Patent™ Dental Implant System

User Guide for Patent™ Standard Implants

Patent

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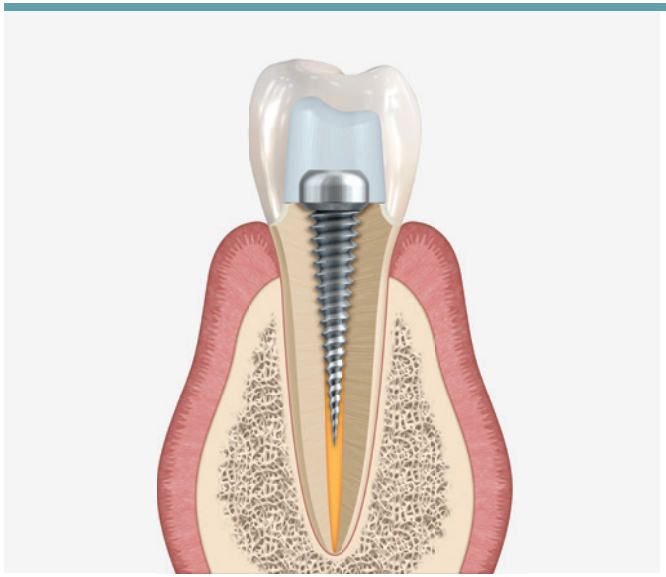
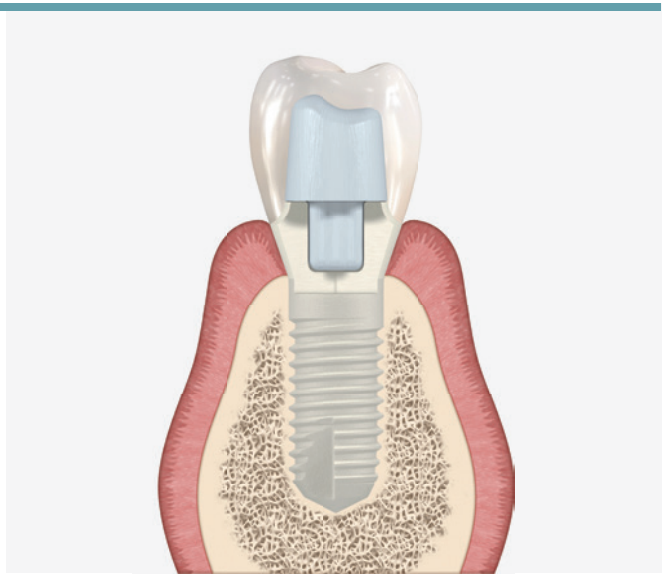
Fixed restorations

Patent™ Standard One-Piece Implant

Patent™ Standard Two-Piece Implant with its Patent™ Glass Fiber Post



Natural tooth with post and core

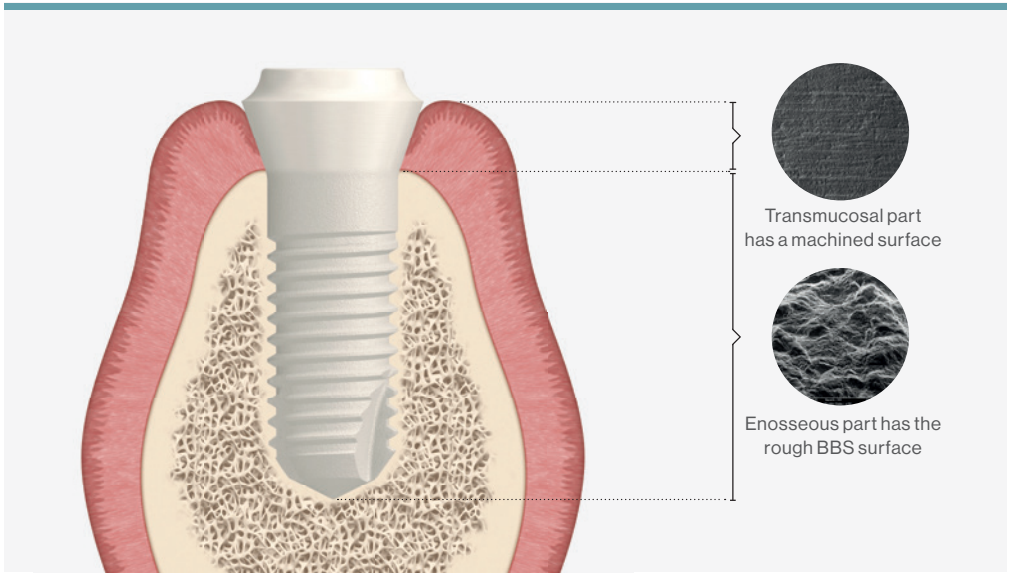


Patent™ Standard Two-Piece Implant

The Patent™ Dental Implant System is composed of transgingival implants and can be used in edentulous or partially edentulous patients. Patent™ Standard Implants are made from Y-TZP zirconia, a biocompatible ceramic, and are available as Patent™ Standard One-Piece Implant, where the abutment is already included or as Patent™ Standard Two-Piece Implant with an integrated abutment, coupled to a post made from a glass fiber reinforced polymer. Both versions are suitable for fixed and removable denture.

Both versions are extremely easy to use. Especially the Patent™ Standard Two-Piece Implant, which works like a conventional restoration on a post. Once the implant is placed and stable, the Patent™ Glass Fiber Post is cemented to the integrated abutment before the restoration is cemented on it.

Patent™ Surface



Patent™ Standard Implants have a bi-textured surface in order to support the corresponding tissues.

The endosseous part is rough to promote osseointegration, while the transgingival part is machined in order to provide a favorable environment for soft-tissues.

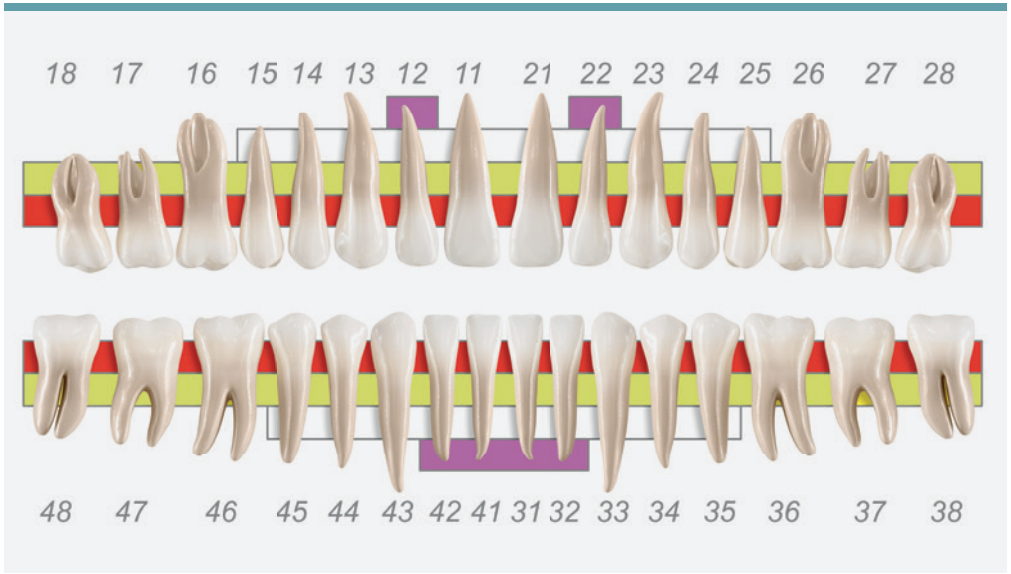
In a pre-clinical study on miniature pigs*, the BBS surface demonstrated a very fast osseointegration. Bone to Implant Contact, BIC was 73.7 % already after 4 weeks of healing. What was also observed was a very tight seal between the transmucosal part and the soft tissue, preventing bacterial migration into the interface.

Patent 3C™ Connection

Patent 3C™ connection has been especially developed for optimal torque transmission. In addition to – its favorable wall thickness, the 3C™ connection allows to have a driving angle co-linear to the driving force, avoiding unwanted high stress concentrations.

* Glauser R, Schupbach P. Early Bone Formation around Immediately Placed Two-piece Tissue-level Zirconia Implants with a Modified Surface. An Experimental Study in the Miniature Pig Mandible. International Journal of Implant Dentistry (2022) 8:37 https://doi.org/10.1186/s40729-022-00437-z

Indications

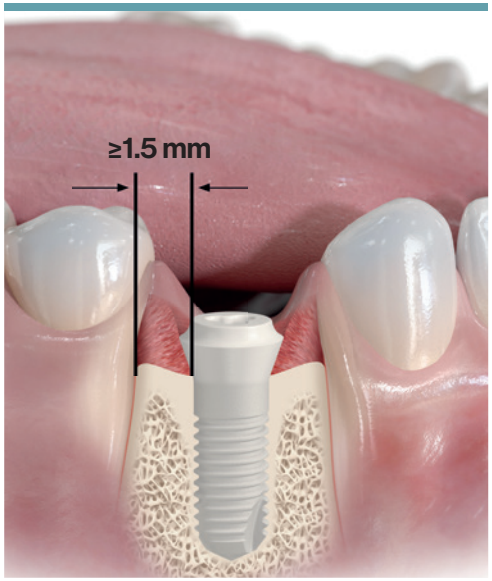


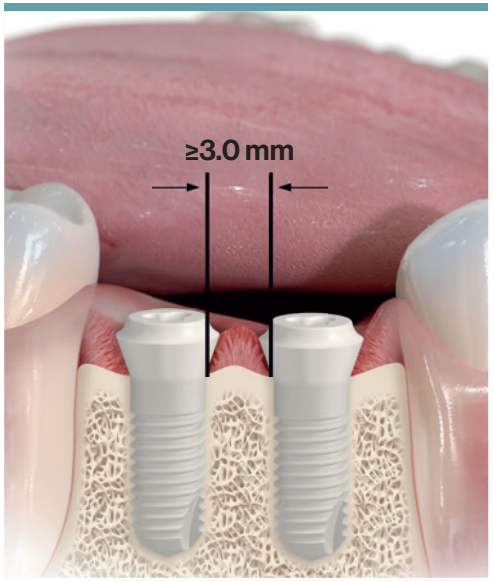
Patent™ Standard Implants are available in four different endosseous diameters: 3.5 mm, 4.1 mm, 4.5 mm and 5.0 mm. A color coding is used to facilitate the identification of the implant diameter.

Contraindications

Pregnancy, bone previously irradiated, diabetes, anticoagulant treatment, haemodynamic problems, teeth-grinding at night, parafunctional habits, poor bone anatomy, heavy smoking habit, uncontrolled periodontitis, malocclusion, TMJ problems, diseases in the oral cavity, insufficient mouth care, insufficient quality or quantity of the bone, retained roots, chronic or acute bone inflammations which have not healed in the position where an implant is to be inserted, localized disease of the gums, any pathologies in the neighboring teeth or allergies or hypersensitivity to chemical ingredients of materials used: Zirconia (Y-TZP). The patient should not have any local or systemic illnesses; he/she should have a normal ability to heal, possess enough healthy bone and practice good oral hygiene.

