laser-lok 3.0
dental implant system

strength and restorative flexibility in narrow spaces
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Laser-Lok 3.0

- Two-piece 3mm design offers restorative flexibility in narrow spaces.
- 3mm threadform shown to be effective when immediately loaded.¹
- Implant design is 17-40% stronger than competitor 3.0 implants when loaded.²
- Laser-Lok microchannels create a physical connective tissue attachment.³

BioHorizons is the only company that can claim (FDA-cleared) that its implant surface establishes a physical connective tissue attachment.

This tissue connection is functionally oriented, inhibits epithelial cell downgrowth and enables crestal bone adjacent to the implant to attach and be retained.

³mm threadform shown to be effective when immediately loaded.¹
(Image courtesy of Craig Misch, DDS)

Two-piece 3mm design offers restorative flexibility in narrow spaces.
(Image courtesy of Cary Shapoff, DDS)
Laser-Lok 3.0 Implants

<table>
<thead>
<tr>
<th>Specification</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Diameter</td>
<td>3.0mm</td>
</tr>
<tr>
<td>Apical Diameter</td>
<td>2.0mm</td>
</tr>
<tr>
<td>Laser-Lok Zone Height</td>
<td>2.1mm</td>
</tr>
<tr>
<td>Minimum Ridge Width</td>
<td>5.0mm</td>
</tr>
<tr>
<td>Minimum Mesial / Distal Space</td>
<td>6.0mm</td>
</tr>
</tbody>
</table>

Implants

<table>
<thead>
<tr>
<th>Implant Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>TP3105L</td>
<td>Laser-Lok 3.0 Implant, 10.5mm</td>
</tr>
<tr>
<td>TP312L</td>
<td>Laser-Lok 3.0 Implant, 12mm</td>
</tr>
<tr>
<td>TP315L</td>
<td>Laser-Lok 3.0 Implant, 15mm</td>
</tr>
</tbody>
</table>

Laser-Lok collar with Resorbable Blast Texturing (RBT) on implant body.
Packaged with Cover Cap (TP3CC). Titanium Alloy (Ti-6AL-4V).

Cover Caps

<table>
<thead>
<tr>
<th>Cover Cap Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>TP3CC</td>
<td>Cover Cap</td>
</tr>
</tbody>
</table>

Use during submerged surgical healing. May use as a 1mm Healing Abutment. Hand-tighten with the .050” (1.25mm) Hex Driver. Titanium Alloy.
A Cover Cap is included with each implant but may also be ordered separately.

Healing Abutments

<table>
<thead>
<tr>
<th>Healing Abutment</th>
<th>Regular Emergence</th>
<th>Wide Emergence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3mm height</td>
<td>5mm height</td>
</tr>
<tr>
<td></td>
<td>3mm height</td>
<td>5mm height</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laser-Lok surface</th>
<th>TP3HA3L*</th>
<th>TP3HA5L*</th>
<th>TP3WHA3L*</th>
<th>TP3WHA5L*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Machined surface</td>
<td>TP3HA3</td>
<td>TP3HA5</td>
<td>TP3WHA3</td>
<td>TP3WHA5</td>
</tr>
</tbody>
</table>

Laser-Lok 3.0 healing abutments are now offered with Laser-Lok microchannels on the margin bevel to inhibit epithelial downgrowth and establish a biologic soft tissue seal around the abutment. Hand-tighten with the .050” (1.25mm) Hex Driver. Titanium Alloy.

