ANTHOGYR Guiding System

UTILISATION PROCEDURES AND PRODUCTS





ANTHOGYR Guiding System FOR **axiom**® (SUPPLEMENTARY MANUAL FOR THE **axiom**® SYSTEM)

We would like to thank you for choosing to work with the ANTHOGYR Guiding System for oxiom® implant solution.

For your safety and comfort, our products have been exclusively designed according to the data gathered from science and from clinical practice.

This document is a supplement to the **oxiom**[®] manual, and has been specifically designed for guided surgery. It is therefore important that you familiarise yourselves with the information relating to the surgery protocol of the **oxiom**[®] implant system in advance.

This document contains essential information that is needed for using the **ANTHOGYR** Guiding System for **oxiom**® throughout surgery protocols relating specifically to the system, with all of the component listings. Some key points for proper utilisation are given for reference purposes.

The practitioner must have undergone specific training for the SIMPLANT PRO®, software offered by MATERIALISE®*.

We invite you to read the oxiom® manual in full along with this document before you start to use the system.

Your success is our success. Our commercial network and our team of experts will be on hand at all times to provide you with any additional information that you may require.

The anthogyr team

→ Area of application

The **ANTHOGYR** Guiding System for oxiom® is designed exclusively for guided surgery. It allows one or more implants to be placed with the help of a surgical guide.

→ Foreword and recommendations

The instructions set out in this document present the different phases of the surgery that are to be used with the **ANTHOGYR** Guiding System for **axiom**[®].

Some general aspects relating to fitting α xiom® implants are included for reference. However, all of the information relating to the α xiom® implant system can be found in the surgery and α xiom® prosthetics manual.

Fitting one of the **axiom**® components with the **ANTHOGYR** Guiding System for **axiom**® must only be carried out by practitioners who have undergone training in implant techniques and/or prosthetic techniques and guided surgery. Specific training for their use is recommended and provided by anthogyr and by Materialise for using the SIMPLANT PRO® software and surgical guides.

The surgical technology of the **ANTHOGYR** Guiding System for **axiom**® is carried out exclusively in conjunction with the **axiom**® components and instruments. anthogyr shall not be liable for any fit that does not comply with these instructions or implant usage, prosthetic structures or instruments that are not originally used in the system. The parts cannot be swapped with other implant systems. In cases of doubt, the user must first get in touch with anthogyr.

The practitioner using the system is responsible for monitoring and maintenance operations with the frequency needed for detecting and possibly treating complications at the earliest opportunity and for ensuring good functionally and safety of the system. Monitoring and maintenance form part of the knowledge of the practitioner trained in fitting dental implants. The practitioner, for example, can refer to the «implantologie orale» (oral implantology) report of the «Association Dentaire Française» (French dental association) 2003.

The clinical examination of the patient as well as the choice of therapeutic solution are the responsibility of the practitioner. In this regard, it is also recommended that the patient is informed of the potential risks involved in implementing such a system: oedema, hematoma, haemorrhages, paro-dental complications, temporary or permanent nerve lesions, local or systemic infections and inflammations, bone fractures, unsealing or fractures on the implant, dehiscence, aesthetic problems, inhalation or swallowing of the device, iatrogenic trauma.

It is also the practitioner's responsibility to define the different adjustments of its material (tool rotation speed, irrigation flow etc.) according to each clinical case and to check the correct condition of this before each surgery.

Sterilizable instruments must be cleaned, decontaminated and sterilised before each surgery (even for the first use), in accordance with the protocols in place in the hospitals and clinics. The organisation of the surgical room, the preparation of operating staff and the preparation of the patient (pre-op medication, anaesthetic etc.) shall be carried out in accordance with the protocols in place and under the responsibility of the practitioner.

Handling and use of the product are carried out by the user who retains the obligation to carry out a personal check on the ability of the product for its use. In no case can anthogyr be held responsible at first hand for any damage that could result from incorrect handling or use.

In order to avoid swallowing or inhaling small components, it is recommended that they are secured by connecting them to the outside of the mouth using stitching thread or by placing a pad inside the mouth, maintained by tweezers while the work is underway.

Each time a tool is changed, check it is fixed correctly to the contra-angle handpiece or the key by applying a slight force and check the hold of each of the elements on the transportation means outside the oral cavity.

We have paid special care and attention with the realisation of our products and guarantee a manufacturing inspection is carried out on all of the products that we sell. In order to guarantee their integrity, it is recommended that they are retained in their original packaging at an ambient temperature of between 15 and 30 °C, in a dry place and away from direct sunlight.

