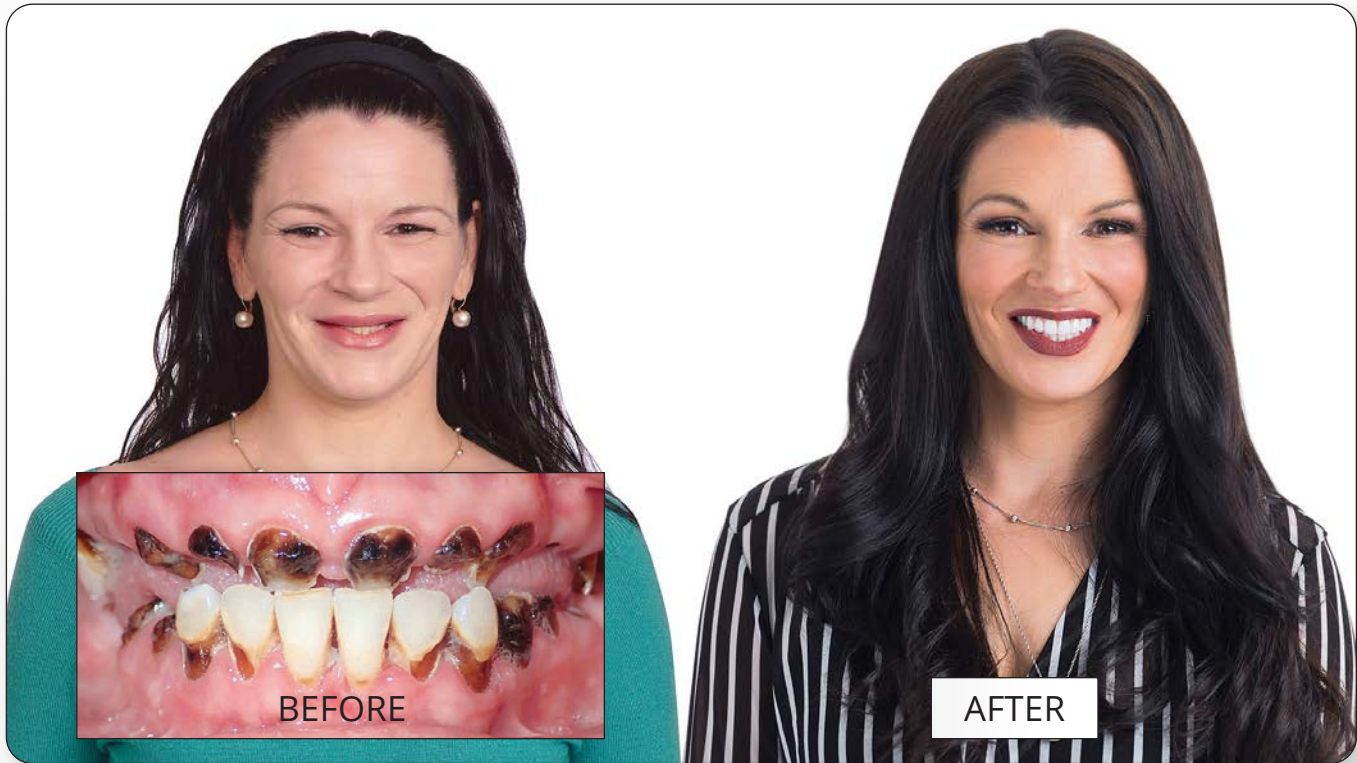




# TeethXpress®

technique manual



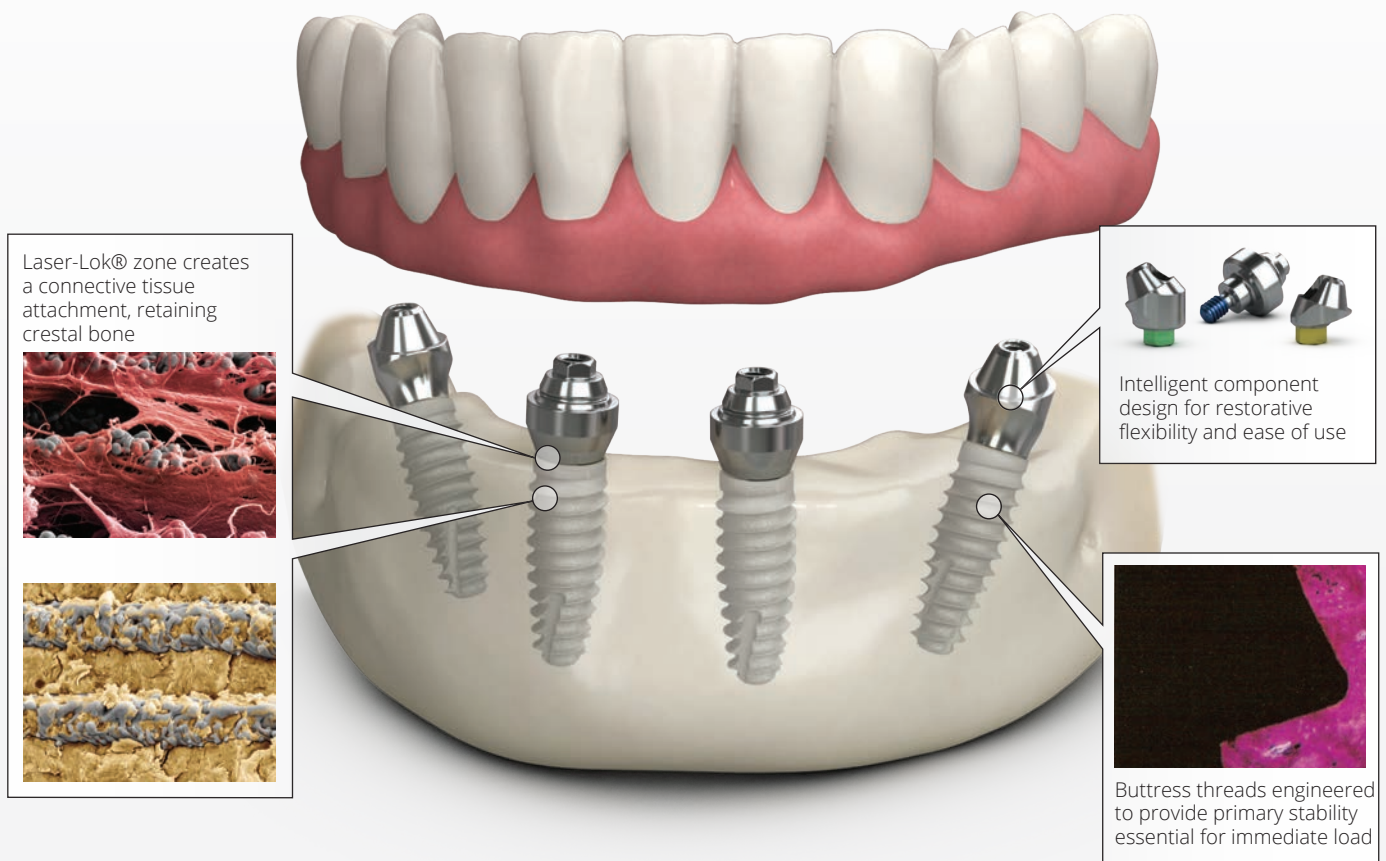


Cara, age 35  
actual TeethXpress® patient

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# Your patients need full-arch treatment. Give them TeethXpress®

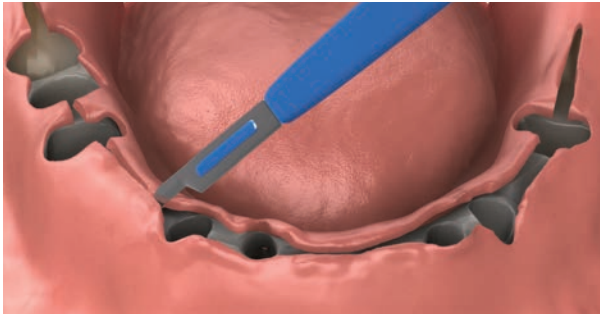


This surgical manual serves as a reference for using Tapered family implants and Multi-unit abutments in the TeethXpress free-hand, immediate, fixed-hybrid denture protocol. There are also a wide variety of guided and digital restorative protocols that can be utilized. This manual is intended solely 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. For more in-depth training, attend a full-arch, immediate-load course.

