screw-retained crown using the Conical temporary abutment

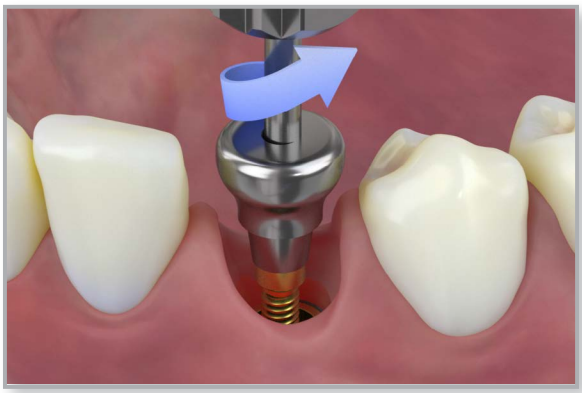
Use this technique for the fabrication of a multiple unit implant-supported, screw-retained hybrid in a partially or fully edentulous patient.

component options

- Conical temporary abutment
- .050" (1.25mm) hex driver
- torque wrench

1 Remove the healing abutment

Remove the healing abutment using an .050" (1.25mm) hex driver. Make sure the prosthetic platform is free of bone and soft tissue.



2 Seat the temporary abutment

Seat the temporary abutment, engaging the conical grooves of the implant. Hand tighten the abutment screw using an .050" (1.25mm) hex driver.

3 Mark the abutment

Evaluate inter-occlusal dimensions, angulation, and tissue contour. Mark the abutment for the required vertical reduction and gingival contour.

Important:
Maintain at least 3mm of abutment height to avoid damaging the abutment screw.

customer care:
888.246.8338

screw-retained crown using the Conical temporary abutment

4 Modify the abutment

Remove the marked abutment from the model using an .050" (1.25mm) hex driver and hand tighten. Modify the abutment for vertical clearance and gingival margins using a carbide bur. An analog can be used as a handle during abutment modification.

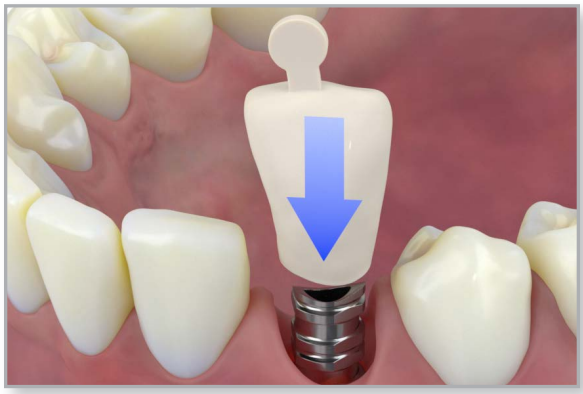
Note:
Replace the healing abutment immediately to prevent soft tissue collapse over the implant.

5 Seat the modified abutment

Verify the implant prosthetic platform is free of bone and soft tissue. Irrigate the internally-threaded connection of the implant and dry. Place the modified temporary abutment onto the implant using the abutment screw and an .050" (1.25mm) hex driver. Hand tighten.

6 Try in the shell crown

Try in the appropriate polycarbonate/shell crown and modify as needed.



customer care:
888.246.8338

screw-retained crown using the Conical temporary abutment

7 Create an access hole

Remove the abutment screw from the modified abutment and replace it with the block out screw. Create a screw-access hole through the shell crown allowing the block out screw to come through. Hand-tighten.

8 Fill the shell crown

Mix acrylic or another material of choice and place inside the shell crown. Position the shell crown over the block out screw onto the modified temporary abutment.

Note:
Undercuts on adjacent teeth should be blocked-out prior to this reline procedure.

9 Remove and polish the crown

Remove the block out screw and the relined shell crown. Place the screw-retained temporary crown onto an analog using the abutment screw. Contour and polish the temporary crown.

screw-retained crown using the Conical temporary abutment

10 Re-seat the crown

Make sure the implant prosthetic platform is free of bone and soft tissue. Irrigate the internal connection of the implant and dry. Try in the prosthesis to confirm fit and contour. Modify as necessary and polish after making necessary adjustments. Re-seat the prosthesis onto the implant and hand tighten the abutment screw using an .050" (1.25mm) hex driver.

Note:
Take a radiograph along the long axis of the implant to ensure the abutment is seated completely onto the implant.

11 Check and modify the temporary

Check the occlusion and contacts. There should only be light contact in centric occlusion and no contact in lateral excursions. Modify as necessary and polish after making necessary adjustments.

12 Tighten the abutment screw

Tighten the abutment screws to 20 Ncm using a calibrated torque wrench and an .050" (1.25) hex driver.

13 Fill the screw access channel

Place a resilient material of choice (gutta-percha, silicone or temporary filling material) into the screw access channel. This allows for easy access to the abutment screw in the future. Fill the remainder of the channel using a composite resin material of choice.

Take an x-ray for temporary prosthesis delivery records.

customer care:
888.246.8338

cement-retained single crowns using esthetic abutments

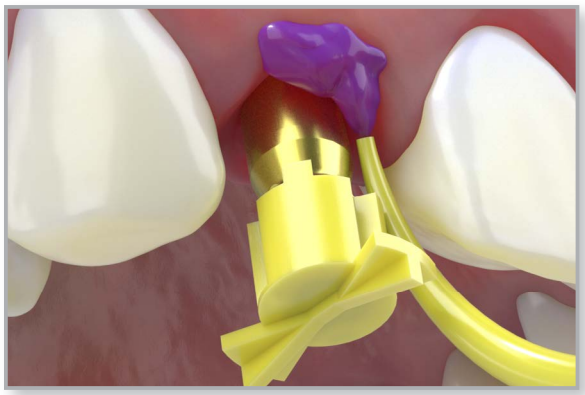
Use this technique for a laboratory-modified cementable abutment. The clinician makes an implant-level impression; the lab prepares the abutment and fabricates the restoration.