*Call for availability

shop online at www.biohorizons.com
**SURGICAL INSTRUMENTS**

**Laser-Lok 3.0 Surgical Kit**

**TP3KIT**
Laser-Lok 3.0 Surgical Kit (complete)
Includes all instruments shown below.

**TP3ST**
Laser-Lok 3.0 Surgical Tray with Lid
Without instruments.

**Individual Kit Components**

<table>
<thead>
<tr>
<th>Component</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>122-200</td>
<td>Tissue Punch</td>
<td></td>
</tr>
<tr>
<td>122-403</td>
<td>2.0mm Starter Drill Extended Shank</td>
<td></td>
</tr>
<tr>
<td>122-425</td>
<td>2.5mm Depth Drill Extended Shank</td>
<td></td>
</tr>
<tr>
<td>122-425105</td>
<td>2.5 x 10.5mm Depth Drill Extended Shank</td>
<td></td>
</tr>
<tr>
<td>122-42512</td>
<td>2.5 x 12mm Depth Drill Extended Shank</td>
<td></td>
</tr>
<tr>
<td>122-42515</td>
<td>2.5 x 15mm Depth Drill Extended Shank</td>
<td></td>
</tr>
<tr>
<td>122-900</td>
<td>Bone Tap</td>
<td></td>
</tr>
<tr>
<td>122-425</td>
<td>Crestal Bone Drill</td>
<td></td>
</tr>
<tr>
<td>122-425105</td>
<td>Implant-level Driver, Handpiece*</td>
<td></td>
</tr>
<tr>
<td>130-000</td>
<td>Ratchet</td>
<td></td>
</tr>
<tr>
<td>144-100</td>
<td>Straight Parallel Pin</td>
<td></td>
</tr>
<tr>
<td>144-200</td>
<td>20° Angled Parallel Pin</td>
<td></td>
</tr>
<tr>
<td>300-351</td>
<td>.050&quot; (1.25mm) Hex Driver, Long*</td>
<td></td>
</tr>
<tr>
<td>300-400</td>
<td>Hand Wrench*</td>
<td></td>
</tr>
</tbody>
</table>

*Instrument o-rings & c-rings wear out over time. If an instrument is no longer held securely by its associated driver, order a replacement ring through Customer Care.
Abutments are internally threaded
Laser-Lok 3.0 abutments are internally threaded for increased strength. Delivery to the mouth can be achieved by inserting an .050” (1.25mm) Hex Driver into the abutment screw that is pre-assembled into the abutment.

PEEK Temporary Abutments

TP3TA  PEEK Temporary Abutment
Use for fabrication of cement- or screw-retained provisional restorations (up to 30 days). A Direct Coping Screw (purchased separately) may be used to maintain the screw access hole during fabrication of screw-retained provisional prostheses. Pre-assembled with Abutment Screw (PXAS). PEEK (PolyEtherEtherKetone). Final torque: 30Ncm.

Titanium Temporary Abutments

TP3TTH  Titanium Temporary Abutment, Hexed
TP3TTN  Titanium Temporary Abutment, Non-hexed
Use for screw-retained, long-term temporary restorations (>30 days). Pre-assembled with Abutment Screw (PXAS). Titanium Alloy. Final torque: 30Ncm.

3.0mm Two-piece Custom Temporary Abutment

TP3CTA1  Two-piece Custom Temporary Abutment, 1mm Height*
TP3CTA3L  Two-piece Custom Temporary Abutment, 3mm Height, Laser-Lok*
TP3CTA3  Two-piece Custom Temporary Abutment, 3mm Height*
Two-piece Custom Temporary Abutments are offered with Laser-Lok microchannels on the collar to inhibit epithelial downgrowth and establish a biologic soft tissue seal around the abutment. Use to create an immediate temporary abutment that sculpts the soft tissue. Use included PEEK sleeve to support a temporary prosthesis. Final torque: 30Ncm.

Straight Abutments

TP3SA  Straight Abutment
Use to fabricate cement-retained, single- or multiple-unit prostheses. Pre-assembled with Abutment Screw (PXAS). Titanium Alloy. Final torque: 30Ncm.

*Call for availability
shop online at www.biohorizons.com
Advantages of Laser-Lok abutments

Laser-Lok abutments establish a soft tissue seal intended to protect the bone and maintain the restoration esthetics over time. Abutments placed at time of surgery can be left in position with a standard crown & bridge impression taken to avoid disrupting the soft tissue connection. If an impression coping will be used and the soft tissue seal disrupted, a new Laser-Lok abutment (healing or final) should be placed after the impression to establish the soft tissue connection.

Angled Esthetic Abutment & Straight Abutments

TP3AEAL  Angled Esthetic Abutment, Laser-Lok
TP3AEA  Angled Esthetic Abutment
Use to fabricate cement-retained, single- or multiple-unit prostheses. Pre-assembled with Abutment Screw (PXAS). Titanium Alloy. TiN coated. Final torque: 30Ncm.