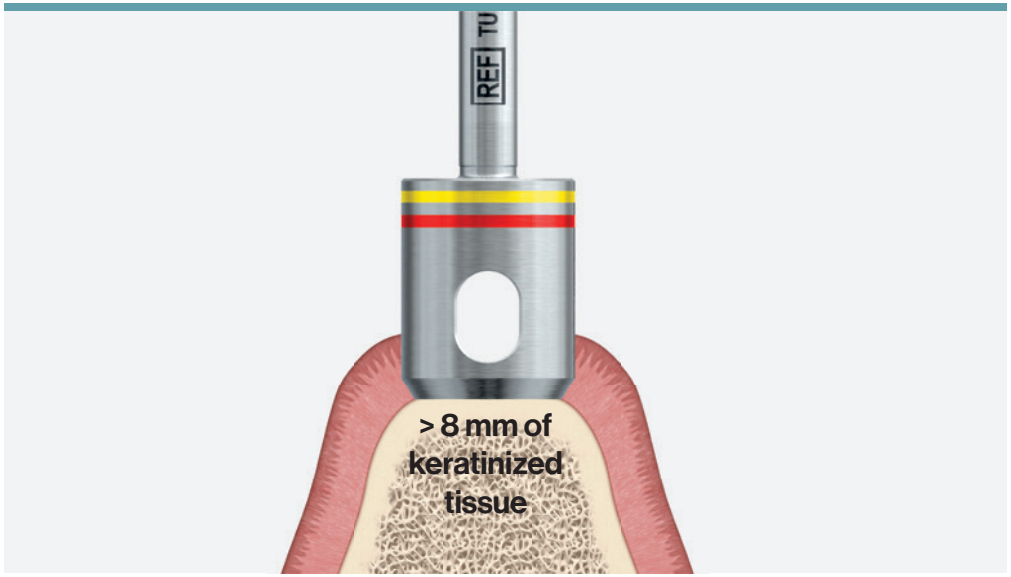
Surgical planning





In order to provide enough blood supply to the bone, there must be a minimum distance of 1.5 mm between existing teeth and an implant and a minimum of 3 mm between two implants. Consider this when the implant diameter is selected. The surgical planning should always be done with the prosthetic end result in mind. For zirconia implants it is important to try to place the implant(s) in the occlusal axis of the planned restoration to minimize the lateral forces on the implant. Doing so will minimize non-axial occlusion which can be caused by extended occlusal cantilevers resulting in unfavorable tensile stress. From an occlusion point of view, it is important to achieve canine guidance in order to relieve the implant of unfavorable load during excursive or lateral movements. It is always the soft tissue that determines the final vertical position of the implant. It is important to place the implant according to the position and alignment of the corresponding crown. In case the patient presents with group function, the lab should ensure to reduce the anatomical cusp height and cusp inclination of the implant supported crown. This will ensure the optimum monoplane occlusal surface for relief during lateral, protrusive, and excursive movements.

Flap/flapless



Implant endosseous diameter			Ø 3.5 mm*	Ø 4.1 mm	Ø 4.5 mm	Ø 5.0 mm
Implant platform diameter			Ø 3.5 mm	Ø 5.2 mm	Ø 6.2 mm	Ø 6.2 mm
Punch diameter	TUGPU.5000	Ø 5 mm	-	OK	-	-
	TUGPU.6000	Ø 6 mm	-	-	OK	OK

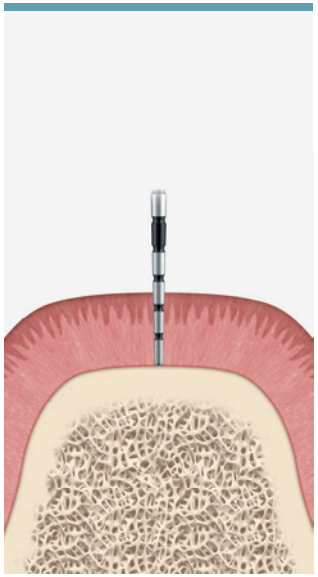
*Punch technique is not recommended for the Ø 3.5 mm implants.

If the clinician determines that the anatomical situation is unclear or if the patient has a very narrow ridge, it is recommended to perform a flap technique as minimally invasive as possible. For a flapless procedure there should be more than 8 mm of attached gingiva.

If, according to the clinician, the anatomical situation is favorable and there is sufficient attached gingiva around the implant site (≥ 1 mm), a flapless procedure using the soft-tissue punch (REF: TUGPU.5000, TUGPU.6000) can be utilized.

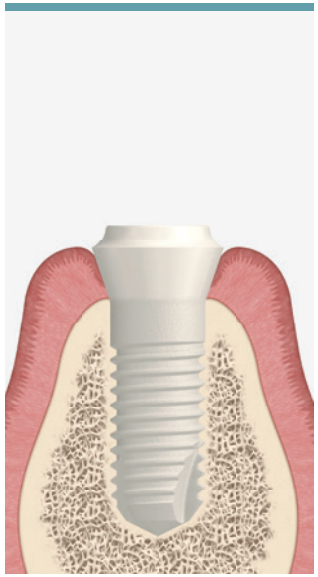
Note! It is recommended to choose a soft tissue punch with a diameter slightly larger than that of the implant planned to be placed.

Preparation



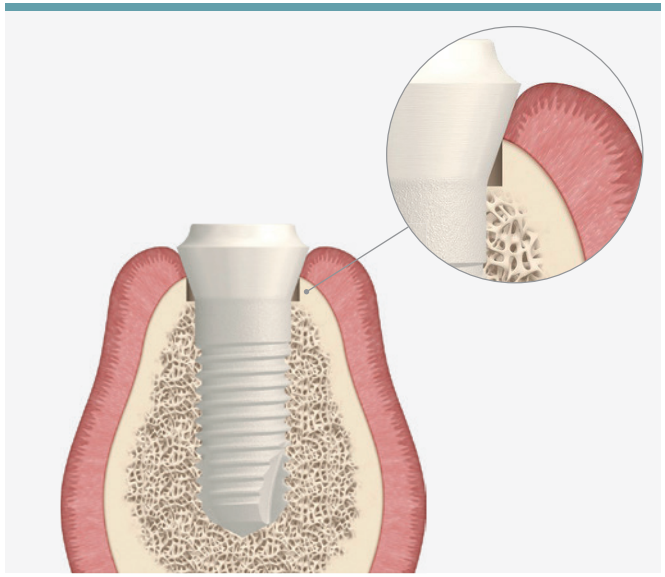
Always measure the soft tissue thickness before raising a flap or using the tissue punch. The soft tissue thickness will determine the surgical protocol.

Normal soft tissue



For a gingival thickness of 2.5 mm, the standard protocol is used.

Thin soft tissue

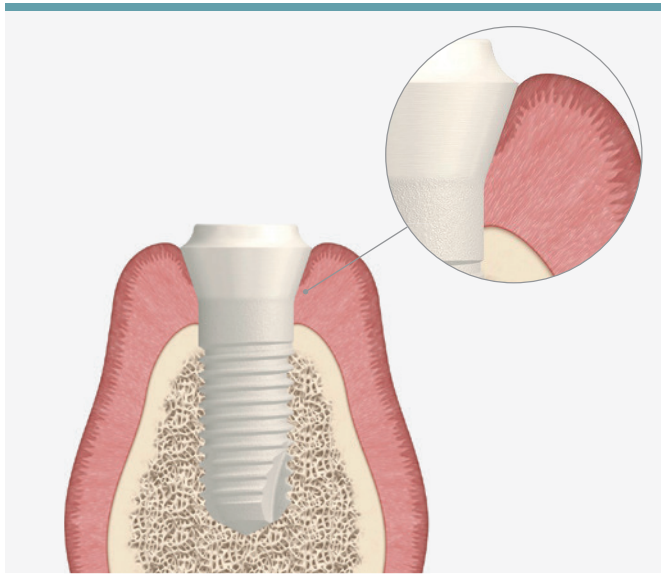


With thin gingiva, the conical part needs to be placed into the bone without causing compression on the cortical bone.

When the gingiva thickness is less than 2.5 mm, the surgical protocol has to be adapted. The implant has to go deeper into the bone. If the anatomy allows, drill 1 mm deeper than the implant length, if not, choose a shorter implant and drill 1 mm deeper than the implant length. To allow the conical part to go into the cortical bone, drill 3 mm with the associated cortical drill and then, 1 mm with the cortical drill of the next size. This will allow the conical part to be placed in the cortical bone without compression.

Note! To torque the transmucosal part into the cortical bone will create high compressive stresses* resulting in bone remodeling and bone loss. If a deep placement is indicated, the cortical bone has to be opened to minimize the compression as described above.

Thick soft tissue



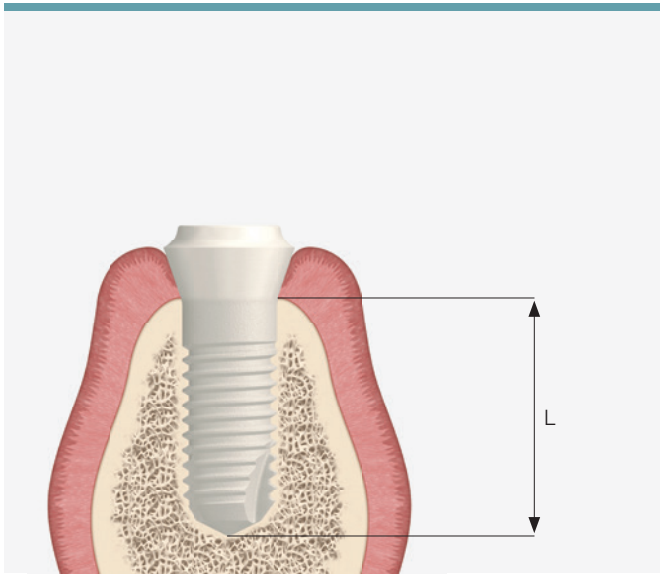
With thick gingiva some of the rough surface is left in the soft tissue to allow an equi-ginigval position of the finxish line.

In the case of thick ginigiva, the finish line should still be kept equi-gingival. Reduce the drill depth or chose a longer implant. Reduce the drill depth accordingly (gingiva thickness – 2.5 mm). Place the the implant with the finish line equi-gingivally.

Note! All threads have to be in the bone.

* L Fiorillo, D Milone, D D'Andrea, D Santonocito, G Risitano, G Cervino and M Cicciù. Finite Element Analysis of Zirconia Dental Implant. Prosthesis 2022, 4, 490–499. https://doi.org/10.3390/prosthesis4030040

Osteotomy

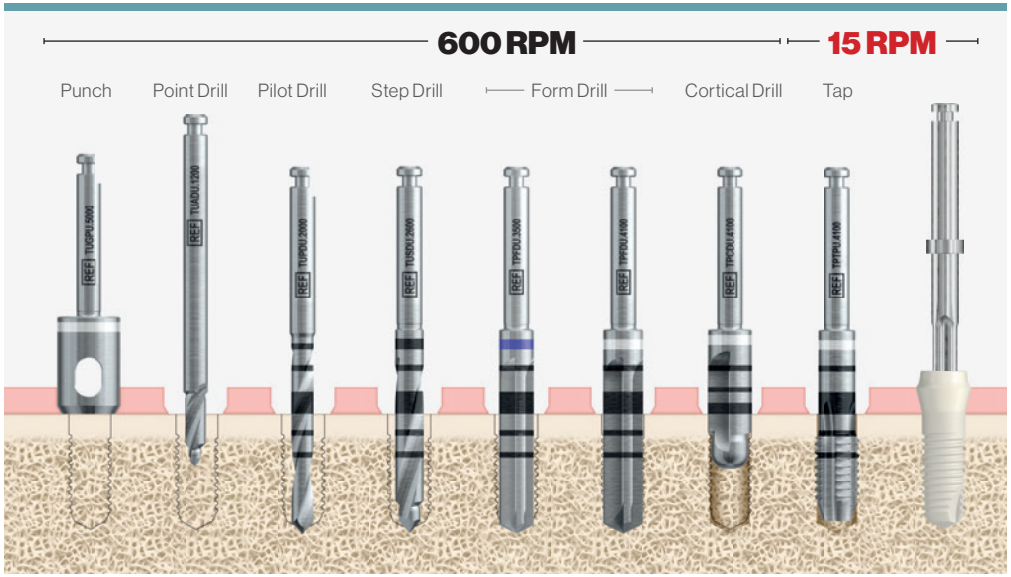


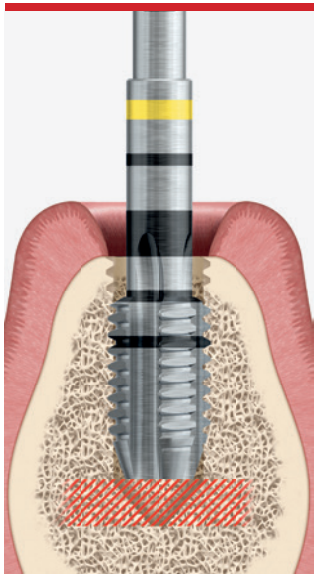
The same surgical protocol applies to all the Patent™ Standard Implants. The length referenced on the implant label (L = 7/9/11/13 mm) refers to the length of the endosseous part of the implant.