Protect the packaging from dust and do not store it in the same area as solvents and/or paints containing solvents or chemical products. If indicated on the tracking label, the tool must be used before the use-by date.

In the event that the packaging is spoilt (blister protective cap/bag) or if the product appears to have been opened, the product must not be used and the distributor or anthogyr must be informed of the fault and the references, the batch numbers of the components concerned.

It is the practitioner's responsibility to ensure that the used components can be tracked.

 $The \ technical \ specifications \ contained \ in \ these \ instructions \ are \ supplied for information \ purposes \ and \ cannot \ lead \ to \ any \ complaint.$

The reproduction or broadcasting of the utilisation instructions below can only be carried out with prior authorisation from anthogyr.

The ANTHOGYR Guiding System for oxiom® has not been adapted for use on animals.

anthogyr reserves the right to modify the technical characteristics of products and/or to make changes or improvements to the **ANTHOGYR** Guiding System for **axiom**® without prior warning.

The issuing of this brochure shall invalidate and replace any previous version.

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→ Symbols used in the manual



Indicates an item that must be observed under all circumstances



Indicates an item that helps to make your work easier

→ Explanations of symbols and icons

STERILE R Device sterilised by Gamma rays

REF

135°C {}}

CECE0459

LOT Manufacturing batch number of the device

Commercial reference number of the device

Manufacture date of the device

Use-by date of the device

Warning: follow the instructions for use

Non-sterile device

Autoclave sterilisation, no packaging

Do not sterilise with autoclave

Do not re-use, single-use device.

Keep out of direct sunlight

Do not use if packaging is damaged

Store in a dry place in a humidity range of between 30% and 70%

Temperate range from 15 to 30 °C

Manufacturer

Class I or class II a medical device that complies with European directive 93/42/CEE amended dy Directive 2007/47/CEE.

→ A. APPROACH TO GUIDED SURGERY

In order to be able to use the **ANTHOGYR** Guiding System for <code>axiom</code>, the practitioners must prescribe a scanner (CTSCAN or CONEBEAM), collect data and make sure that they have the SIMPLANT PRO® software made by MATERIALISE®. Users must receive prior training on using the implant planning software and using the **ANTHOGYR** Guiding System for <code>axiom</code>® kit.

Implant planning using the advantages of the computed tomography (TDM or image scanner) allows practitioners to determine the location of anatomical structures more accurately. Surgical treatment is more accurate and less invasive. This allows the pain and the oedema to be reduced compared to traditional treatments; planning allows the time spent in the chair and the number of appointments to be reduced.

Three types of guides are available: bone support, mucosal support or dental support. These allow the practitioner to place the **oxiom**[®] implants in predetermined locations and with the correct directions and depths. The result obtained shall be reliable and more predictable and may immediately contribute to the placement of the prosthesis.

→ Key steps

Examination of the patient and evaluation of the treatment
Presentation of the different options (risk, cost etc.) to the patient

Preparation of a tomodensitometric guide for visualising soft tissue and the position of teeth using the SIMPLANT PRO® software

V

Scanner shot (TDM)

Conversion of data in the SIMPLANT PRO® software (segmentation)

V

Implant planning and guide fixing screws then send the data to Materialise®

V

Realisation of surgery guide and readable chart by Materialise®

V

Surgery using the surgical guide, readable chart, guide fixing screws, the axiom® implant system, Mont Blanc® axiom® and the ANTHOGYR Guiding System for axiom® kit

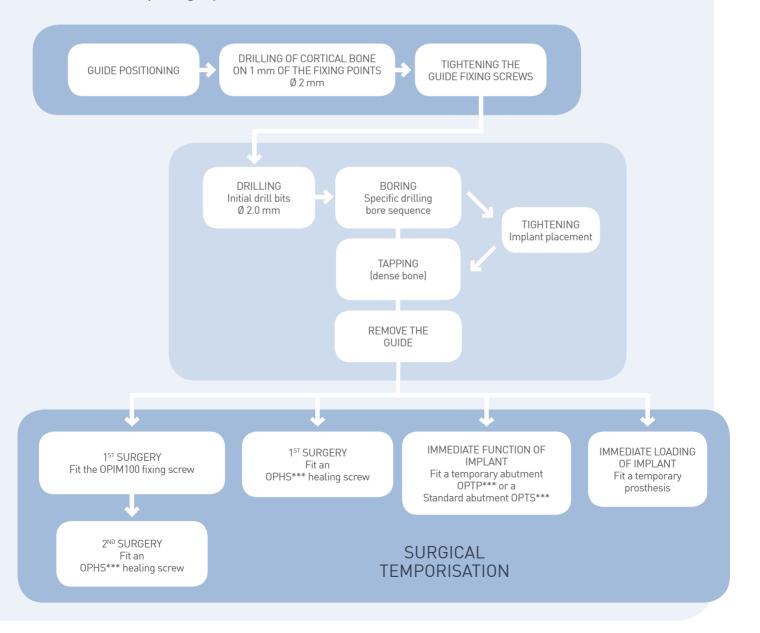
→ B. SURGICAL PROTOCOL

The ANTHOGYR Guiding System for oxiom® system offers a simple surgical protocol.