**Clinician judgment as related to any specific case must always supersede any recommendations made in this or any BioHorizons literature.**

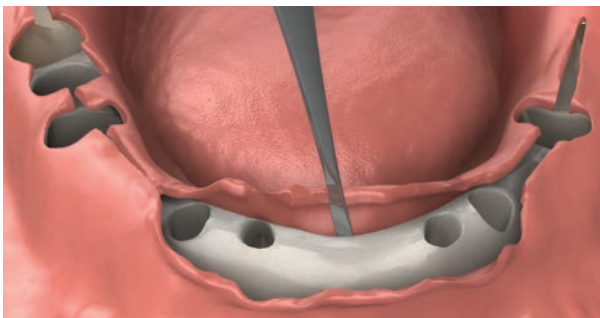
# Surgical Protocol



## Extract remaining teeth, create releasing incisions

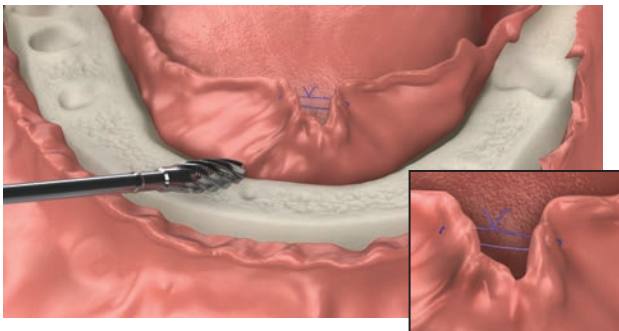
Extract remaining dentition.

Following extractions, release the soft tissue with crestal incisions using a #15 blade.



## Create full thickness flap

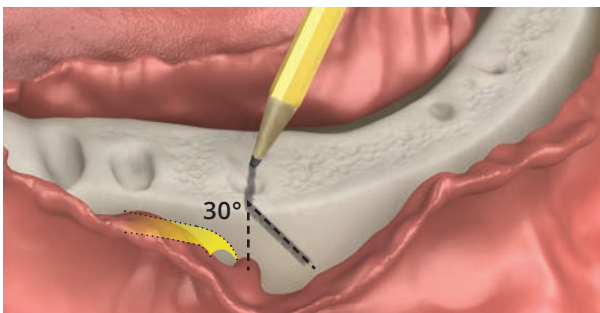
Fully expose the alveolar crest of the ridge using a periosteal elevator. Note the location of each mental foramen.



## Reduce ridge

Reduce the height of the ridge using an aggressive alveolar cutting bur to create at least 15mm of inter-arch occlusal space. If the required 15mm occlusal space is present due to atrophy, an alveoplasty may not be required.

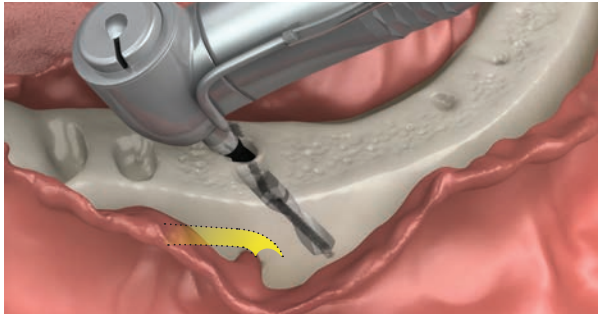
**Note:** The mandibular lingual flap can be temporarily sutured to keep the lingual tissue from obscuring the surgical area.



## Draw a 30° guide mark

Use a sterile #2 pencil to draw a line from buccal to lingual, across the crest of the ridge above the mental foramen. Draw a 30° guide mark on the facial of the ridge, anterior to the mental foramen.

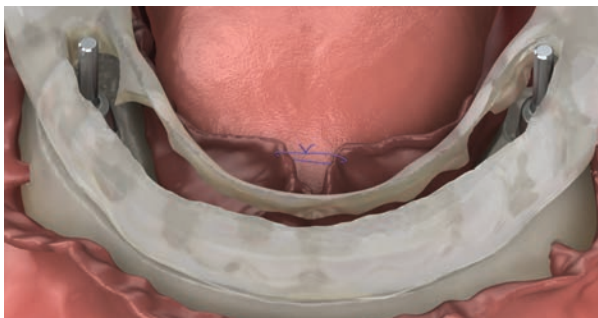
# Surgical Protocol



## Establish angled posterior osteotomies

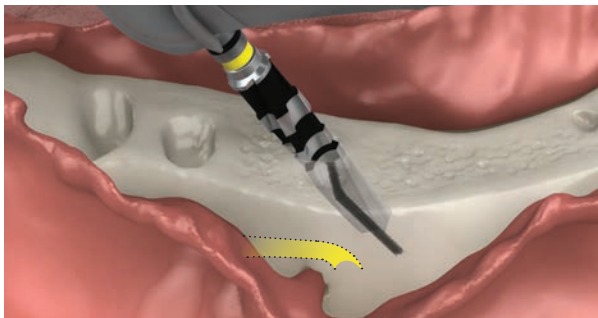
Initiate the two posterior osteotomies using a BioHorizons 1.5mm or 2.0mm diameter starter drill. In the center of the buccal-lingual drawn line, drill parallel with the 30° mark, anterior to the mental foramen, to achieve adequate A/P\* spread and avoid damaging the mental nerve.

\*Anterior/Posterior spread



## Verify adequate A/P spread and angulation

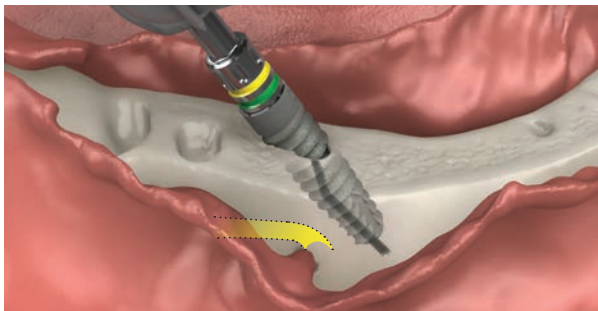
Confirm proper osteotomy position using the surgical guide and two 30° angled parallel pins. The pins should emerge through the guide trough. Adjust the trajectory of the osteotomy as needed before widening.



## Complete posterior osteotomy preparation

Widen the posterior osteotomy using the appropriate BioHorizons width increasing drills, maintaining the proper angle and A/P spread. Repeat steps on the opposing side.

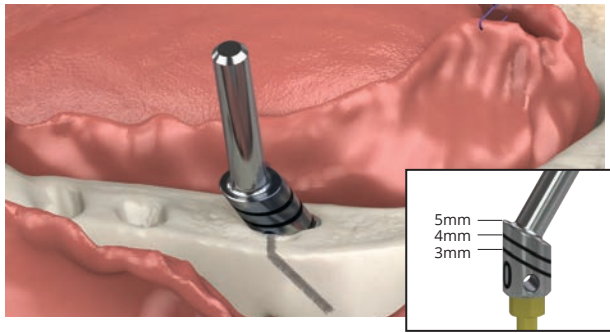
**Note:** To achieve adequate torque values in soft bone, undersizing the osteotomy may be necessary.



## Place posterior implants

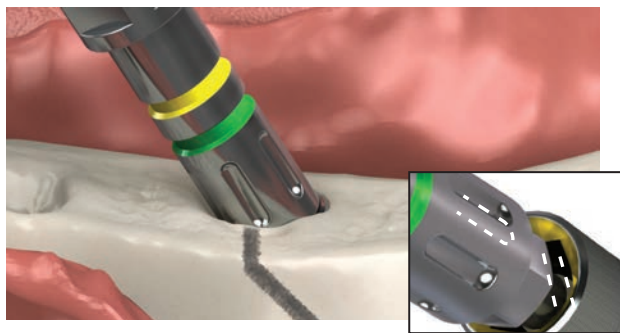
Remove the BioHorizons Tapered Internal implants from the sterile vials using a handpiece or ratchet implant-level driver. Deliver the implants to the prepared osteotomies. If the insertion torque is too high, adjust the osteotomies as necessary. If the insertion torque is too low, consider changing to a larger implant size.