Bone quality assessment
Assess the bone quality during the first drilling steps and adapt the surgical protocol accordingly.

Note! For the Patent™ Standard One-Piece Implant it is especially important to set a good direction of insertion in order to allow an optimal restoration.

Drilling sequence





For hard bone, start preparing the osteotomy with the small Ø 1.2 mm **Patent™ Point Drill** (REF: TUADU.1200), drilling for a couple of millimeters. Then, use the Ø 2.0 mm **Patent™ Pilot Drill** (REF: TUPDU.2000) and drill to the desired depth. Use the **Direction indicator** (REF: TUDIU.0000) to assess the axis of the osteotomy. If the direction is convenient, continue to drill with the Ø 2.6 mm **Patent™ Step drill** (REF: TUSDU.2600). Continue with the **Patent™ Form Drills**.

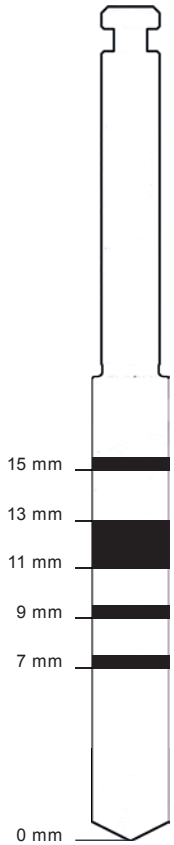
In dense bone, the color of the last drill must correspond to the color of the related implant. For example: for a Ø 4.1 mm implant, the last drill is the white Ø 4.1 mm **Patent™ Form Drill** (REF: TPFDU.4100), followed by the white Ø 4.1 mm **Patent™ Cortical Drill** (REF: TPCDU.4100) and the white Ø 4.1 mm **Patent™ Tap** (REF: TPTPU.4100). Use the **Patent™ Tap at 15 RPM** while cooling with sterile saline solution.

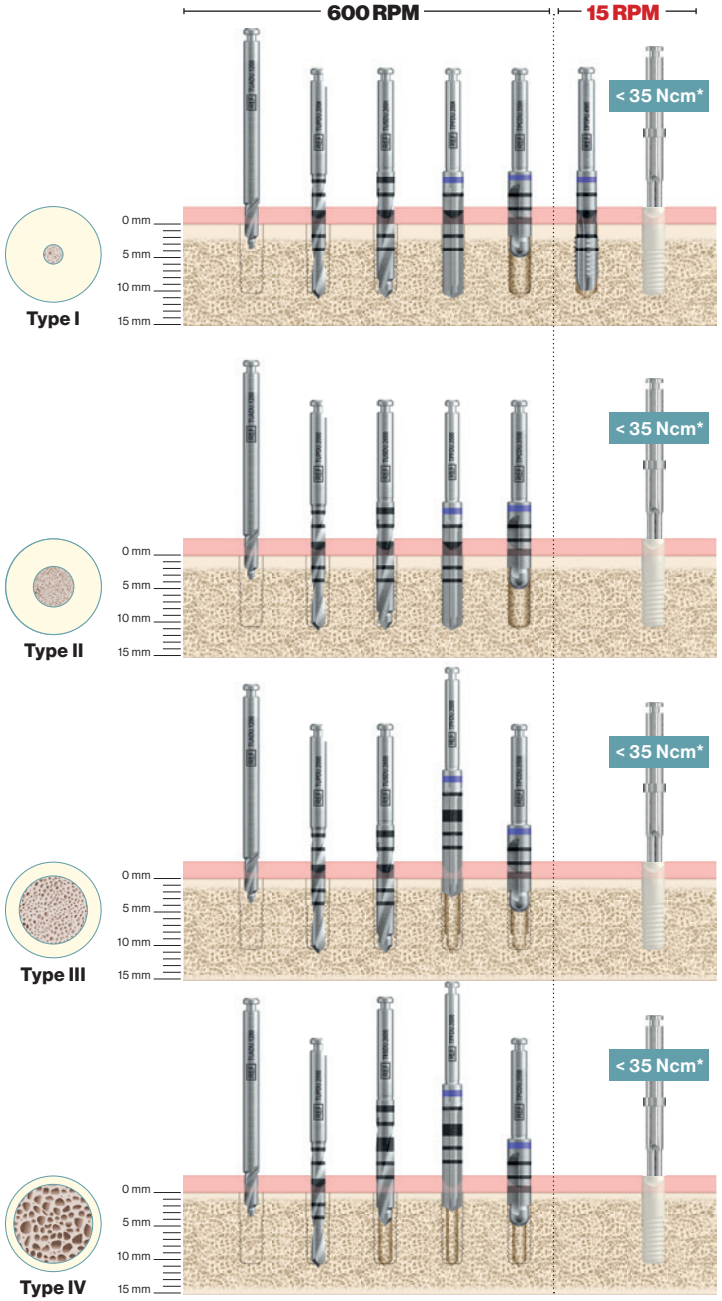
Note! The Patent™ tap is shorter than the depth of the osteotomy to offer a safety zone at the apex. Follow the depth markings and stop at desired length. If the tap is going to the bottom of the osteotomy there is a risk to damage the threads and jeopardize implant stability.

Drilling protocols (3.5 mm)

Example 3.5 x 11 mm implant in different bone qualities

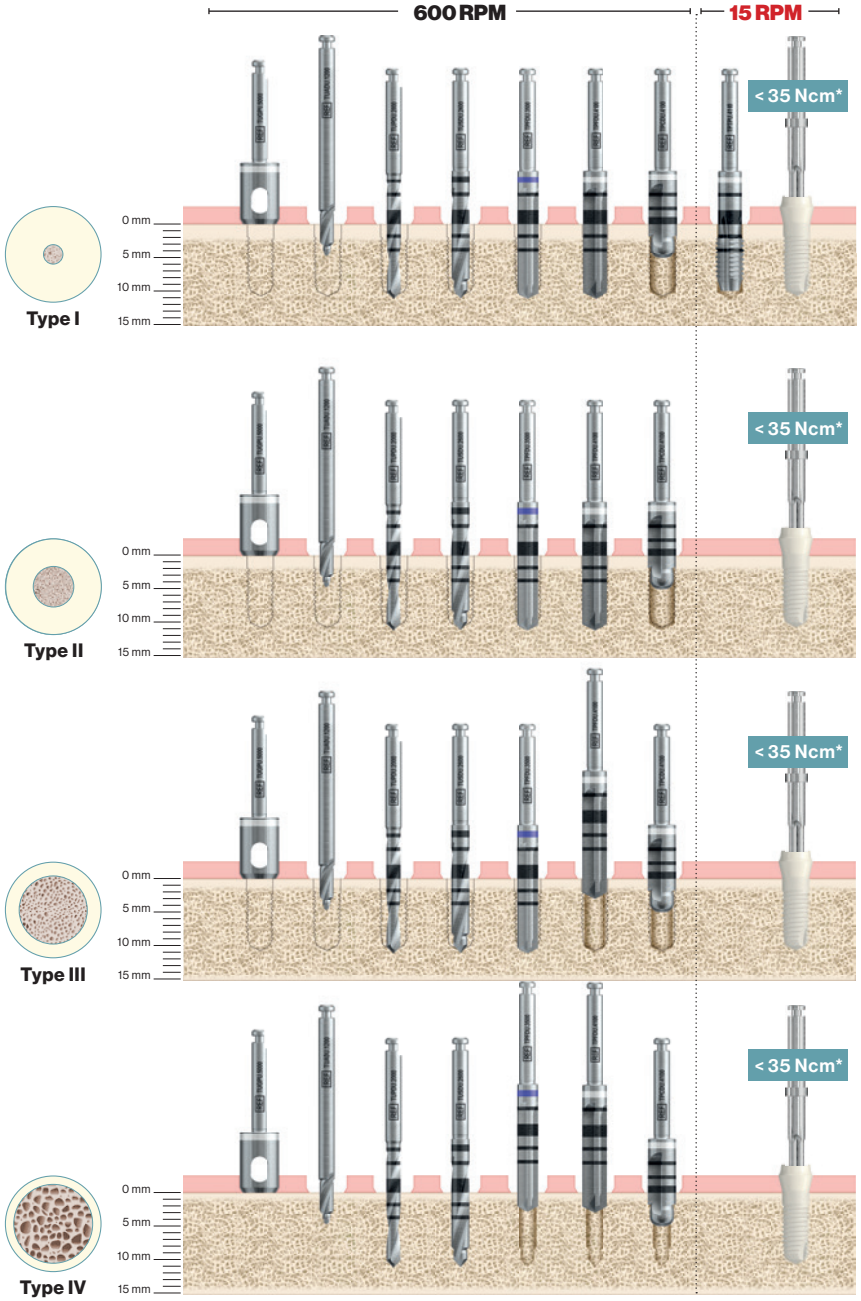
***Note!** Never exceed **35 Ncm** insertion torque, never force if implant does not go deeper -> always immediately re-prepare





Drilling protocols (4.1 mm)