component options

- Conical Esthetic Abutment
- .050" (1.25mm) hex driver
- torque wrench

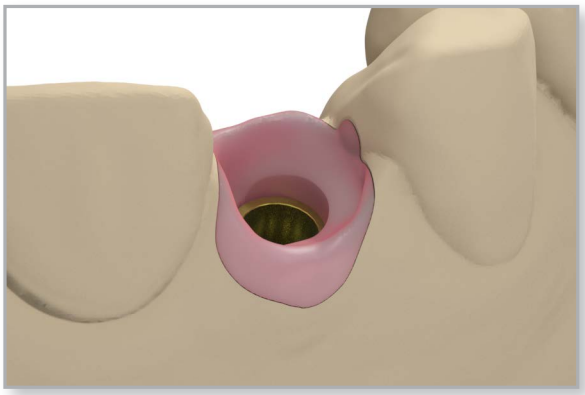
1 Make an implant-level impression

Remove the healing abutment and follow the steps for creating an implant-level impression following either the open tray technique or the closed tray technique.



2 Lab step - Pour the working model

Fabricate a working model following conventional laboratory procedures. A soft tissue model is recommended whenever the margins are subgingival.

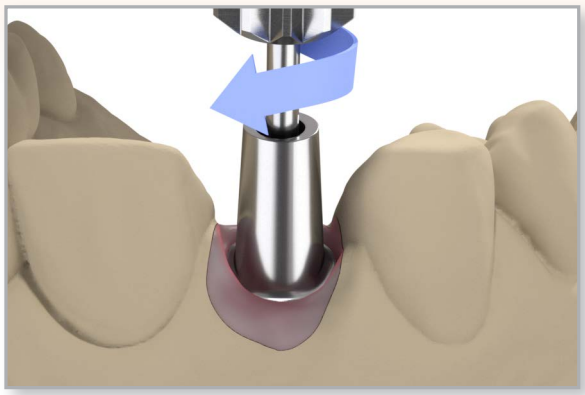


cement-retained single crowns using esthetic abutments

3 Lab step - Select and mark the abutment

Select an abutment based on implant location, tissue depth and doctor preference. Seat the abutment, engaging the conical grooves of the implant analog in the mounted working model. Hand tighten the abutment screw with an .050" (1.25mm) hex driver. Evaluate inter-occlusal dimensions, angulations, and tissue contour. Mark the abutment for the required vertical reduction and gingival contour.

Note:
Allow a minimum of 1.5 – 2.0mm of occlusal clearance for metal and porcelain.

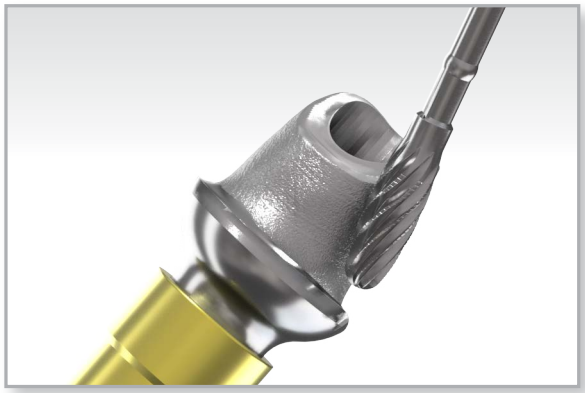


4 Lab step - Modify the abutment

Modify the abutment using carbide burs, cut-off disks, or heatless stone wheels. A diamond bur may be used to define the margins. An analog can be used as a handle during abutment modification.

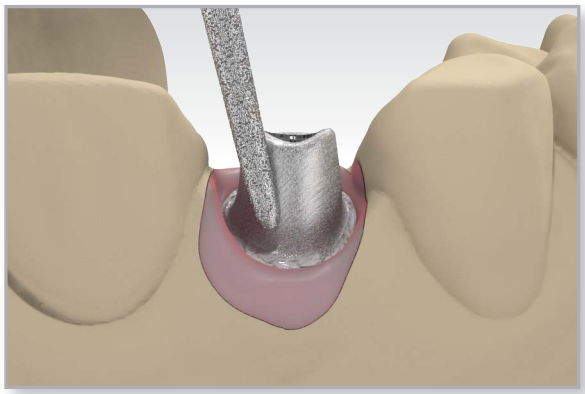
Note:
Create an axial groove to indicate the buccal surface for re-indexing the abutment in the mouth. If the flat of the abutment is removed during the preparation, a new anti-rotational feature must be established on the abutment.

Important:
For cement-retained restorations, maintain at least 3mm from the abutment platform to avoid damaging the abutment screw.



5 Lab step - Return the abutment to the model

Return the modified abutment to the mounted working model and make final adjustments. A diamond bur may be used to modify and finesse margins.



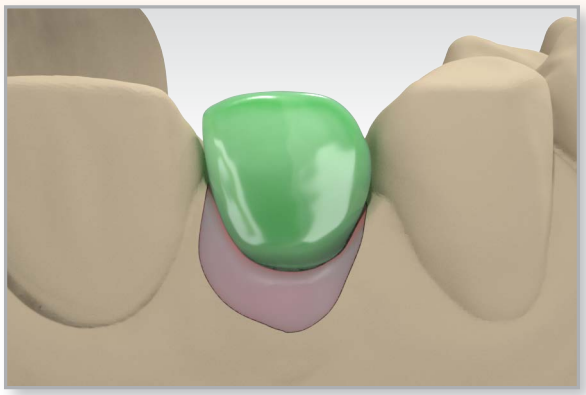
cement-retained single crowns using esthetic abutments

6 Lab step - Wax the coping, sprue, invest and cast

In preparation to wax and cast the coping, block out the screw-access hole of the prepared abutment and apply die spacer.