TP3SEAL  Straight Esthetic Abutment, Laser-Lok
TP3SEA  Straight Esthetic Abutment
TP3SEA3L  Straight Esthetic Abutment, 3mm Buccal, Laser-Lok
TP3SEA3  Straight Esthetic Abutment, 3mm Buccal
Use to fabricate cement-retained, single- or multiple-unit prostheses. Pre-assembled with Abutment Screw (PXAS). Titanium Alloy. TiN coated. Final torque: 30Ncm.

Custom Castable (UCLA) Abutments

TP3CAH  3.0mm Custom Cast Abutment, Hexed
TP3CAN  3.0mm Custom Cast Abutment, Non-hexed
Use hexed abutments for single-unit screw-retained or custom abutment cement-retained restorations. Use non-hexed abutments for multiple-unit, screw-retained restorations. Pre-assembled with Abutment Screw (PXAS). Gold Alloy base with natural acetyl (Delrin® or Pomalux®) sleeve. Final torque: 30Ncm.
COPINGS & ACCESSORIES

Indirect Transfer Copings (Closed Tray)

TP3ISC  3.0mm Indirect Scoop Coping

Use to make a closed-tray, implant-level, hexed-timed impression. Pre-assembled with a Coping Screw (PXSS). Titanium Alloy.

Direct Pick-up Copings (Open Tray)

TP3DC  Direct Pick-up Coping, Hexed*

TP3DCN  Direct Pick-up Coping, Non-hexed*

Use to make an open-tray, implant-level impression. Packaged with the Direct Coping Screw, Shallow Hex (PXDCSS). Non-hexed version may also be used to fabricate multiple-unit laser welded bars; see the Internal Prosthetic Technique Manual (ref. ML0118) for additional information. Titanium Alloy. Hand-tighten.

Direct Coping Screws

Utilizes the .050” (1.25mm) Hex Driver. Hand-tighten or torque to 30 Ncm depending on application. Titanium Alloy.

PXDCSS  Direct Coping Screw, Shallow Hex

Packaged with all Direct Pick-up Copings. Short hex depth for easy removal of impression material. May also be used in place of an Abutment Screw (PXAS) when extra length is needed, or to maintain the screw access hole during fabrication of a screw-retained provisional prosthesis. Utilizes the .050” (1.25mm) Hex Driver. Hand-tighten or torque to 30 Ncm depending on application. Titanium Alloy.

PXDCS  Direct Coping Screw

Includes a deeper hex that allows up to 7mm to be removed without losing the hex engagement. Utilizes the .050” (1.25mm) Hex Driver. Hand-tighten or torque to 30 Ncm depending on application. Titanium Alloy.

PXDCSL  Direct Coping Screw, Long

PXDCSL has the same deep hex as the PXDCS and is 5mm longer than the PXDCS and the PXDCSS.

Implant Analogs

TP3IA  Implant Analog

Use in the lab to represent the implant in the working cast. Titanium Alloy.

*In December 2010, a running change was made to package all Direct Copings with the PXDCSS

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COPINGS & ACCESSORIES

**TP3BP**  Bone Profiling Bur & Guide

Use at implant uncovering to contour crestal bone for abutments when the implant is subcrestal. The Profiler’s internal geometry matches the geometry of the included Profiler Guide. The Guide is screwed into the implant and then aligns the Profiler for precise removal of tissue surrounding the platform.

**TP3AH**  Platform Analog Handle

Use to comfortably hold abutments for chairside or laboratory preparation, these handles mimic the implant/analog hex geometry. Abutments are secured to the handle with the standard Abutment Screw (PXAS).

**150-000**  Surgical Driver

Use to drive implants into the osteotomy, particularly in the anterior region. The driver interfaces with the .050” (1.25mm) Hex Driver as well as Bone Tap and the Implant-level Driver, 4mm square.

**EL-C12374**  Elos Adjustable Torque Wrench

Lightweight titanium design is easy to use as an adjustable torque wrench or a ratchet. Quickly disassembles for cleaning. No calibration required.

