

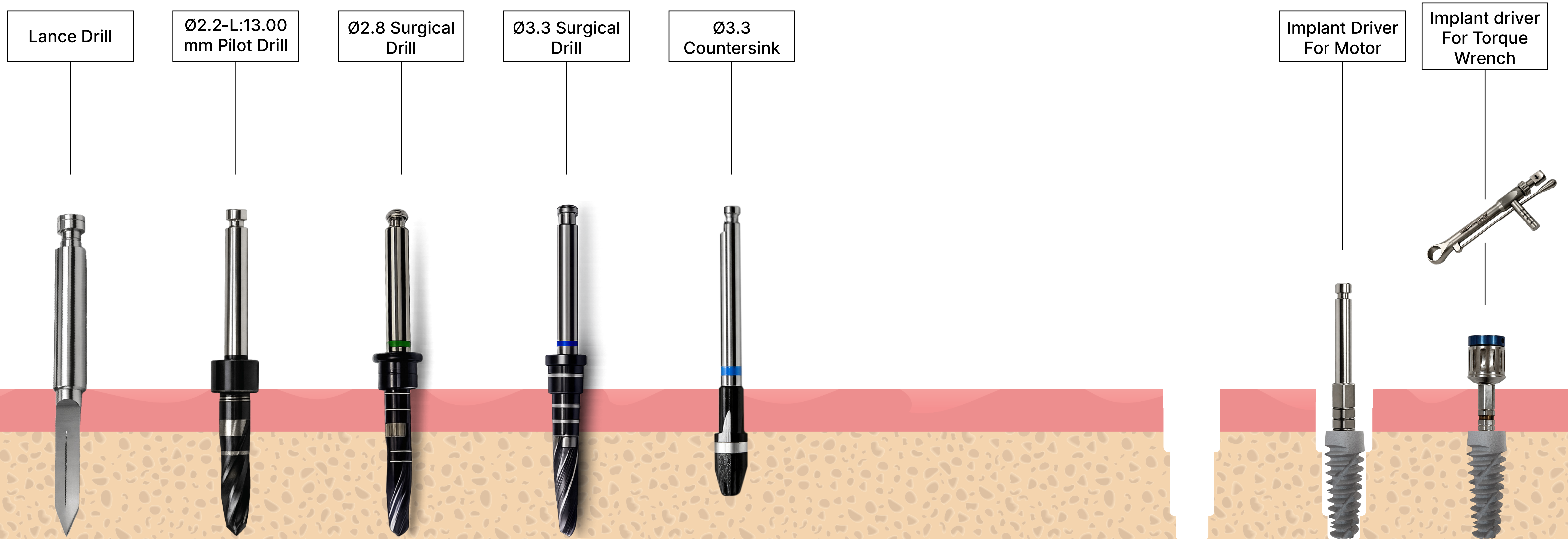
## Ø3.3 MM DRILLING PROTOCOL - DENSE BONE TYPE-I

This protocol is intended for the placement of Ø3.3 mm implants in dense bone (Type I). Osteotomy is initiated with a lance drill and continued using a stepwise drilling sequence with Ø2.2 mm pilot drill followed by Ø2.8, and Ø3.3 mm surgical drills to the planned depth.

For Ø3.3 mm implants, the implant neck has been designed with a straight and micro-threaded configuration in order to enhance mechanical strength and reduce the risk of neck fracture.

To minimize the risk of crestal bone resorption and to reduce stress concentration in the surrounding bone, it is recommended to place the implants 1.0 mm subcrestally. In dense bone conditions, the use of a countersink is advised to facilitate proper implant seating and to prevent excessive compressive forces at the crestal bone level.