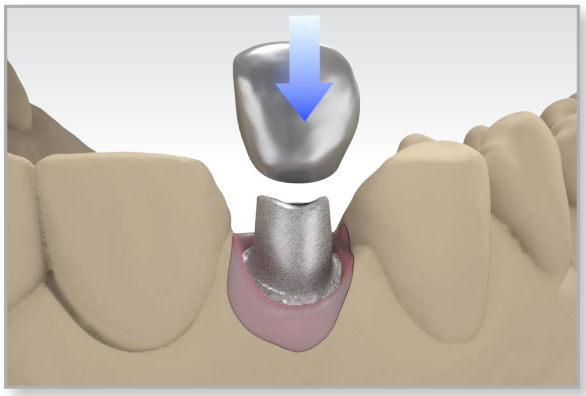
Create a wax coping for the crown on the modified abutment utilizing routine crown & bridge procedures.

Sprue, invest and cast the coping pattern in noble or high noble alloy according to the manufacturer's instructions.



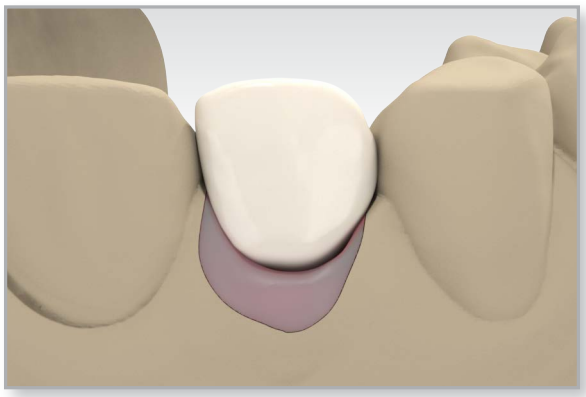
7 Lab step - Divest and finish the coping

Divest, fit, and finish the cast coping following conventional laboratory techniques in preparation for porcelain application.



8 Lab step - Fabricate the crown

Apply opaque and porcelain to the metal framework and complete the crown according to routine laboratory procedures.

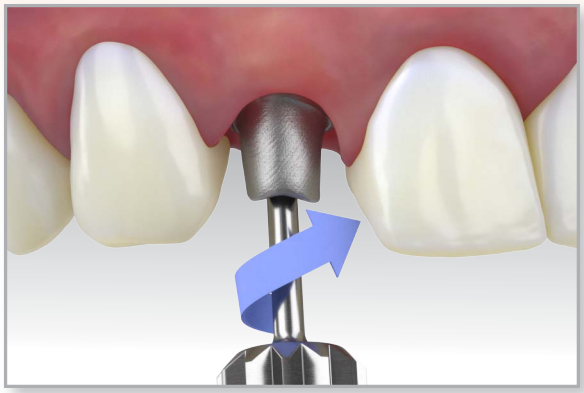


cement-retained single crowns using esthetic abutments

9 Seat the prepared abutment

Sanitize modified abutment and crown per standard clinical procedure. Remove the healing abutment or provisional prosthesis from the implant with an .050" (1.25mm) hex driver. Make sure the implant prosthetic platform is free of bone and soft tissue. Irrigate the internally-threaded connection of the implant and dry. Place the modified abutment and abutment screw onto the implant with an .050" (1.25mm) hex driver and hand tighten to 10-15Ncm.

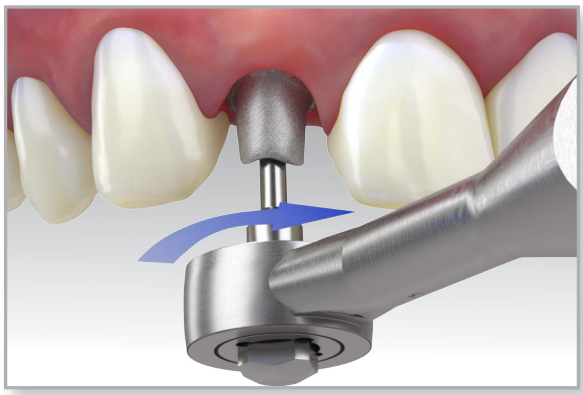
Take a radiograph along the long axis of the implant to ensure the abutment is seated completely in the conical grooves of the implant.



Note:
The X-ray tube must be positioned perpendicular to the implant prosthetic platform.

10 Tighten the abutment screw

Tighten the abutment screw to 20 Ncm using a calibrated torque wrench and an .050" (1.25) hex driver. Apply counter-torque by grasping the abutment with an abutment clamp.

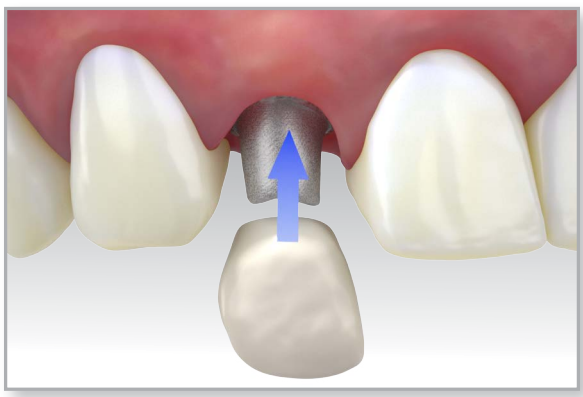


11 Cement the final crown

Place a resilient material of choice (gutta-percha, silicone or temporary filling material) into the screw access hole and fill the remaining channel with composite or another material of choice. This allows for easy access to the abutment screw in the future.

Place the final restoration onto the abutment prior to cementation. Check the occlusion and contacts. There should only be light contact in centric occlusion and no contact in lateral excursions.

Modify as necessary and polish after making necessary adjustments.



