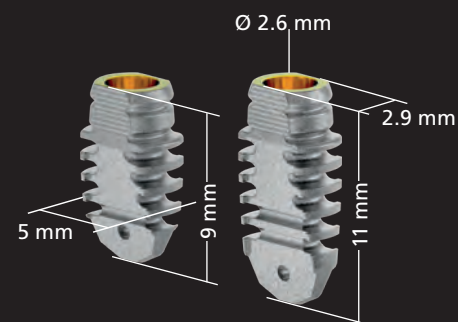
REX PiezoImplants TL 1.8



REX PiezoImplants BL 2.9, 4 mm



REX PiezoImplants TL 2.9

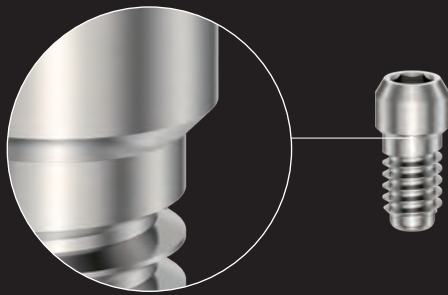


REX PiezoImplants BL 2.9, 5 mm

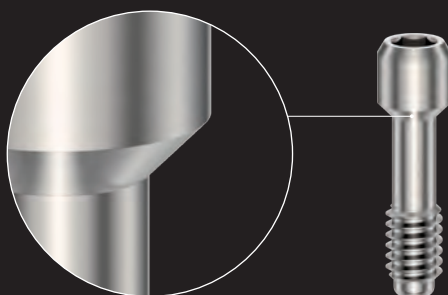
RETENTION SCREW WITH CONICAL CONNECTION

The abutment is connected to the implant via a retention screw with a conical connection.

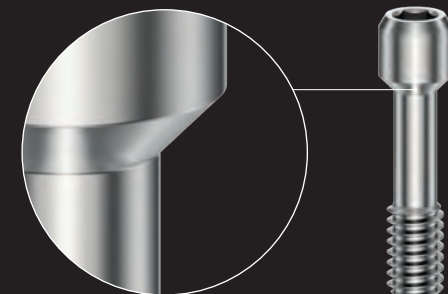
This feature increases friction between the two components, reducing the risk of screw loosening even if the screw is short.



REX PiezoImplant TL 1.8

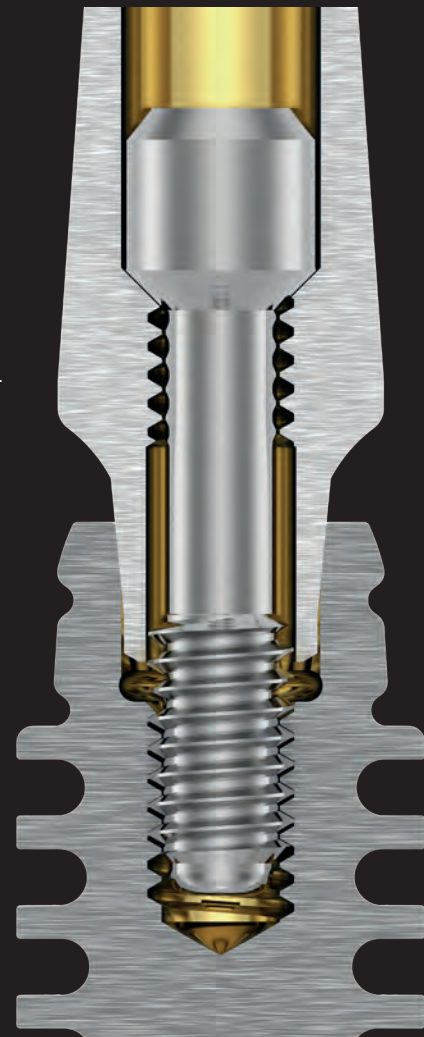


REX PiezoImplant TL 2.9



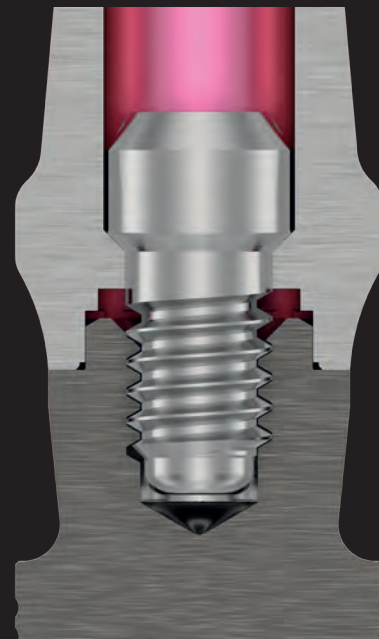
REX PiezoImplant BL 2.9

REX PiezoImplant BL



REX PiezoImplant BL 2.9 assembly cross-section

REX PiezoImplant TL



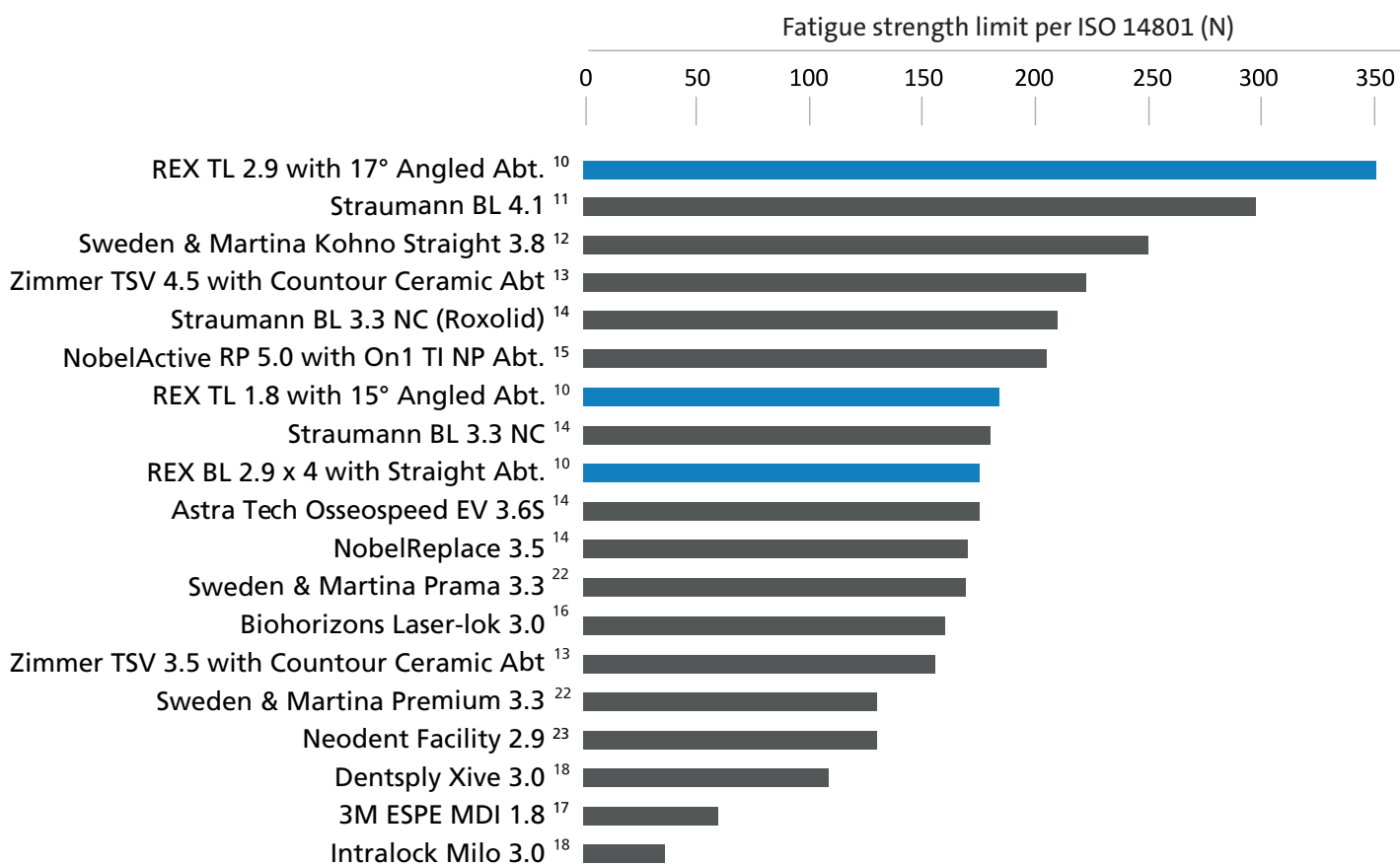
REX PiezoImplant TL 1.8 assembly cross-section

THIN YET STRONG A NEW INNOVATIVE SHAPE

THIN SECTION, MAXIMUM PERFORMANCE

With their unique geometry, REX PiezoImplants, made from state-of-the-art Titanium Alloy (Grade 23), have advanced mechanical strength and are mechanically more robust than screw implants of the same size or bigger.

REX PIEZOIMPLANTS: FATIGUE STRENGTH ¹²



10. Internal data.

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12. Marchetti E, Ratta S, Mummolo S, Teem S, Pecci R, Bedini R, Marzo G. Evaluation of an Endosseous Oral Implant System According to UNI EN ISO 14801 Fatigue Test Protocol. Implant Dent 2014. 23:665-671.

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16. Biohorizons, Laser-lok ® 3.0 Dental Implant System. 2017. [WWW Document]. Website. URL <http://www.biohorizons.com/laser1ok30.aspx> (accessed 6.15.17).

17. 3M ESPE. 3M ESPE MDI Technical Data Sheet. 2012.