# Surgical Protocol



## Place Multi-unit try-in abutments

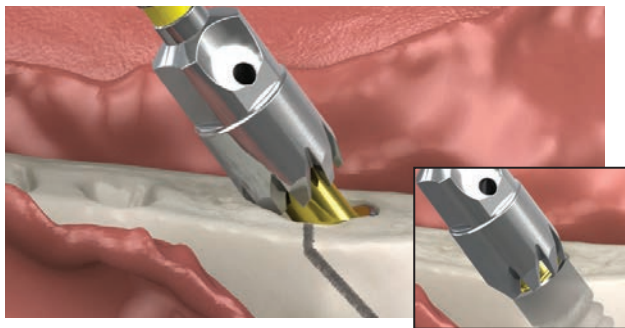
Use the BioHorizons 30° Multi-unit try-in abutment to verify proper implant hex orientation and to determine the necessary Multi-unit abutment height and angulation. Repeat steps on the opposing implant. Position the surgical guide to verify proper angulation and AVP spread.



## Adjust internal hex orientation

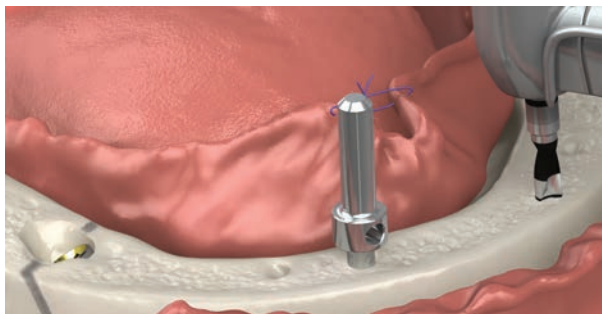
If the implant's internal hex orientation is incorrect, use the BioHorizons implant-level ratchet driver to adjust the internal hex orientation to its ideal positioning for the angled Multi-unit abutment.

Repeat the Multi-unit try-in abutment step to verify proper internal hex position.



## Profile crestal bone around implant

Following angled implant placement, screw in the BioHorizons multi-unit bone profiler guide. Use a BioHorizons multi-unit bone profiler to remove the crestal bone around the implant for a passive seating of the angled Multi-unit abutment.

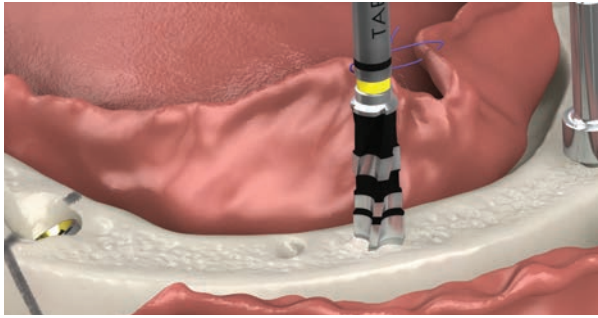


## Create anterior implant osteotomies

Initiate the anterior osteotomies using a BioHorizons Tapered Internal 2.0 diameter starter drill. Verify the correct implant trajectory using straight 2.0 parallel pins and the surgical guide.

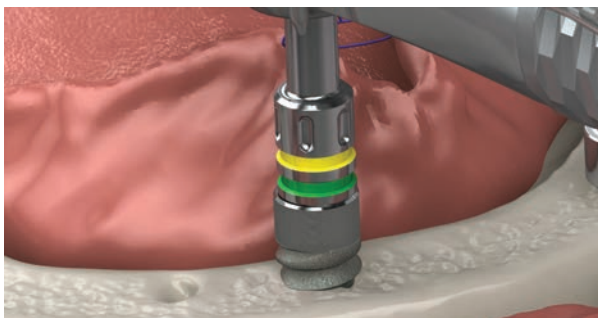
**Note:** In some instances, a 17° degree angled Multi-unit abutment may be necessary to create the proper angle through the guide trough.

# Surgical Protocol



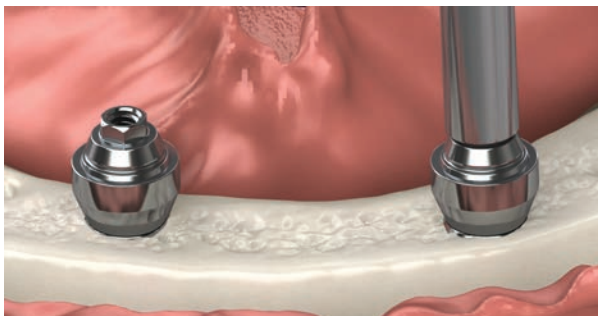
## Complete anterior osteotomy preparation

Widen the osteotomy using the appropriate BioHorizons width increasing drills, maintaining the proper angle and A/P spread.



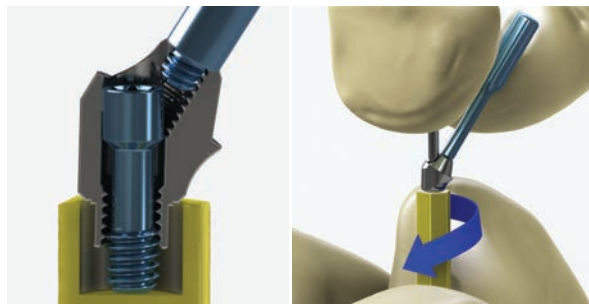
## Place anterior implants

Place the anterior implants. Adjust the internal hex orientation to its ideal position if an angled Multi-unit abutment is required. Verify angulation using the angled Multi-unit try-in abutments and determine necessary abutment height.



## Deliver anterior implant Multi-unit abutments

Remove the straight Laser-Lok Multi-unit abutments from the packaging and place in the anterior implants using the attached plastic carrier. Hand-tighten the abutments using a manual Multi-unit hex adaptor.



## Prepare angled Multi-unit abutments for delivery

Attach a Multi-unit carrier (MUCA) and .050" hex driver to the angled Multi-unit abutment and hold in one hand. Use the other hand to unscrew the plastic carrier from the abutment.

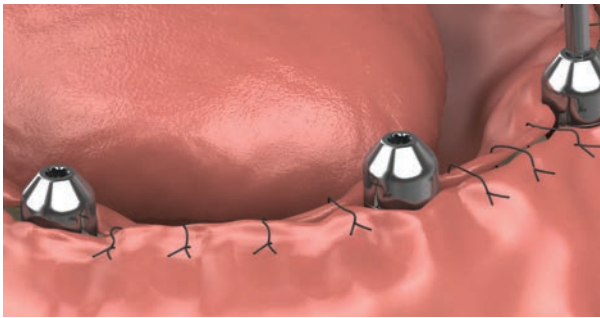
# Surgical Protocol



## Deliver posterior implant Multi-unit abutments

Seat the Multi-unit abutment hex in a posterior implant using the Multi-unit carrier and hand-tighten the abutment screw using the .050" hex driver. Remove the Multi-unit carrier and torque the abutment screw up to 30 Ncm\*. Use an alveolar cutting bur to flatten divot areas around the angled implants and to smooth out sharp edges of the ridge. Use MinerOss cortical & cancellous bone chips to fill all voids created from the extractions and cover with L-PRF membranes.

\*May be necessary to hand tighten the Multi-unit abutment screw if the implant torque value was less than 30 Ncm.



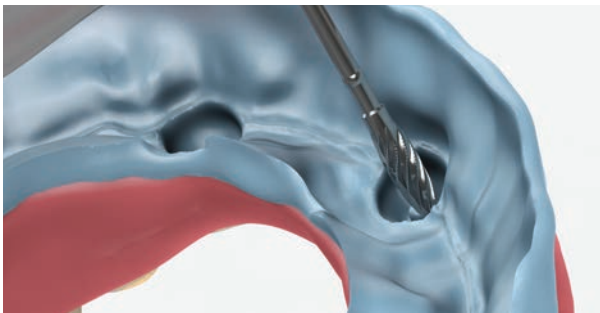
## Place Multi-unit cover caps and suture flap

Hand-tighten the Multi-unit cover caps that came with the abutments using a .050" hex driver. Trim off any excess soft tissue and completely close the flap around the cover caps using an abundance of interrupted sutures from the midline to the posterior. Verify that bleeding is minimal as to not affect the subsequent impression steps. The surgical site is now ready for the TeethXpress immediate denture conversion.



## Capture Multi-unit abutment positions

Cover the intaglio surface of the immediate denture using bite registration material. Place the denture over the ridge and press down to register the cover caps.