Important:
Take an x-ray for final prosthesis delivery records.

customer care:
888.246.8338

Multi-unit abutment hybrid or fixed-detachable screw-retained restoration

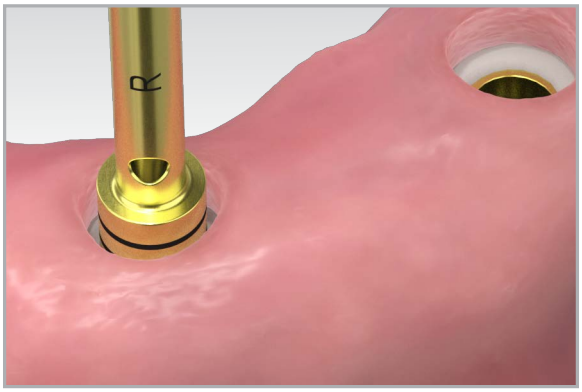
Use this technique for the fabrication of a multiple unit implant-supported, screw-retained hybrid in a partially or fully edentulous patient.

component options

- Conical multi-unit abutment (angled and straight)
- .050" (1.25mm) hex driver
- Torque wrench
- Multi-unit direct pick-up impression copings
- Multi-unit abutment replicas

1 Select the abutments

Measure the tissue depth from the top of the implant to the top of the tissue at its highest point. Select a conical Multi-unit abutment with a collar height which is 1-2mm taller than what is measured and matches the platform size and angulation needed for proper coping position.



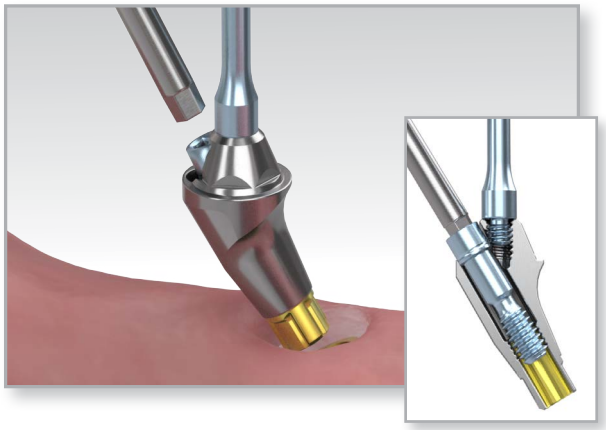
Multi-unit abutment hybrid or fixed-detachable screw-retained restoration

2 Place the abutments

Remove the healing abutments using an .050" (1.25mm) hex driver.
Straight abutments: Seat each straight abutment using the carrier, threading it clockwise onto the implant body. Bend the carrier to release it from the abutment.
Hand tighten the abutment using the manual Multi-unit hex adapter.
Angled abutments: Transfer the MUA to the mouth using the attached delivery handle. The abutment screw may be tightened without removal of the delivery handle. Once the abutment is secured in place, the delivery handle should be removed and discarded.

Important:
When placing an angled Multi-unit abutment, rotate the abutment and choose one of the six positions that best corrects the implant angle.

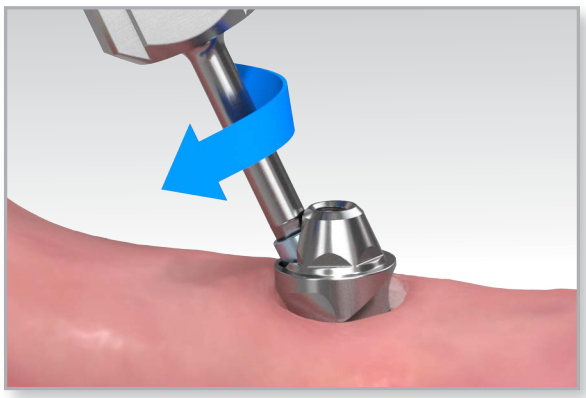
Take a radiograph along the long axis of the implants to ensure that the Multi-unit abutments are seated completely.



Note:
The X-ray tube must be positioned perpendicular to the implant prosthetic platform.

Straight abutments: Tighten the abutments to 20 Ncm using a calibrated torque wrench and the 4mm square hex adapter. The Multi-unit handpiece hex adapter can be used with a compatible torque wrench.

Angled abutments: Tighten the abutment screw to 20 Ncm using a calibrated torque wrench and an .050" (1.25) hex driver.

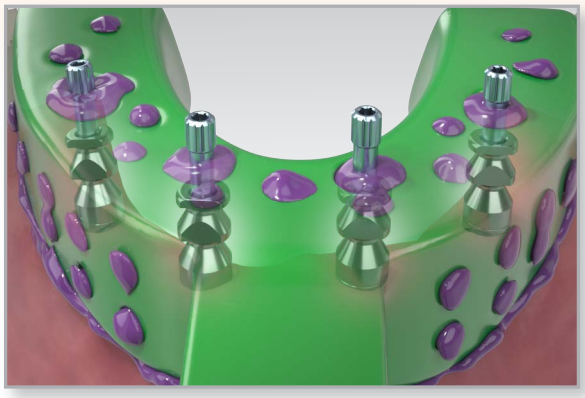


Multi-unit abutment hybrid or fixed-detachable screw-retained restoration

3 Make an abutment-level impression

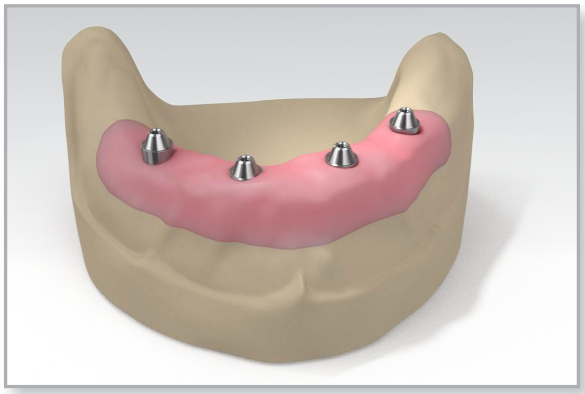
Create an abutment-level impression.

Important:
The fabrication of a verification jig is recommended to ensure the accuracy of the master stone model.