**ATW**  ITL Precise Adjustable Torque Wrench

Place both implants and abutments with 9 distinct torque settings (15, 20, 25, 30, 35, 40, 45, 50, and 60 Ncm). A simple twist of the handle locks in precision-engineered torque values and guarantees accuracy and repeatability.

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**Locator Abutment Components**

**Locator Abutments**

- **TP3LA1**: Locator Abutment, 1.0mm Cuff Height
- **TP3LA2**: Locator Abutment, 2.0mm Cuff Height
- **TP3LA3**: Locator Abutment, 3.0mm Cuff Height
- **TP3LA4**: Locator Abutment, 4.0mm Cuff Height
- **TP3LA5**: Locator Abutment, 5.0mm Cuff Height
- **TP3LA6**: Locator Abutment, 6.0mm Cuff Height

Locator Implant Attachments are designed for use with overdentures or partial dentures retained in whole or in part by dental implants in the mandible or maxilla. Order by Cuff Height to match the height of the gingival tissue. The abutment will extend above the tissue by 1.5mm to allow the Locator Male to seat completely. Order one Locator Male Processing Package for each Locator Abutment (sold in packs of 2 or 10). Locator Abutments are made from Titanium Alloy.

**Locator Components**

- **LCT**: Core Tool
  Multi-purpose tool serves as hand driver for seating Locator Abutments onto the implants, seating tool for nylon male inserts and insert removal tool.

- **LMPP-2**: Locator Male Processing Package (2 pack)
  Includes: (2) Denture Caps with (2) Black Processing Males; (2) White Block-out Spacers; (2) Clear, (2) Pink and (2) Blue Nylon Males.

- **LMPP-10**: Locator Male Processing Package (10 pack)
  Includes: (10) Denture Caps with (10) Black Processing Males; (10) White Block-out Spacers; (10) Clear, (10) Pink and (10) Blue Nylon Males.

- **LIC**: Impression Coping (4 pack)

- **LFA-4MM**: Female Analog 4mm (4 pack)

- **LRM-G**: Extended Range Replacement Male (green)
  Retention: 4lbs / 1814g, 4 pack

- **LRM-O**: Extended Range Replacement Male (orange)
  Retention: 2lbs / 907g, 4 pack

- **LRM-R**: Extended Range Extra Light Retention Replacement Male (red)
  Retention: 1.5lbs / 680g, 4 pack

- **LRM-Z**: Zero Retention Replacement Male (gray)
  Retention: 0lb / 0g, 4 pack

- **LRM-C**: Replacement Male (clear)
  Retention: 5lb / 2268g, 4 pack

- **LRM-P**: Light Retention Replacement Male (pink)
  Retention: 3lb / 1361g, 4 pack

- **LRM-B**: Extra Light Retention Replacement Male (blue)
  Retention: 1.5lb / 680g, 4 pack

- **LBPRM**: Black Processing Replacement Male

 Locator Implant Attachments are designed for use with overdentures or partial dentures retained in whole or in part by dental implants in the mandible or maxilla. Order by Cuff Height to match the height of the gingival tissue. The abutment will extend above the tissue by 1.5mm to allow the Locator Male to seat completely. Order one Locator Male Processing Package for each Locator Abutment (sold in packs of 2 or 10). Locator Abutments are made from Titanium Alloy.

**Shop online at www.biohorizons.com**
This Surgical Manual serves as a reference for using the Laser-Lok 3.0 implants and surgical instruments. It is intended solely to provide instructions on the use of BioHorizons products. It is not intended to describe the methods or procedures for diagnosis, treatment planning, or placement of implants, nor does it replace clinical training or a clinician’s best judgment regarding the needs of each patient. BioHorizons strongly recommends appropriate training as a prerequisite for the placement of implants and associated treatment.

The procedures illustrated and described within this manual reflect idealized patient presentations with adequate bone and soft tissue to accommodate implant placement. No attempt has been made to cover the wide range of actual patient conditions that may adversely affect surgical and prosthetic outcomes. Clinician judgment as related to any specific case must always supersede any recommendations made in this or any BioHorizons literature.