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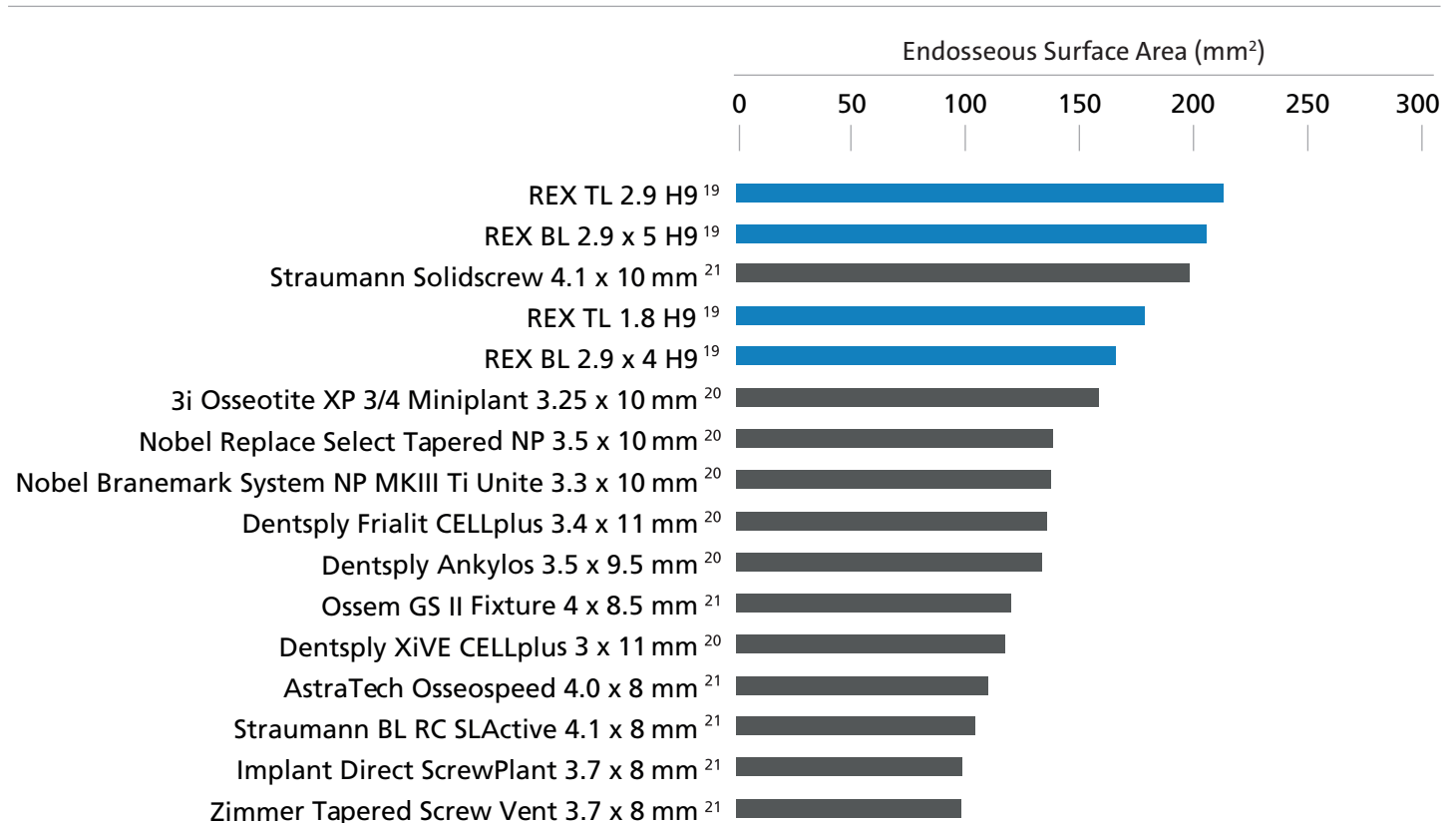
20. Schicho K, Kastner J, Klingsberger R, Seemann R, Enislidis G, Undt G, Wanschitz F, Figl M, Wagner A, Ewers R. Surface area analysis of dental implants using micro-computed tomography. Clin Oral Implants Res 2007. 18:459-464.

BONE IMPLANT CONTACT INCREASED AREA FOR BONE INGROWTH

LARGE SURFACE AREA AVAILABLE FOR OSTEOINTEGRATION

The patented* macro-geometry of REX PiezoImplants, featuring deep grooves on the mesio-distal surfaces, dramatically increases the surface area available for osteointegration, which is far superior to that of larger screw implants.

BONE IMPLANT CONTACT SURFACE AREA ¹⁹⁻²¹



21. Gottlow J, Sennerby L. Influence of Surface and Implant Design on Stability of Five Commercial Titanium Implants: A Biomechanical Study in The Rabbit. 25th Anniversary Meeting Academy of Osteointegration 2010. Orlando, FL, p. Abs P83.
22. Cosola et al. 2021. In-vitro investigation of fatigue and fracture behavior of transmucosal versus submerged bone level implants used in fixed prosthesis.
23. Reis, T.A. dos, Zancopé, K., Karam, F.K., Neves, F.D. das, 2019. Biomechanical behavior of extra-narrow implants after fatigue and pull-out tests. J. Prosthet. Dent. 122, 54.e1-54.e6.

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* US 9566136 / US 10835350 / EP 2509530 / JP 5814255 / IT GE2009A000097 / IT 102009901791774

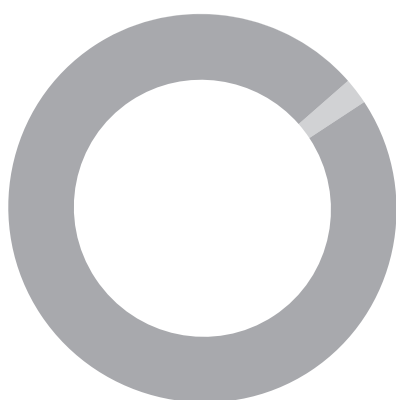
REX PIEZOIMPLANT CLINICAL OUTCOMES

"WEDGE-SHAPED IMPLANTS FOR MINIMALLY INVASIVE TREATMENT OF NARROW RIDGES" A MULTICENTER PROSPECTIVE COHORT STUDY.

Vercellotti T, Troiano G, Oreglia F, Lombardi T, Gregorig G, Morella E, Rapani A, Stacchi C.

Abstract: The present study aims to investigate clinical and patient-centered outcomes after the implant-supported rehabilitation of narrow ridges using a novel wedge-shaped implant. Forty-four patients were treated with the insertion of 59 tissue-level wedge implants (1.8 mm bucco-lingual width) in horizontally atrophic ridges (mean bone width 3.8 ± 0.4 mm). The main outcome measures were: implant stability quotient (ISQ), marginal bone loss (MBL) and patient morbidity. Fifty-eight implants were functioning satisfactorily after one year of loading (98.3% survival rate) [...] Within the limitations of the present study, the device investigated showed low morbidity and positive short-term clinical results in narrow ridges treatment.

J Clin Med 2020. 9:3301; doi:10.3390/jcm9103301
<https://www.mdpi.com/2077-0383/9/10/3301/htm>



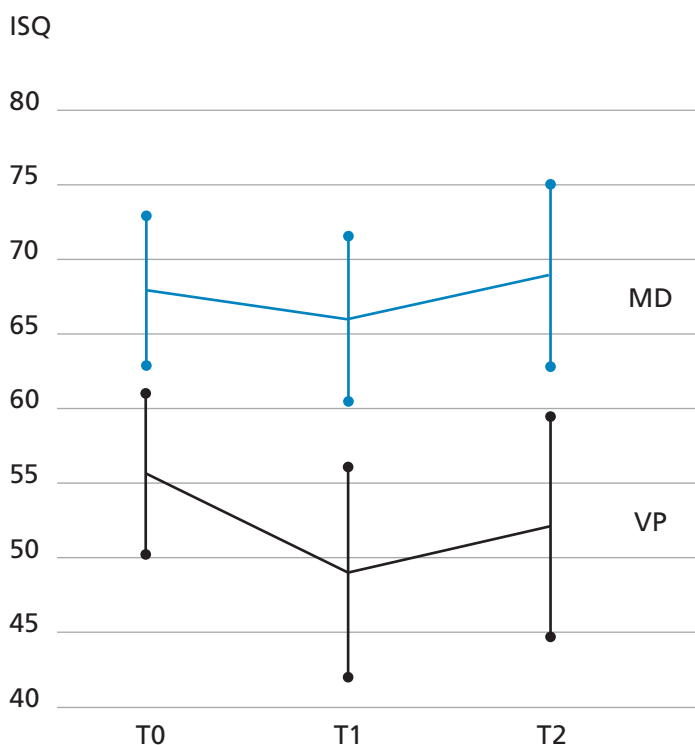
98.3%
 survival after
 a year of loading

REX PIEZOIMPLANT STABILITY

Implant stability was recorded by measuring ISQ values at different time points.

ISQ values measured in the mesio-distal direction was significantly higher than those in the bucco-lingual direction at all time points ($p < 0.001$).

Both mesio-distal and bucco-lingual ISQ values at 6-month follow-up were significantly higher than at 4-month follow-up ($p < 0.001$ for both).