4 Lab step - Fabricate working model

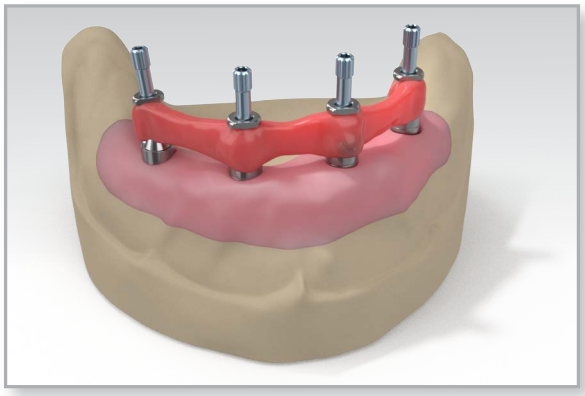
Fabricate a working model following conventional laboratory procedures. A soft tissue model is recommended whenever the margins are subgingival.



5 Lab step - fabricate verification jig

Using multi-unit direct pick-up copings or titanium copings, fabricate a verification jig to verify the accuracy of the working model.

Send the completed verification jig to the clinician for try-in.



customer care:
888.246.8338

Multi-unit abutment hybrid or fixed-detachable screw-retained restoration

6 Try-in the verification jig

Remove the healing caps from the Multi-unit abutments using an .050" (1.25mm) hex driver. Confirm the prosthetic platform is free of any debris or soft tissue.

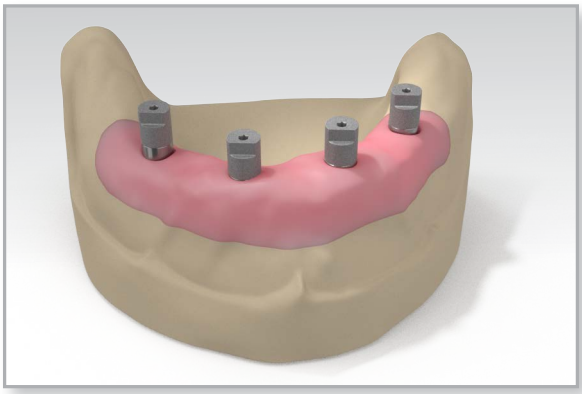
Place the verification jig and confirm that it seats passively. Beginning with the most distal implant, place the first abutment screw. Hand tighten the screw and make sure the prosthetic interface on all the remaining implants are completely seated.

Note: Visually or with a radiograph, always ensure the verification jig is completely seated onto the implants or the abutments.
Continue placing the abutment screws. Verify the fit each time a screw is placed.

7 Lab Step - Digital conversion

Once the accuracy of the working model has been verified, place Multi-unit titanium scan bodies on the analogs using an .050" (1.25mm) hex driver.

Conduct the scan according to the scanner manufacturer's instructions. Then, using the relevant digital library, align the scan body by selecting identifiable reference points.



8 Lab step - Mill restoration

Send the scan files to a BioHorizons validated milling center.

VULCAN CUSTOM DENTAL

2300 Riverchase Center, Suite 825
Birmingham, AL 35244
Phone: 888-484-2301
Website: www.vulcandental.com
Email: info@vulcandental.com

CAD/CAM Conical Titanium Base for bridges

CAD/CAM Conical Ti Base non-engaging acts as a bonding base for customized, implant-supported restorations with straight screw channels. The CAD/CAM conical titanium base may be used directly to digitize the restoration on the cast, or the use of scan bodies may be used for in-mouth scanning (refer to the scan body usage module). Afterwards, the digitally acquired geometry is used in the modeling and fabrication of the restoration using CAD/CAM techniques.

Product Highlights:
The conical CAD/CAM Ti base, non-engaging abutment is available in two gingival heights (0.8mm & 2.0mm).

The conical CAD/CAM Ti base, non-engaging, abutments are available for bridge restorations. In case of splinted titanium bases, the design enables bridging of implant axis divergences of up to 30° (15° per implant).

component options

- CAD/CAM system with a BioHorizons library
- CAD/CAM Conical Ti Base, non-engaging (incl. CAD/CAM Ti base abutment screw)
- .050" (1.25mm) hex driver
- Block-out screw

1 Digitize the Impression

There are two primary ways to create a digital impression:

Option A - The first method is to take an intraoral digital impression by placing the scan body into the implant and scanning the scan body and surrounding dentition using a handheld intraoral scanner.

Option B - The second method is to take an implant level impression, pour a stone model, place the scan body into the implant analog and scan the model using 3D tabletop digital scanner.

2 Design the restoration (Bridge)

The file that is created during the digital impression is imported into the design software that will be used by the technician to design the crown or bridge restoration. The restorative clinician should approve the design before milling the restoration.

customer care:
888.246.8338

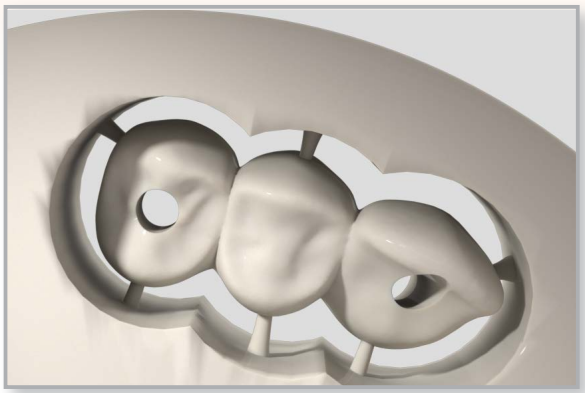
CAD/CAM Conical Titanium Base for bridges

3 Mill the restoration

Once the restoration is approved, send the file to a BioHorizons validated milling center.