Example 4.1 x 11 mm implant in different bone qualities

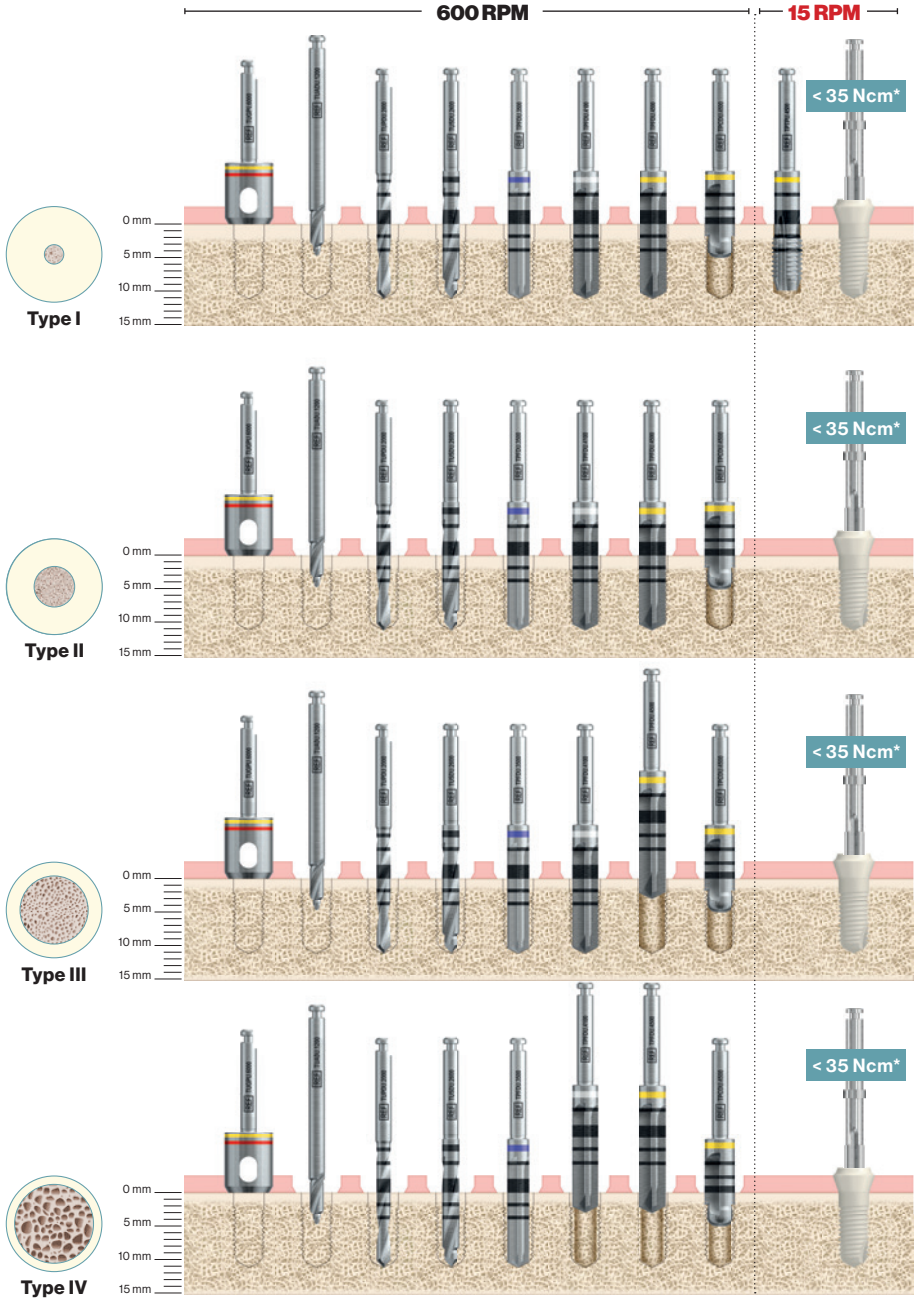


Drilling protocols

Patent

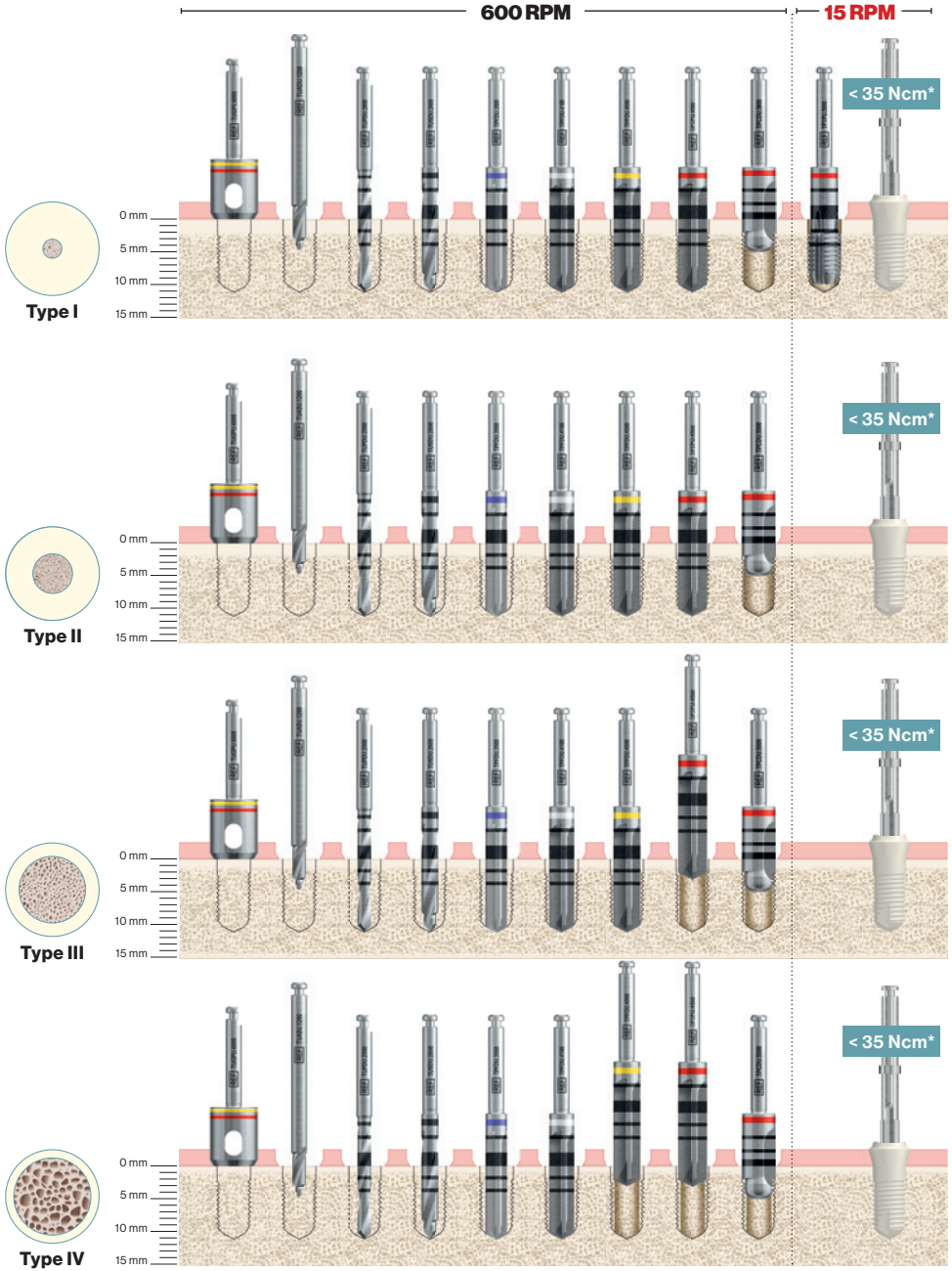
Drilling protocols (4.5 mm)

Example 4.5 x 11 mm implant in different bone qualities



Drilling protocols (5.0 mm)

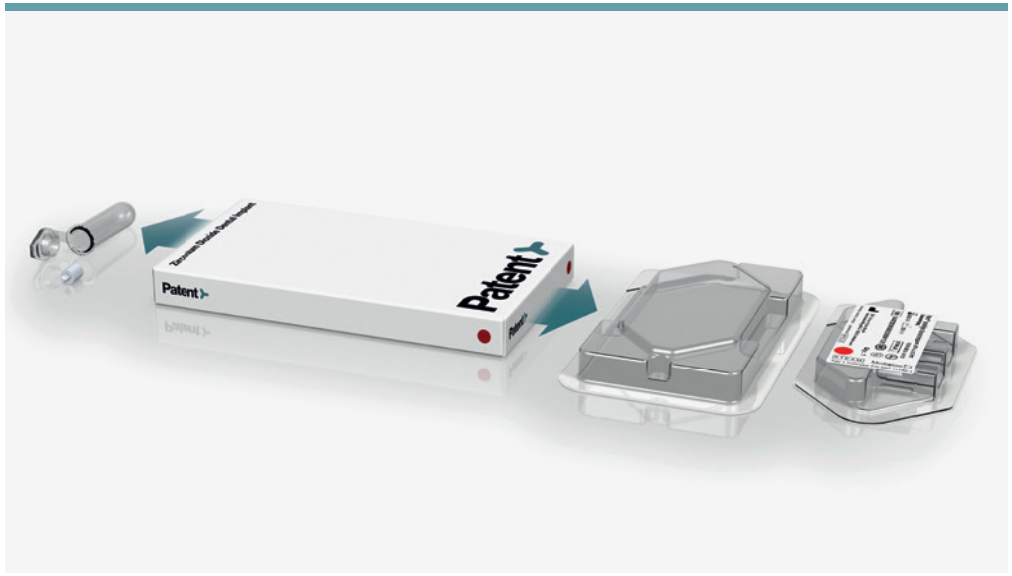
Example 5.0 x 11 mm implant in different bone qualities



Number of uses

All Implant drills are designed for multiple use (maximum speed 600 RPM, intermittent drilling with ample cooling). However, they must be sharp to allow for proper performance. Blunt drills will overheat the bone and may lead to bone necrosis.
It is recommended to use the drills approximately 10–15 times, depending on bone quality and the number of sterilization cycles.

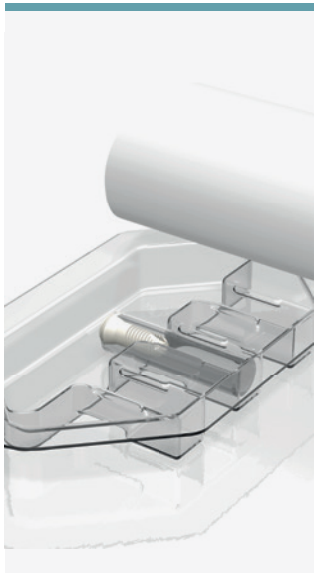
Implant packaging and labelling



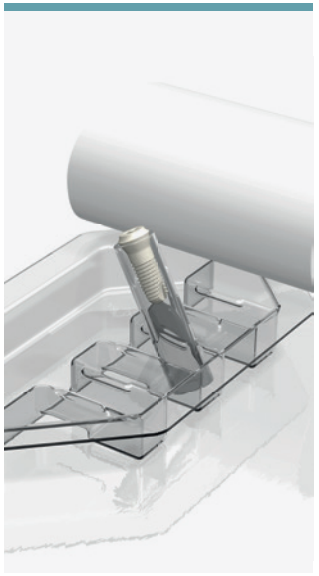
Patent™ Standard Implants outer packaging. The different implant diameters have a different color code. In the end with the Patent™ logo you will find the implant in a double barrier sterile package. In the other end you will find the co-packed non-sterile Patent™ Glass Fiber Post.

Patent™ Standard Implants are packed individually and are provided sterile for single use.

For Patent™ Standard Two-Piece Implants, the corresponding Patent™ Glass Fiber Post is provided with the implant. The Patent™ Glass Fiber Post is in the same outer packing as the implant but placed in a polymer vial.



Inner blister open with the Patent™ Standard Implant placed in its glass tube, original position



Inner blister open with the Patent™ Standard Implant placed in its glass tube, flipped

The implants are packed in a double blister, providing a double sterile barrier. An additional product label is attached on the inner blister. In the inner blister, the Patent™ Standard Implant is held in a glass tube. To retrieve the implant, the glass tube must be flipped around its apical end.

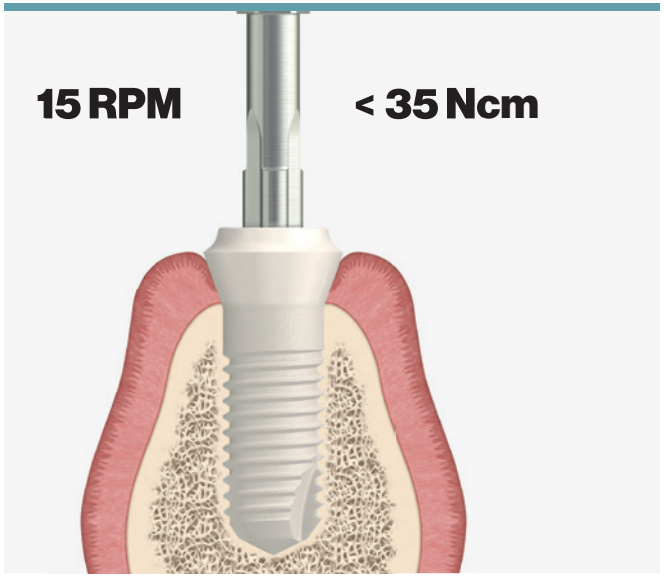
Note! Flip the tube carefully since the implant can be lost in this maneuver.