**\*All drills are designed for 1.0 mm subcrestal implant placement.**



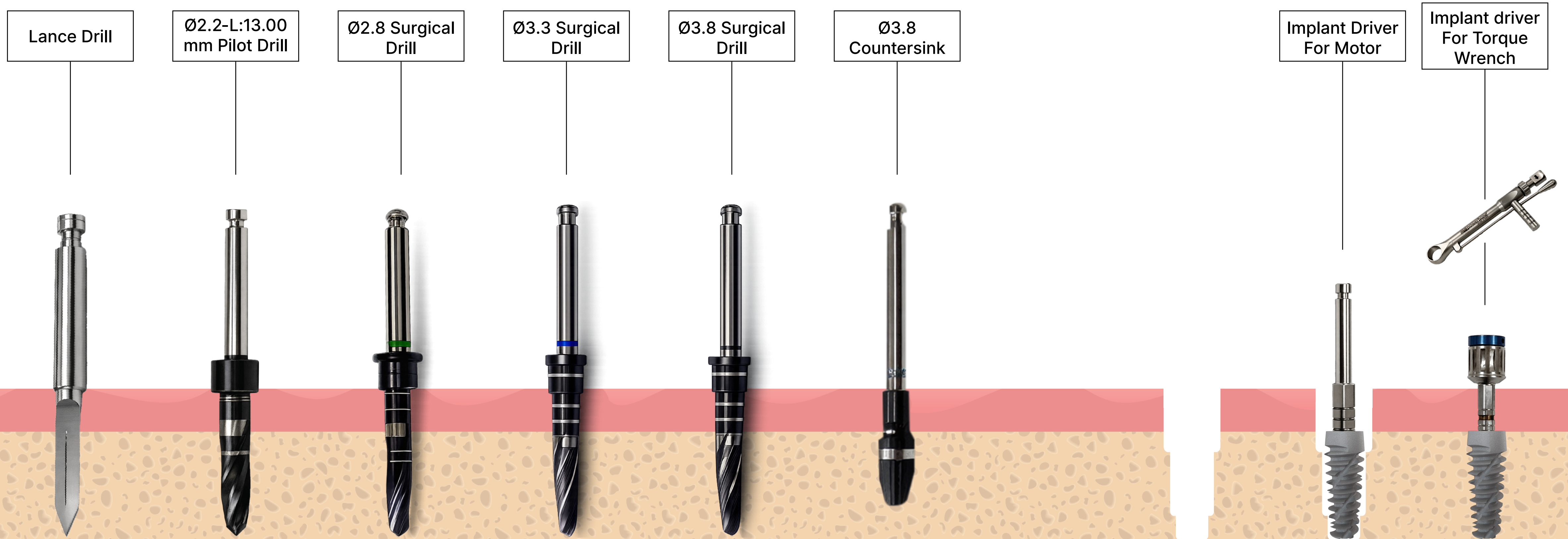
## Ø3.8 MM DRILLING PROTOCOL - DENSE BONE TYPE-I

This protocol is intended for the placement of Ø3.8 mm implants in dense bone (Type I). Osteotomy is initiated with a lance drill and continued using a stepwise drilling sequence with Ø2.2 mm pilot drill followed by Ø2.8, Ø3.3, and Ø3.8 mm surgical drills to the planned depth.

For Ø3.8 mm implants, the implant neck has been designed with a straight and micro-threaded configuration in order to enhance mechanical strength and reduce the risk of neck fracture.

To minimize the risk of crestal bone resorption and to reduce stress concentration in the surrounding bone, it is recommended to place the implants 1.0 mm subcrestally. In dense bone conditions, the use of a countersink is advised to facilitate proper implant seating and to prevent excessive compressive forces at the crestal bone level.

**\*All drills are designed for 1.0 mm subcrestal implant placement.**

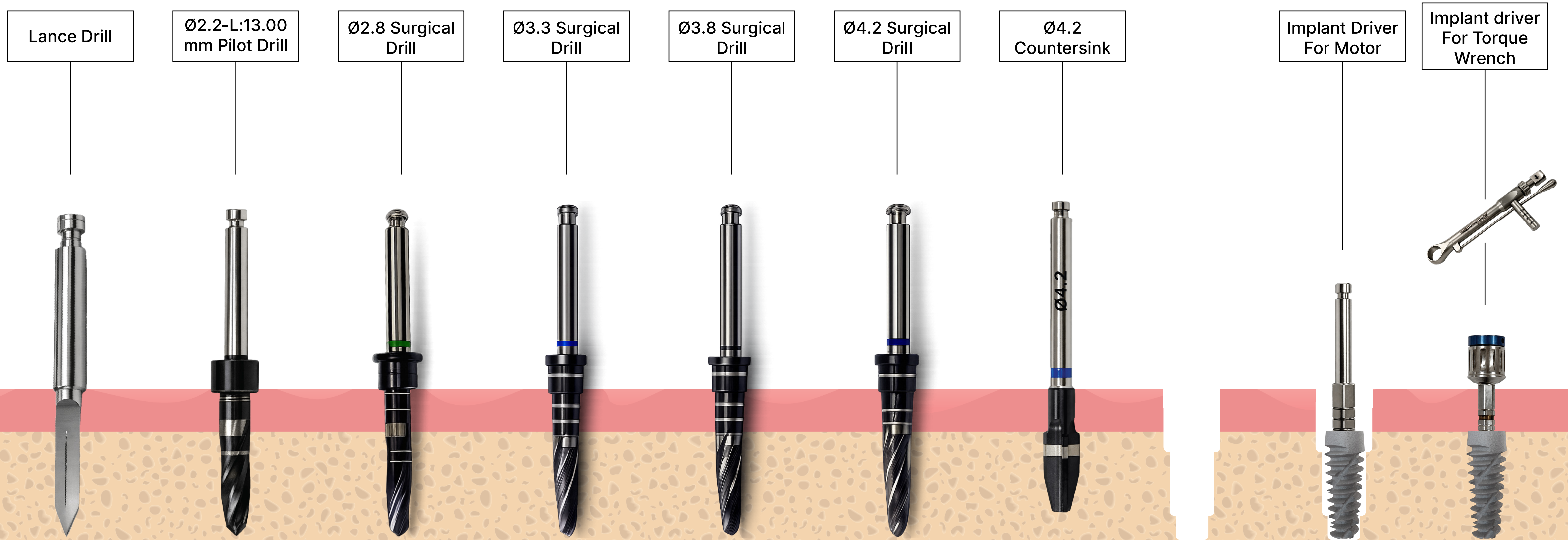


## Ø4.2 MM DRILLING PROTOCOL - DENSE BONE TYPE-I

This protocol is intended for the placement of Ø4.2 mm implants in dense bone (Type I). Osteotomy is initiated with a lance drill and continued using a stepwise drilling sequence with Ø2.2 mm pilot drill followed by Ø2.8, Ø3.3, Ø3.8, and Ø4.2 mm surgical drills to the planned depth.