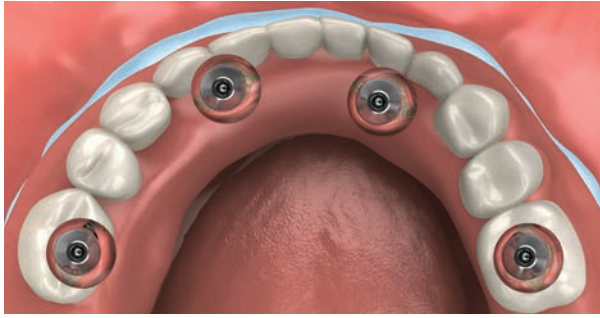


## Create pilot holes in the denture

After the material sets, remove the denture and use a fissure bur to cut pilot holes in the indentations created in the bite registration material. Keep the bite registration material in place.

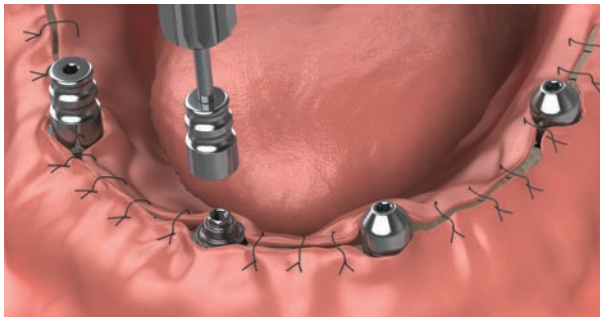


# Restorative Protocol



## Verify modified denture

Using a pear-shape carbide bur, continue to widen each of the holes and check fit until there is 2-3mm of clearance completely around each cover cap. Do not be concerned about the denture teeth. There should be lateral play between the denture and the Multi-unit cover caps. Remove the bite registration material when this step is complete.



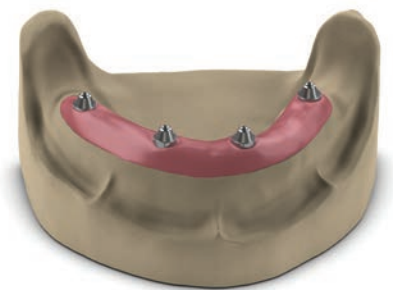
## Take impression

Replace the cover caps with direct or indirect Multi-unit impression copings using an .050" hex driver. Take an impression. Remove the Multi-unit impression copings.



## LAB STEP - Connect Multi-unit replicas

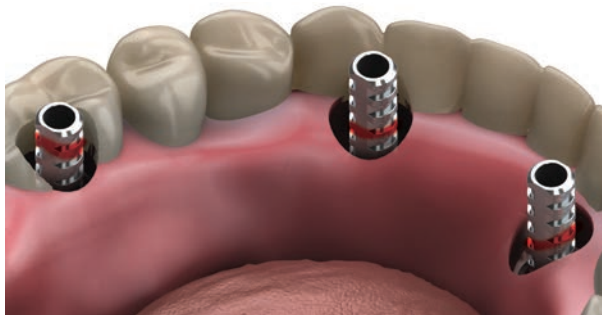
Attach Multi-unit abutment replicas to the impression copings and fabricate a working model in minimal expansion, high hardness die stone. A soft tissue material may be used to establish a soft tissue model.



## LAB STEP - Create working model

Verify proper replica seating and apply lubricant around the replicas where a soft tissue model will need to be created. Once set, prepare the working cast for the provisional prosthesis to be attached for additional modifications.

# Restorative Protocol



## Seat and mark titanium copings

Place each Multi-unit titanium coping. Hand tighten. Seat the denture in the mouth and verify 2-3mm clearance around each titanium coping. Further widen the holes as necessary. Use a marker to indicate where titanium copings need to be reduced to be 1mm below the denture surface.\*

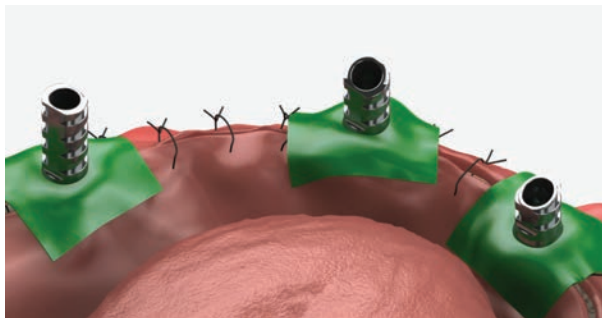
\*Adequate bone reduction reduces this need and makes the denture less prone to fracture.



## Reduce titanium copings

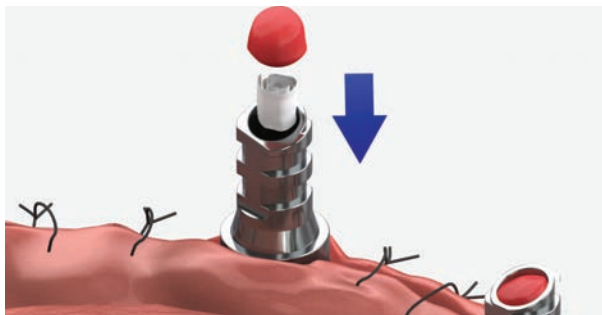
Remove each titanium coping from the mouth. Reduce the height of each titanium coping as necessary using a titanium cutting disc or bur. Titanium copings can be attached to a BioHorizons analog handle\* for easier handling.

\*Attach a straight Multi-unit abutment directly to the Analog Handle, then attach the titanium coping.



## Reseat the titanium copings

Reattach the titanium copings using a long .050" hex driver and hand-tighten. Place a square-shaped piece of rubber dam (with a small hole punched in the center) around each titanium coping to protect the wound and sutures from acrylic material.

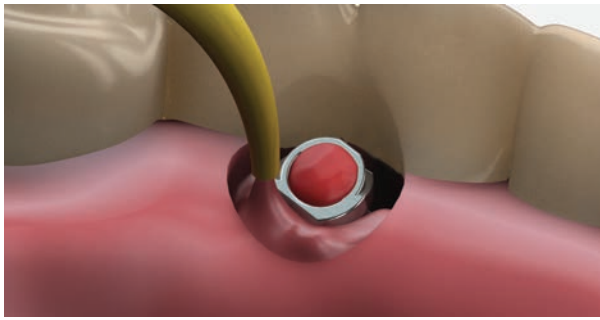


## Block screw access channels

Place a rolled PTFE membrane material\* in each titanium coping using a perio probe and cover with a small piece of wax to prevent acrylic from infiltrating the abutment screw channel.

\*Often referenced clinically as "Teflon® tape".

# Restorative Protocol



## Pick up copings with denture

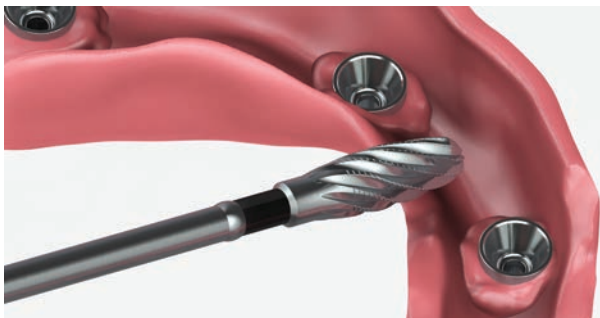
Seat the denture back in the patient's mouth. Use a small-tipped syringe to flow acrylic or pink composite material around each of the titanium copings to capture and pick them up in the denture. Immediately wipe away excess material from the occlusal surfaces and the top of the titanium copings. Immediately guide the patient into Centric Relation (CR) and hold in the CR position until the acrylic material sets.



## Remove prosthesis for final modifications

Once the acrylic material has set, remove the wax, Teflon tape and coping screws. Remove the denture from the patient's mouth with the titanium copings picked up. The lab technician will fill any voids around the copings during the laboratory finishing. Reattach the cover caps to the multi-unit abutments while the denture is being processed.

**Note:** An extra-long 0.50" hex driver (19mm) may be necessary depending on the depth of the titanium copings and the thickness of the TeethXpress prosthesis.



## LAB STEP - Modify denture

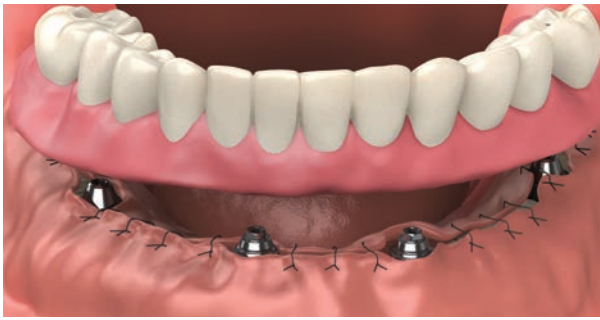
Modify the provisional prosthesis by removing the flanges and distal cantilevers using a carbide bur. For maxillary cases, remove the palate as well. Fill in any voids, and smooth all rough edges.



