Beginning with the planning and surgical phase, the MCENTER makes the process simple and affordable. First, the doctor submits digital data, either in the form of a digital impression or an OPG. The doctor does not purchase the MGUIDE software. With the MGUIDE system, you pay for each stent on a package basis (a multi-case package cannot be purchased). The MIS MCENTER offers custom solutions for both the surgical and restorative aspects of implant dentistry. The MGUIDE and CAD/CAM 360 can take you and the patient from edentulous to temporaries and abutments in a few easy steps. The software in accordance with the patient’s anatomy and the desired outcome. A screen-sharing appointment is then scheduled with the doctor to review the plan and approve the case. During the screen-sharing appointment, each implant is evaluated and the clinician can have the position of the implant altered. Once the surgical plan is approved, a customized surgical stent is designed and manufactured using the latest 3-D printing technology. The surgical stent is packaged with the appropriate implants and usually shipped two days after final approval.

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DENTIUM provides **PREDICTABILITY** based on **EVIDENCE**.

**10 YEARS HISTORY** of Consistent Implant Design with S.L.A. Surface
(Sandblasted with Large grit and Acid etched) Excellent Bone Preservation

**EFFICIENCY through SIMPLICITY**
Single abutment connection is used for all implant diameters (**IMPLANTiUM** & **SuperLine**). One abutment screw fits all abutments and fixture platforms.
Collagen membrane a great fit for pre-implant grafting procedures

By Salvin Dental Staff

The Renovix® Guided Healing Collagen Membrane from Salvin Dental is getting excellent reviews from doctors using it for pre-implant grafting procedures, including socket preservation, ridge augmentation and sinus lift.

It combines the ability to drape and conform to the specific anatomy of a grafted defect while maintaining structural integrity and elasticity. This combination of ideal handling characteristics helps to make grafting procedures easier and more predictable.

When it comes to selecting the perfect membrane for guided bone and tissue regeneration, there are many choices. However, most clinicians are still looking for the ideal barrier that combines the best handling and performance characteristics.

Some collagen membranes remain stiff, even after being hydrated, making it difficult to place over a ridge and conform to the shape of the defect. Other membranes have no memory and resemble wet tissue paper, making it extremely difficult to manipulate during surgery.

Renovix was originally created for use in repairing pediatric cardiac defects. Cardiac surgeons needed a resorbable membrane to protect the surgical site without migration and have it cross-linked in a way that significantly reduced the chance of an inflammatory response.

Based on these specific requests, the material used for Renovix was developed.

Renovix is fabricated from Type I porcine collagen, known to be one of the purest forms of collagen available. It is cross-linked with polysaccharide, a naturally occurring sugar with excellent biocompatibility.

The combined performance and handling characteristics of this membrane, along with specific requests from many implant surgeons, encouraged Salvin Dental to introduce Renovix for guided bone regeneration procedures.

Case reports and clinical documentation are an important part of the decision process when determining how regenerative products will perform. Steve Wallace, DDS, MHS, from Wilmington, N.C., has used Renovix in more than 25 cases as a guided regeneration barrier after extraction and grafting of maxillary first and second molars in preparation for implant placement.

Wallace made the following statement detailing his clinical experience with Renovix: “Primary flap closure over maxillary molar extraction sites is always difficult to achieve. I have been using Renovix as my barrier over these grafted sites to exclude soft-tissue ingrowth. I have seen that Renovix remains intact up to 13 weeks and consistently promotes soft-tissue closure over it with minimal inflammation.”

When it is first removed from its sterile packaging, Renovix is transparent and fairly rigid. Once hydrated, Renovix becomes opaque, making it easy to identify when brought into the surgical field, and it is very easy to manipulate. Doctors have said they get their best results when trimming it after it has been hydrated.

Renovix is very thin, yet it has remarkable tensile strength. This characteristic provides several clinical advantages.

First and foremost, it can easily be tacked or sutured to the surgical site if needed. Next, it can be tacked into small tunnel incisions using a micro periosseal elevator without concern that the instrument will easily puncture through the membrane.