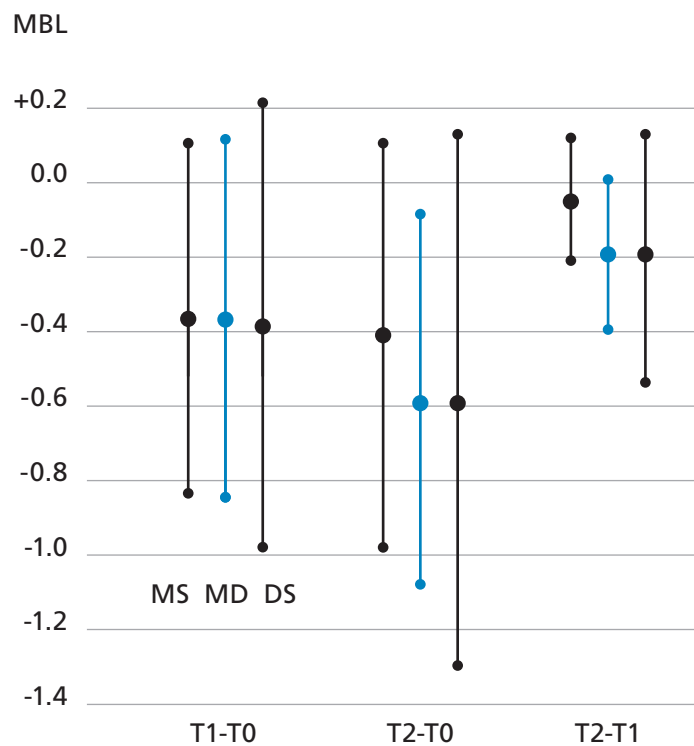


Implant stability pattern at baseline (T0), after 4 (T1) and 6 (T2) months of healing. ISQ: implant stability quotient; MD: mesio-distal direction; VP: vestibular-palatal direction.

MARGINAL BONE LOSS

Marginal bone loss (MBL) was radiographically documented.

Mean MBL was 0.38 ± 0.48 mm at prosthesis delivery (6 months after implant insertion) and 0.60 ± 0.52 mm after one year of functional loading.



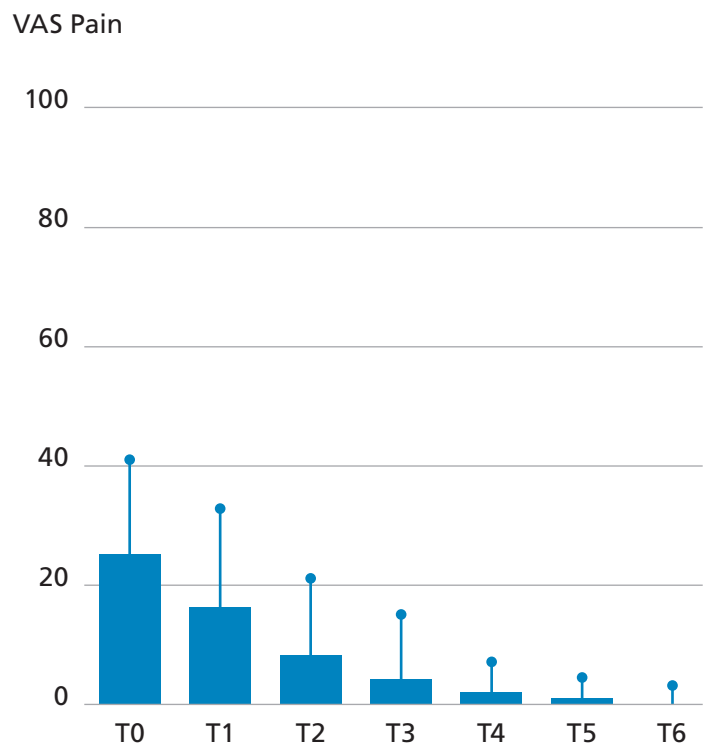
Measurements are expressed in mm as mean \pm standard deviation. MBL: mesial (MS), mean (MD) and distal (DS) marginal bone loss; T0: implant insertion; T1: 6 months after implant insertion; T2: 12 months after functional loading.

PATIENT PAIN SENSATION

A visual analogue scale (VAS) was used to measure the pain perceived by the patient.

The majority of patients reported slight discomfort related to the surgical procedure.

Postoperative pain was classified as mild on the day of surgery and the first postoperative day, and no pain was reported over the following five days.



Trend patient pain assessed on the day of surgery (T0) and the following six postoperative days (T1 to T6).

SITE PREPARATION PERFORATION TECHNIQUE

IMPLANT SITE PREPARATION BY PERFORATION

Implant site preparation by perforation is a subtractive technique that removes a volume of bone slightly smaller than the volume of the implant.

The implant site has a rectangular section, perfectly matching the anatomy of the top of the edentulous ridge.

This feature makes it possible to preserve a bone thickness of 1 mm on the vestibular and lingual walls, even in ridges as narrow as 4 mm.

BASIC CONDITIONS FOR USE OF THE PERFORATION TECHNIQUE

Buccolingual ridge width	≥ 3.5 mm
Type*	REX PiezoImplant TL 1.8

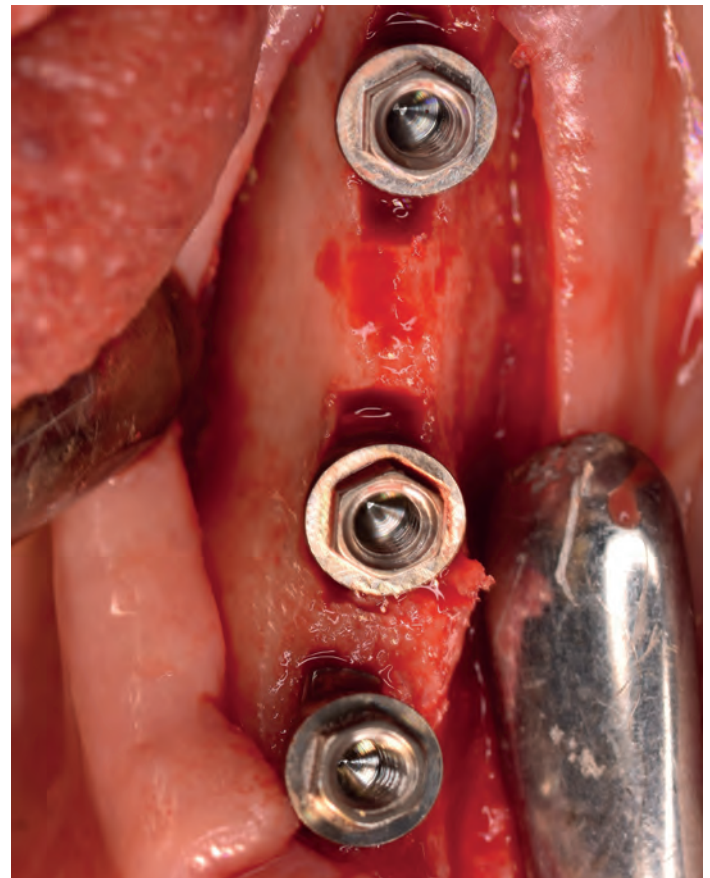
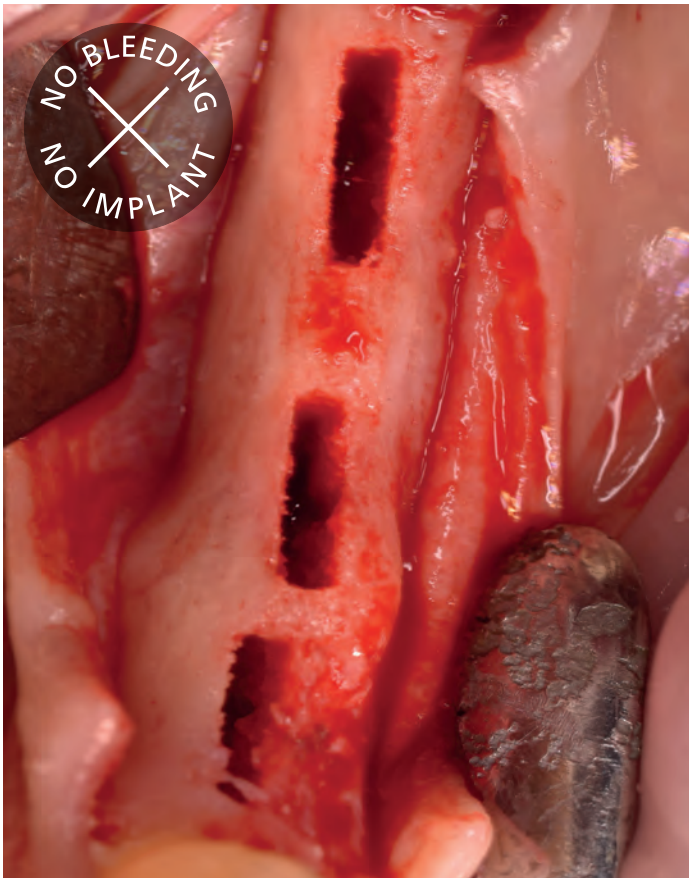
* The perforation technique is not recommended for REX PiezoImplants BL 2.9 and TL 2.9

CLINICAL CASE

Adequate buccal and vestibular bone thickness was visible upon completion of implant site preparation. If this patient had been treated with standard cylindrical implants, bone augmentation would have been required. This is illustrated by the size of the restorative platform (4.1 mm diameter) in relation to the size of the bone.

Adequate vascular supply is required for implant therapy to succeed, evidenced by the bleeding at each

implant site. Given the atrophic nature of narrow ridges, if no bleeding is observed it is inadvisable to place an implant.



Surgical images courtesy of Dr. Francesco Oreglia.

SITE PREPARATION REXPANDER® TECHNIQUE

A NEW MILESTONE IN IMPLANTOLOGY

The *rexpander*® technique uses special wedge-shaped ridge expanders to prepare the implant site. By avoiding the removal of native bone volume beyond a small incision, this technique allows placing REX PiezoImplants in ridges as narrow as 3 mm.