## LAB STEP - Attach denture to working model

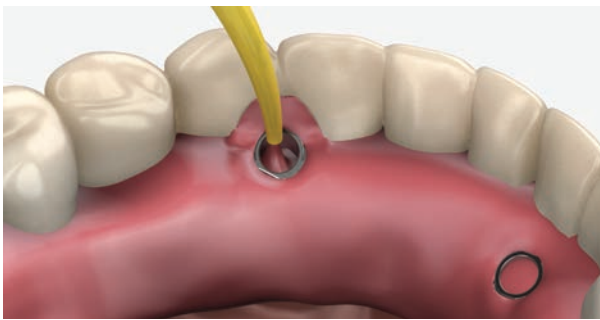
Secure the provisional prosthesis to the working cast and make any final modifications. Once adjustments are complete, final polishing is performed in preparation for delivery to the patient.

# Restorative Protocol



## Deliver provisional prosthesis

Remove the cover caps, seat the provisional prosthesis in the patient's mouth and hand-tighten the coping screws using a long or extra-long .050" hex driver. Check the patient's occlusion and make any necessary adjustments. Additional adjustments can be made as needed during subsequent visits.



## Cover screw access channels

Place rolled Teflon tape in each titanium coping, cover with wax and light-cured acrylic material.



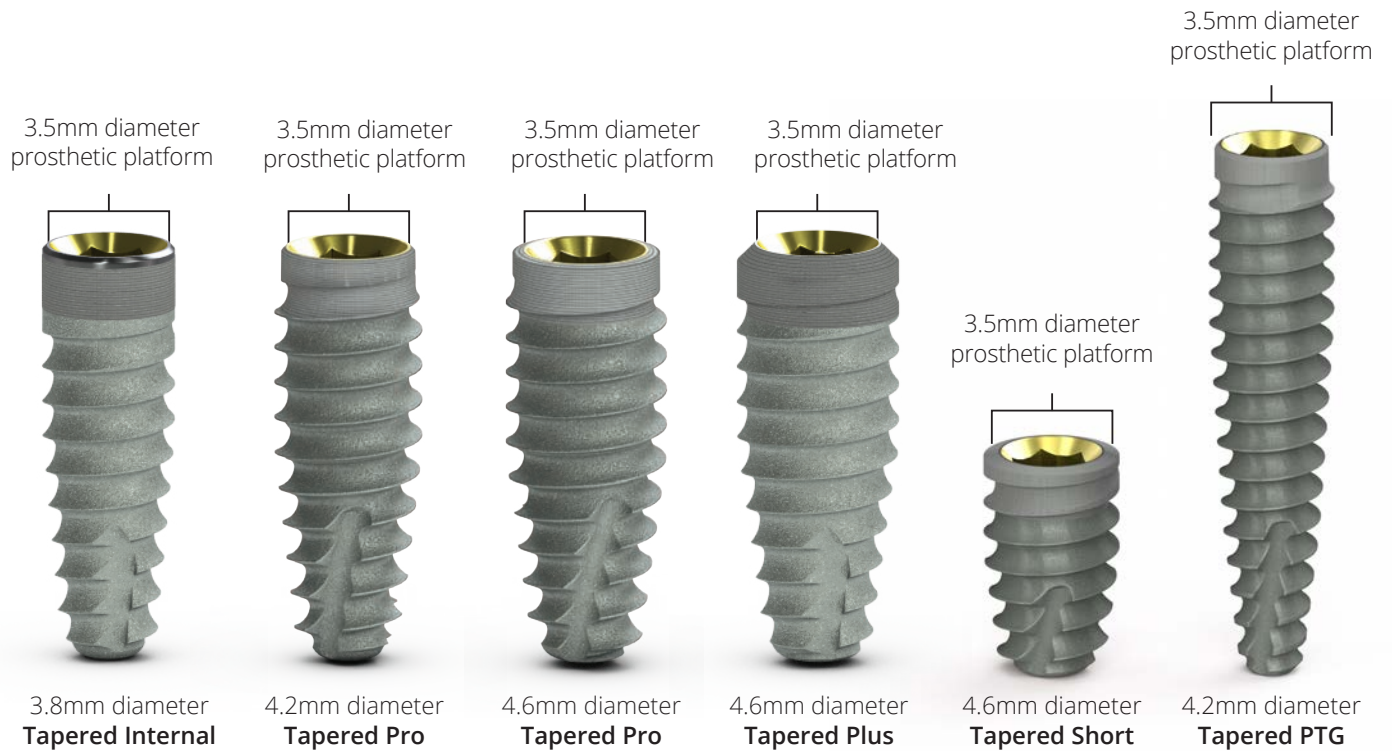
## TeethXpress procedure is complete

The TeethXpress procedure is complete. Send the patient home with the TeethXpress Soft Diet Suggestions and any other necessary post-operative instructions.

# Implant & Multi-unit Abutment Platform

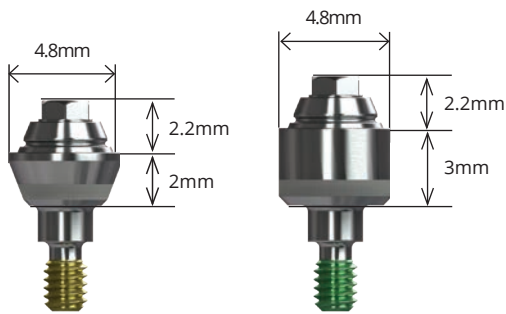
## Prosthetic platform color coding

BioHorizons prosthetic components are color-coded to match BioHorizons implant prosthetic platform. The 3.5mm (Yellow) is the most common platform used for the TeethXpress procedure. There are multiple implant diameters that come with a 3.5mm platform\*. Surgeons can use these options to match the appropriate diameter implant to the site conditions while minimizing the number of Multi-unit abutments in their inventory.



\* Available BioHorizons Multi-unit abutment sizes include 3.0 (Gray), 3.5 (Yellow), 4.5 (Green) and 5.7mm (Blue) to correspond with the available implant platform sizes. The corresponding implant and Multi-unit abutment sizes should be present at the time of the TeethXpress surgery.

# Multi-unit Abutments



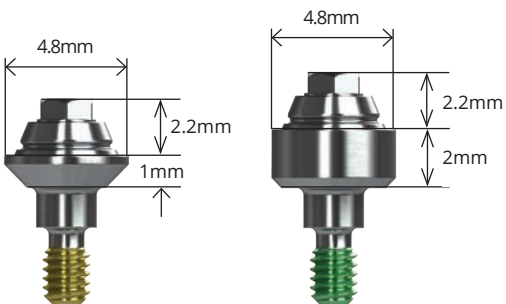
## Laser-Lok Straight Multi-unit Abutments

2mm collar	3mm collar	4mm collar	
TP3MU2L	TP3MU3L	-	3.0mm platform
PYMU2L	PYMU3L	PYMU4L	3.5mm platform
PGMU2L	PGMU3L	PGMU4L	4.5mm platform

Laser-Lok Straight Multi-unit abutments may be used for multiple-unit restorations including: screw-retained restorations at the abutment level, cast alloy bars for overdentures and fixed/detachable (hybrid) restorations. When a Laser-Lok component is used and temporarily removed, keep the removed Laser-Lok component in sterile saline until reinserting into the site. Comes with a cover cap (PXMUCC). Titanium alloy. Final torque: 30Ncm using a Multi-unit Hex Adapter.



L02015-003 Handling of Laser-Lok abutments



## Straight Multi-unit Abutments

1mm collar	2mm collar	3mm collar	4mm collar	5mm collar	
TP3MU1	TP3MU2	TP3MU3	-	-	3.0mm platform
PYMU1	PYMU2	PYMU3	PYMU4	PYMU5	3.5mm platform
PGMU1	PGMU2	PGMU3	PGMU4	PGMU5	4.5mm platform
PBMU1	PBMU2	PBMU3	-	-	5.7mm platform

Straight Multi-unit abutments may be used for multiple-unit restorations including: screw-retained restorations at the abutment level, cast alloy bars for overdentures and fixed/detachable (hybrid) restorations. Comes with a cover cap (PXMUCC). Titanium alloy. Final torque: 30Ncm using a Multi-unit Hex Adapter.