Finally, the fact that Renovix is thin and resilient enables the clinician to elevate smaller flaps, leaving more of the periosteum and blood supply undisturbed for faster healing and less patient discomfort.

James Woodyard, DMD, MS, from Newburgh, Ind., made the following statement regarding his experience with Renovix: “The thinness and excellent tensile strength of Renovix allow me to create small tunnel incisions and tuck it under the tissue without tearing the membrane. With thicker membranes that I used in the past, I had to create large, full-thickness flaps, and many of the other thin membranes had a tendency to tear when I tried to tuck them.

“When I decrease the size of the flap elevated and exposure of bone, I decrease postoperative swelling, pain, bone loss and discomfort for the patient. The less invasive I can be, the less complications I have. I am extremely pleased with the results that I have seen when using Renovix.”

“Renovix is available in three sizes and is individually packaged sterile for immediate use.

Many doctors like the 15-mm-by-25-mm size because it will typically fully cover a grafted extraction socket from the buccal to the opposing lingual plate, maintaining full coverage over the ridge.

This unique size reduces waste and saves money by often eliminating the need to select the next larger size.

Reference available upon request.

Implant Direct offers new InterActive system

By Implant Direct Staff

With the introduction of the InterActive Implant System, Implant Direct’s portfolio of implant solutions featuring simply smarter design and industry compatibility has expanded to include a 12-degree conical connection that is compatible with NobelActive®.

This new system with four implant diameters (3.2, 3.7, 4.3, 5.0 mm), six lengths (6, 8, 10, 11.5, 13 and 16 mm) and a range of prosthetic options offers several design advantages to simplify both surgical and restorative procedures.

Here at the AIAID

For more information on the InterActive Implant System, stop by the Implant Direct booth, No. 407.

The InterActive implant design incorporates several features, including flat-based buttress threads.

A combination of micro-grooves and micro-threads improves tissue attachment and increases stability, which aids in reducing crestal stress.

Three long cutting grooves facilitate self-tapping insertion while the rounded apex reduces risk of sinus perforation.

Included in the all-in-one packaging is a cover screw, 2 mm extended healing collar, final abutment fixation screw and a fixture-mount.

Reference available upon request.

Elastic handling of the Renovix membrane. (Photos/Dr. Steve Wallace)

Renovix membrane conforms to the surgical site when hydrated.

Renovix is available in three sizes. (Photo/Provided by Salvin Dental)
OSADA Enac Model: OE-F15

Long awaited Bone Cutting Specialist with Extended Boosting Power

OSADA Enac
Model: OE-F15
Piezoelectric
Ultrasonic System

SE15 Handpiece
With ST 106
Serrated
Cutting Tip

Serrated cutting tips

Scrapers & Separators

Piezo powered ultrasonic scalpels

Diamond ball tips

Sword tips

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Come visit our booth & see the whole selection of our innovative products
American Academy of Implant Dentistry, Nov. 6-8
Booth #409
Fixed hybrid dentures have been used to successfully restore fully edentulous patients for decades. Their durability, however, leaves room for improvement.

The BruxZir® Full-Arch Implant Prosthesis (Glidewell Laboratories; Newport Beach, Calif.) provides a restoration that is more durable in the long term, while sacrificing nothing when it comes to esthetics.

Case report
The patient is a 58-year-old male with no contraindications for implant treatment. The patient had a total of 11 BioHorizons® Internal Hex implants (BioHorizons; Birmingham, Ala.) placed, including six in the maxilla and five in the mandible (Figs. 1, 2). The implants integrated for more than six months, and the patient presented for restoration of his edentulous arches.

First, preliminary impressions of the implants were made. After removing the healing abutments, closed-tray impression copings were seated. The impressions were made in stock plastic trays, and the impression copings were placed back into the impressions before the case was sent off to the laboratory.

The laboratory poured casts from the initial impressions and fabricated bite blocks and occlusal rims for the centric jaw relationship (CJR) records. Each bite block contained two screw-retained temporary cylinders that allowed the wax rims to be screwed down, producing a very accurate CJR. The contoured rims were returned to the laboratory with the initial casts.

