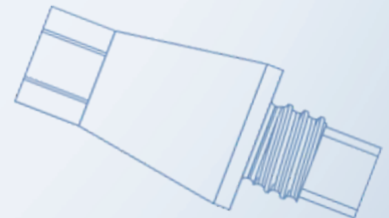
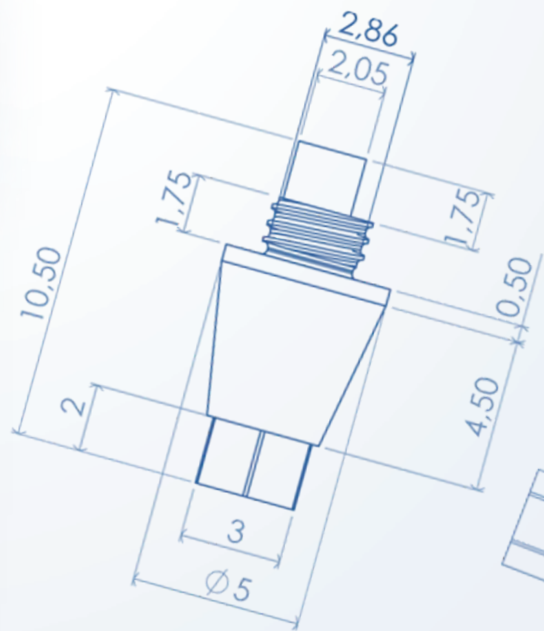




AWI

Albus WITAR Implants



Surgical and Prosthetic User Manual

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Metal-free dental Implantology

*We at **WITAR** have been working in the field of metal-free, dental implantology and prosthetics for years. While developing our products and services, we strive to offer our customers natural, safe, clean and strong solutions combined with the least complicated applications.*

These optimized and simplified processes clearly increase the operating efficiency of your dental office, while providing reliable and predictable outcomes.

To us, our customer's benefits bear testimony to the effectiveness of the WITAR concept and show that our philosophy is fully caters to all requirements of modern-day dental implantology and prosthetics.

*Furthermore we strongly believe that health
and a high quality of life should
not be considered being luxury but rather
be available to everyone in an advanced,
modern society.*

General information about our AWI Implants

AWI Implants - metal-free dental implants made out of high-tech ceramics.

AWI Implants will allow you to provide a fully biocompatible and reliable treatment. Our implants exclude the disadvantages of traditional titanium implants. Ceramic dental Implants show no allergic reactions or intolerances.

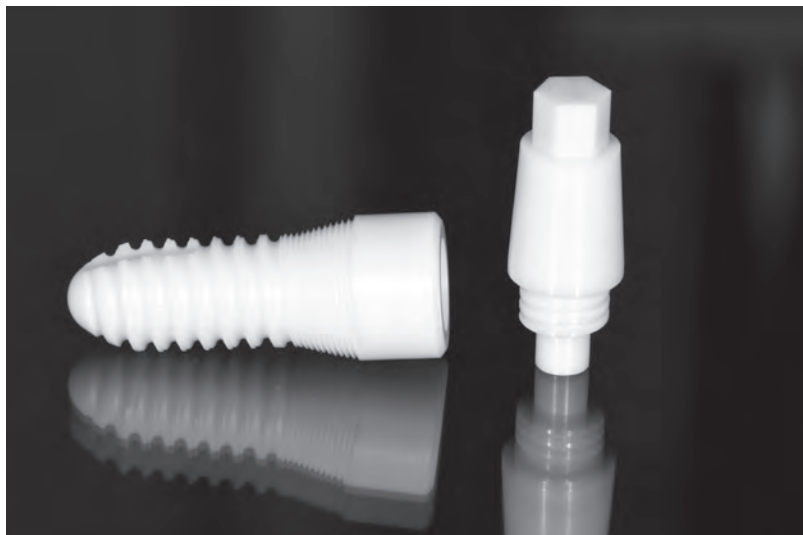
Additionally, the natural coloration of ceramic implants meets the aesthetic demands of modern implantology by far better than traditional titanium implants.

With over 15 years of research, continuous improvements and excellent clinical results, today's ceramic implants show outstanding safety and longevity.

AWI is your innovative solution for 100% metal-free dental implants made out of high-tech ceramics.

In a sophisticated process, the raw material Zirconium Dioxide (ZrO_2) is being transformed to become the 100% metal-free high-end ceramic TZP that AWI Implants are being made of. This ceramic material can therefore be used even for patients with intolerances to metal, as well as metabolic disorders or autoimmune diseases. For about the last two decades Titanium has been regarded as one of the best materials for hip joint replacement and other implants. In addition to its use in orthopedic procedures and assuming that it was not provoking any allergies or intolerances, titanium started to be increasingly used in dental implant treatment, too.