Patent™ Implant Driver

Put a drop of chlorhexamed gel or vasiline on the tip of the implant driver and hold the implant with the apex up.

Caution! When transporting the implant from its packaging to the implant site, hold the implant with the apex up. The implant is purposely not retained by the insertion tool and could fall off.

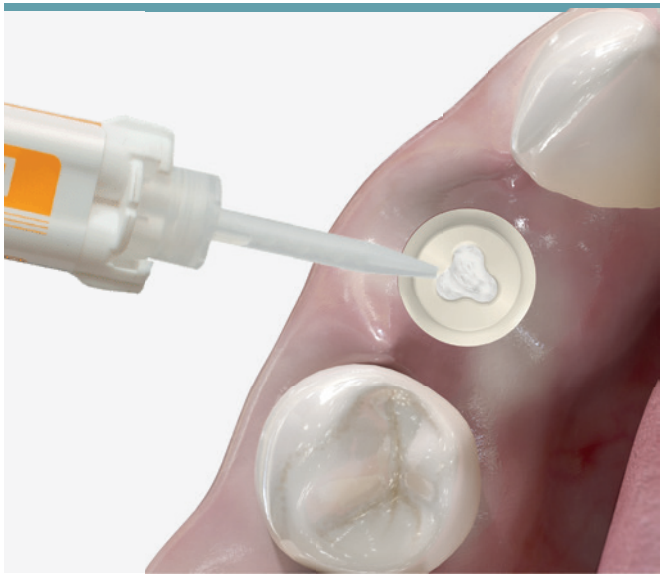
Implant Installation



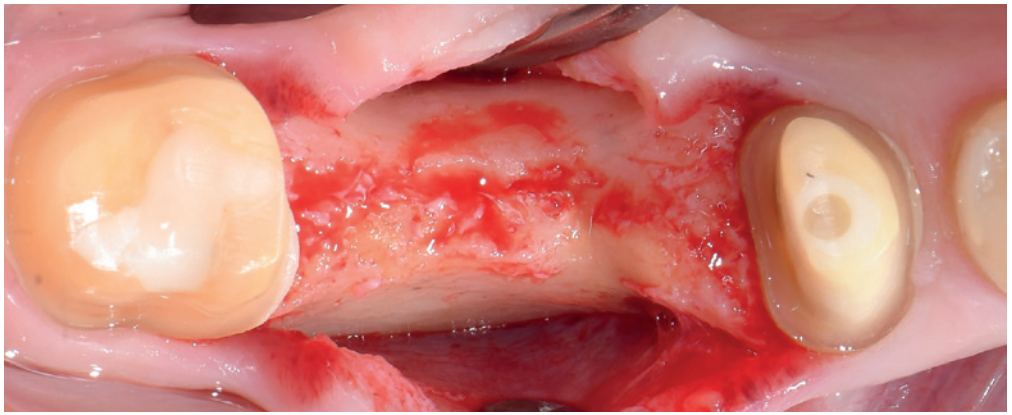
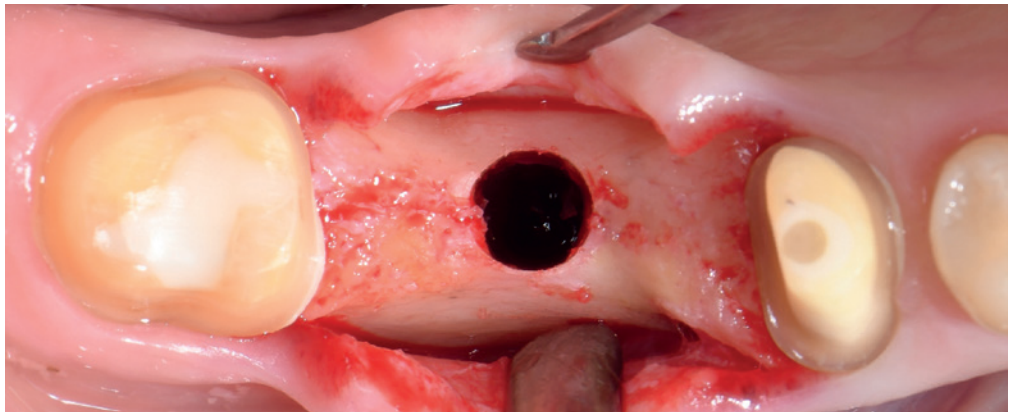
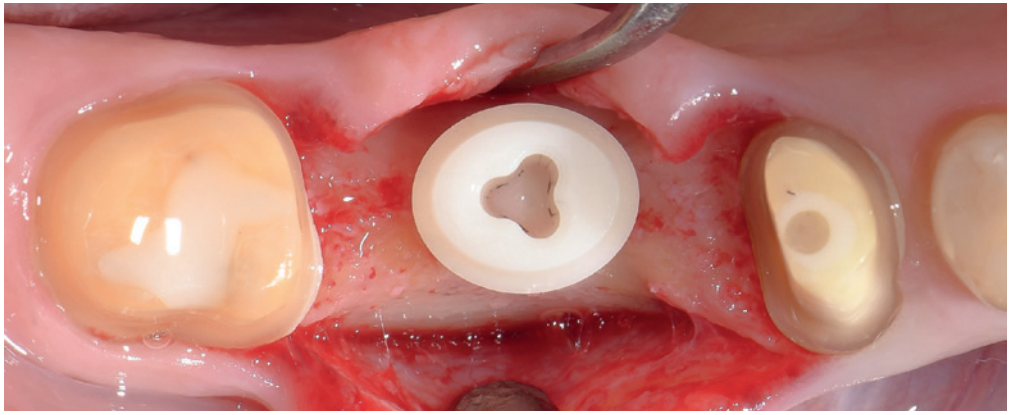
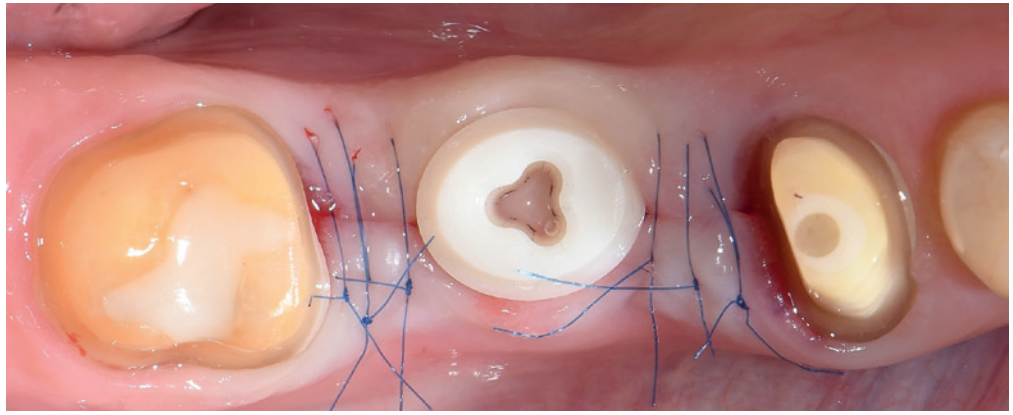
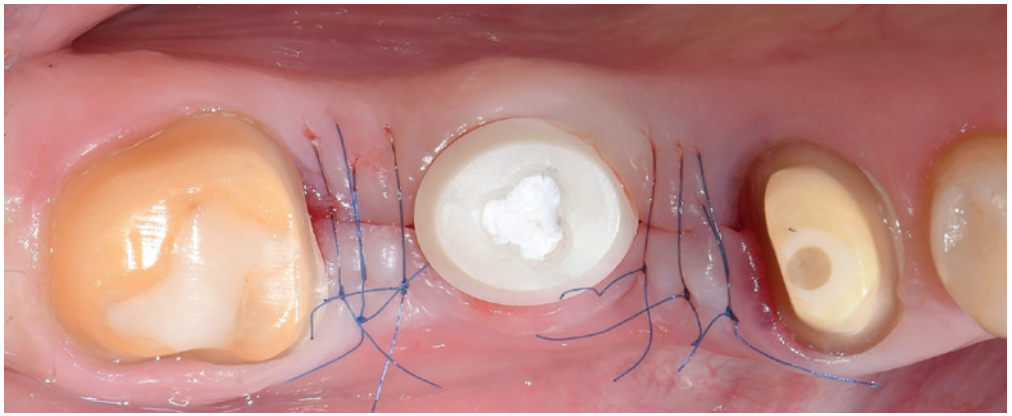
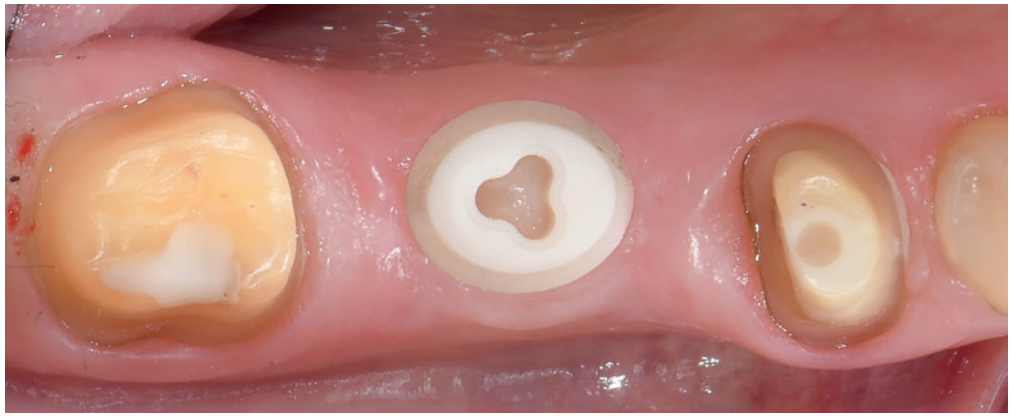
Before inserting the implant, check the finished osteotomy for any residual bone chips. When the glass tube is removed from the packaging, hold a finger with sterile gloves over the implant to make sure it remains in the tube.
Make sure that the insertion aid is in a vertical position when inserting the implant.

The whole threaded part of the implant must be completely inserted into the bone. To achieve this, the cylindrical part of the implant without threads should be inserted as far as needed based on the soft tissue thickness. If the implant cannot be placed at the desired depth with a maximum torque of 35 Ncm, the implant has to be immediately removed from its site and a countersink drill and/or Tap with the same diameter as the implant must be used to expand the osteotomy to a depth of maximum 2 mm.
When the implant has been installed in the right position, seal the 3C™ connection with Teflon tape, temporary composite or similar.

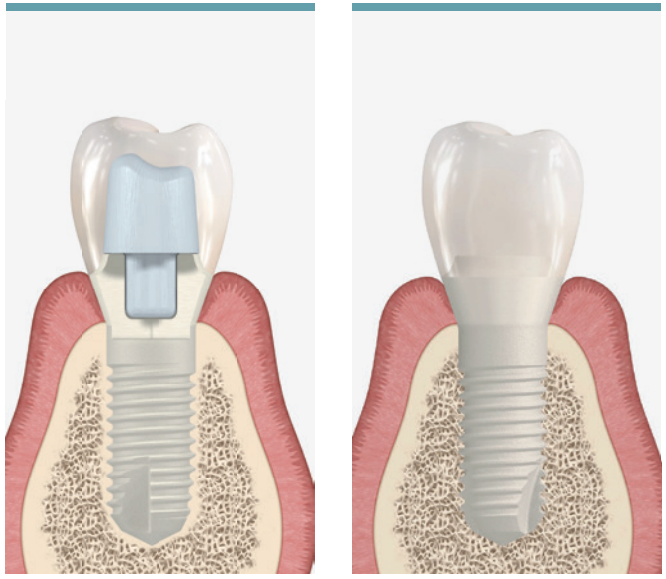
Caution! In order to avoid too much pressure on the cortical bone (insertion of the emergence profile into the cortical bone), do not exceed an insertion torque of 35 Ncm.