FEATURES OF THE REXPANDER TECHNIQUE

This technique expands the edentulous ridge, limiting bone removal to a 0.35 mm wide osteotomy.

As well as expanding the volume of the crestal bone, this technique preserves the cancellous bone and the blood flow therein.

CLINICAL BENEFITS

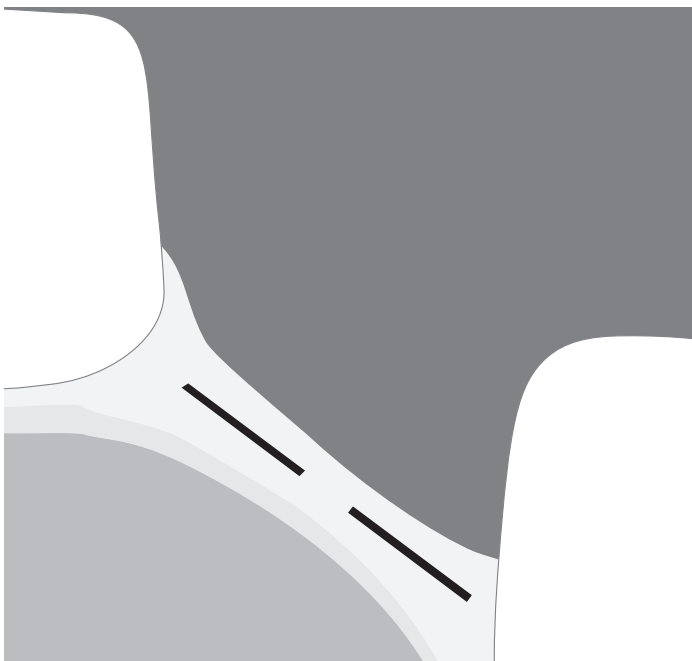
Reduced invasiveness and morbidity make the *rexpander*® technique a new paradigm in implant site preparation, and the ideal choice for placing REX PiezoImplants.

COMBINED IMPLANT SITE PREPARATION

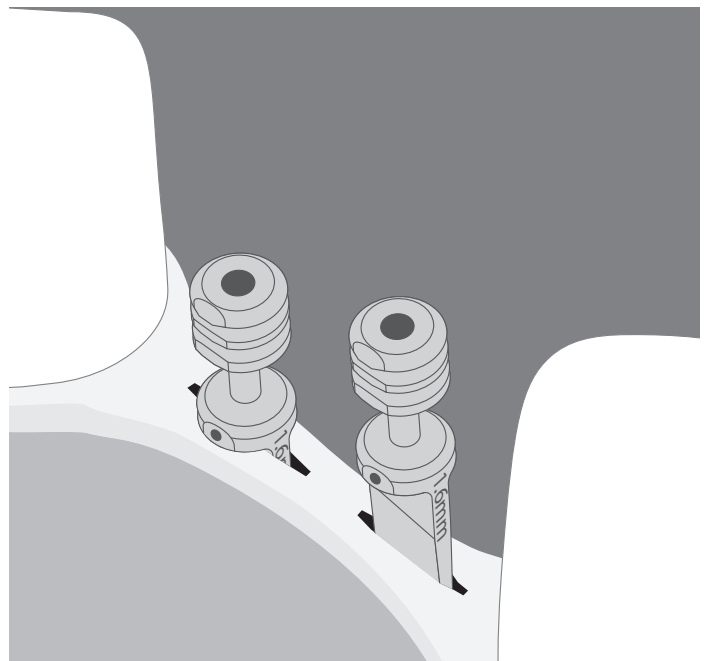
In the presence of highly mineralized cancellous bone, which has reduced tissue elasticity, it is advisable to use *rexpanders*® in conjunction with inserts W4 and W4-H.



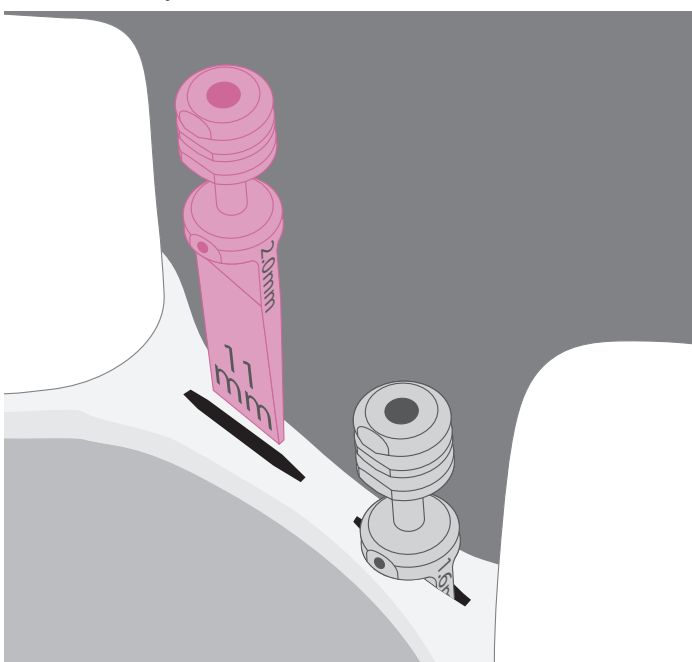
REXPANDER® TECHNIQUE



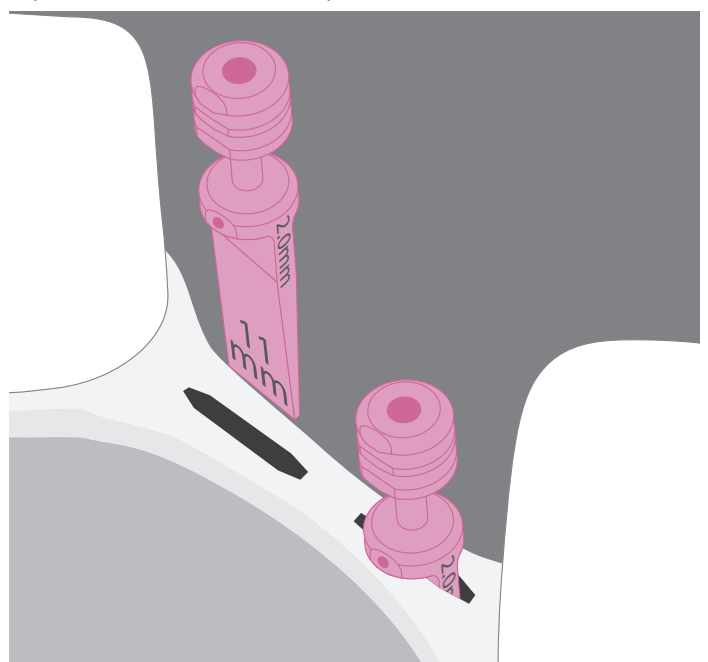
Initial osteotomy



Expansion with two 1.6 mm *rexpanders*®



Expansion after 1.6 mm *rexpander*® and insertion of 2.0 mm *rexpander*®



Expansion after 2.0 mm *rexpander*®

SITE PREPARATION REXPANDER® TECHNIQUE

IMPLANT SITE PREPARATION BY EXPANSION

Unlike subtractive, implant site perforation procedures, the *rexpander*® technique preserves the bone volume and expands the ridge. The surgical protocol requires a minimal incision, which is only 0.35 - 0.7 mm wide and extends in the crestal bone for the length of the planned implant.

rexpanders® are inserted into the osteotomy, where they create a wedge-shaped implant site by inducing a controlled distraction of the vestibular bone flap.

The *rexpander*® technique is simple and fast to perform. It does not cause bone overheating and is typically characterized by favorable bleeding.