Approximately 15% of the patients are showing those issues after receiving titanium implants though. In the past it was not possible to clearly establish a correlation between titanium and the above mentioned physical reactions. However, newest studies were able to identify and document this correlation using a relatively simple laboratory test (lymphocyte transformation test on titanium).



Cost Effectiveness with AWI

AAWI is not only offering you outstanding aesthetics and a biocompatible, 100% metal-free ceramic implant, it also combines simple procedures with moderate costs and short treatment durations.

- Immediately after placement, two-piece AWI implants are being covered with the healing cap / gingiva former.*
- Following a successful osseointegration period, a ceramic abutment will be cemented into the fixture (two-piece implants) and the preparation for the prosthetic procedure begins. The abutment is being prepped like a natural tooth and followed by a conventional impression-taking procedure for final restoration.*
- The conventional prosthetic restoration is identical to those of a natural tooth and therefore does not generate incremental costs.*

*This makes AWI a cost-effective
and safe implant system which caters
to your patient's aesthetic
and health-oriented needs.*

Patient selection criteria

In order to exclude systemic or local contraindications, the following factors have to be ensured:

- normal, healthy wound healing capabilities*
- sufficient oral hygiene (API 10 recommended)*
- sufficient healthy bone tissue*
- completed physical growth*
- good overall health condition*

Only well-informed patients are able to consent to dental implant treatment. Therefore, patients have to be briefed in the following topics (Worthington 1995):

Treatment options: *all available treatment options including their advantages and disadvantages need to be explained and discussed with the patient.*

Risks: *every surgical treatment bears risks which have to be explained to the patient.*

Long-term outlook: *the success rates of all potential treatment options have to be addressed and backed up by clinical studies and own experience.*

Costs: *patients need to receive detailed overviews of the expenses they will have to expect*

Indications & Contraindications

Treatment options

AWI Implants are designed and manufactured for implantation into healthy bone tissue of the maxilla and mandible. These fixtures are supposed to carry the prosthetic supra-structures, which can be either single crowns or bridges. The AWI system is also suitable for patients with metal intolerances.

Systemic Contraindications

- :: Severe, untreated systemic illness
- :: Immunosuppression and/or leukocyte dysfunction
- :: Illnesses which require steroid treatment
- :: Coagulation disorders or use of anti-coagulants
- :: Neoplasms requiring chemotherapy
- :: Unaddressed endocrine illnesses
- :: Psychotic illnesses
- :: Metabolic bone illnesses
- :: Therapieresistente funktionelle Langzeitstörungen
- :: Xerostomia (dryness of the mouth)
- :: Bisphosphonate-related osteonecrosis of the jaw

General Contraindications

- :: Bruxism

Local Contraindications

- :: Insufficient oral hygiene
- :: Remaining root rests
- :: Local inflammation of jaw bone tissue
- :: Soft tissue illnesses
- :: Insufficient bone thickness and/or height
- :: Poor bone tissue quality

Indications & Contraindications

Potential Contraindications

- :: Completed radiotherapy of bone tissue
- :: Diabetes mellitus
- :: Non-compliant patients
- :: Craniomandibular dysfunctions (CMD)
- :: Haemorrhage diathesis
- :: Anatomic deficiencies of the bone

Temporary Contraindications

- :: Inflammation of the future implant site
- :: Psychological stress
- :: Remediable illness of bone or soft tissue
- :: Pregnancy

High Risk Factors

- :: Severe systemic issues
- :: Weak immune system
- :: Drug abuse
- :: Non-compliant patient

Risk Factors

- :: Bone tissue which recently received radiotherapy
- :: Severe diabetes
- :: Haemorrhage disorders
- :: Heavy smoking



Implant placement

Information for patients

Before you receive your implant treatment, we would like to inform you about the necessity and process of the planned procedure. In order for you to approve the treatment, you need to know the potential risks and after-care instructions.

Besides purely prosthetic solutions such as crowns, bridges or full or partial dentures, dental implants can be placed in the jaw bone and used as “artificial roots”. Not only provide these a strong base for the supra-structure, they can potentially also preserve your existing bone tissue and your natural teeth.

Because implants are being fixed into the bone, pressure from chewing is transferred to the jaws in a much more natural way than this would be the case with a prosthesis applying force only on the gums.

Requirements and Procedure

Good oral hygiene is absolutely vital for the success and long-term success of a dental implant. It therefore has to be assessed and potentially increased before the implant can be placed. In case the level of oral hygiene is not sufficient, an implant placement might not be possible. The healing process (osseointegration) during which the bone bonds to the implant surface usually takes 3-6 months. Please be aware that smoking significantly increases the risk of failure.

The results of several examinations will have to be taken into account during the planning phase.