Note! If the implant must go back onto the working tray, do not place it on an operation cloth, but return it to the glass tube. Following this process will avoid contamination with textile fibers.

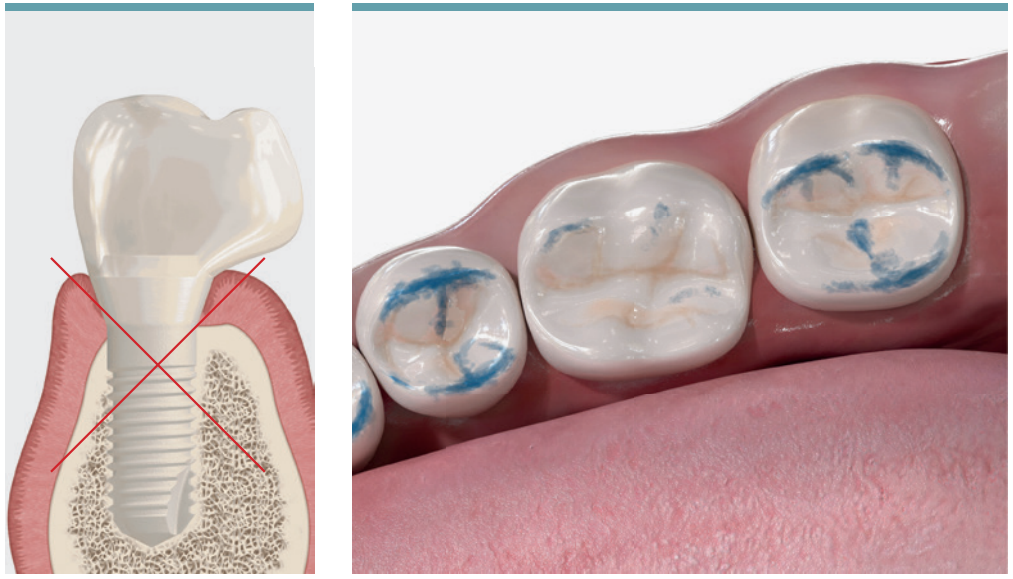







Planning



To the largest possible extent, the treatment plan should be prosthetically driven. Implants should be placed, as much as possible, in the occlusal load direction and be centered with the desired crown. Attention should be paid to a well-functioning canine guidance. If needed, create canine guidance with composite build-up or crown design if restored.

Design of the restoration



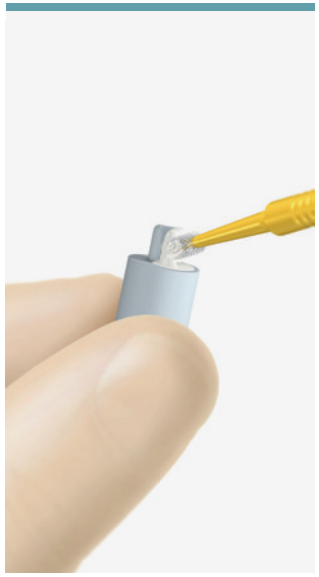
- During the lateral movement, there should be no contact path on the implant crowns in the premolar/molar region.
- Immediate load release during lateral movement is important.
- There should be a slight infra-occlusion for single-implant crowns.
- The cusp distance to the implant axis should be kept smaller than for natural teeth and titanium implants.
- Reduce cusp height in the posterior region.
- If bruxism or clenching is suspected, a „night guard“ should be worn.
- In regions with high masticatory forces it is recommended to use monolithic zirconia restorations.

Note! Cantilever pontics are not recommended.

Chairside

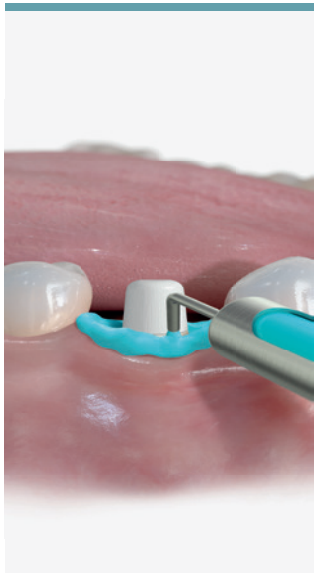
The chairside workflow means that the glass fiber post is prepared in the mouth of the patient. This is very similar to a post and core treatment on a natural tooth.

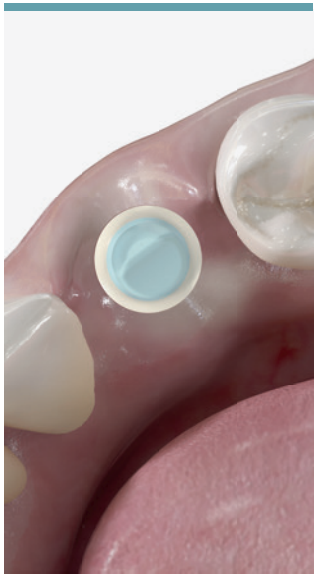
Try in the post and **mark the buccal/labial side** with a fine black felt-tip pen. This will facilitate the positioning at the cementation. **Clean the implant head and the 3C™ connection** with alcohol or using air polishing with Glycin powder or, alternatively clean with sodium hypochlorite.

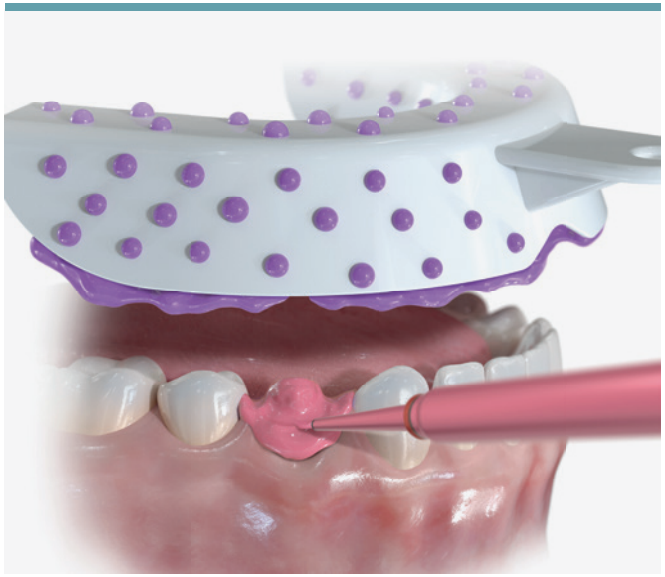


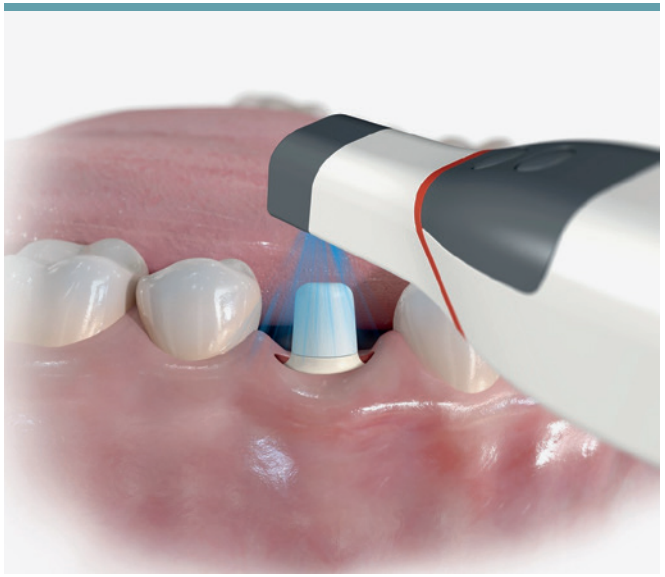
Cement the post on the implant using a resin reinforced glass ionomer cement (RelyX Unicem). Apply a small amount of cement on the connection of the post with a micro brush. Do not apply too much cement. Fit the glass fiber post on the implant and apply a steady pressure on the post. Remove excess cement and light cure. Keep the pressure on the post until the light curing is done.

Preparation of the post is done with diamonds under water irrigation. Start to cut the height of the post to fit with the occlusal height available. Make sure there is 2 mm occlusal space. Then, prepare the distal and mesial sides and go around the entire periphery. The post should have the same diameter as the implant platform and have a correct direction of insertion in case of multiple units. Make sure to prepare an anti-rotational surface on the post to facilitate the cementation of single units.









Use retraction paste to retract the soft tissue.

If an adjustment of the finish line is required, use a red diamond with copious irrigation and light pressure. Adjustments can only be made to the finish line. Do not prepare on the platform or platform wall.

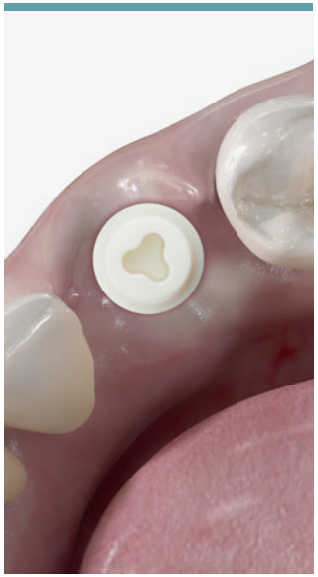
The impression can be taken conventionally or with an intra-oral scanner. If retraction of the soft tissue is needed, use a retraction paste (Expasyl). Do not use retraction cords since they will harm the soft tissue seal. At the lab, the impression will look more or less as a conventional C&B impression.

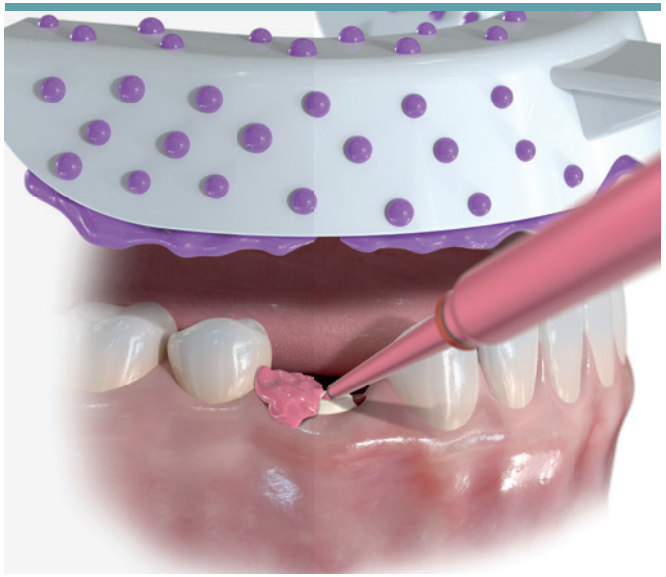
Scan the implant and the prepped post and the full arch.

Note! Do not use retraction cords since they will tear the soft tissue attachment.

Tip! If there is excessive gingiva, use a light body silicone to create a custom made cap for the implant site. Apply retraction paste and push down the cap. Hold for 3-4 minutes, rinse, dry and take the impression.

Implant level





Use retraction paste to retract the soft tissue.

The implant level procedure means that the post is prepared on the model, extra-orally. This is a very convenient workflow not only for the patient but also for the dentist.