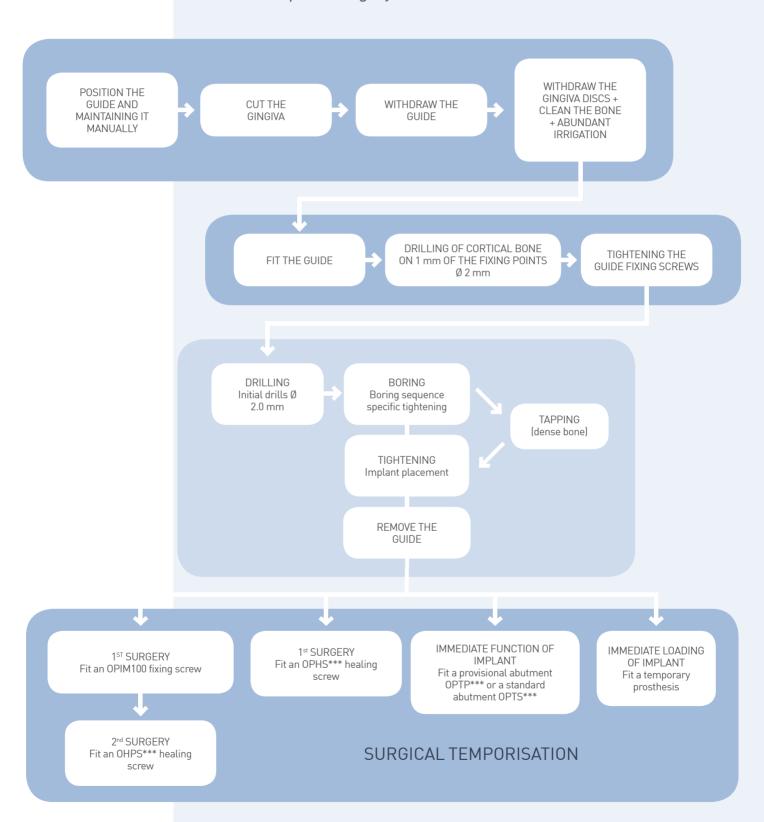
On the one hand, it guarantees rapid and effective use of the device, with perfect mastering of the implant placement. On the other hand, related to a range of implants with 14 references, it authorises an exhaustive list of therapeutic indications that can be treated.

The oxiom® implant system offers a comprehensive range of components that allow for perfect adaptation to the various needs of clinical temporisation of the implant practice.

→ B.1 Flap surgery



→ B.2 Flapless surgery



→ Implant range compatible with the **ANTHOGYR** Guiding System for oxiom®

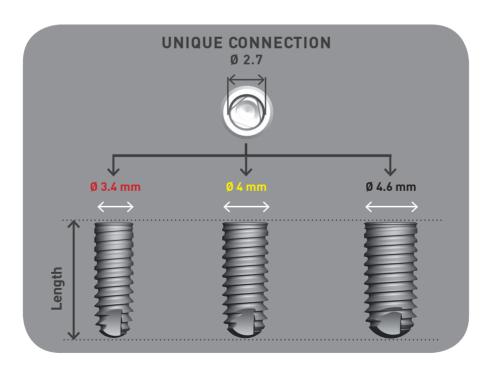
Ø 3.4 MM	Ø 4.0 MM	Ø 4.6 MM	
*	*	*	
8 mm 10 mm 12 mm 14 mm	6.5 mm 8 mm 10 mm 12 mm 14 mm	6.5 mm 8 mm 10 mm 12 mm 14 mm	
\blacksquare			
SLIDING NUT 4.2 mm	SLIDING NUT 4.2 mm	SLIDING NUT 5.2 mm	



^{*} Identification colour code for implant formats, kits and packaging..