- Some cases might require a bone augmentation procedure in order to ensure a great outcome of the implant placement. Therefore, a separate surgical appointment would be needed, during which a small amount of the patient’s own bone material can be extracted from the chin, the area behind the wisdom teeth or the hip and transplanted into the later implant site. Alternatively, already prepared bone augmentation material (xenograft) can be used.*
- Implant placement is mostly being performed using local anesthesia. In some cases, general anesthesia might be required. Our anesthetist will provide detailed information about this procedure. A small incision into the soft tissue will expose the jaw bone the implant will be placed into. Surgical drills will then be used to shape the site and the implant will be inserted. Afterwards, the soft tissue is sutured, covering and protecting the implant during the healing phase. The threads are being removed after 10-14 days. Three to six months after placement, the implant has formed a strong bond with the surrounding bone, providing a stable basis for the crown or any other supra structure. In order to connect this, another small incision under local anesthesia will be mostly required.*

After care instructions and success factors

Information for patients

Usually, the implant is not to be loaded (no pressure to be applied) during the first three to six months. In case you have the feeling that the temporary crown is applying pressure onto the implant site, please contact your dentist immediately. The implant site is not to be disturbed, especially not to be cleaned or brushed during the two first days after implant placement. Upon that and until the threads will be removed, the implant area should be cleaned only using mouthwash. Please also refrain from smoking at least until the threads have been removed. Not smoking at all during the entire healing phase will increase the chances of success. Upon removing the threads, a proper level of oral hygiene has to be ensured. Furthermore, regular check-ups (recalls) are required to ensure a great result.

- Please avoid driving any vehicle by yourself after the surgery and use public transportation or arrange someone to pick you up. Your driving skills might be temporarily reduced due to the surgery.
- Please don't use any mouthwash until the second day after surgery since this might induce undesired bleeding. Upon that, oral hygiene measures as described above should be applied.
- Should your implant have been placed in the maxillary sinus area, the following points need to be observed: Any behavior that increases pressure in this region has to be avoided. Do not blow your nose, you can clean it by wiping instead. In case you need to cough or sneeze, please leave your mouth open while doing so. Do not play any wind instruments (flute, trumpet, saxophone, etc.).
- Please refrain from diving or swimming. Also, you must not travel via aeroplane for two to four weeks after maxillary sinus surgery.
- Please do not eat anything until the anesthesia has faded away otherwise you might bite yourself without noticing it.
- Please do not consume any coffee, tea or alcohol on the day of surgery as well as at least the following day since this might your body's natural ability to heal and might induce unwanted bleeding. If possible, it would be best not to consume coffee, tea or alcohol for seven days after surgery.
- Do not consume hot food or drinks. Only lukewarm food or drinks should be consumed to ensure good wound healing. Drink plenty of still water (no soda) and avoid sweets, dairy products and cereals since these might contain gluten.
- Nicotine in any form including chewing or smokeless tobacco is also to be avoided for at least seven days.
- Please avoid taking pain medicine unless really required.
- Do not apply heat to the implant site. For remedy and in order to reduce swelling and pain, please cool your cheek with an ice pack. Please ensure the cool pack is not frozen or too cold by wrap ping it in a moist towel. Ensure you interrupt the cooling phases regularly by 10-20 minutes.
- Refrain from physical activities for at least the first two or three days and try to speak as little as possible. Physical or mental stress activate your body's sympathetic nervous system which interrupts all healing processes. Therefore it is important to take a rest for a few days.
- Healthy, clean air and sufficient sleep as well as activities like reading or meditating will help your body during the healing phase. Please try to avoid sleeping on the implant side and rest your head slightly elevated on a pillow. Also, when eating, the side opposite of the implant should be used for chewing. Try to avoid direct sun exposure as well as very cold wind or using the sauna for the first two weeks.
- In any case it is very important to attend the check-up appointments with your dentist.
- Slight swelling and low to moderate pain are not unusual after the surgery and not of concern as long as they are not accompanied by high fever (over 38.5° Celsius) or trouble swallowing. In these cases or if you experience strong pain, please contact your dentist.

Potential Complications

General Risks

Slight swelling and low to moderate pain are not unusual after the surgery. In case of undesired bleeding, additional suturing or operative haemostasis might be required. Despite the detailed planning of the implant's final position in some cases placing the implant might turn out not to be possible at all.

Specific Risks

Despite the correct surgery and a precise placement, the implant might become mobile in some rare cases. The implant will then be removed and after a healing phase a new implant might be possible to be placed.

Inflammation of the surrounding tissue might happen in some cases.

In very rare cases, the tongue nerve can be damaged during the surgery which rarely might lead to numbness and dysgeusia (reduced tasting abilities) of the affected tongue area. In very rare cases, damage to the mandibular nerve can lead to permanent numbness of the lower lip area while the lips can still be moved. In most cases however, the numbness is only temporary. In very rare cases, the mandibular nerve can be severed and will have to be reconnected in a specialized clinic. In case the sinus membrane has been pierced, it will have to be closed immediately.

All complications might require removing the implant.