Before beginning any implant surgical procedure with BioHorizons implants:

- Read and understand the Instructions for Use that accompany the products.
- Clean and sterilize the surgical tray and instruments per Instructions for Use.
- Become thoroughly familiar with all instruments and their uses.
- Study Surgical Kit layout and iconography.
- Design a surgical treatment plan to satisfy the prosthetic requirements of the case.

Small diameter implants and angled abutments are intended for the anterior region of the mouth and are not intended for the posterior region of the mouth due to possible failure of the implant.

Indications for Use

Laser-Lok 3.0 Implants may be used as an artificial root structure for single tooth replacement of mandibular central and lateral incisors and maxillary lateral incisors. The implants may be restored immediately:

1. with a temporary prosthesis that is not in functional occlusion,
2. when splinted together as an artificial root structure for multiple tooth replacement of mandibular incisors, or
3. for denture stabilization using multiple implants in the anterior mandible and maxilla.

The implants may be placed in immediate function when good primary stability has been achieved and with appropriate occlusal loading.
**Implant Placement**

The Laser-Lok zone provides 2.1mm of placement flexibility so placement depth can be driven primarily by the restorative need.

**Placement in Uneven Ridges**

When placing the Laser-Lok 3.0 implant in an uneven ridge, prepare the osteotomy and place the implant so that the bone/soft-tissue junction is within the 2.1mm Laser-Lok transition zone. If the discrepancy is more than 2.1mm, leveling the ridge can be considered.

**Drill Sequence**

<table>
<thead>
<tr>
<th>Drill Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Starter Drill</strong></td>
<td>Use to pierce cortical bone.</td>
</tr>
<tr>
<td><strong>Depth Drill</strong></td>
<td>Depth Drills with stops correspond to matching implant lengths. Depth Drills without stops are also available.</td>
</tr>
<tr>
<td><strong>Crestal Bone Drill (site specific)</strong></td>
<td>Use to widen crest for implant. Drill stop is 1mm above the laser mark for uneven ridges or D1 bone.</td>
</tr>
<tr>
<td><strong>Bone Tap (site specific)</strong></td>
<td>Tap required in dense bone; stop when resistance gives or desired depth is reached.</td>
</tr>
<tr>
<td><strong>Implant-level Driver</strong></td>
<td>Place implant matching the length of the prepared osteotomy.</td>
</tr>
</tbody>
</table>
Spacing considerations for Laser-Lok 3.0 implants

During implant placement, clinicians must apply their best judgment as to the appropriate spacing for individual patient conditions and restorative requirements.

The osteotomy center-to-center measurement required to maintain a specific edge-to-edge spacing between two implants is calculated according to this formula: \[ \frac{1}{2} \text{(sum of 2 implant body diameters)} + \text{the desired spacing.} \]

The osteotomy centerpoint required to maintain a specific implant-to-tooth spacing is calculated according to this formula: \[ \frac{1}{2} \text{(implant body diameter)} + \text{the desired spacing.} \]

Important Considerations

- Peri-operative oral rinses with a 0.12% Chlorhexidine Digluconate solution have been shown to significantly lower the incidence of post-implantation infectious complications. A pre-operative 30-second rinse is recommended, followed by twice daily rinses for two weeks following surgery.

- Drilling must be done under a constant stream of sterile irrigation. A pumping motion should be employed to prevent over-heating the bone. Surgical drills and taps should be replaced when they are worn, dull, corroded or in any way compromised. BioHorizons recommends replacing drills after 12 to 20 osteotomies.
All BioHorizons surgical drills are externally irrigated and designed to be used at drill speeds of 850-2500 rpm\(^6\) with sterile irrigation. Reduced drill speed may be indicated in softer bone or as drill diameter increases. In knife-edge residual alveolar ridges, a round bur can be used to create a flat starting point for the starter drill.