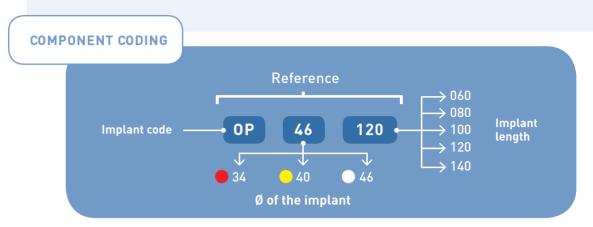
→ Technical specifications

1. FORMATS



The oxiom® implant sets itself apart from other implants thanks to its unique connection that is the same for all implant formats of the range.

It defines a favourable biological space that is stable and offers good aesthetics.



2. DRILLING DEPTHS

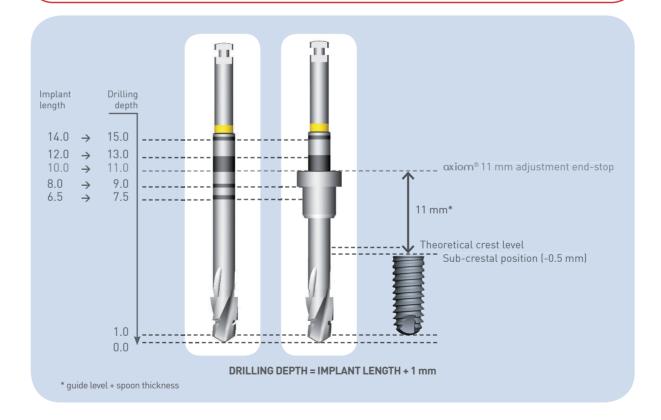
The **oxiom**® system is designed for subcrestal implant position in order to make aesthetic management of the restorations easier, and to favour preservation of the inter-implant alveolar bone. The drilling depth is indicated on the various instruments and guarantees the preparation of the implant site and the predefined positioning of the implant in accordance with this protocol.

ATTENTION!!!

The practitioner must observe the 1 mm over-drilling of the drill points with regard to the length of the chosen implant. The over-drilling takes into account the stockpiling of shavings that come from the self-tapping of the implant and prevents any apical over-compressing.

I.e. DRILLING DEPTH = IMPLANT LENGTH + 1 mm.

This over-drilling is taken into account during planning with the safety perimeter being 2 mm around the dental nerve.



The ancillary ANTHOGYR Guiding System for oxiom® is easily recognisable by its working section that is limited to 7 mm in order to allow a smooth effect that enables the sliding nuts to glide into the system.

→ Drilling sequences

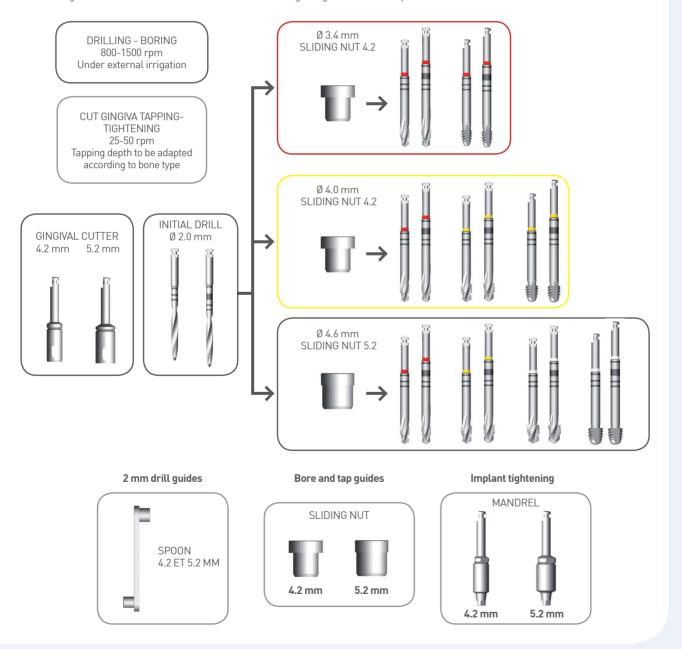


Before the first use and after each surgery, all of the components must be meticulously pre-disinfected, cleaned, decontaminated, dried and sterilised in accordance with the manufacturer's recommendations. Several uses are possible. If there are doubts that the laser depth markings cannot be visualised, doubts regarding the performance and the maximum clinical results, we recommend that the cutting instruments be limited to 10 uses (cutters, drill bits, bores, taps etc.) The drill bits, cutters and taps are used under external irrigation.