AWI Implants

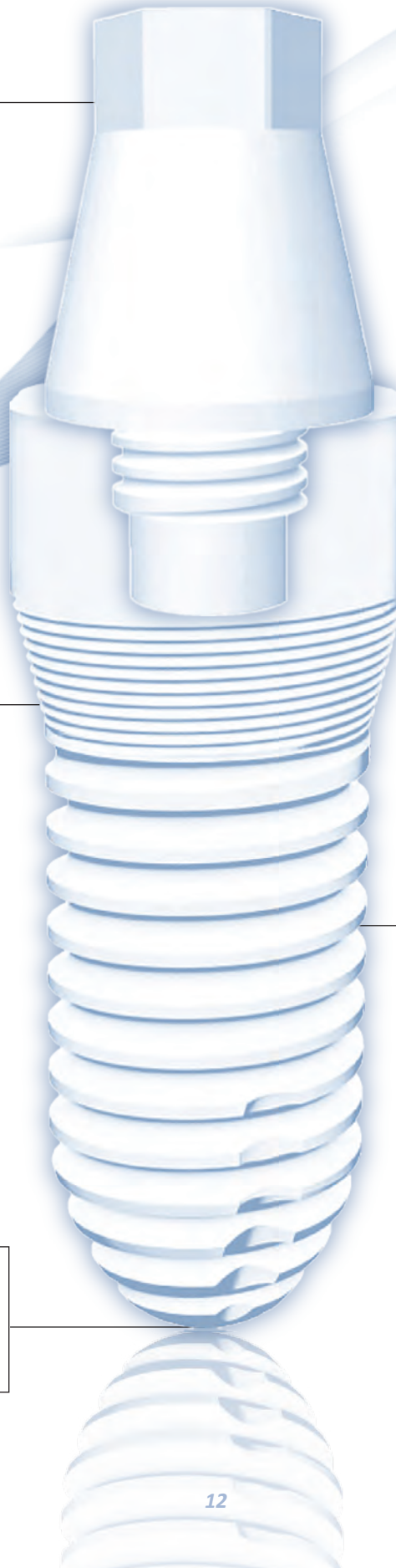
Abutments are made out of a solid, one-piece TZP Zirconium block and allow for an intraoral preparation to meet your patient's needs. Available in diameters of 4mm and 5mm.

The conical micro thread surrounded by cortical bone tissue provides a higher primary stability and distribution of axial forces.

The transgingival shoulder with its smooth surface provides the optimal conditions for soft-tissue adhesion and the transition towards the final prosthetics. Available in diameters of 4mm, 5mm and 6mm.

Our optimal surface roughness of 1.7 μ m which is being achieved by using patented processes has been confirmed by several scientific studies. In combination with our thread design, these implant surface properties ensure consistently successful osseointegration across all bone biotypes. Available in diameters of 3.9mm, 4.5mm, 5.0mm and 6.0mm.

The self-cutting implant tip offers enough space for bone chips to be distributed evenly and makes a low-compression insertion possible.



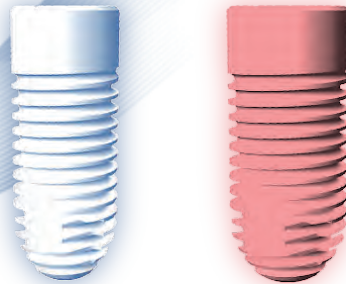
AWI Implants

AWI-Series / G-Line



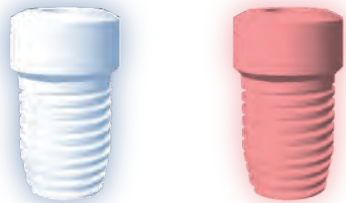
Thread
 \varnothing 3,9/4,5/5,0/6,0mm
 Shoulder
 \varnothing 5,0/6,0mm
 Thread Length
 8,0/10/12/14mm

Z-Series / G-Line



Thread
 \varnothing 5,0mm
 Shoulder
 \varnothing 5,0mm
 Thread Length
 8,0/10/12/14mm

AWI-Sinus Lift / G-Line



Thread
 \varnothing 6,0mm
 Shoulder
 \varnothing 7,0mm
 Thread Length
 8,0mm

AWI-One Piece / G-Line



Thread
 \varnothing 3,9mm
 Shoulder
 \varnothing 4,0mm
 Thread Length
 10/12mm

AWI Surgical-Tray

Our compact AWI sterilization containers can be used in all steam sterilization processes under vacuum at temperatures between 121°C and 134°C as well as low-temperature sterilization using gas (FO and EO) and H2O2-Plasma. They are equipped with long-life filters by default.