### 2.0mm Extended Shank Starter Drill

**Purpose:** Initiates osteotomy.

- Chisel-tip design eliminates "skating" on osseous crest
- Initiates osteotomy
- Prepares site for Paralleling Pins

### 2.5mm Extended Shank Depth Drills

**Purpose:** Sets osteotomy depth following use of the 2.0mm Extended Shank Starter Drill.

- Efficient cutting drill design collects bone for autografting

**Depth Drills with Stops**

- Fixed circular ring acts as a definitive drill stop

The 2.0mm and 2.5mm Extended Shank Depth Drills are designed to increase and/or set the depth of the osteotomy.

### Parallel Pins

**Purpose:** Evaluation of osteotomy position and angle.

- Provided straight or with a 20° angle
- Use after 2.0mm Starter Drill and 2.5mm Depth Drills
- 9mm shank for radiographic evaluation of proximity to adjacent anatomy
- Hub diameter is 4.0mm

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**Crestal Bone Drill**

**Purpose:** Removes cortical bone at ridge crest to facilitate pressure-free seating of the implant collar.

- Rounded non-end cutting hub centers drill in osteotomy
- Use following the final drill
- Drill stop is 1mm above the laser mark for uneven ridges or D1 bone

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**Bone Tap**

**Purpose:** Prepares dense cortical bone for implant threads.

- 30 rpm or less
- Final instrument prior to implant placement
- Can be driven with a handpiece or ratchet

Place the tip of the Bone Tap into the osteotomy, apply firm apical pressure and begin rotating slowly in a clockwise direction (30 rpm or less is recommended). When the threads engage, allow the tap to feed without excessive pressure. To remove, rotate the Bone Tap in a counterclockwise direction, allowing it to back out of the osteotomy. *Do not pull on the Bone Tap to remove it from the site.*
**Implant Delivery**

Engage the implant with the PEEK snap ring of the Implant-level Driver. The hex of the driver has no retention feature and does not need to be engaged.

Excess pressure can deform the implant basket and should be avoided.

The Implant Cover Cap for a two-stage surgical protocol is mounted in the vial cap.

**Implant Placement**

Place the apex of the implant into the osteotomy and begin rotating slowly. The driver hex will engage when the driver is slowly rotated under apical pressure. If too much resistance is felt during insertion, remove the implant and revise the osteotomy with the appropriate Crestal Bone Drill or Bone Tap as deemed necessary to reduce insertion torque.

Given the mechanical limitations of small diameter implants, do not exceed 70Ncm of insertion torque. Doing so may damage the implant. Using a torque-limiting handpiece and adjustable torque wrench is strongly recommended.

**Implant Orientation**

When seating the implant, use the corresponding dimples on the driver to orient one internal hex flat facially. Doing so verifies that an angled abutment will correct the angulation.
Cover Caps for two-stage protocol

**Purpose:** Protects prosthetic platform in two-stage (submerged) surgical protocols.

- Irrigate implant to remove blood and other debris
- Remove Cover Cap from implant vial cap with .050” (1.25mm) Hex Driver
- Thread clockwise into implant body
- Hand-tighten (10-15 Ncm) utilizing .050” (1.25mm) Hex Driver

An antibacterial paste may be placed on the end of the Cover Cap to help decrease the risk of bacterial growth within the implant body during the healing phase. Following placement of the Cover Cap, the surgical site should be irrigated and the soft tissue adapted in a normal surgical fashion. Take precautions to prevent the Cover Cap from being aspirated by the patient.

Healing Abutments for one-stage protocol

**Purpose:** Transmucosal element for developing soft tissue emergence.

- Hand-tighten (10-15 Ncm) utilizing .050” (1.25mm) Hex Driver
- Available in two heights: 3mm and 5mm
- Cover Cap that comes with implant can be used as 1mm Healing Abutment

Healing Abutments are placed after uncovering in a two-stage surgical protocol, or in lieu of a Cover Cap in a single-stage (non-submerged) protocol. Prior to seating the Healing Abutment, thoroughly irrigate the inside of the implant to remove blood and other debris. An antibacterial paste may be placed on the screw portion to decrease the risk of bacterial growth within the implant body during the healing phase. Following seating, irrigate the surgical site and adapt the soft tissue in normal surgical fashion. A gingivectomy or apically positioned flap technique may be used to reduce the soft tissue thickness and to decrease sulcular depth around the implant. The suture groove on the Healing Abutment may be used to apically position the soft tissue flap. Take precautions to prevent the Healing Abutment from being aspirated by the patient.