BEFORE SURGERY

A colour code allows the identification of instruments and implant diameter. The instruments must be used in the chronological order indicated below for each implant diameter. All of the drill bits, bores and taps are available in 2 lengths: 21 mm for implants from 6.5, 8 and 10 mm and 25 mm for implants of 6.5, 8, 10, 12 and 14 mm. A spoon comprising two rings of 4.2 and 5.2 mm is supplied for guiding drills with a diameter of 2 mm only.

Two sliding nut diameters of 4.2 and 5.2 mm are available for guiding the bores and taps.



→ C. GUIDE FIXING SCREW

The anthogyr fixing screws are made out of medical grade titanium alloy. The head has a diameter of 3.5 mm, the guiding part has a diameter of 2 mm and the threaded part is cone-shaped with a maximum diameter of 1.6 mm under head. The screws have a small mandrel allowing the contra-angle handpiece to be taken up directly. These 3 length screws with threads of 15, 18 and 21 mm are auto-drill, auto-divisible and adaptable on the contra-angle handpiece. During the planning stage, it is important that the screw is placed more perpendicular to the bone. In order to obtain a good hold for the screw, an anchoring of 5 mm should be planned for the bone.

→ ACCESSIBILITY

The screw is manufactured using a single block with its gripping mandrel. Mounted directly on the contra-angle handpiece, it allows difficult to reach areas to be accessed, such as the lower mandible or the palatine incline of bone ridges (fig. 1).

→ EXCELLENT SCREW HOLD

The gripping mandrel is auto-divisible. There is no risk of the screws falling during transportation to the mouth due to poor manipulation or due to wear of the gripping.

→ FLEXIBILITY

The screw can be completely fitted at the contra-angle handpiece or can be ended manually using a screwdriver. A contra couple key allows the mandrel to break off at a pre-determined point.

→ RESPECTING SOFT TISSUE

The break-off groove situated on the head of the screw is designed to guarantee a clean break that does not harm the soft tissue [fig. 3].

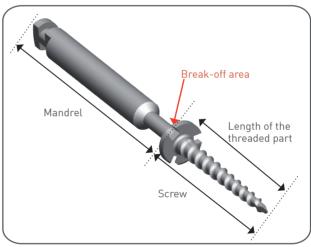
→ PERFECT GRAFT STABILISATION

The head of the screw is sufficiently large to guarantee perfect plating and perfect immobilisation of the graft (fig 2).

→ READY TO USE

The screws are supplied sterile. Screws are for single-use only. The screw can be sterilized and re-used after the package is opened.

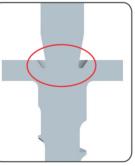
1. Screw mounted on the auto-divisible mandrel



2. Screw head



3. Break-off groove





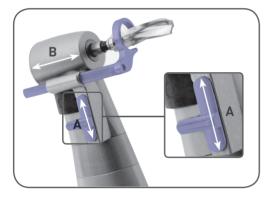
During planning, it is important to take into account the orientation of the fixing screw in such a way that implementation is possible inside the mouth.

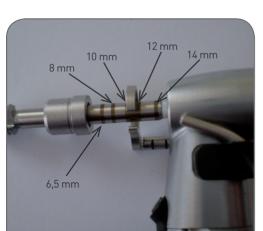
→ D. MONT-BLANC® CONTRA-ANGLE HANDPIECE OF oxiom® GUIDED SURGERY

The **ANTHOGYR** Guiding System for **oxiom**® was specially developed to be used with a Mont-Blanc® contra-angle handpiece, equipped with the **oxiom**® stop system (AX laser mark).

The **oxiom**® stop system has 5 positions, which correspond to 5 heights 6.5, 8, 10, 12 et 14 mm.

Using the stop system is imperative for drilling and boring operations. For tapping and implant tightening, use the visual mark of the depth corresponding to the implant.





TO ADJUST THE STOP SYSTEM:

- → Push the lateral sliding nut to the back (A) until the stop has been freed.
- → Move the stop (B) upwards or downwards up to the mark on the shaft of the corresponding drill,
- \rightarrow Loosen the lateral sliding nut (A),
- Check the correct hold of the stop by carrying out traction.

In the photo, the adjustment of the end-stop is behind the band indicating a depth of 10 mm.



Before using the Mont-Blanc® oxiom®, please read the instructions for the Mont Blanc® contra-angle handpiece.

→ E. STEP BY STEP SURGERY PROTOCOL

→ 1. Cutting the gingival (flapless surgery)



According to the implant diameter, the surgical guide either has a tube diameter of 4.2 mm or a tube diameter of 5.2 mm.



Select the gingival cutter according to the diameter of the tube of the surgical guide.