ATZ-Ceramic

















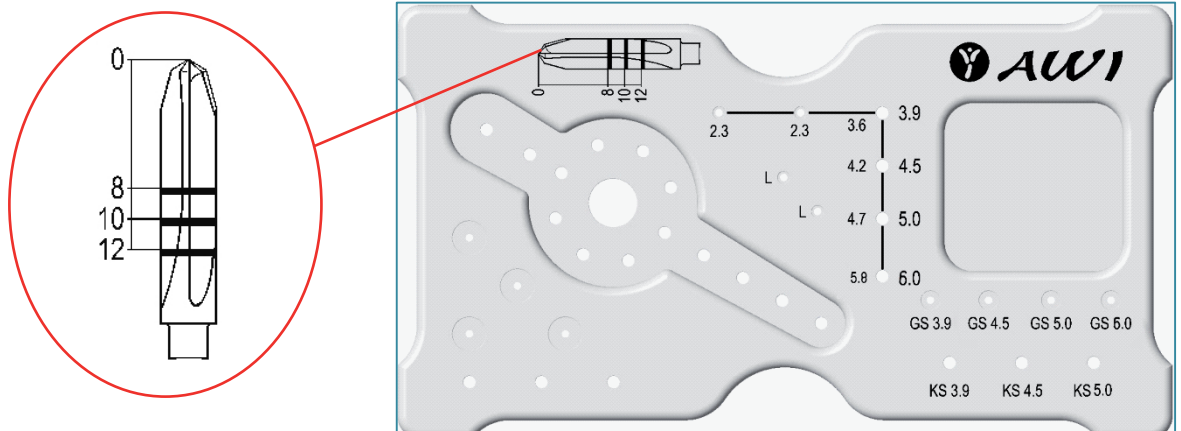
Metal



- Cutting performance remains unchanged up to 50 cycles.
- Sterilization at 134°C
- Recommended cutting speed 400-800rpm

Surgical Instruments Drills

Rose Drill	Ø 2,3	
Pilot Drill	Ø 2,3	
Counter Sink	Ø 5,0	
Counter Sink	Ø 6,0/4,5	
Counter Sink	Ø 6,0/5,0	
Drill	Ø 3,6	
Drill	Ø 4,2	
Drill	Ø 4,7	
Drill	Ø 5,8	
Depth Gauge	8/10/12	
Thread Cutter	GS Ø 3,9	
Thread Cutter	GS Ø 4,5	
Thread Cutter	GS Ø 5,0	
Thread Cutter	GS Ø 6,0	



Surgical Instruments Tools

Implant Insertion Tool (for torque wrench)

IE 25

Implant Insertion Tool (for torque wrench)

IE 15

Implant Insertion Tool (for hand piece)