Immediate provisionalization

Temporary abutments can be modified for fabrication of a cement or screw-retained provisional restoration. A Direct Coping Screw (purchased separately) may be used to maintain a screw access hole during the fabrication of a screw-retained provisional prosthesis.

All Laser-Lok 3.0 abutments are internally threaded for increased strength and come packaged with the abutment screw pre-assembled in the abutment. Partially insert the abutment into the implant and tighten the abutment screw with a .050” (1.25mm) Hex Driver to complete the seating.

Laser-Lok 3.0 implants may be restored immediately:
(1) with a temporary prosthesis that is not in functional occlusion,
(2) when splinted together as an artificial root structure for multiple tooth replacement of mandibular incisors, or
(3) for denture stabilization using multiple implants in the anterior mandible and maxilla.

The implants may be placed in immediate function when good primary stability has been achieved and with appropriate occlusal loading.

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**Note:** shop online at www.biohorizons.com
Post-operative Instructions

A period of unloaded healing time is often recommended. This is dependent on individual patient healing rates and bone quality of the implant site. Each case must be independently evaluated. This unloaded healing period allows for integration between the bone and implant surface.

The patient must be instructed to follow a post-surgical regimen including cold packs for 24 hours post-implantation. The patient’s diet should consist of soft foods and possibly dietary supplements. Pharmacological therapy should be considered as the patient’s condition dictates.

If a removable prosthesis is used during the initial healing phase, it is recommended that a soft liner material be used to prevent pressure on the surgical site. The prosthesis should be relieved over the implant site prior to the soft liner application. The patient should be checked periodically to monitor healing of the soft tissues and bone using clinical and radiographic evaluations.

Ongoing hygiene for the implant patient is vital. Hygiene recall appointments at three month intervals are suggested. Instruments designed for implant abutment scaling, such as Implacare™ instruments from Hu-Friedy® should be utilized. The stainless steel handles may be fitted with assorted tip designs used for hygiene on natural teeth. The Implacare® scalers contain no glass or graphite fillers that can scratch titanium implant abutments.

Icon Legend

- **Use before expiration date** (YYYY-MM)
- **Manufacture date** (YYYY-MM)
- **STERILE**: Sterile by gamma irradiation
- **Non-STERILE**: Non-sterile
- **Rx Only**: Caution: Federal (USA) law restricts these devices to the sale, distribution and use by, or on the order of, a dentist or physician.
- **Lot/batch number**
- **Reference/article number**
- **Single use only**
- **See Instructions for Use**
- **BioHorizons products carry the CE mark and fulfill the requirements of the Medical Devices Directive**

BioHorizons Laser-Lok 3.0 Implant

3.0 x 12mm

BioHorizons Laser-Lok

TS/12L

EU Authorised Representative

QUALITY FIRST INTERNATIONAL

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shop online at www.biohorizons.com
ORDERING & WARRANTY INFORMATION

BioHorizons Lifetime Warranty on Implants and Prosthetics: 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 instruments, surgical drills, taps, torque wrenches and Virtual Implant Placement (VIP) treatment planning software.

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. 6

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

3. VIP treatment planning software: VIP treatment planning software warranty extends for a period of ninety (90) days from the date of initial invoice. The warranty requires that VIP be used according to the minimum system requirements.

4. Compu-Guide surgical templates: Compu-Guide surgical templates are distributed without making any modifications to the submitted Compu-Guide Prescription Form and VIP treatment plan (“as is”). BioHorizons does not make any warranties expressed or implied as it relates to surgical templates.

Return Policy: Product returns require a Return Authorization Form, which can be acquired by contacting Customer Care. The completed Return Authorization Form should 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.

Compu-Guide surgical templates are ordered under the control of a Clinician. The Clinician recognizes responsibility for use. Therefore, regardless of the real or proven damages, the liability to BioHorizons is limited to the price of the product directly related to the reason for the claim.

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 shop.biohorizons.com.

References


2. Implant strength & fatigue testing done in accordance with ISO standard 1 4801.