Mount the gingival cutter on the contra-angle handpiece and refit the contra-angle handpiece stop system at the highest position.



Check it is fitted correctly on the contra-angle handpiece by pushing on the tool.



The depth-stop is carried out visually with the visual marker of the mandrel depth.



Position the guide manually and hold it in that position.

Using a rotation speed of 50 rpm, progressively move over the guide until you reach the depth marker of the gingival cutter.

Repeat the operation for each gingival cut.

Remove the guide and then using a curette, remove the cuts, clean the bone and rinse thoroughly.

→ 2. Setting up the guide



Place the guide inside the mouth.

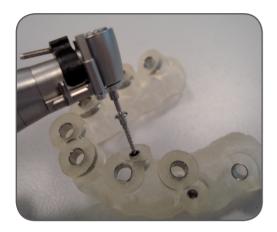
In case of dense bone, drill to a depth of 1 mm using a 2 mm drill bit. For this, fit the 2 mm drill bit.



Check it is fitted correctly on the contra-angle handpiece by pushing on the tool.

Only drill the cortical bone at $1200\,\mathrm{rpm}$ over the guiding holes of the fixing screws in order to chill the drill with external irrigation of the contra-angle handpiece.

The rinse flow is set to the maximum.



Tighten the fixing screws on the contra-angle handpiece at 25 rpm until it reaches the end-stop on the guide.



The mandrel section automatically breaks when the torque reaches 15 $\ensuremath{\text{N.cm}}.$

In the event that the screw does not rupture when it comes into contact with the guide, stop tightening without disengaging the contra-angle handpiece, and carry out a bending movement to break the cone of the tightening mandrel.



The mandrel section of the screw ends before tightening is finished. In this case, finish tightening using a manual screwdriver by inserting the three spurs in the notches located on the screw head and turn normally in a clockwise direction.

Repeat the operation for each fixing screw.

To remove the guide, the screws are removed manually using the screwdriver. Insert the three spurs in the three notches on the head of the screw and turn in an anti-clockwise direction.

Turn at a speed of around 25 to 30 rpm.

→ 3. Drilling



Fit the 2 mm drill bit.



Check it is fitted correctly on the contra-angle handpiece by pushing on the tool.

Move the end-stop to the marker that corresponds to the length of the implant.



Check the end-stop is fitted securely.



The spoon has a guide diameter of 4.2 mm at one extremity and a diameter of 5.2 mm at the other extremity.

According to the diameter of the implant, the surgical guide either has a tube diameter of $4.2\,\mathrm{mm}$, or a tube diameter of $5.2\,\mathrm{mm}$.

The diameter of the spoon guide must correspond to the tube diameter of the surgical guide.



Do not exert pressure slantwise while inserting or removing the drill from the spoon.

Do not insert or remove the drill from the spoon when the drill is rotation

 \rightarrow Risk of damaging the point of the drill or the guiding tube of the spoon, and may result in a jamming.



Before drilling, check that the spoon is correctly attached to the guide and that there is no play between the spoon and the guide.



Drill at 1200 rpm with forwards and backwards movements over the spoon guide to ensure the contra-angle handpiece is properly cooled through external irrigation. The irrigation flow is set to maximum.

Gradually move towards the contra-angle end-stop.

Remove the guide drill bit.

Remove the spoon.

Repeat the operation for each drill operation.



It is important that the dental aspiration is moved over every hole after drilling to pull out the shavings lodged under the guide.

→ 4. Boring



According to the diameter of the implant, the surgical guide will either have a tube diameter of 4.2 mm or a tube diameter of 5.2 mm.

There are two types of sliding nuts:

- → sliding nut for a tube with a diameter of 4.2 mm
- → sliding nut for a tube with a diameter of 5.2 mm

Mount the sliding nuts on the bores according to your drilling sequence and according to the diameter of the guide tube.



Fit the bore.



Check it is fitted correctly on the contra-angle handpiece by pushing on the tool.

Adjust the end-stop at the marker corresponding to the length of the implant.



Check the end-stop is positioned correctly.



Bore at 800 rpm with forwards and backwards movement over the guide in order to cool the drill bit with the external irrigation of the contra-angle handpiece.

The rinsing flow is set to maximum.

Advance progressively to the end-stop of the contra-angle handpiece.

Remove the bore from the guide.

Repeat the operation for each bore according to the sequence.



It is important that the dental aspiration is moved over every hole after drilling to pull out the shavings lodged under the guide.