IE 15 W

Abutment Tool

AE 20

Abutment Tool

AE 10

Drill Extension

BV

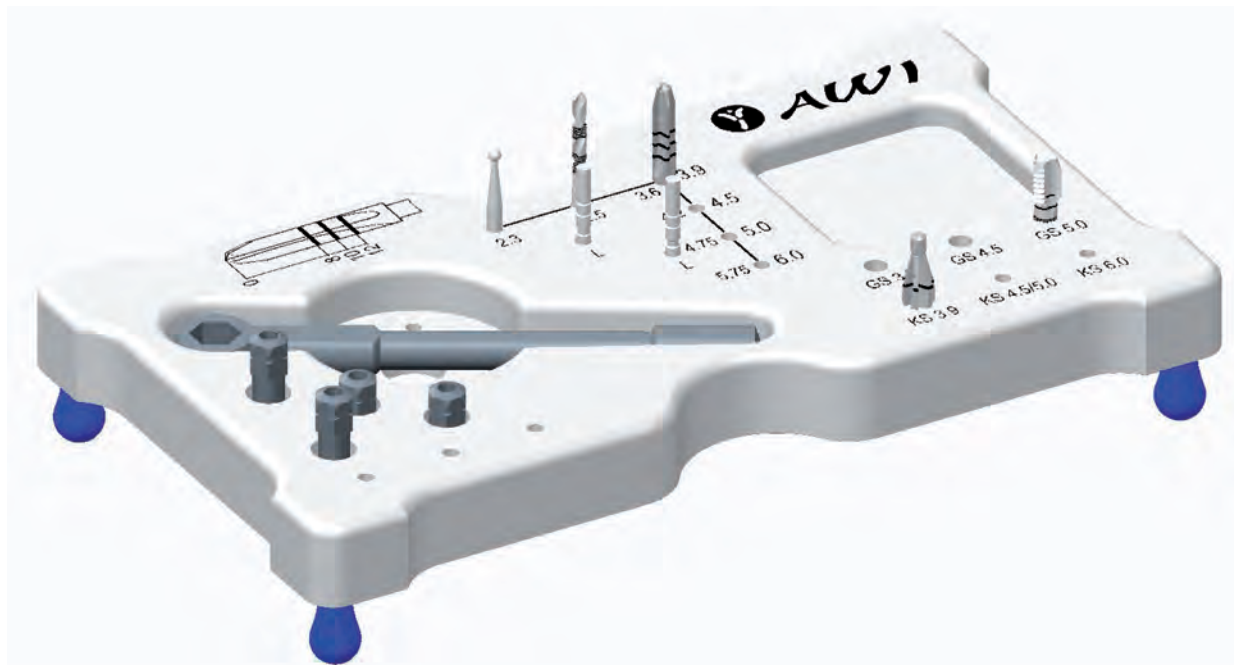
Hand Piece Adapter

WA20

Healing Cap Tool

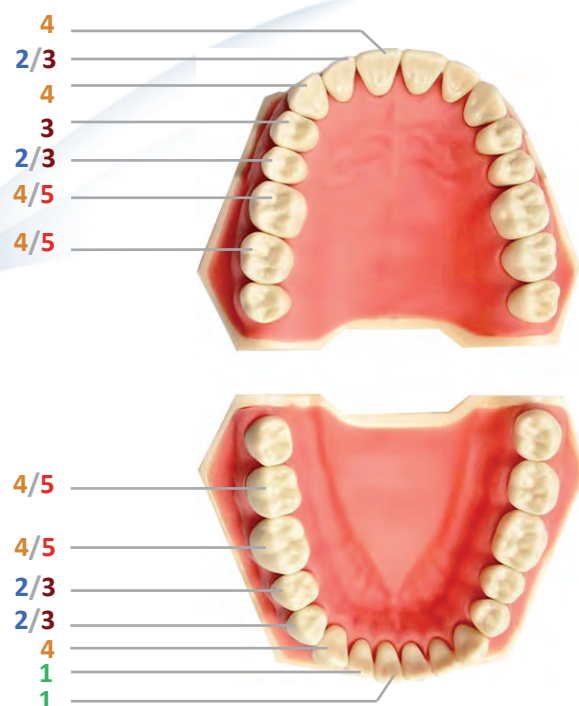
ES20

Torque Wrench



Recommended Implant Selection

- 1 **AWI-394010, AWI-394012**
 \varnothing 3,9 mm Thread
 \varnothing 4,0 mm Shoulder
 Length 10 mm /12 mm
- 2 **AWI-3908, AWI-3910, AWI-3912**
 \varnothing 3,9 mm Thread
 \varnothing 5,0 mm Shoulder
 Length 8,0 mm /10 mm /12 mm
- 3 **AWI-4508, AWI-4510, AWI-4512**
 \varnothing 4,5 mm Thread
 \varnothing 6,0 mm Shoulder
 Length 8,0 mm /10 mm /12 mm
- 4 **AWI-5008, AWI-5010, AWI-5012**
 \varnothing 5,0 mm Thread
 \varnothing 6,0 mm Shoulder
 Length 8,0 mm /10 mm /12 mm
- 5 **AWI-6008**
 \varnothing 6,0 mm Thread
 \varnothing 7,0 mm Shoulder
 Length 8,0 mm



Selecting the right Implant Dimensions

The following criteria need to be considered when selecting the diameter of your implant:

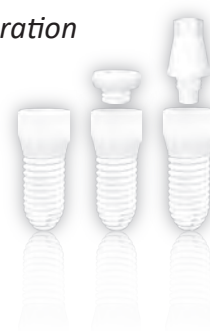
- Width of the tooth that needs to be replaced / space between adjacent teeth
- Space between the implant and the roots of adjacent teeth should be at least 1mm.
 The same minimum spaces requirements apply to neighboring implants
- Calculation of the future masticatory pressure on the implant

The basic rule is:

always select the maximum diameter and length possible!

These are the most important criteria to be considered during your planning process (if applicable):

- pre-op X-Ray diagnostics
- 3D CBCT Scans
- Assessment and planning based on intraoral situation (digital / analog)
- Preparation of wax up / mock up model
- Fabrication of drilling guide
- Preparation of temporary prosthetics to protect the implant site during osseointegration