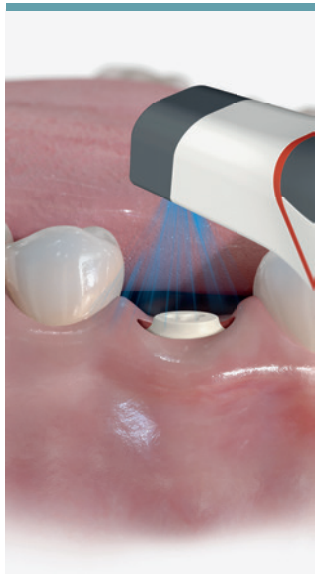
Note! Do not apply this workflow with an intra-oral scanner when there is a need to adjust the finish line. If that is required, use the chairside workflow.

Clean the implant head and the 3C™ connection with alcohol. If retraction of the soft tissue is needed, use a retraction paste (Expasyl). Do not use retraction cords since they will harm the soft tissue seal.

Tip! If there is excessive gingiva, use a light body silicone to create a custom made cap for the implant site. Apply retraction paste and push down the cap. Hold for 3-4 minutes, rinse, dry and take the impression.

Take a conventional impression. Insert a light body into and on top of the implant. Put a medium body into the impression tray. Pick up a full mouth impression.

Note! No impression coping is needed



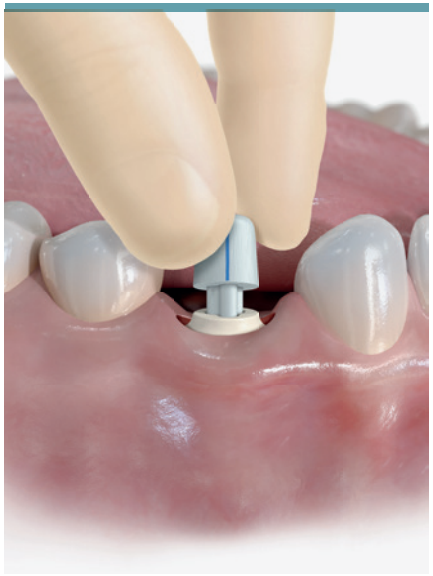
No scan body is needed.

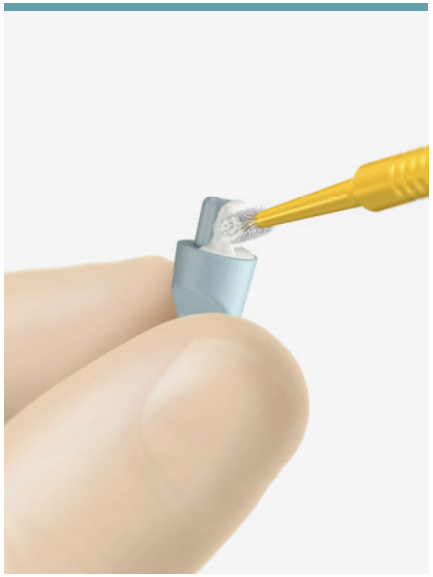
Take an impression with an intra-oral scanner. Scan the area of the implant carefully and make sure that the 3C™ connection is captured. Complete the full arch scan. Then scan the opposing jaw and the bite.

Send the impression and the glass fiber post to the dental laboratory.

Note! No scan body is needed.
The implant head works as scan body.

Cementation of the post





Cleaning instructions before cementation.

Cement the post on the implant using a resin reinforced glass ionomer cement (RelyX Unicem). Try in the post according to the orientation indicated by the lab. Clean the implant head and the 3C™ connection with alcohol or using air polishing with Glycin powder or, alternatively clean with sodium hypochlorite.

Apply a small amount of cement on the connection of the post with a micro brush. Do not put too much cement. Fit the glass fiber post on the implant and apply a steady pressure on the post.

Remove excess cement and light cure. Keep the pressure on the post until the light curing is done. Grind carefully off the orientation mark. For multiple units, cement one post at a time to ensure a predictable result.

Temporary restoration

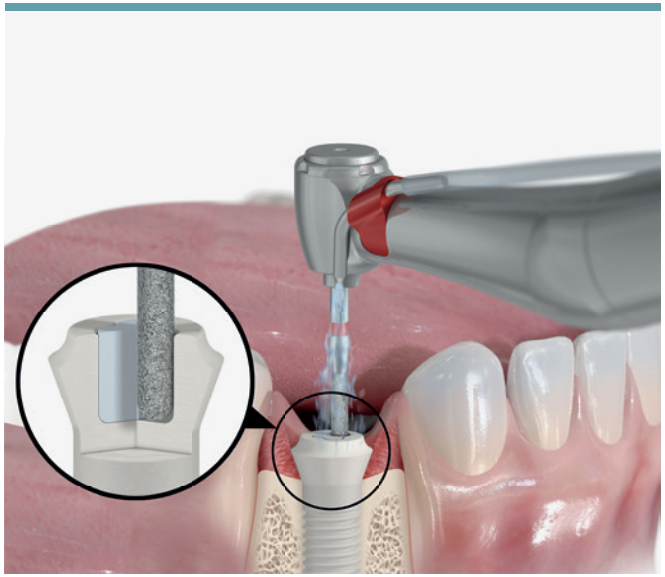
When a temporary restoration is used it is important to isolate the glass fiber post with Vaseline oil or similar. Any synthetic material such as flowable composites, temporary cements etc will react chemically with the glass fiber post and adhere permanently.

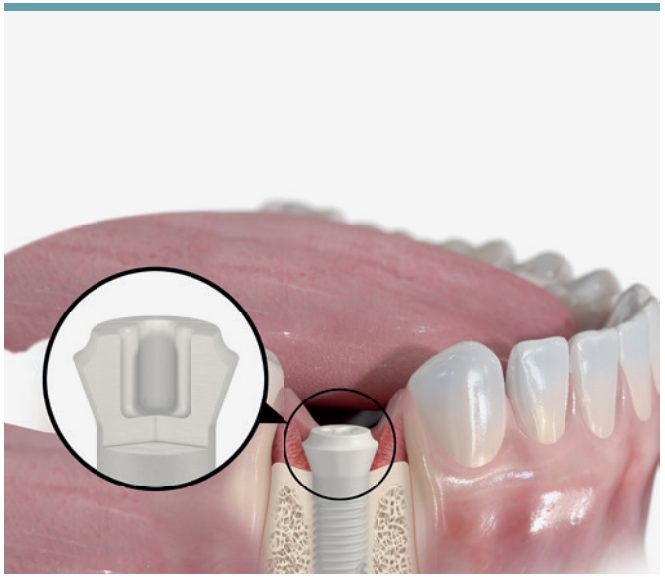
Cementation of the final restoration

Try in the restoration to ensure a good fit and correct contact points. Clean the post and implant with alcohol and cement the restoration with a cement of your choice.

Make sure that all excess cement is removed. Check and adjust occlusion. It is recommended that a single crown is out of occlusal contact with low occlusal force. Since the teeth will move under heavy occlusion, the implant restoration will be involved then too.

Removal of the glass fiber post

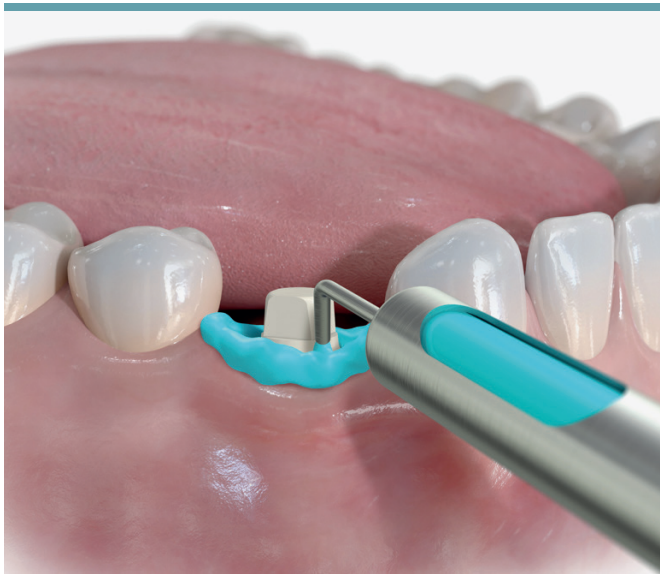




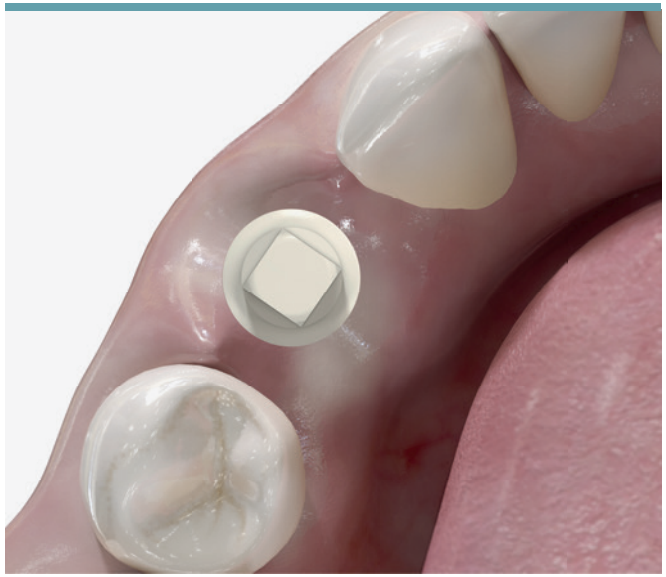
If the glass fiber post has to be removed for some reason, do the following.

1. Remove the restoration.
2. Use a red diamond burr with water irrigation to cut the post flush with the implant platform.
3. Use a 1.2 mm red diamond burr and drill down in the center of the 3C™ connection to the bottom.
4. Move the red diamond burr out in each of the three channels of the 3C™ connection to completely remove all the glass fiber.
5. Start the new prosthetic procedure according to the instructions above.

Prosthetic procedure for Patent™ Standard One-Piece Implants



If the post needs to be adjusted to accommodate for occlusal space or slight realignment (multi-units) or to adjust the finish line, use red diamonds with copious irrigation with low pressure. Clean the post with alcohol. Then take an impression.



Recommendation: Retraction of the gingiva is required for impression taking, use a retraction paste.

Cementation of the final restoration

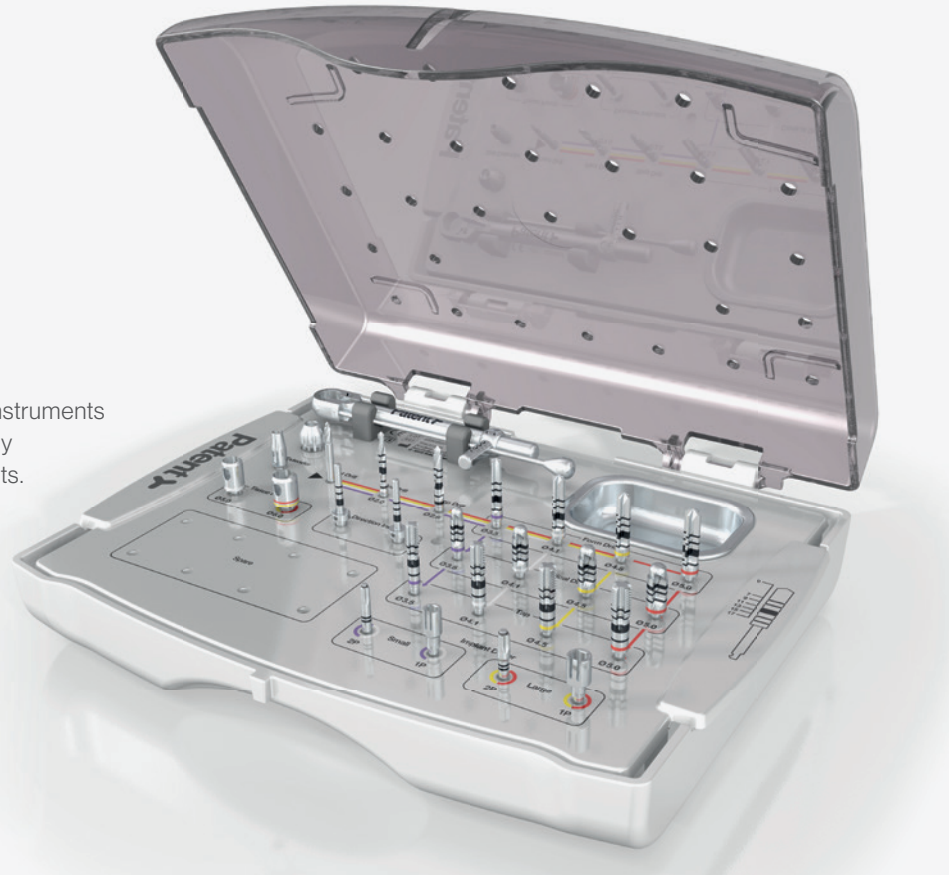
Try in the restoration to ensure a good fit and correct contact points. Clean the post and implant with alcohol and cement the restoration with a cement of your choice.