→ 5. Tapping



According to the diameter of the implant, the surgical guide either has a tube with a diameter of $4.2\,$ mm, or a tube with a diameter of $5.2\,$ mm.

There are two types of sliding nut:

- → sliding nut with a diameter of 4.2 mm
- → sliding nut with a diameter of 5.2 mm

Choose the tap that corresponds to the implant diameter.

Fit the sliding nut to the tap according to the tube diameter of the guide.



Fit the tap.



Check it is fitted correctly on the contra-angle handpiece by pushing on the tool.



Re-fit the end-stop at a high position. Check the end-stop is held in place properly.



The lower stop is indicated visually with the depth marker on the tap shaft.



Tap at 25 rpm until the depth marker matches the implant length.

Once the marker has been reached, remove the tap from the guide using the "reverse" mode.



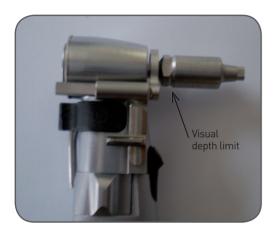
It is important that you do not use the end-stop if there is the risk of the end-stop reaching the guide and harming the thread that is formed by the tapping by a rotation at this location.

Repeat the operation for each tapping.



It is important that the dental aspiration is moved over every hole after drilling to pull out the shavings lodged under the guide.

→ 6. Implant placement





Before the implant is placed, it is essential that all bone chips are removed from around each pit under the guide using the dental aspiration. The chips in the pit may prevent the implant from being placed in its central position.

Fit the mandrel.



Check it is fitted correctly on the contra-angle handpiece by pushing on the tool.



Re-mount the end-stop at a higher position. Check the end-stop is securely held.



The lower stop is made visually using the depth marker on the



Insert and index the tightening mandrel in the implant placed in the tube. Check it is retained by a traction.



Remove the implant using the instrument by keeping the tube in place and freeing the implant from the micro cups.



Implant fitted to the mandrel.



Adjust the output speed of the contra-angle handpiece to 25 rpm. Tighten the implant to the contra-angle handpiece over the guide.



Regularly check the tightening torque to ensure that the bone is not damaged. Do not hesitate to unscrew and re-screw to reduce the screwing constraints.

It is important that you do not use the end-stop if there is the risk of the end-stop reaching the guide and harming the thread that is formed by the tapping by a rotation at the location of the implant. It is also possible that the implant is detached from the mandrel and continues to advance 1.5 mm beyond the planned depth.



Tighten the implant until you reach the mandrel's visual depth marker.

The indexed connection of the implant allows for three possible orientations for the prosthetic components, allowing the manipulation time to be reduced during dental restoration. Its three-lobe shape does not allow ambiguity with a natural fitting of the abutments.

The screwing mandrels have 3 faces that correspond to the indexing of the implant. By tightening or loosening the implant, orientate it as closely as possible to one of the markers of the instrument faces in the correct direction in accordance with the prosthetic restoration required and the current situation in the mouth.



During the angular orientation of the implant by means of tightening or loosening, it is important that the marker is positioned as close to the final orientation in order not to excessively modify the apico-coronary positioning. Between 2 consecutive markers, the maximum gap on the vertical position of the implant is 0.14 mm. For more information, please refer to the oxiom® manual. This operation must be carried out manually for more precision.



Pull the mandrel from the implant connection with a slight traction. In the event of a blockage, reverse it slightly to unblock the mandrel.

Repeat the operation for each implant.

After removing the guide, it is possible to adjust the orientation of the connection of the implant by a slight tightening or loosening of the manual key.

WARNING



In the event of a problem re-encountered during guided surgery, it is possible to end the tapping and the tightening of implants without a guide, with the $oxiom^{\circ}$ surgery kit.

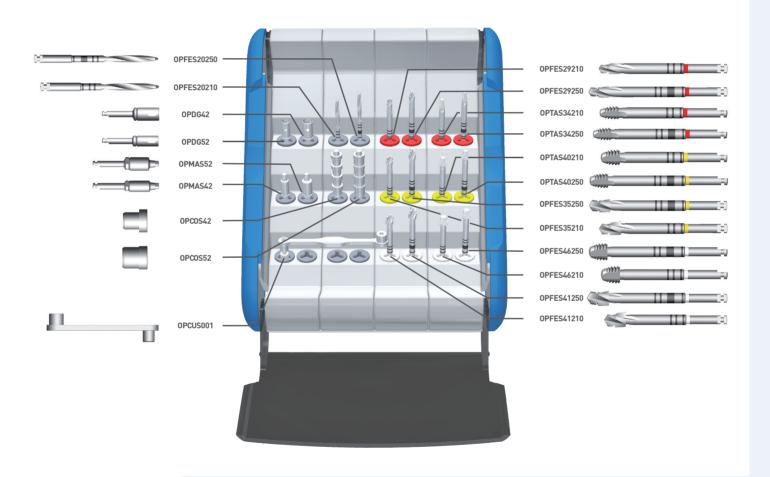


anthogyr shall not be liable for any clinical failures caused by non-respect of the surgical protocol.