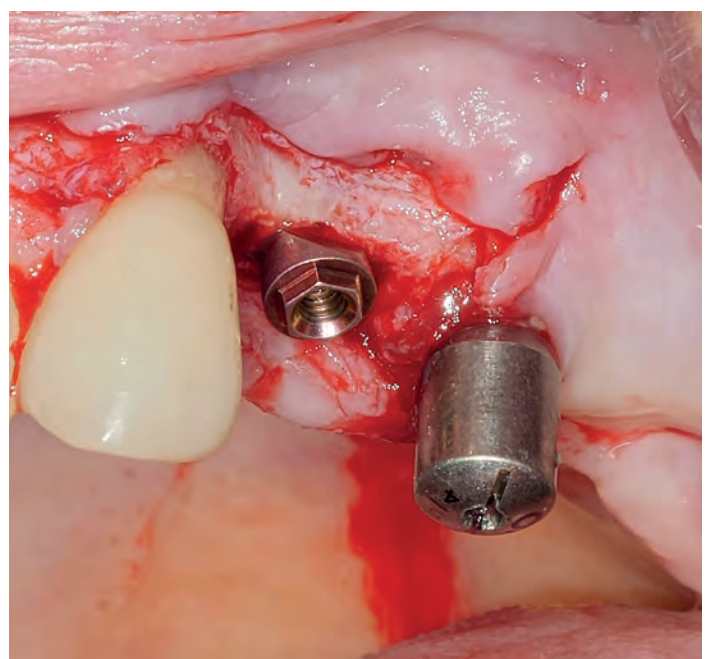
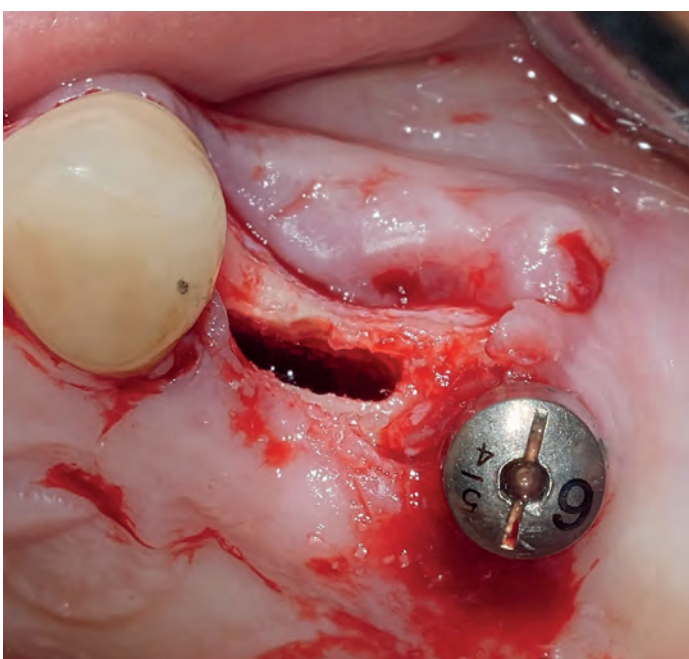
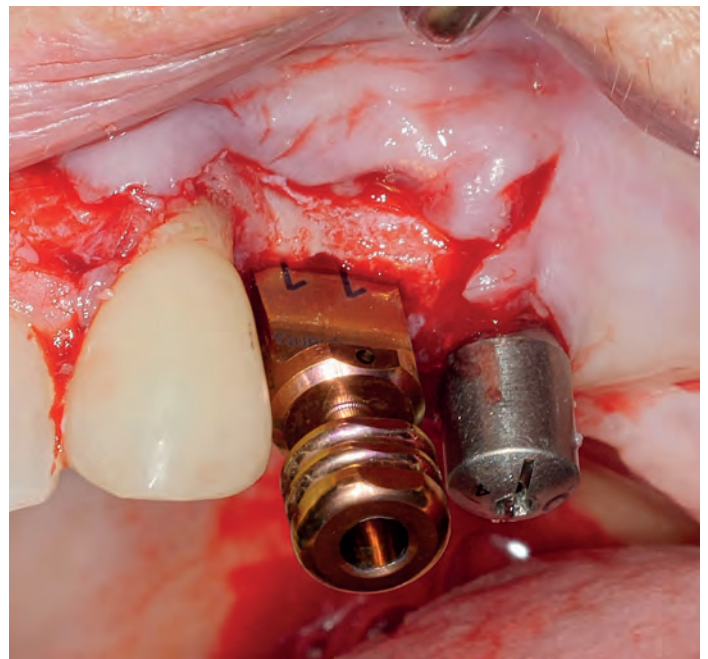
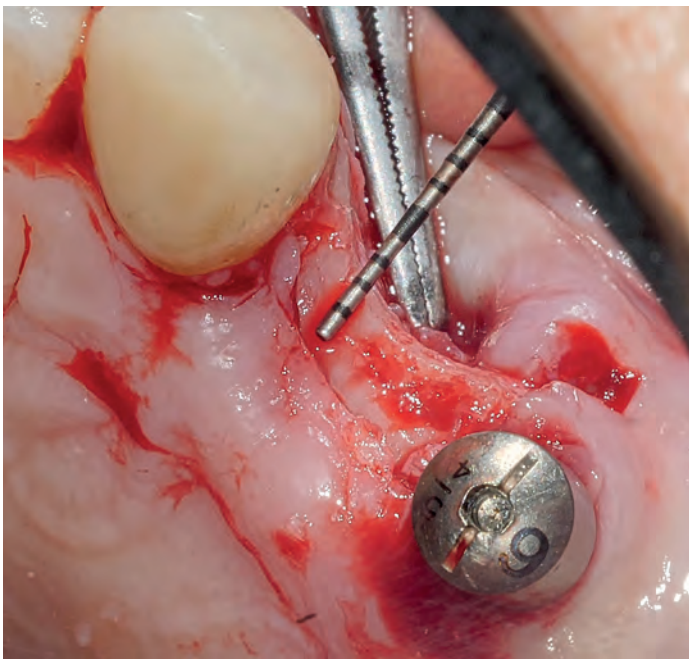
The *rexpander*® technique can be used in any ridge larger than 3 mm, so as to obtain roughly 1.5 to 2.0 mm of peri-implant bone thickness.

This innovative implantation technique preserves more bone than traditional dental implantation methods.

BASIC CONDITIONS FOR USE OF THE REXPANDER® TECHNIQUE

Buccolingual ridge width	≥ 3 mm
Implant size	REX PiezoImplant TL 1.8 REX PiezoImplant TL 2.9 REX PiezoImplant BL 2.9

CLINICAL CASE



Surgical images courtesy of Prof. Tomaso Vercellotti

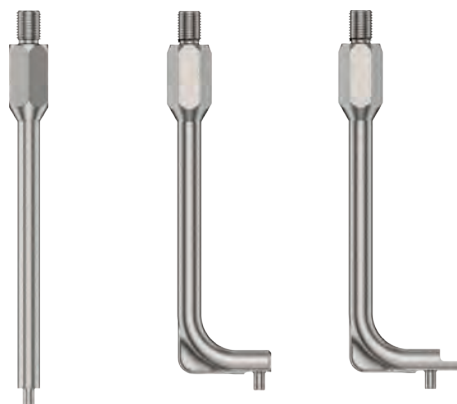
REX PIEZOIMPLANT SURGICAL KIT AND SURGICAL INSTRUMENTS

SURGICAL KIT

The surgical tray conveniently organizes all of the instruments required to place REX PiezoImplants.

The color coding of the kit helps to easily organize and identify tools during implant interventions.

STRIKERS AND REMOVER



Anterior
striker

Posterior
striker

Posterior
striker and
remover



REX MALLET

The REX Mallet enables insertion of the REX Piezo-Implant by electronically controlled magnetic impacts.

The innovative technology allows the user to switch from pushing to pulling action at the press of a button, without having to change the handpiece.

BENEFITS

- Safe, controllable, and precise means of insertion, ideal for press-fit implants
- Four power levels for controlled implant insertion based on bone quality
- Insertion and removal action for rapid performance of the *rexpander*[®] technique
- Attachments allow both anterior and posterior implant insertion



SITE PREPARATION PIEZOSURGERY®

PIEZOSURGERY®

The REX PiezoImplant site preparation technique exploits the unique characteristics of the original Mectron PIEZOSURGERY®.

Numerous scientific and clinical studies have been conducted to further understand the benefits of PIEZOSURGERY®'s ultrasonic modulated frequency wave and its unique effect on healing.²⁴



24. Preti G, Martinasso G, Peirone B, Navone R, Manzella C, Muzio G, Russo C, Canuto RA, Schierano G. Cytokines and Growth Factors Involved in the Osteointegration of Oral Titanium Implants Positioned using Piezoelectric Bone Surgery Versus a Drill Technique: A Pilot Study in Minipigs. J Periodontol. 2007; 78(4):716-722

PIEZOSURGERY® INSERTS FOR REX IMPLANTS

Implant site preparation by perforation is performed using dedicated PIEZOSURGERY® inserts with a rectangular section and increasing thickness.

Depth markings allow for the optimal degree of under-preparation in relation to bone density.

PIEZOSURGERY® VERSATILITY

In addition to the inserts dedicated to the REX PiezoImplant, PIEZOSURGERY® features a wide range of inserts from extractions to implant site preparation for all types of surgical needs.

This technique promotes a better healing response as evidenced in the literature.²⁵⁻²⁶



25. Stoetzer M, Felgenträger D, Kampmann A, Schumann P, Rücker M, Gellrich NC, von See C. Effects of a new piezoelectric device on periosteal microcirculation after subperiosteal preparation. *Microvasc Res.* 2014 Jul;94:114-8. 48

26. von See C, Gellrich NC, Rücker M, Kokemüller H, Kober H, Stöver E. Investigation of perfusion in osseous vessels in close vicinity to piezoelectric bone cutting. *Br J Oral Maxillofac Surg.* 2012 Apr;50(3):251-5.

REXPANDERS® FOR NARROW RIDGES

THE INNOVATIVE SOLUTION FOR RIDGE EXPANSION

expanders® were designed and developed in collaboration with Prof. Tomaso Vercellotti in order to distribute expansive strength non-traumatically over bone surfaces.