VULCAN CUSTOM DENTAL

2300 Riverchase Center, Suite 825
Birmingham, AL 35244
Phone: 888-484-2301
Website: www.vulcandental.com
Email: info@vulcandental.com



4 Cement the restoration

Clean the surface of the restoration and bond the restoration to the titanium base following the cement manufacturer's indications. The milled superstructure shall be prepared for cementation according to manufacturer's instruction. Prior to sterilization, bond the milled zirconia superstructure to the Conical Ti Base using 3M™ RelyX™ Unicem 2 Automix Self-Adhesive Resin Cement or similar.

The Conical block-out screw should be used to prevent cement entering the screw access channel.

5 Seat the final restoration

Clean and sterilize the finished restoration by placing product in an FDA cleared sterilization bag or wrap and running through the following qualified sterilization cycle:
Reference: AAMI TIR12:2020
Type: Prevacuum Steam
Exposure Time and Temperature:
4 minutes at 132°C (270°F)
Minimum Dry Time: 20 minutes.
Note: It is recommended to include a 30-minute cool-down period before removing the product from the sterilization bag or wrap.Remove the healing abutment or temporary prosthesis from the implant with a .050" (1.25mm) hex driver.

Make sure the implant prosthetic platform is free of bone and soft tissue. Irrigate the internally-threaded connection of the implant and dry.

Secure the titanium base abutment restoration onto the implant using the Conical CAD/CAM Ti base abutment screw. Hand tighten using the .050" (1.25mm) hex driver.

CAD/CAM Conical Titanium Base for bridges

6 Verify and modify the restoration

Verify the occlusion and contacts. There should only be light contact in centric occlusion. Modify as necessary and polish after adjusting.

Take a radiograph along the long axis of the implant to ensure that the restoration is seated completely in the grooves of the implant.

Note:
The x-ray tube must be positioned perpendicular to the implant prosthetic platform.

7 Tighten the abutment screw

Tighten the CAD/CAM Ti Base abutment using using a calibrated torque wrench to 20Ncm.

8 Fill the screw access channel

Place a resilient material of choice (gutta-percha, silicone or temporary filling material) into the screw access channel. This allows for easy access to the abutment screw in the future. Fill the remainder of the channel with a composite resin material of choice.

Take an x-ray for final prosthesis delivery records.

customer care:
888.246.8338

CAD/CAM Conical Titanium Base for crowns

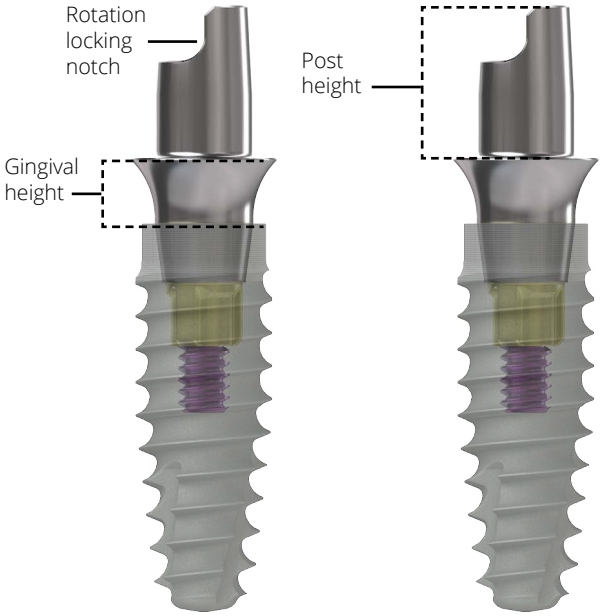
The CAD/CAM Conical Ti Base, engaging, acts as a bonding base for customized, implant-supported single crown restorations with straight and angled screw channels. The CAD/CAM conical titanium base may be used directly to digitize the restoration on the cast, or the use of conical titanium scan bodies may be used for in-mouth scanning (refer to the scan body usage module). Afterwards, the digitally acquired geometry is used in the modeling and fabrication of the restoration using CAD/CAM techniques.

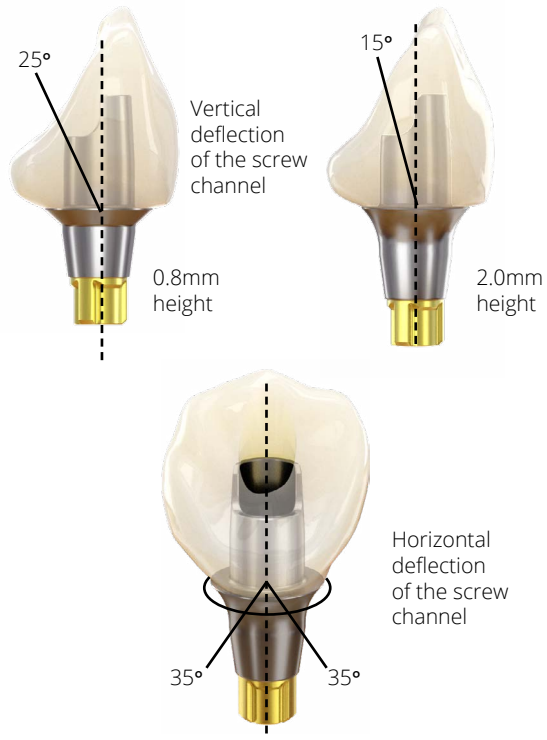
Product Highlights:

- For narrow platform implants, the Conical Ti Base, engaging, is available in the short post height (4.7mm) and in two gingival height options (0.8mm & 2.0mm). For regular platform implants, the Conical Ti Base, engaging, is available in the tall (6.5mm) and short (4.7mm) post heights and two gingival heights (0.8mm & 2.0mm).
- Single crown restorations are secured against the rotation locking notch designed on the titanium base.
- The rotation locking notch of the titanium base must be aligned in the direction of the planned screw channel. This allows the screw channel to be vertically deflected by up to 25° from the implant axis for the 0.8mm gingival height titanium base and up to 15° for the 2.0mm gingival height titanium base. A horizontal deflection of up to 35° is possible from the longitudinal axis of the implant.