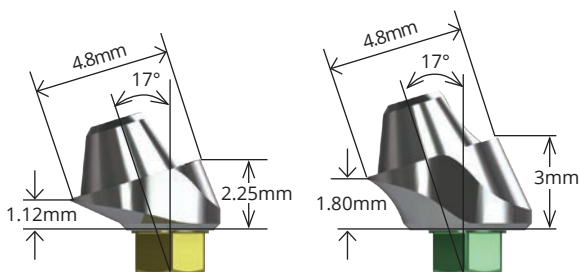


L02015-028 Multi-unit abutment hybrid or fixed-detachable-screw-retained restoration

L02015-029 Multi-unit abutment bar overdenture - screw-retained restoration

L02015-031 Correcting a non-passive framework

## 17° Angled Multi-unit Abutments

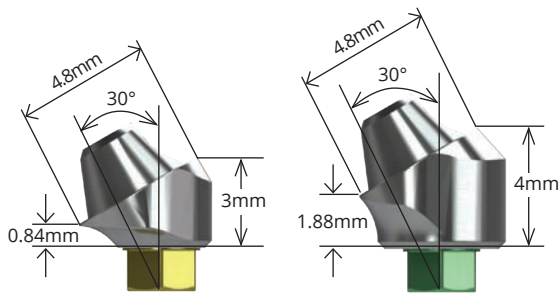


2.5mm collar	3mm collar	4mm collar	
TP3MU172	TP3MU173	-	3.0mm platform
PYMU172	PYMU173	PYMU174	3.5mm platform
PGMU172	PGMU173	PGMU174	4.5mm platform
PBMU172	PBMU173	-	5.7mm platform

17° Angled Multi-unit abutments may be used to angle-correct divergent implants. Use for multiple-unit restorations including: screw-retained restorations at the abutment level, cast alloy bars for overdentures and fixed/detachable (hybrid) restorations. Comes with a cover cap (PXMUCC) and abutment screw (PXMUAS). Titanium alloy. Final torque: 30Ncm. Conveniently deliver abutment one-handed using an .050 hex or Unigrip™ driver or two-handed using an angled Multi-unit carrier (MUCA).


# Multi-unit Abutments & Components

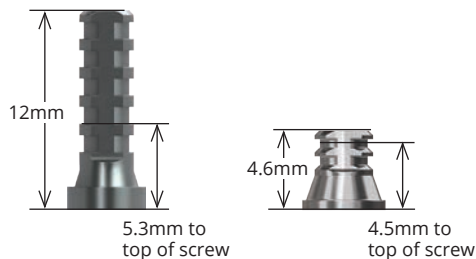
## 30° Angled Multi-unit Abutments



3mm collar	4mm collar	5mm collar	
TP3MU303	TP3MU304	-	3.0mm platform
PYMU303	PYMU304	PYMU305	3.5mm platform
PGMU303	PGMU304	PGMU305	4.5mm platform
PBMU303	PBMU304	-	5.7mm platform

30° Angled Multi-unit abutments may be used to angle-correct divergent implants. Use for multiple-unit restorations including: screw-retained restorations at the abutment level, cast alloy bars for overdentures and fixed/detachable (hybrid) restorations. Comes with a cover cap (PXMUCC) and abutment screw (PXMUAS). Titanium alloy. Final torque: 30Ncm. Conveniently deliver abutment one-handed using an .050 hex or Unigrip™ driver or two-handed using an angled Multi-unit carrier (MUCA).

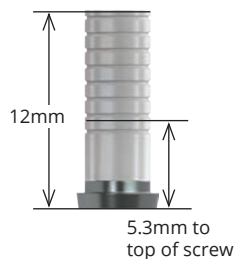
-  **L02015-028** Multi-unit abutment hybrid or fixed-detachable-screw-retained restoration
- L02015-029** Multi-unit abutment bar overdenture - screw-retained restoration
- L02015-031** Correcting a non-passive framework



## Multi-unit Copings

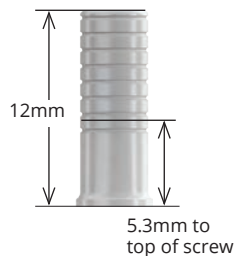
<b>PXMUTC</b>	Titanium
<b>PXMUTCS</b>	Titanium, Short

Use for fabricating acrylic temporary and final prostheses. May be trimmed for height. PXMUTC packaged with prosthetic screw (PXMUPSR). PXMUTCS packaged with prosthetic screw (PXMUPSS). Titanium alloy. Final torque: 15Ncm.



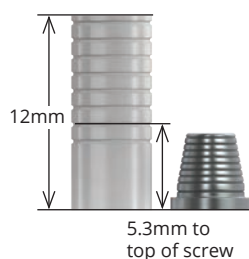
<b>PXMUGC</b>	Gold Custom Castable
---------------	----------------------

Use for fabricating metal-reinforced acrylic prostheses or bar overdentures. May be trimmed for height. Packaged with prosthetic screw (PXMUPSR). Coping has a gold alloy base with acetal resin (Delrin® or Pomalux®) sleeve. Final torque: 15Ncm.



<b>PXMUPC</b>	Plastic Custom Castable
---------------	-------------------------

Use for fabricating metal-reinforced acrylic prostheses or bar overdentures. May be trimmed for height. Packaged with prosthetic screw (PXMUPSR). Acetal resin (Delrin® or Pomalux®). Final torque: 15Ncm.



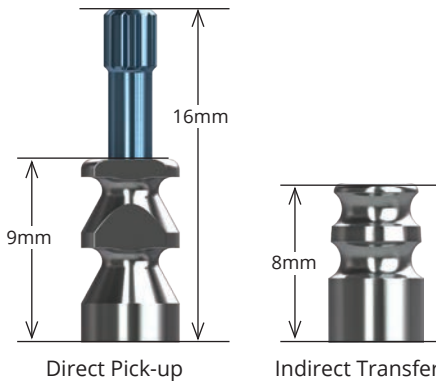
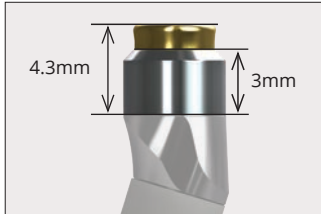
<b>PXMUPFC</b>	Passive Fit
----------------	-------------

Use for fabricating metal-reinforced acrylic prostheses or bar overdentures, cemented using the passive-fit technique. May be trimmed for height. Packaged with regular and long prosthetic screws (PXMUPSR, PXMUPSL). Coping has a titanium alloy base with acetal resin (Delrin® or Pomalux®) sleeve. Final torque: 15Ncm.

# Multi-unit Components

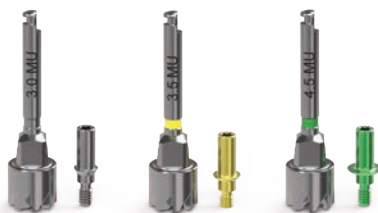


Abutment w/ Ti Collar      Abutment w/ Delrin® Collar



Direct Pick-up

Indirect Transfer



## Multi-unit Locators®

<b>LMUTC-2</b>	<b>Locator Multi-unit Abutment w/ Ti Collar (2 pack)</b>
<b>LMUTC-10</b>	<b>Locator Multi-unit Abutment w/ Ti Collar (10 pack)</b>

Use Male Processing Package for these collars (LMPP-2 or LMPP-10).

<b>LMUDC-2</b>	<b>Locator Multi-unit Abutment w/ Delrin® Collar (2 pack)</b>
<b>LMUDC-10</b>	<b>Locator Multi-unit Abutment w/ Delrin® Collar (10 pack)</b>

Use Locator Multi-unit Bar Processing Package listed below for these collars.

<b>LMUBPP-2</b>	<b>Locator Multi-unit Bar Processing Package (2 pack)</b>
<b>LMUBPP-10</b>	<b>Locator Multi-unit Bar Processing Package (10 pack)</b>

Locator attachments for multi-unit abutments have been designed as a free-standing option (LMUTC) for the angled multi-unit posterior sites and for castable bar-splinted applications (LMUDC). The Locator Multi-unit Bar Processing Package includes Denture Cap with Yellow Bar Processing Male, Dual Retentive Replacement Males: Clear, Pink, Blue, and Block-Out Spacer. Offered in 2 packs and 10 packs. For complete instructions, visit the Zest Anchors web site.