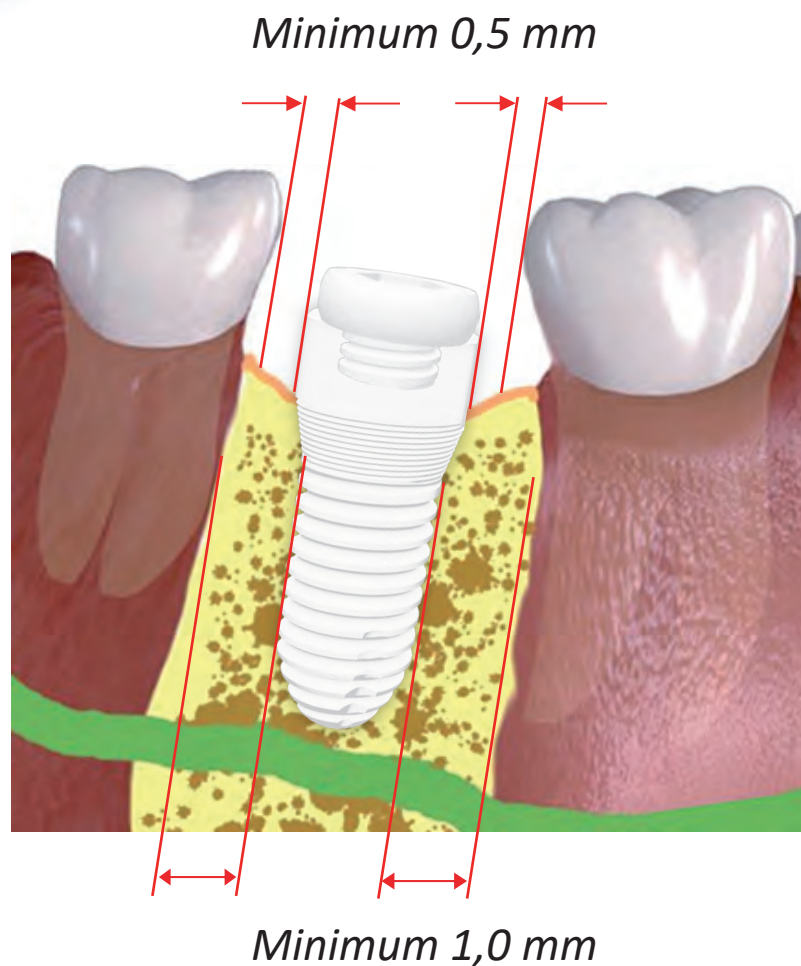


Surgical calculation and planning of the implant site

The implant site is being calculated as the sum of the implant diameter plus the thickness of the surrounding bone. (Please always select the maximum implant diameter possible and take our model recommendations above into account).

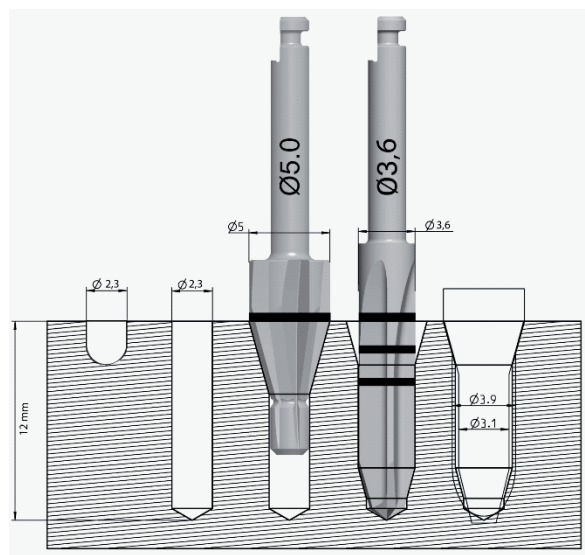
While calculating the dimensions of the prosthetic restoration, mock up models as well as dental radiology data are being considered and the following formula is being applied:

*Minimum space for prosthetic restoration =
Diameter of implant shoulder + (min.) 2x0.5mm*