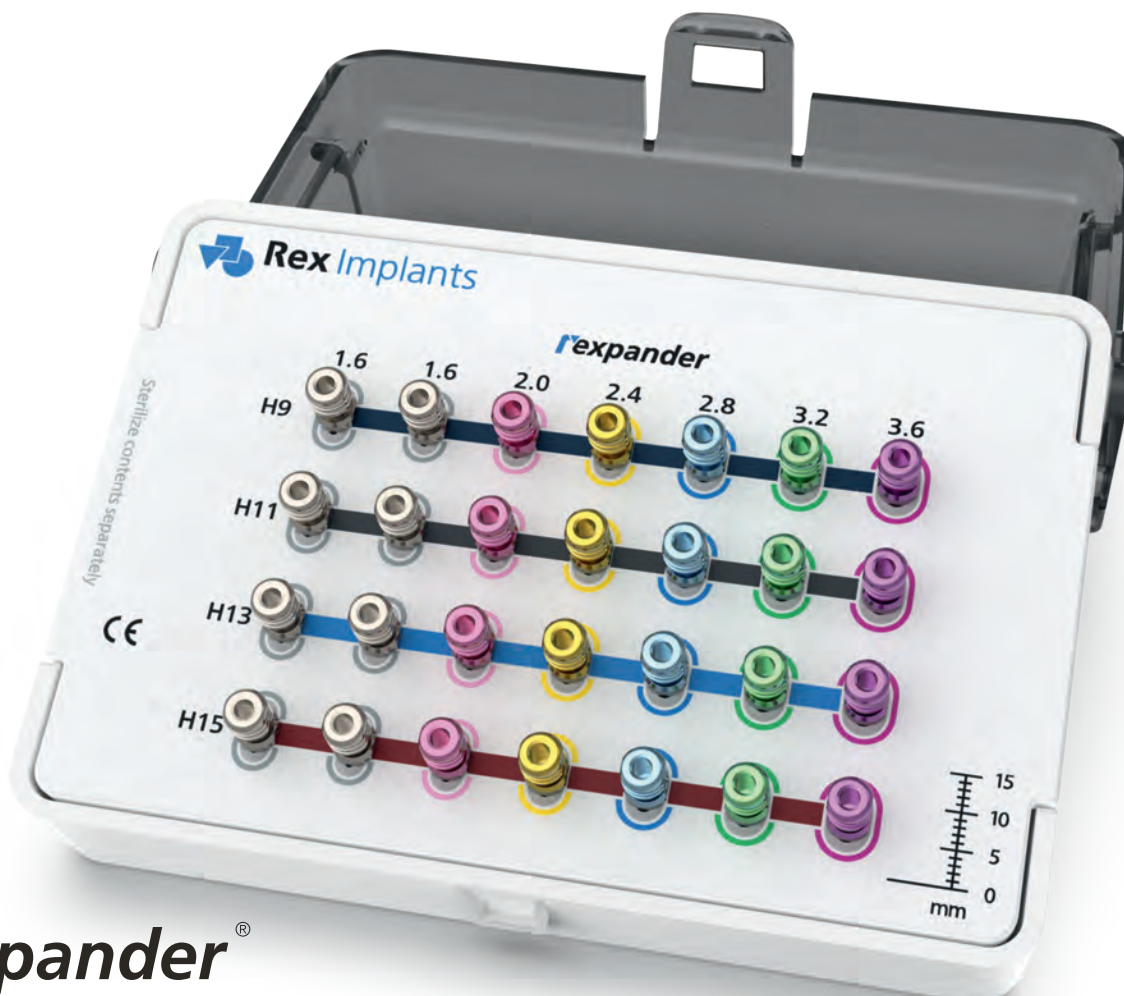
Sizes available:

Length: equal to the planned implant

Thicknesses: 1.6 - 2.0 - 2.4 - 2.8 - 3.2 - 3.6 mm

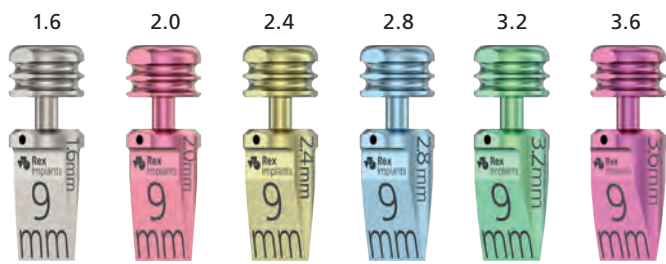
For REX PiezoImplant TL 1.8, use the 1.6 to 2.0 *expanders*® (and also the 2.4 in exceptional cases). For REX PiezoImplants BL 2.9 and TL 2.9, the last *expanders*® used can be the 2.8 or the 3.2.

expanders® are made from titanium alloy and have a width of 6 mm.



expander®

Thickness in mm:



rexpander® 9 mm series



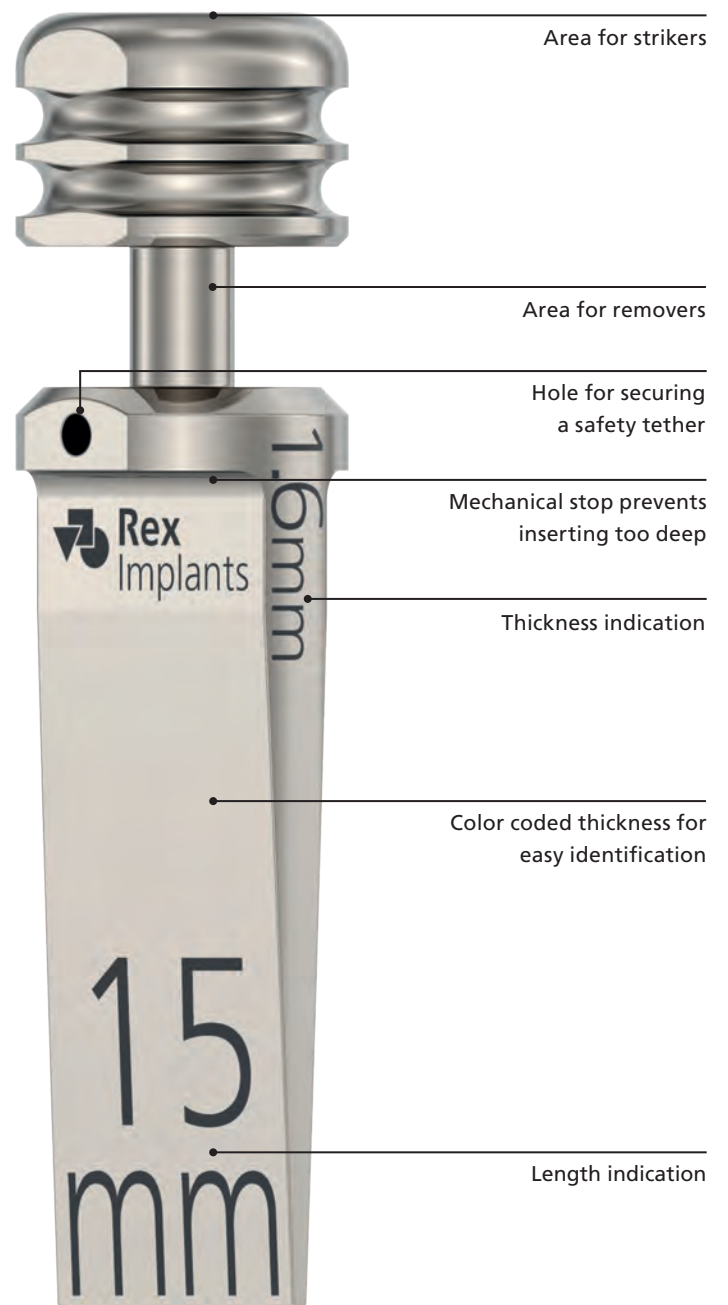
rexpander® 11 mm series








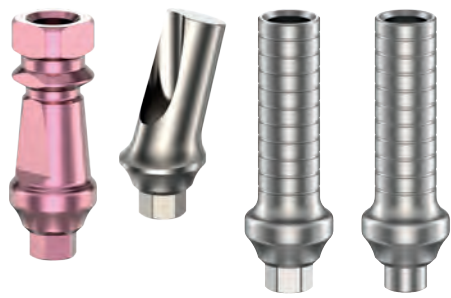


rexpander® 13 mm series



rexpander® 15 mm series



PIEZOIMPLANT TISSUE LEVEL COMPONENTS FOR ALL RESTORATIVE NEEDS

COMPONENT	PIEZOIMPLANT TL 1.8	PIEZOIMPLANT TL 2.9
COVER SCREWS Torque: 15 Ncm* Height:	 2 mm	 0 mm
HEALING ABUTMENTS Torque: 15 Ncm* Height:	 3 mm 4 mm	 1 mm 2 mm 3 mm 4 mm
SCREW- OR CEMENT-RETAINED RESTORATIONS		
Abutments — Transfer/Straight Abutment — Angled Abutment — Provisional Cylinders Inclination / AR - anti-rotational / R - rotational:	 15° AR R	 17° AR R
Retention screws — Retention screw — Retention screw for angled channels** Torque: 25 Ncm* Channel type:	 Standard Angled	 Standard Angled

(*) Please confirm applicable torque values with PiezoImplant System surgical manual

(**) Products may not be available in all markets

COMPONENT

LABORATORY ANALOGS AND IMPRESSION PINS

- Lab Analog TL 1.8
- Impression Pin TL 1.8 S
- Impression Pin TL 1.8 L
- Lab Analog TL 2.9
- Impression Pin TL 2.9 S
- Impression Pin TL 2.9 L

PIEZOIMPLANT TL 1.8



PIEZOIMPLANT TL 2.9



SCREW-RETAINED RESTORATIONS

Castable Abutments (UCLA)**



Material:
AR - anti-rotational / R - rotational:

Multi-Unit Abutments (MUA)



Torque: 25 Ncm*
Height:

MUA Accessories

- MUA Healing Cap
- MUA Coping Screw
- MUA Bar Coping
- MUA Castable Coping
- MUA Impression Coping
- MUA Temporary Coping
- MUA Lab Analog
- MUA Waxing Screw

Coping Screw, Healing Cap torque: 15 Ncm*



PIEZOIMPLANT BONE LEVEL RESTORATIVE FOR ALL PROSTHETIC NEEDS

COMPONENT

PIEZOIMPLANT BL 2.9

COVER SCREWS

Torque: 15 Ncm*
Height:



0 mm

HEALING ABUTMENTS

Torque: 15 Ncm*
Height:



1 mm



2 mm



3 mm



4 mm



6 mm



8 mm

SCREW- OR CEMENT-RETAINED RESTORATIONS

Abutments

- Straight Abutment
- Angled Abutment



1 mm



2 mm



3 mm



17°

Height / Inclination:

Retention screws

- Retention screw
- Angled MUA Retention Screw
- Adapter BL 2.9 to TL 1.8 H4



Standard



Angled
MUA



Adapter
BL 2.9 to TL 1.8

Torque: 25 Ncm*
Abutment type:

(*) Please confirm applicable torque values with PiezoImplant System surgical manual

COMPONENT

PIEZOIMPLANT BL 2.9

SCREW-RETAINED RESTORATIONS

Angled Multi-Unit Abutments (MUA)**

- 17°
- 30°

Torque: 25 Ncm*
Height:



Straight Multi-Unit Abutments (MUA)

Torque: 25 Ncm*
Height:



MUA Accessories BL 2.9

- MUA Healing Cap
- MUA Coping Screw
- MUA Angled Channel Coping Screw
- MUA Bar Coping
- MUA Castable Coping
- MUA Impression Coping
- MUA Temporary Coping
- MUA Waxing Screw

Coping Screw, Healing Cap torque: 15 Ncm*



LABORATORY ANALOGS AND IMPRESSION PINS

- Lab Analog BL 2.9
- MUA Lab Analog BL 2.9
- Impression Coping BL 2.9
- Impression Pin BL 2.9 S
- Impression Pin BL 2.9 L



(*) Please confirm applicable torque values with PiezoImplant System surgical manual

(**) Products may not be available in all markets

DIGITAL WORKFLOW COMPONENTS*

COMPONENT

REXMARKER

Snap-fit rexmarkers can be used for TL 1.8 and TL 2.9 implants



Fixation:	Screwed	Screwed	MUA	MUA
AR - anti-rotational / R - rotational:	TL 1.8	TL 2.9	TL 1.8 / TL 2.9	BL 2.9

TI-BASE MUA



Type:	TL 1.8 / TL 2.9	BL 2.9 AR	BL 2.9 R
AR - anti-rotational / R - rotational:			

DIGITAL LABORATORY ANALOGS



TL 1.8	TL 2.9	MUA TL 1.8 / TL 2.9	MUA BL 2.9
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(*) Products may not be available in all markets

(**) Sirona is a registered trademark of Dentsply Sirona Inc., United States

REX PIEZOIMPLANT INSTRUMENTS

CATEGORY

TOOL

ALIGNMENT TOOLS

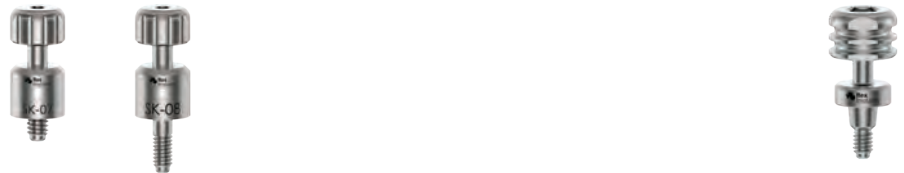
- Alignment Pin
- Fit Gauges



Width: 0.6 - 2 mm 5 mm 5 mm 5 mm

Corresponding PIEZOSURGERY® insert: IM15

IMPLANT REMOVAL CARRIER



For REX PiezoImplants:

TL 1.8 TL 2.9

For implant placement
and removal:

BL 2.9

DRIVERS

- Drivers
- Thumb Knob
- Hand driver
- Driver for angled channels
- Ratchet adapter



Channel type: Standard short Standard long Standard Thumb Knob Angled short Angled medium Angled long Driver Handle Ratchet Adapter

Height:

BL DRIVERS



Extractor Driver 0.1" MUA Driver

REX PIEZOIMPLANT DIGITAL WORKFLOW


INTERVENTION WORKFLOW

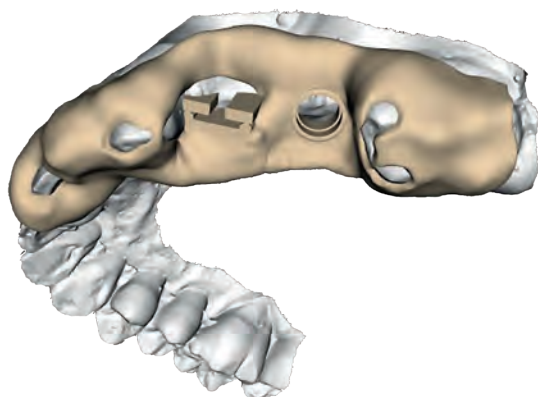
Digital workflows in dentistry allow optimizing the emergence profile of crowns on implants, respecting the anatomy of the bone crest.

The combination of digital dentistry and the REX PiezoImplant system makes it possible to obtain clinical outcomes previously unseen.

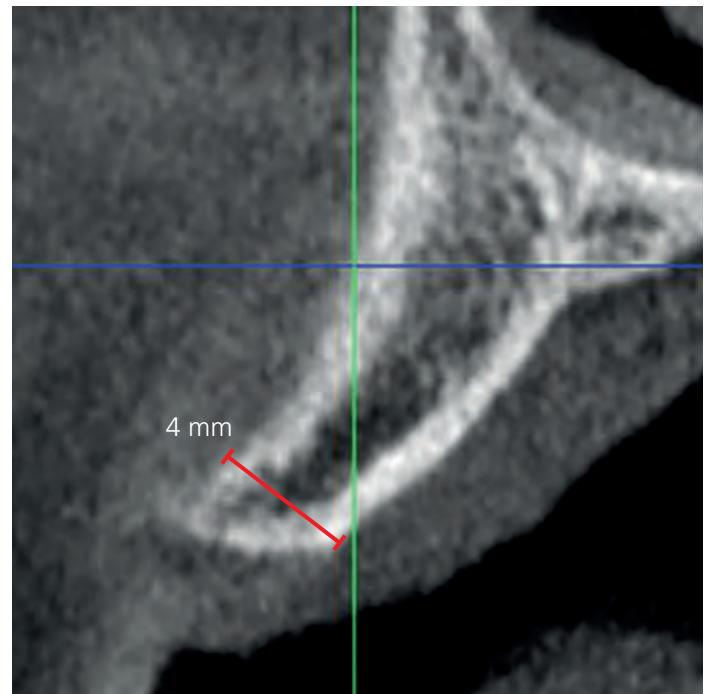
Indeed, placement of REX PiezoImplants in narrow ridges not only enables maintenance of an adequate peri-implant bone thickness but also allows optimization of the implant axis in line with restorative priorities. This is possible because of the thin, wedge shape, tissue-level design, and ability to be inserted from the palatal or vestibular aspect as required.

REX PiezoImplants also allow the possibility of a complete digital workflow, from pre-surgical planning to prosthetic design, and finally, assisted surgical guidance can be used right up to implant placement.

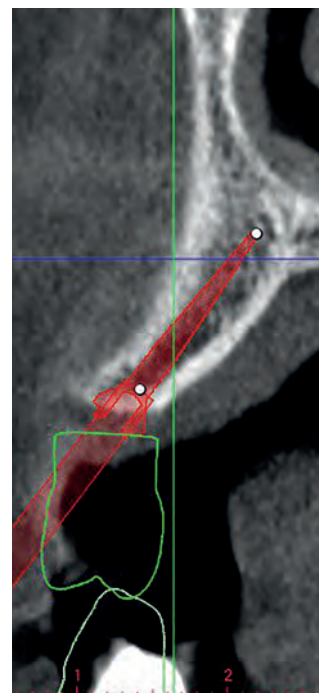
 Scan the QR Code or [Click Here](#) to access a page with all available Digital Solutions and Libraries



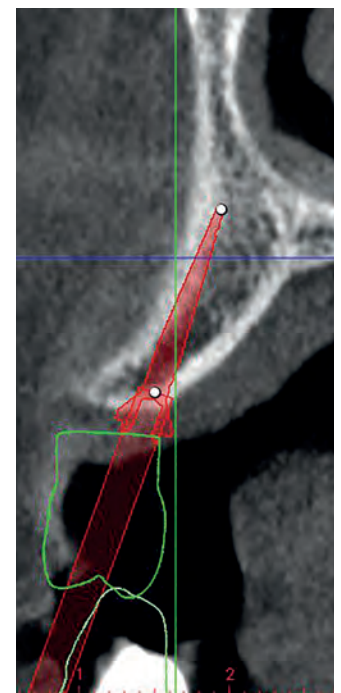
Guide for assisted surgery.