component options

- CAD/CAM system with a BioHorizons library
- CAD/CAM Conical Ti Base, engaging
  (incl. CAD/CAM Ti base abutment screw)
- Conical Ballpoint Hex screwdriver or .050" (1.25mm) hex driver





customer care:
888.246.8338

CAD/CAM Conical Titanium Base for crowns

1 Digitize the Impression

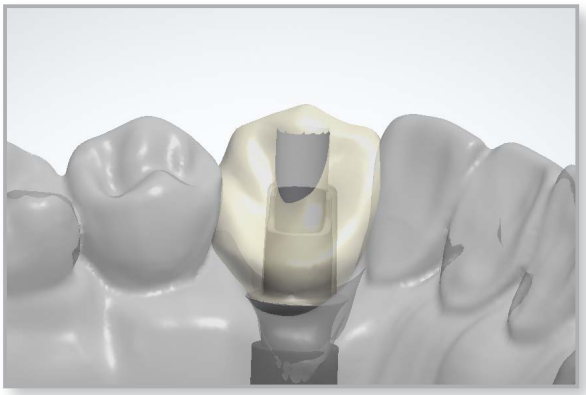
There are two primary ways to create a digital impression:

Option A - The first method is to take an intraoral digital impression by placing the conical titanium scan body into the implant and scanning the titanium scan body and surrounding dentition using a handheld intraoral scanner.

Option B - The second method is to take an implant level impression, pour a stone model, place the titanium scan body into the implant analog and scan the model using 3D tabletop digital scanner.

2 Design the crown

The file that is created during the digital impression is imported into the design software that will be used by the technician to design the crown. The restorative clinician should approve the design before milling the crown.



3 Mill the crown

Once the crown is approved, send the file to a BioHorizons validated milling center.

VULCAN CUSTOM DENTAL

2300 Riverchase Center, Suite 825
Birmingham, AL 35244
Phone: 888-484-2301
Website: www.vulcandental.com
Email: info@vulcandental.com

CAD/CAM Conical Titanium Base for crowns

4 Cement the crown

Clean the surface of the restoration and bond the restoration to the titanium base following the cement manufacturer's indications. The milled superstructure shall be prepared for cementation according to manufacturer's instruction. Prior to sterilization, bond the milled zirconia superstructure to the Conical Ti Base using 3M™ RelyX™ Unicem 2 Automix Self-Adhesive Resin Cement or similar.

Important:
For single crowns with angled screw channels, the final unused CAD/CAM Ti base abutment screw must be inserted before bonding the final restoration. The abutment screw is "contained" by the restoration bonding and may not be removed or inserted after bonding.

5 Seat the final restoration

Clean and sterilize the finished restoration per BioHorizons IFU (L02085 - Instructions for Use: Conical Dental Prosthetics).

Note:
It is recommended to include a 30-minute cool-down period before removing the product from the sterilization bag or wrap.Remove the healing abutment or temporary prosthesis from the implant with a .050" (1.25mm) hex driver.

Make sure the implant prosthetic platform is free of bone and soft tissue. Irrigate the internally-threaded connection of the implant and dry.

Secure the titanium base abutment restoration onto the implant using the Conical CAD/CAM Ti base abutment screw. Hand tighten using the conical ballpoint hex screwdriver.

CAD/CAM Conical Titanium Base for crowns

6 Verify and modify the restoration

Verify the occlusion and contacts. There should only be light contact in centric occlusion. Modify as necessary and polish after adjusting.

Take a radiograph along the long axis of the implant to ensure that the restoration is seated completely in the grooves of the implant.

Note:
The x-ray tube must be positioned perpendicular to the implant prosthetic platform.

7 Tighten the abutment screw

Tighten the CAD/CAM Ti Base abutment using the conical ballpoint hex screwdriver to 20Ncm.

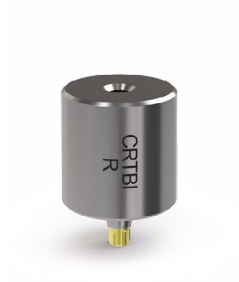
8 Fill the screw access channel

Place a resilient material of choice (gutta-percha, silicone or temporary filling material) into the screw access channel. This allows for easy access to the abutment screw in the future. Fill the remainder of the channel with a composite resin material of choice.

Take an x-ray for final prosthesis delivery records.

CAD/CAM Ti Blank for single crowns

Titanium Abutment Blanks are designed to be used for the production of custom titanium abutments. All digitally designed abutments are intended to be sent to validated milling center for manufacture. Digitally designed abutments for use with Conical CAD/CAM Ti Blanks must be designed using appropriate design software (i.e., 3Shape, exocad) with appropriate library files installed.



component options

- CAD/CAM system with a BioHorizons library
- CAD/CAM Conical Ti Blank (incl. CAD/CAM Ti base abutment screw)
- .050" (1.25mm) hex driver

1 Digitize the Impression

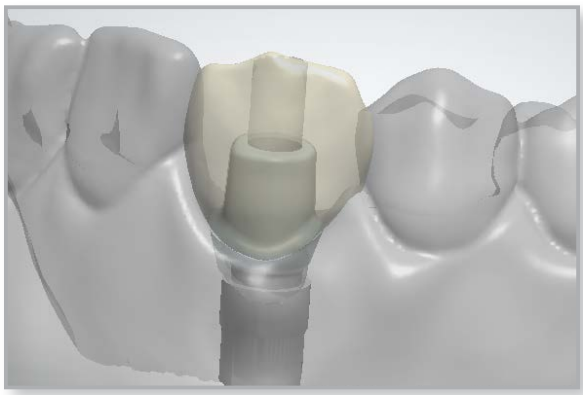
There are two primary ways to create a digital impression:

Option A - The first method is to take an intraoral digital impression by placing the scan body into the implant and scanning the scan body and surrounding dentition using a handheld intraoral scanner.