→ F. **ANTHOGYR** Guiding System FOR **axiom**® KIT

ATTENTION !!!

Before the first and after each surgery, all of the instruments and instrument supports must be predisinfected, cleaned, decontaminated, dried and sterilised in accordance with an exact protocol.



TECHNICAL SPECIFICATIONS

The kit is designed with materials of a medical grade that allows it to support a thermo-disinfection and steam sterilisations.

The protective adjustable covers allow the kit to be positioned in a modular way in order to optimise the accessibility of the instruments.

→ G.CLEANING AND STERILISATION

Please refer to the oxiom® manual.

→ H.DISMANTLING - ASSEMBLY

Please refer to the **axiom**® manual.

→ I. ALTERNG THE **axiom**® IMPLANT

Please refer to the **axiom**® manual.

→ J. REFERENCES FOR SPECIFIC COMPONENTS OF GUIDED SURGERY

→ 1. Fixing screw instruments



	REFERENCES	
	Medical grade titanium Length 15 mm Length 18 mm Length 21 mm	OPVGS015A OPVGS018A OPVGS021A

ightarrow 2. **ANTHOGYR** Guiding System instruments for $axiom^{@}$

ANTHOGYR Gu	REFERENCES		
	Gingival cutter Medical grade stainless steel Ø 4.2 mm Ø 5.2 mm	OPDG42 OPDG52	
	Initial helicoidal drill bits Medical grade stainless steel Helical drill bit Ø 2.0 x 21 mm Helical drill bit Ø 2.0 x 25 mm	0PFES20210 0PFES20250	
	Stepped helicoidal drill bits Medical grade stainless steel Implant drill bit Ø 3.4 mm Stepped helical drill bit Ø 2.9 x 21 mm Stepped helical drill bit Ø 2.9 x 25 mm Implant drill bit Ø 4.0 mm Stepped helical drill bit Ø 3.5 x 21 mm Stepped helical drill bit Ø 3.5 x 25 mm Implant drill bit Ø 4.6 mm Stepped helical drill bit Ø 4.1 x 21 mm Stepped helical drill bit Ø 4.1 x 25 mm	 OPFES29210 OPFES29250 OPFES35210 OPFES35250 OPFES41210 OPFES41250 	
	Taps Medical grade stainless steel Tap implant Ø 3.4 mm Tap Ø 3.4 x 21 mm Ø 3.4 x 25 mm Tap implant Ø 4.0 mm Tap implant Ø 4.6 mm Tap implant Ø 4.6 mm Tap Ø 4.6 x 21 mm Ø 4.6 x 25 mm	 OPTAS34210 OPTAS34250 OPTAS40210 OPTAS40250 OPTAS46210 OPTAS46250 	

ANTHOGYR Guiding System INSTRUMENTS FOR axiom® REFERENCES			
	Implant tightening mandrels Medical grade stainless steel Ø 4.2 mm Ø 5.2 mm	OPMAS42 OPMAS52	
	Cup 4.2/5.2 mm Medical grade stainless steel	0PCUS001	
TIT	Sliding nuts Medical grade stainless steel Sliding nut 4.2 mm Sliding nut 5.2 mm	OPCOS42 OPCOS52	
	Kits Radel et silicone Grade médical Full Empty	IN MOD OPG IN MOD OPGV	
NICNI BLANC	Mont Blanc® oxiom® contra-angle handpiece Medical grade stainless steel Full contra-angle handpiece Depth stop	10403X 10418_SAFE	



 $The \ destruction \ of \ the \ components \ must \ be \ carried \ out \ in \ accordance \ with \ the \ local \ directives \ that \ apply \ to \ medical \ waste$



For returning components: anthogyr shall refuse any returned component that may present a risk of infection. Only return components that have been sterilised along with proof that they are sterile.

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2237, Avenue André Lasquin 74700 Sallanches – FRANCE Phone: +33 (0)4 50 58 02 37 Fax: +33 (0)4 50 93 78 60 e-mail: sales@anthogyr.com Website: www.anthogyr.com