In dense bone, the use of a countersink is recommended to reduce excessive compression. Adequate external irrigation must be applied throughout the procedure. Implant insertion should be started with a motor-driven implant driver and completed using a manual torque wrench.

**\*All drills are designed for 1.0 mm subcrestal implant placement.**

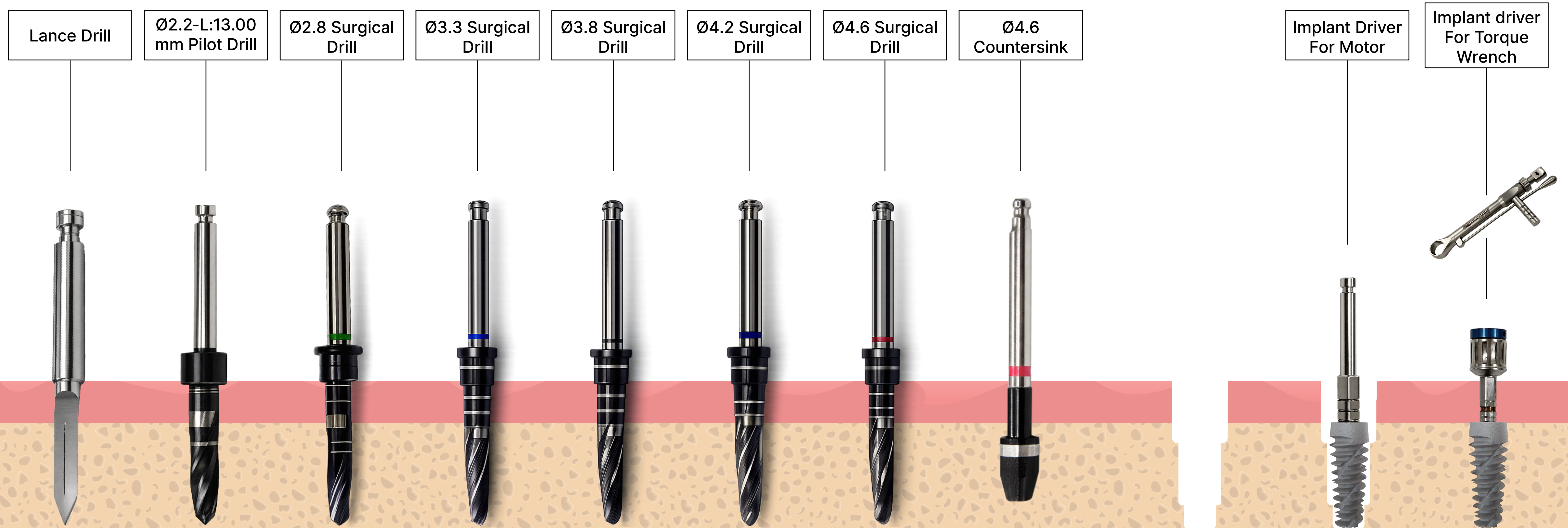


## Ø4.6 MM DRILLING PROTOCOL - DENSE BONE TYPE-I

This protocol is intended for the placement of Ø4.6 mm implants in dense bone (Type I). Osteotomy is initiated with a lance drill and continued using a stepwise drilling sequence with Ø2.2 mm pilot drill followed by Ø2.8, Ø3.3, Ø3.8, Ø4.2 and Ø4.6 mm surgical drills to the planned depth.

In dense bone, the use of a countersink is recommended to reduce excessive compression. Adequate external irrigation must be applied throughout the procedure. Implant insertion should be started with a motor-driven implant driver and completed using a manual torque wrench.

**\*All drills are designed for 1.0 mm subcrestal implant placement.**



## Ø5.0 MM DRILLING PROTOCOL - DENSE BONE TYPE-I

This protocol is intended for the placement of Ø5.0 mm implants in dense bone (Type I). Osteotomy is initiated with a lance drill and continued using a stepwise drilling sequence with Ø2.2 mm pilot drill followed by Ø2.8, Ø3.3, Ø3.8, Ø4.2, Ø4.6 and Ø5.0 mm surgical drills to the planned depth.

In dense bone, the use of a countersink is recommended to reduce excessive compression. Adequate external irrigation must be applied throughout the procedure. Implant insertion should be started with a motor-driven implant driver and completed using a manual torque wrench.

**\*All drills are designed for 1.0 mm subcrestal implant placement.**