Upon receiving the wax rims and jaw relations records, the laboratory and dentist decided the patient required four multi-unit abutments in the anterior maxilla to ensure the screw access openings were within the confines of the planned prosthesis. At the next appointment, the patient’s healing abutments were removed, and the multi-unit abutments were transferred to the patient’s mouth and torqued into place. Later, wax setups were tried in and evaluated for proper esthetics, phonetics, contours, occlusion and tooth arrangement.

The implant verification jig (IVJ), which precisely captures the depth and angulation of the implants in the final impression, was seated and tightened into place. After bonding the individual sections of the IVJ together, a final impression was made.

The lab produced a fixed provisional appliance using precise CAD/CAM technology. The provisional implant prosthesis afforded the patient a trial period to evaluate the proposed restoration for esthetics and function (Fig. 3).

The final restoration was fabricated using the CAD design that was confirmed during the provisional trial period. The final prostheses were delivered without complication, exhibiting excellent fit, occlusion and esthetics (Fig. 4). The patient was exceptionally pleased with the function offered by this fixed restoration, which he should be able to enjoy for a great number of years given the extraordinary durability of BruxZir Solid Zirconia.
FROM PERFECT PLANNING TO PRECISE PLACEMENT
MAKE IT SIMPLE

MIS is proud to offer the MGUIDE, our new virtual implant planning and guided implantology set, with no need for guidance keys, for a simple, accurate and safe guided procedure. The MGUIDE system features user-friendly software to ensure accurate planning and an open design template allowing a greater field-of-view and irrigation for easier implant placement. Learn more about the MGUIDE and MIS at:
www.missimpleimplants.com

To learn more about our innovative products and special AAID Annual Meeting offer, please visit us at:
BOOTH #401
The new i-CAT FLX MV: Fit for a wide range of dental practices

By KaVo Kerr Group Staff

There’s a new 3-D cone-beam system in booth No. 708 in the exhibit hall here at the AAID. i-CAT, a brand member of the KaVo Kerr Group, is proud to announce the launch of the newest member of the award-winning family of cone-beam 3-D imaging products: the i-CAT MV, for general dentists and specialists who wish to place and restore implants or perform oral surgery, periodontics, prosthodontics and endodontics with greater confidence and lower radiation.

The innovative features of the i-CAT MV will deliver greater clarity, ease-of-use and control for those clinicians who need a medium field-of-view and a range of image sizes to fit a variety of needs.

From scan to plan to treat, i-CAT MV offers these features to provide information and control:

- Medium field of view captures both arches and the temporomandibular joints in 3-D.
- Visual iQuity advanced image technology provides i-CAT’s clearest 3-D and 2-D images.
- Lower dose scan options, including QuickScan*, are available.
- Easy-to-use SmartScan STUDIO™ touchscreen allows for selection of the appropriate scan for each patient.
- i-PAN lets you capture traditional 2-D panoramic images.
- Integration with CAD/CAM programs is offered.
- i-CAT MV offers a balance between image quality and ALARA (as low as reasonably achievable) radiation dose for clinical control and optimized patient care. High-resolution, volumetric images provide complete 3-D views for a thorough analysis of bone structure and tooth orientation. QuickScan+ settings allow for full-dentition 3-D imaging at a dose comparable to a 2-D panoramic image.

Powerful, clinically driven, comprehensive planning tools streamline workflow and help you move from scanning to consultation and treatment planning in less than one minute.

i-CAT FLX MV features the Tx STUDIO™ 5.3, the latest version of exclusive treatment planning software with enhanced tools for implants, oral surgery, endodontic procedures, airway analysis and TMJ.

Detailed 3-D images combined with powerful imaging software aid in giving you the confidence to accurately plan an entire implant treatment, from surgical placement of the implant and abutment all the way to final restoration.

Enhance practice efficiency with immediate access to integrated treatment tools for implant planning as well as CAD/CAM applications, such as digital models and surgical guides. 3-D scans from i-CAT allow practitioners to perform more advanced procedures with greater predictability – from implants to surgical guides and restorations. i-CAT’s open software architecture seamlessly integrates with orthodontic systems, CAD/CAM programs, imaging software and practice management programs, expanding your practice’s capabilities.

* Image quality is proportional to radiation dose.