## Multi-unit Impression Copings

<b>PXMUDPC</b>	<b>Direct Pick-up Coping, Multi-unit</b>
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Use to make a direct pick-up impression (open-tray) at the abutment level. Titanium alloy. Hand tighten.

<b>PXMUIC</b>	<b>Indirect Transfer Coping, Multi-unit</b>
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Use to make an indirect transfer (closed-tray) impression at the abutment level. Titanium alloy. Hand tighten.

-  **L02015-010** Multi-unit abutment impression technique - direct open tray
- L02015-011** Multi-unit abutment impression technique - closed tray
- L02015-030** Verification jig fabrication

## Multi-unit Scan Bodies

<b>PXMUTSB</b>	<b>Titanium Scan Body, Multi-unit</b>
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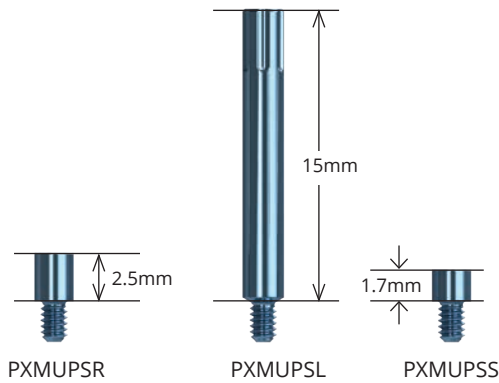
Use to scan and make a digital model of multi-unit analogs at the abutment level. Titanium alloy. Hand tighten.

## Multi-unit Bone Profiling Burs

<b>TP3MUBP</b>	<b>3.0mm Multi-unit Bone Profiler</b>
<b>PYMUBP</b>	<b>3.5mm Multi-unit Bone Profiler</b>
<b>PGMUBP</b>	<b>4.5mm Multi-unit Bone Profiler</b>



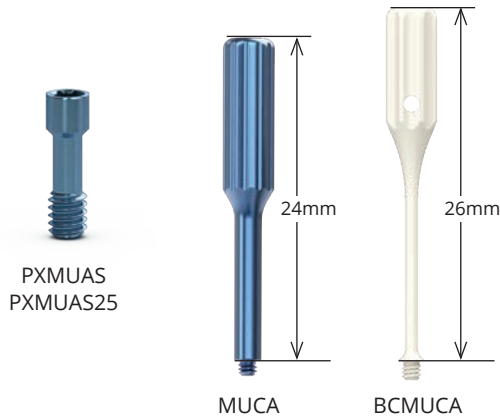
# Multi-unit Components



## Multi-unit Coping Screws

<b>PXMUPSR</b>	Prosthetic Screw, Multi-unit, Regular (pack of 5)
<b>PXMUPSR25</b>	Prosthetic Screw, Multi-unit, Regular (pack of 25)
<b>PXMUPSL</b>	Prosthetic Screw, Multi-unit, Long (pack of 5)
<b>PXMUPSS</b>	Prosthetic Screw, Multi-unit, Small (pack of 5)
<b>PXMUPSS1</b>	Prosthetic Screw, Multi-unit, Small

For attaching copings to the Multi-unit abutments. Titanium alloy. Hand-tighten or torque to 15Ncm with .050" (1.25mm) Hex Driver or Unigrip™ screw driver, depending on application. Included with copings where indicated but can also be ordered separately.



## Multi-unit Angled Abutment Screw & Abutment Carrier

<b>PXMUAS</b>	Abutment Screw, Multi-unit
<b>PXMUAS25</b>	Abutment Screw, Multi-unit (pack of 25)
<b>MUCA</b>	Angled Multi-unit Abutment Carrier (pack of 3)
<b>BCMUCA</b>	Angled Multi-unit Abutment Carrier, Flexible (pack of 2)

For angled Multi-unit abutments. Titanium alloy. Final torque: 30Ncm with .050" (1.25mm) Hex Driver or Unigrip™ screw driver. Included with abutment but can also be ordered separately.

Use to deliver angled Multi-unit abutments to the surgical site. Titanium alloy and PEEK.



## Multi-unit Cover Caps

<b>PXMUCC</b>	Cover Cap, Multi-unit
<b>PXMUCCC</b>	Contoured Cover Cap, Multi-unit (pack of 2)

PXMUCC is packaged with all Multi-unit abutments. Titanium alloy and PEEK. Hand-tighten with .050" (1.25mm) Hex Driver or Unigrip™ screw driver.



## Multi-unit Abutment Replicas & Protective Analog

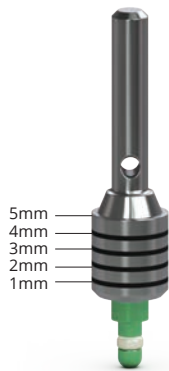
<b>PXMUAR</b>	Abutment Replica, Multi-unit
<b>PXMUAR25</b>	Abutment Replica, Multi-unit (pack of 25)

Use at lab to represent the Multi-unit/Implant assembly in the working cast or printed model. Not for use with implant-level impressions. Titanium alloy.

<b>PXMUPA</b>	Protection Analog, Multi-unit (pack of 5)
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Use to protect abutment-coping interface when polishing the metal framework. Titanium alloy.

# Multi-unit Components



Straight Abutment  
Laser marking

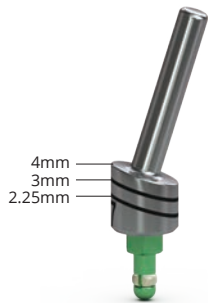
## Multi-unit Try-in Abutments, Straight

straight

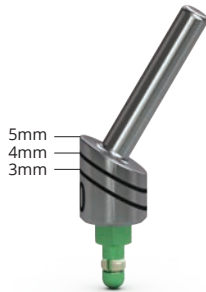
TRYTP3MU	3.0mm platform
TRYPYMU	3.5mm platform
TRYPGMU	4.5mm platform
TRYPBMU	5.7mm platform

Multi-unit Try-in Abutments may be used to measure tissue thickness and verify proper prosthetic seating prior to final abutment seating.

Each Try-in is laser marked from 1mm to 5mm to correspond with the Straight Multi-unit Abutment collar heights and can also be used as a measuring tool for OD Secure, Locator, Locator R-Tx and Ball abutment systems. Try-in is carried to the site by the handle and snaps into the implant.



17° Angled  
Abutment Laser  
marking



30° Angled  
Abutment Laser  
marking

## Multi-unit Try-in Abutments, Angled

17° Angled

30° Angled

TRYTP3MU17	TRYTP3MU30	3.0mm platform
TRYPYMU17	TRYPYMU30	3.5mm platform
TRYPGMU17	TRYPGMU30	4.5mm platform
TRYPBMU17	TRYPBMU30	5.7mm platform

Each Try-in is laser marked to correspond with the Angled Multi-unit Abutment collar heights. Try-in is carried to the site by the handle and snaps into the implant.



Manual



Handpiece



4mm Square

## Multi-unit Hex Adapters for Straight Abutments

PXMUHAM

Manual Multi-unit Hex Adapter

Use to hand tighten straight Multi-unit abutments.

PXMUHAH

Handpiece Multi-unit Hex Adapter

Use to torque straight Multi-unit abutments. Driven by latch-type handpiece. Do not exceed 30Ncm.

PXMUHAR<sup>†</sup>

4mm Square Multi-unit Hex Adapter

Use to torque straight Multi-unit abutments. Driven by 4mm square drive handwrench, ratchet, or torque wrench. Do not exceed 30Ncm.



## Paralleling Pins

144-100	Straight Parallel Pin
144-200	20° Angled Parallel Pin
144-230	30° Angled Parallel Pin

Use parallel pins to assess implant angulation and estimate which angled abutment is appropriate for the restoration.

<sup>†</sup> 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.

# Prosthetic Instrumentation

## Prosthetic Kit



**PROS3000**

**Enhanced Prosthetic Instrumentation Kit**

Includes:

- .050" (1.25mm) Manual Hex Driver
- .050" (1.25mm) Manual Hex Driver, Long
- .050" (1.25mm) Handpiece Hex Driver
- .050" (1.25mm) Handpiece Hex Driver, Long
- .050" (1.25mm) 4mm Square Hex Driver
- .050" (1.25mm) 4mm Square Hex Driver, Long
- Hand Wrench
- 4mm Square Drive Extender
- 4mm Square Multi-unit Hex Adapter
- 12 Try-in Abutment Slots
- 8 Optional Instrument Slots
- Space for Torque Wrenches & AS123 Hand Unit

Multi-unit Try-in Abutments, 300-100 and ATW are sold separately.