Option B - The second method is to take an implant level impression, pour a stone model, place the scan body into the implant analog and scan the model using 3D tabletop digital scanner.

2 Design the custom abutment and crown

The file that is created during the digital impression is imported into the design software that will be used by the technician to design the abutment and the crown. Import the correct Ti-Blank library for design. The restorative clinician should approve the design before milling the abutment and the crown.



customer care:
888.246.8338

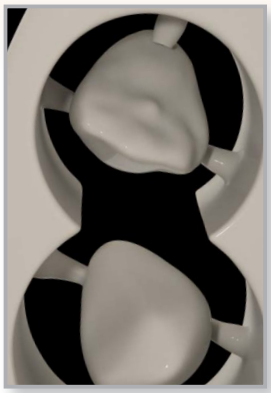
CAD/CAM Ti Blank for single crowns

3 Mill the abutment & crown

Once the abutment & crown design is approved, send the file to a BioHorizons validated milling center.

VULCAN CUSTOM DENTAL

2300 Riverchase Center, Suite 825
Birmingham, AL 35244
Phone: 888-484-2301
Website: www.vulcandental.com
Email: info@vulcandental.com



4 Cement the crown

Clean the surface of the restoration and bond the restoration to the titanium custom abutment following the cement manufacturer's indications. The milled superstructure shall be prepared for cementation according to manufacturer's instruction. Prior to sterilization, bond the milled zirconia superstructure to the Conical Ti Base using 3M™ RelyX™ Unicem 2 Automix Self-Adhesive Resin Cement or similar.

5 Seat the final restoration

Clean and sterilize the finished restoration per BioHorizons IFU (L02085 - Instructions for Use: Conical Dental Prosthetics).

Note:
It is recommended to include a 30-minute cool-down period before removing the product from the sterilization bag or wrap. Remove the healing abutment or temporary prosthesis from the implant with a .050" (1.25mm) hex driver.

Make sure the implant prosthetic platform is free of bone and soft tissue. Irrigate the internally-threaded connection of the implant and dry.

Secure the custom abutment onto the implant using the Conical CAD/CAM Ti base abutment screw. Hand tighten using the .050" (1.25mm) hex driver.

CAD/CAM Ti Blank for single crowns

6 Verify and modify the restoration

Verify the occlusion and contact points. There should only be light contact in centric occlusion. Modify as necessary and polish after adjusting.

Take a radiograph along the long axis of the implant to ensure that the restoration is seated completely in the grooves of the implant.

Note:
The x-ray tube must be positioned perpendicular to the implant prosthetic platform.

7 Tighten the abutment screw

Tighten the abutment screw using using a calibrated torque wrench to 20Ncm.

8 Fill the screw access channel

Place a resilient material of choice (gutta-percha, silicone or temporary filling material) into the screw access channel. This allows for easy access to the abutment screw in the future. Fill the remainder of the channel with a composite resin material of choice.

Take an x-ray for final prosthesis delivery records.

ordering & warranty information

Product Support Specialist: _____

Cell phone: _____

Fax: _____

Territory Manager: _____

Cell/mobile phone: _____

Email and/or fax: _____

BioHorizons Lifetime Warranty on Implants and Prosthetics for Clinicians: All BioHorizons implants and prosthetic components include a Lifetime Warranty.BioHorizons implant or prosthetic components will be replaced if removal of that product is due to failure (excluding normal wear to overdenture attachments).

Additional Warranties: BioHorizons warranties surgical drills, taps and other surgical and restorative instruments.

(1) Surgical Drills and Taps: Surgical drills and taps include a warranty period of ninety (90) days from the date of initial invoice. Surgical instruments should be replaced when they become worn, dull, corroded or in any way compromised. Surgical drills should be replaced after 12 to 20 osteotomies.[16]

(2) Instruments: The BioHorizons manufactured instrument warranty extends for a period of one (1) year from the date of initial invoice. Instruments include drivers, implant site dilators and BioHorizons tools used in the placement or restoration of BioHorizons implants.

Return Policy: Product returns require a Return Authorization Form, which may be acquired by contacting Customer Care. The completed Return Authorization Form must be included with the returned product. For more information, please see the reverse side of the invoice that was shipped with the product.

Disclaimer of Liability: BioHorizons products may only be used in conjunction with the associated original components and instruments according to the Instructions for Use (IFU). Use of any non-BioHorizons products in conjunction with BioHorizons products will void any warranty or any other obligation, expressed or implied.

Treatment planning and clinical application of BioHorizons products are the responsibility of each individual clinician. BioHorizons strongly recommends completion of postgraduate dental implant education and adherence to the IFU that accompany each product. BioHorizons is not responsible for incidental or consequential damages or liability relating to use of our products alone or in combination with other products other than replacement or repair under our warranties.

Distributed Products: For information on the manufacturer's warranty of distributed products, please refer to their product packaging. Distributed products are subject to price change without notice.

Validity: Upon its release, this literature supersedes all previously published versions.

Availability: Not all products shown or described in this literature are available in all countries. BioHorizons continually strives to improve its products and therefore reserves the right to improve, modify, change specifications or discontinue products at any time.

Any images depicted in this literature are not to scale, nor are all products depicted. Product descriptions have been modified for presentation purposes. For complete product descriptions and additional information, visit store.biohorizons.com.

Direct Offices

BioHorizons USA
888-246-8338 or 205-967-7880

BioHorizons Canada
866-468-8338

BioHorizons Spain
+34 91 713 10 84

BioHorizons UK
+44 (0)1344 752560

BioHorizons Chile
+56 (2) 23619519

BioHorizons Italy
800-063-040

BioHorizons Mexico
800-953-0498

Distributors

For contact information in our 90 countries, visit biohorizons.com

shop online at
store.biohorizons.com

L02093 REV A JUN 2024