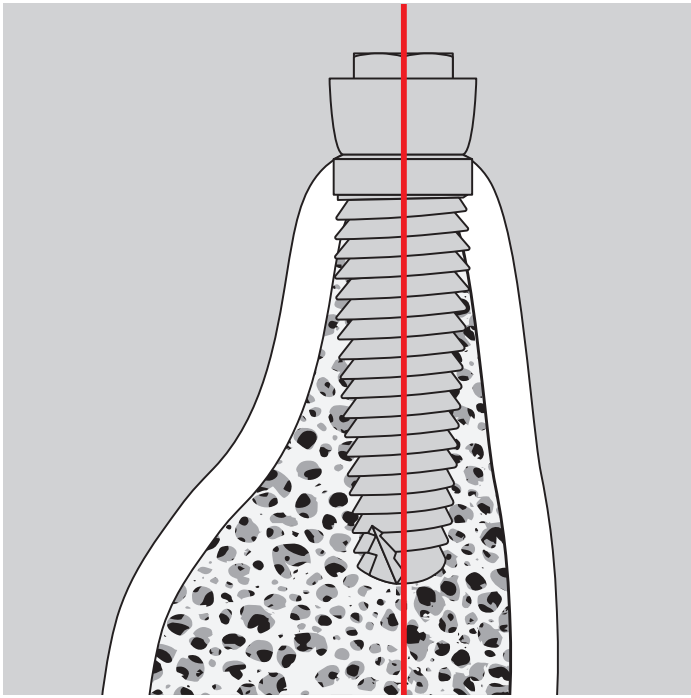
Crestal bone width



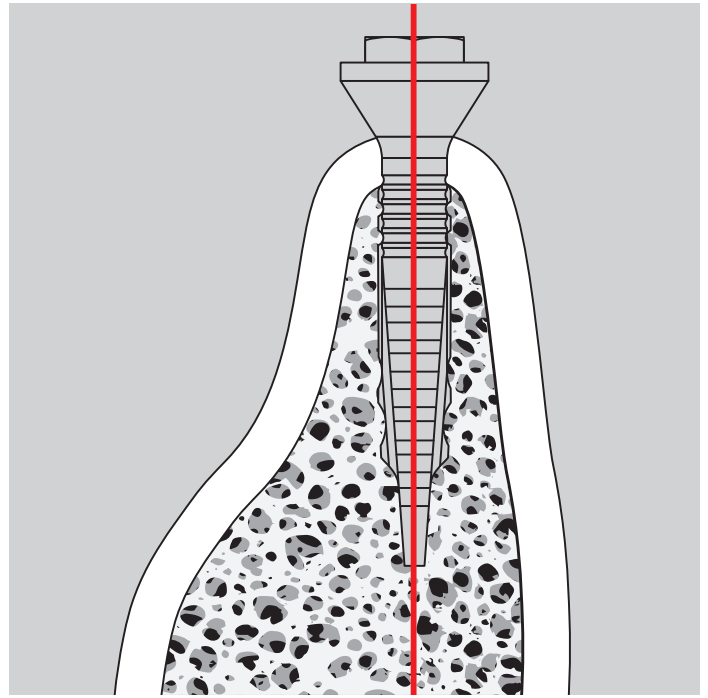
Anatomical axis



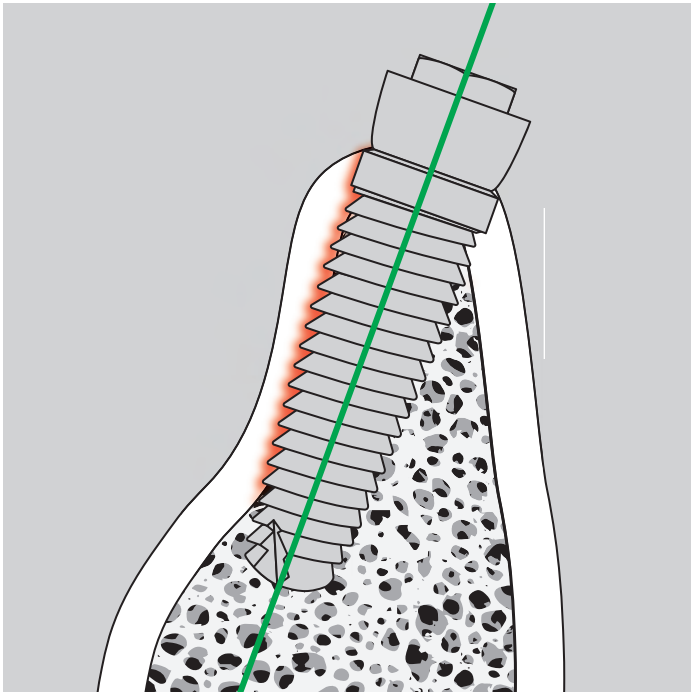
Ideal prosthetic axis



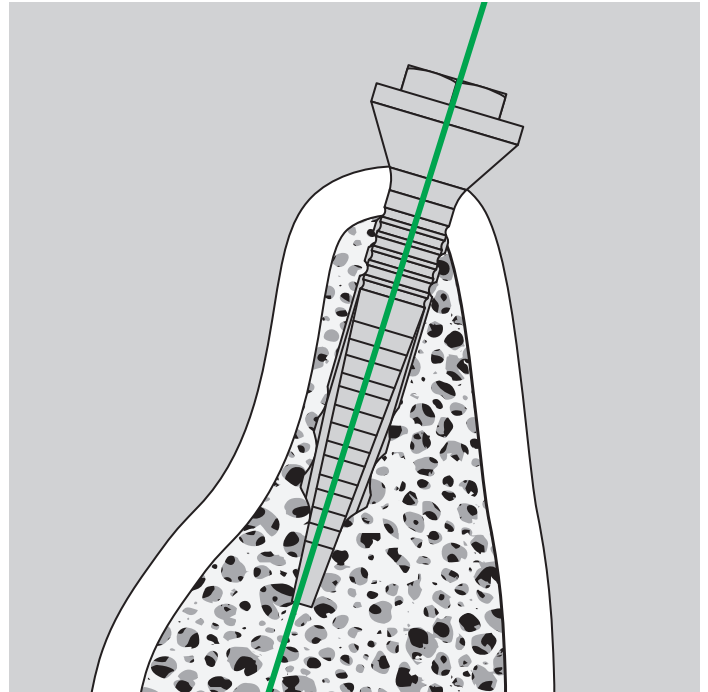
Anatomical axis



Anatomical axis



Implant-prosthetic axis



Implant-prosthetic axis

REX PIEZOIMPLANT TRAINING COURSES

WARRANTY

Rex Implants, Inc. offers its customers a lifetime warranty*.

This warranty covers all REX PiezoImplants that have been placed but not yet restored, or that have been restored exclusively with original REX Implants prosthetics components.



(*) Terms and conditions apply

TRAINING COURSES

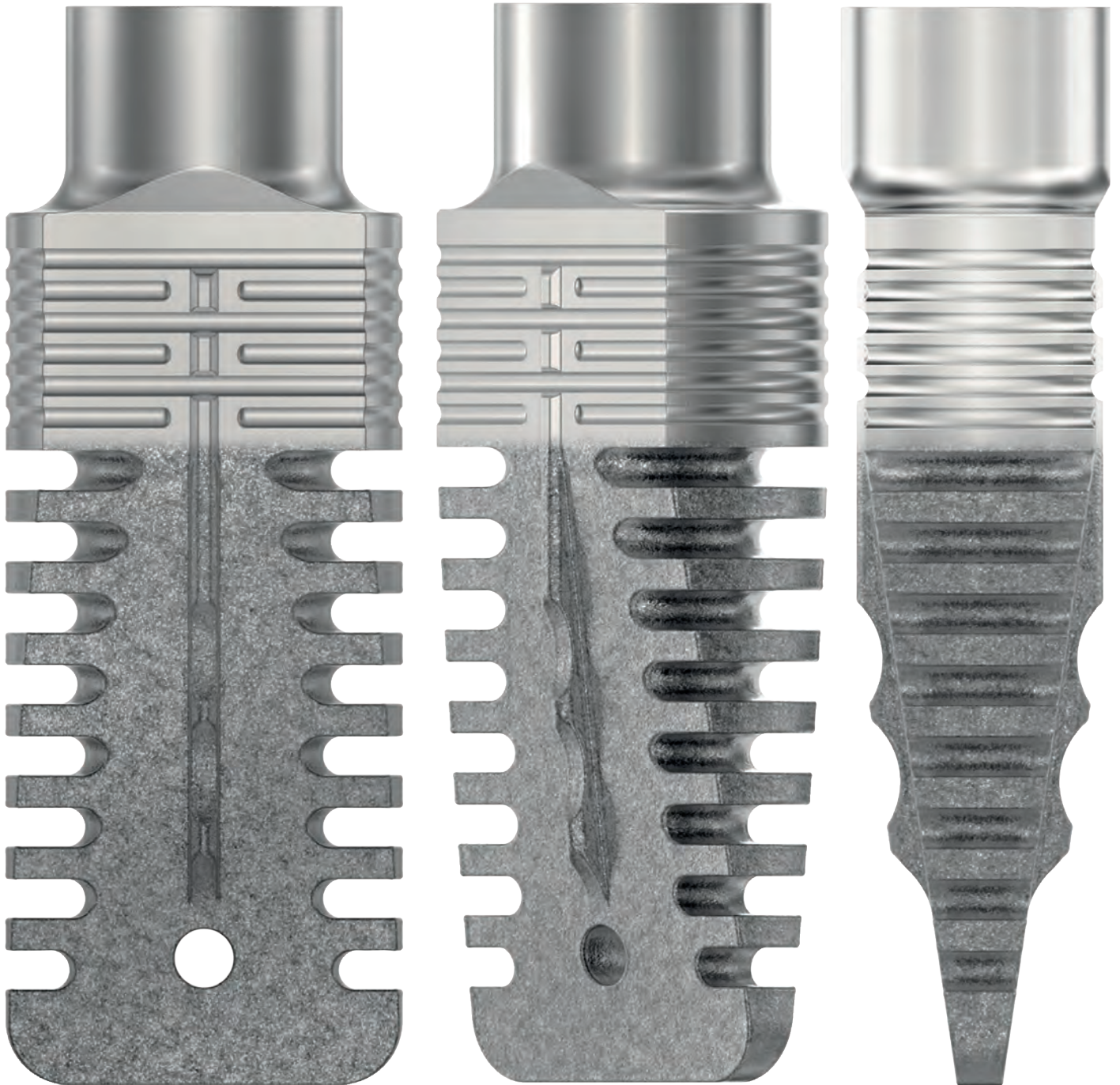
Adequate knowledge of the system is required to benefit from the countless surgical and clinical advantages of REX PiezoImplants.

Education on proper use of the REX PiezoImplant is extremely important because the method of use differs significantly from that of screw implants, and the product range is continually evolving.

Rex Implants and its distribution partners have developed extensive educational programs.

This training is designed to equip users with all that they need to know to use the REX PiezoImplant System in their daily practice.





Manufactured by:

Rex Implants Inc.
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Columbus, Ohio, 43215
UNITED STATES OF AMERICA
www.reximplants.com



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