**PROS1500**

**Prosthetic Tray, Small**



**300-100†**

**AS123 Hand Unit**

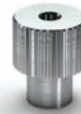
Provides improved vision and easy access to prosthetic components in posterior regions of the mouth. Hand Wrench and Drivers are sold separately.



**300-205†**

**4mm Square Extender**

Includes PEEK C-ring for durable retention in Ratchet.



**300-400†**

**Hand Wrench**

Use on drive end of AS123 Hand Unit. Also fits individual Hex Drivers/Adapters and Bone Taps.

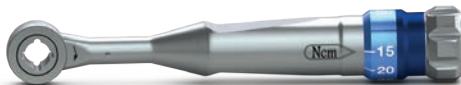
## Torque Wrenches



**BIOTORQ**

**BioHorizons Adjustable Torque Wrench**

Adjustable torque wrench designed to attach to all 4mm drivers from BioHorizons. Supplied with a dual direction mechanism that allows for insertion and removal functions. When the desired torque is reached (a choice of 10Ncm to 30Ncm) the torque wrench snaps to avoid over torquing.



**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 60Ncm). A simple twist of the handle locks in precision-engineered torque values and guarantees accuracy and repeatability.



**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.



**C8521**

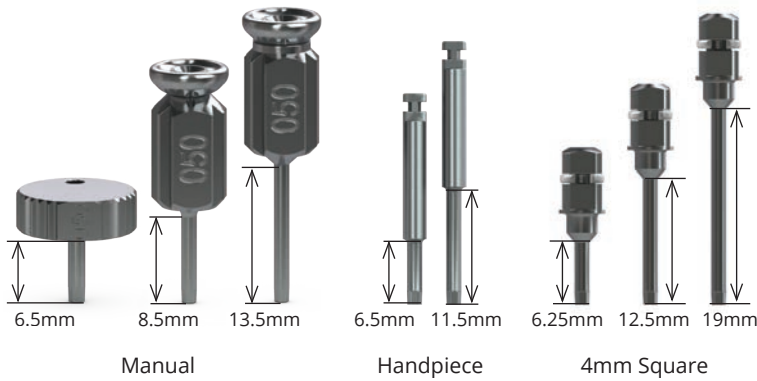
**Elos Replacement Bit, 4mm Square Adapter**

**C8381**

**Elos Replacement Bit, Handpiece**

† 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.

# Prosthetic Instrumentation



## .050" (1.25mm) Hex Drivers

135-251	Manual Hex Driver, Short
135-351	Manual Hex Driver
135-451	Manual Hex Driver, Long
134-350	Handpiece Hex Driver
134-450	Handpiece Hex Driver, Long
300-350 <sup>†</sup>	4mm Square Hex Driver
300-351 <sup>†</sup>	4mm Square Hex Driver, Long
300-354 <sup>†</sup>	4mm Square Hex Driver, Extra Long

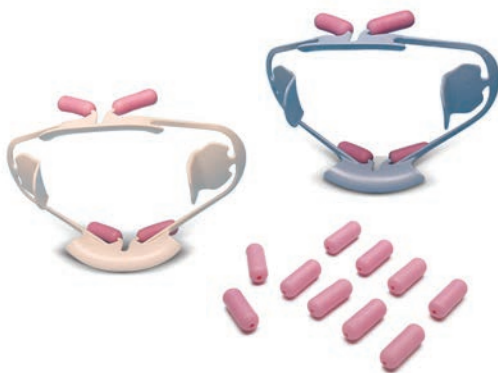
For installation and removal of cover caps, prosthetic and abutment screws.



## Abutment Prepping Handles

TP3AH	3.0mm platform
PYGAH	3.5/4.5mm platform
PBAH	5.7mm platform

Use to comfortably hold abutments for chairside or laboratory preparation. Abutments are secured to the handle with a standard abutment screw (PXAS). Comes in three sizes: 3.0, 3.5/4.5 and 5.7mm.



## Cheek Retractors

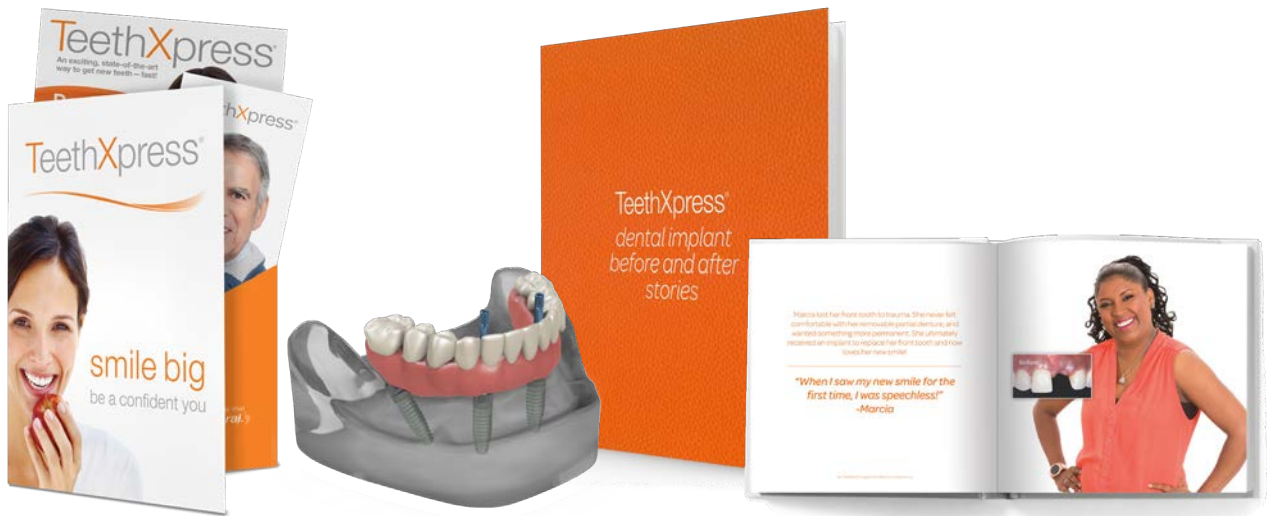
9061381	Comfortview Lip and Cheek Retractor, Universal
9061383	Comfortview Lip and Cheek Retractor, Small
9061382	Comfortview Refill Cushions, Pink (10/pack)

Achieve optimal buccal and gingival access. Anatomic design maximizes visibility and cushioned lip-supports provide greater patient comfort. Ideal for implant or full-arch procedures. Also suitable for use in diagnostic and preventive dental applications, digital impression scanning and intra-oral photography. Comes in three sizes: 3.0, 3.5/4.5 and 5.7mm.

<sup>†</sup> 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.

# Support Material

EP-TXMOD	TeethXpress Patient Education Model (Fixed)
EP-ODSMOD	ODSecure Patient Education Model (Removable)
EP-ODSMOD4	ODSecure Patient Education Model, 4 implants (Removable)
ML0310	TeethXpress Patient Education Brochure
ML0310es	TeethXpress Patient Education Brochure Spanish Version
ML0331	TeethXpress Patient Education Brochure - Marc
ML0332	TeethXpress Patient Education Brochure - Millie
ML0315	TeethXpress Patient Education Magazine
ML0329	Solutions to Replace Missing Teeth - Patient Education Chart (pack of 25)
ML0311	TeethXpress Post-Op Care Folder
SPMP21201	TeethXpress Before and After Photo Album





**VULCAN**  
CUSTOM DENTAL

## Custom Full-Arch Titanium Bars for BioHorizons Implant Systems

Vulcan Custom Dental is an advanced custom bar milling center offering the following benefits:

- Authentic connection for precision fit
- Titanium alloy (Ti6Al4V) milled framework for superior strength
- Quick turn-around times
- FDA clearance








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# Ordering & Warranty Information

Territory Manager: \_\_\_\_\_

cell 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.<sup>1</sup>

**(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](http://store.biohorizons.com).

1) Heat production by 3 implant drill systems after repeated drilling and sterilization. Chacon GE, Bower DL, Larsen PE, McGlumphy EA, Beck FM. *J Oral Maxillofac Surg.*

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# Distributors

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