Make sure that all excess cement is removed. Check and adjust occlusion. It is recommended that a single crown is out of occlusal contact with low occlusal force. Since the teeth will move under heavy occlusion, the implant restoration will be involved then too.

Instruments

Patent™ Surgical Kit

Patent™ Surgical Kit contains all instruments in the Surgical Cassette necessary to place Patent™ Standard Implants.



Note! If necessary, the length of the instruments can be checked visually thanks to a millimeter ruler printed on the right side of the inner tray of the Patent™ Surgical Kit.

Laboratory Procedure

Chairside

When the chairside workflow is used, work as for any C&B restoration but respect the design criteria above. If the finish line has not been altered and it is difficult to define on the model, the implant holder can be used to control the finish line of the restoration.

Implant level

Intra oral scan impression

Software
The Patent™ Dental Implant System is available for the following CAD softwares: Exocad, Dental Wings and 3shape.
The corresponding libraries can be downloaded on www.mypatent.com/dental-lab.

Matching
For the Patent™ Dental Implant System the top of the implant, including the 3C™ connection functions as the scan body. two different platforms are available. Define the area of interest and apply the relevant analog from the library and perform the matching according to the instructions of the software provider. Place the virtual analog and design the model. Print the model.

Analog

Analog 5.2

Analog 6.2

Analog
There are two sizes of analogs. One for the 5.2 mm prosthetic platform (grey) and one for the 6.2 mm Prosthetic platform (yellow). Place the analog(s) carefully in the printed model utilizing the tools from ELOS. Verify the rotational position against the virtual model.

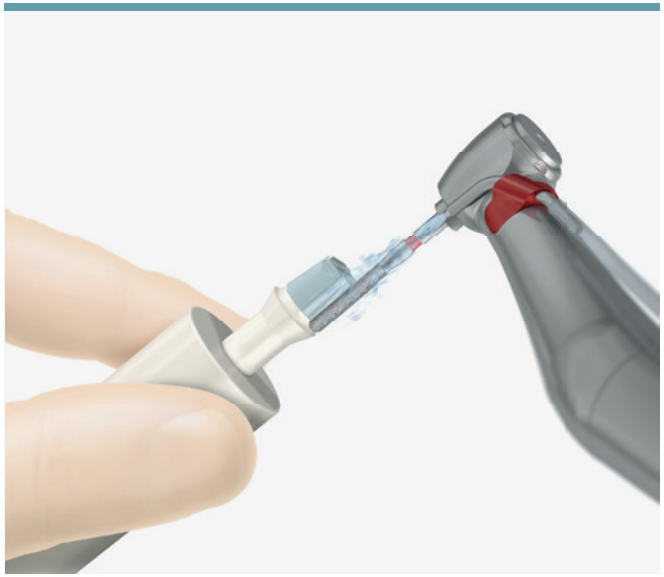
Conventional impression

Conventional impression

Produce the stone model based on the impression from the clinician. No replicas are needed. The 3C™ connection is given in the impression. Trim the model, i.e. define the finish line.

Tip! If there is an air bubble in the impression of the 3C™ connection no new impression is needed. Just drill into the connection from the side or bottom of the model and take away the excess material. Only the top of the Prosthetic platform and the 3C™ connection are relevant for the fabrication.

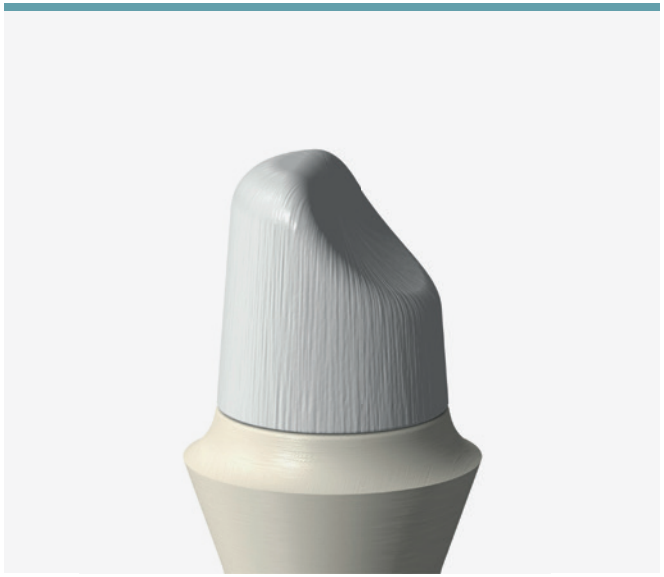
Preparation of the post



Prepare the post with diamonds under water irrigation. Ensure a smooth transition between the post and the prosthetic platform of the implant. The post should have the same diameter as the implant platform. Verify this on the model. Make sure to prepare an anti-rotational surface on the post to facilitate the cementation of single units. If the case has multiple units, ensure a good parallelism and direction of insertion without undercuts. Make a mark on the buccal/vestibular side of the post.

Tip! To facilitate the preparation, use the implant holder.

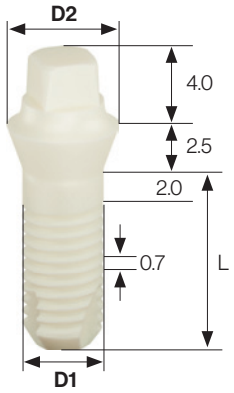
Fabrication of the restoration



Scan the model with the prepared post(s) mounted. For some lab scanners you will need to apply scanning spray to capture the post. Design the restoration according to the design criteria described above.

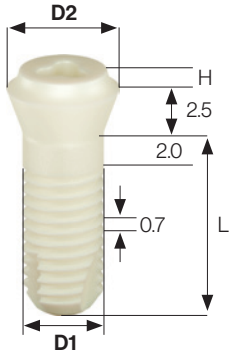
Note! For posterior restorations it is recommended to use monolithic zirconia restorations.

Patent™ Standard One-piece Implant



Endosseous diameter (D1)		Ø 4.1 mm	Ø 4.5 mm	Ø 5.0 mm
Platform diameter (D2)		5.2 mm	6.2 mm	6.2 mm
Length (L)	7.0 mm	1S4107	1S4507	1S5007
	9.0 mm	1S4109	1S4509	1S5009
	11.0 mm	1S4111	1S4511	1S5011
	13.0 mm	1S4113	1S4513	1S5013

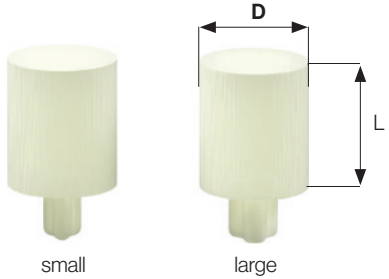
Patent™ Standard Two-piece Implant



Endosseous diameter (D1)		Ø 3.5 mm	Ø 4.1 mm	Ø 4.5 mm	Ø 5.0 mm
Platform diameter (D2)		3.5 mm (NS)	5.2 mm (RS)	6.2 mm (WS)	6.2 mm (WS)
Ferule Height (H)		Scalloped	1.6 mm	1.2 mm	1.2 mm
Length (L)	7.0 mm	–	2S4107	2S4507	2S5007
	9.0 mm	IPTSM.3509*	2S4109	2S4509	2S5009
	11.0 mm	IPTSM.3511*	2S4111	2S4511	2S5011
	13.0 mm	IPTSM.3513*	2S4113	2S4513	2S5013

*Patent™ Pro Implant

Patent™ Glass Fiber Post



Post diameter (D)		Ø 4.0 mm	Ø 6.0 mm		
Endosseous diameter (D1)		Ø 3.5 mm	Ø 4.1 mm	Ø 4.5 mm	Ø 5.0 mm
Length (L)	small	GF00S6	GF00S6	–	–
	large	–	–	GF00L6	

	Reference No.	New Product Name	Ø	Length
	TUGPU.5000	Patent™ Soft Tissue Punch	5.0 mm	
	TUGPU.6000	Patent™ Soft Tissue Punch	6.0 mm	
	TUDEU.4411	Patent™ Drill Extender	4.4 mm	11 mm
	TUNDU.1600	Patent™ Needle Drill*	1.6 mm	
	TUADU.1200	Patent™ Point Drill	1.2 mm	
	TUPDU.2000	Patent™ Pilot Drill	2.0 mm	
	TUSDU.2600	Patent™ Step Drill	2.0 – 2.6 mm	
	TPFDU.3500	Patent™ Form Drill	3.5 mm	
	TPFDU.4100	Patent™ Form Drill	4.1 mm	
	TPFDU.4500	Patent™ Form Drill	4.5 mm	
	TPFDU.5000	Patent™ Form Drill	5.0 mm	
	TPCDU.3500	Patent™ Cortical Drill	3.5 mm	
	TPCDU.4100	Patent™ Cortical Drill	4.1 mm	
	TPCDU.4500	Patent™ Cortical Drill	4.5 mm	
	TPCDU.5000	Patent™ Cortical Drill	5.0 mm	
	TPTPU.3500	Patent™ Tap	3.5 mm	
	TPTPU.4100	Patent™ Tap	4.1 mm	
	TPTPU.4500	Patent™ Tap	4.5 mm	
	TPTPU.5000	Patent™ Tap	5.0 mm	

	Reference No.	New Product Name	Ø	Length
	TUIDM.0014	Patent™ Implant Driver		14 mm
	TUIDL.0014	Patent™ Implant Driver		14 mm
	TUIDM.0018	Patent™ Implant Driver*		18 mm
	TUIDL.0018	Patent™ Implant Driver*		18 mm
	TUIDQ.0010	Patent™ Implant Driver		10 mm
	TUIDJ.0010	Patent™ Implant Driver		10 mm
	TUDIU.0000	Patent™ Direction Indicator		
	525-1000900-F	Patent™ Torque Wrench		
	1-1000274	Patent™ Wrench Adapter		
	TPSKU.0000	Patent™ Surgical Kit – complete		
	TPSCU.0000	Patent™ Surgical Kit – empty		

* this instrument is not part of the Standard Patent™ Surgical Kit - complete (TPSKU.0000)

	Reference No.	New Product Name	Configuration	Connection	Shoulder Diameter [S Ø]
	**PMA-PSL52-1**	Patent™ Analog for Printed Models	Two-Piece	Small 3C™ Connection	5.2 mm
	**PMA-PSL62-1**	Patent™ Analog for Printed Models	Two-Piece	Large 3C™ Connection	6.2 mm
	**PMA-AIT-1**	Patent™ Analog Pliers			
	**PMA-AIP-2**	Patent™ Analog Insertion Pin			
	**PMA-AIS-5**	Patent™ Analog Insertion Screw			

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