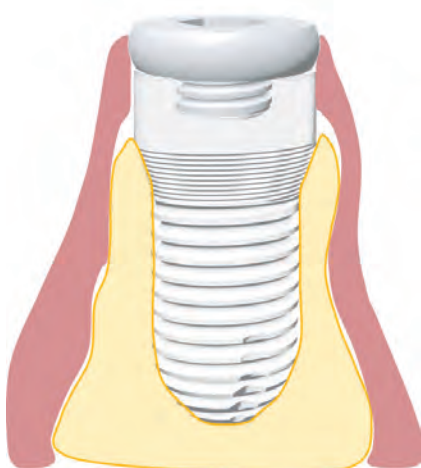
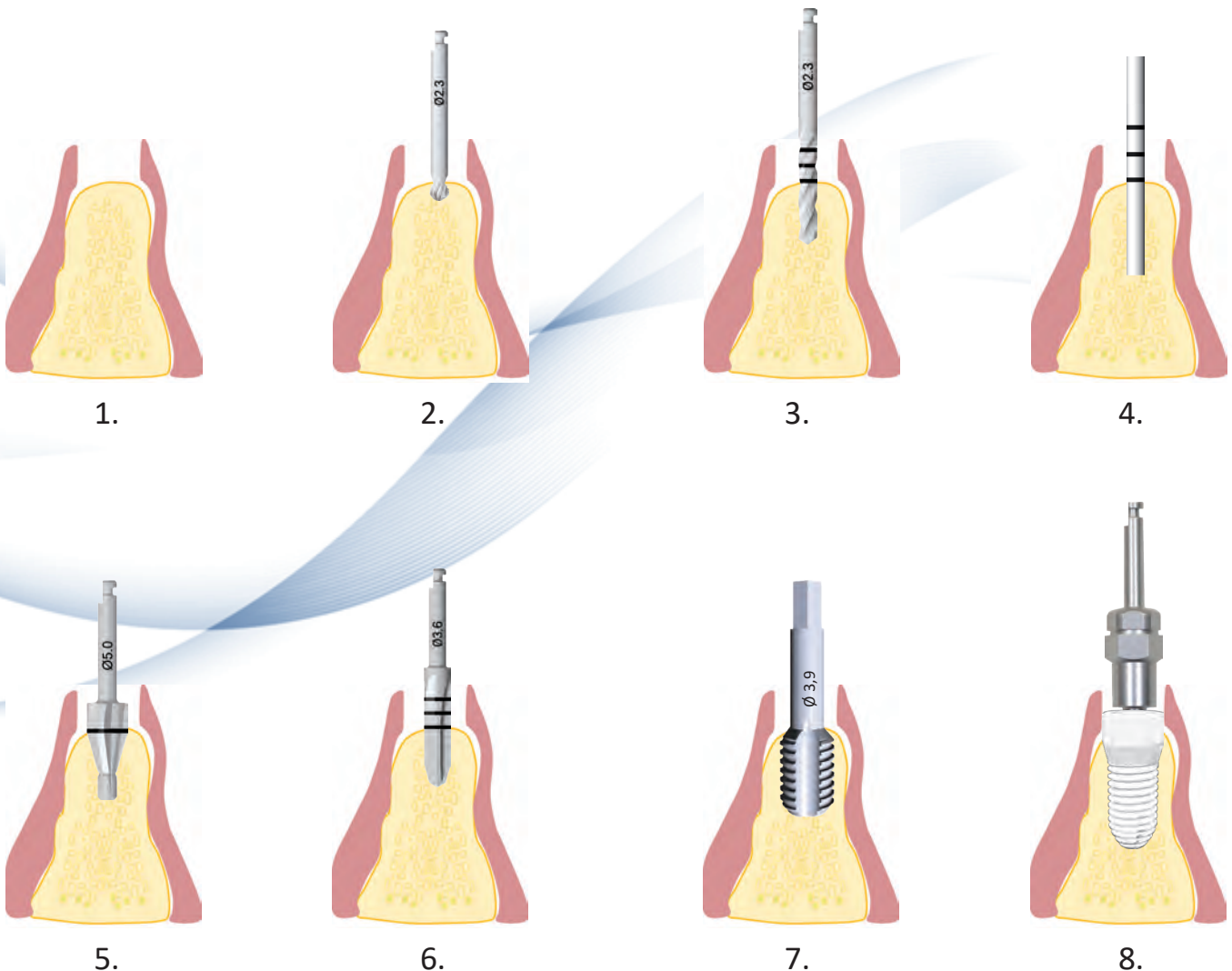


Surgical Procedure

1. Using a mucoperiosteal flap, the underlying bone tissue is being exposed.
2. The implant site is being marked using the \varnothing 2.3mm Rose Drill.
3. Applying only low pressure and while using sufficient cooling at a drilling speed of 800rpm, the Pilot Drill is being used during the initial drilling step.
4. Following the Pilot Drill, the Depth Gauge (\varnothing 2.3mm) can be utilized to check angulation and depth.
5. The suitable (please see drilling guide) Counter Sink is being used to create a convex shape as a support for the implant's conical micro threads. This will ensure a perfect fit of the implant in the cortical bone, thus contributing to increasing primary stability.
The laser-marked drilling depth is clearly visible. Placing the implant shoulder slightly sub-crestal is only recommended for cases with very uneven crystal bone or very thin soft tissue.
Counter Sinks are always used immediately after the Pilot Drill.
6. Following above steps, the implant site is subsequently being enlarged by using the suitable Drills (\varnothing 3.6/ \varnothing 4.2/ \varnothing 4.7/ \varnothing 5.8mm) and the correct drilling sequence (please see drilling guide).
Please ensure you are using sufficient cooling at 600-800rpm.
7. Depending on the patient's bone biotype, the use of the suitable Tread Cutter (\varnothing 3.9/ \varnothing 4.5/ \varnothing 5.0/ \varnothing 6.0mm - please see drilling guide) is recommended. Thread Cutting Drills are always used after the largest diameter Drill.
8. AWI Implants are then being placed using either the suitable Hand Piece Adapter (WA20 / IE15W) or the manual Implant Insertion Tool for torque wrench (IE25 / IE15 / IE15W).
Please ensure that the maximum insertion torque does not exceed 35Ncm. For sufficient primary stability, a minimum insertion torque of 25Ncm has to be achieved.



Surgical Procedure



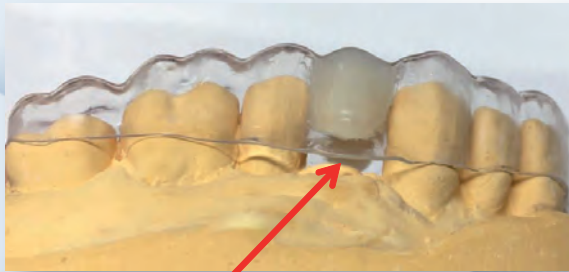
AWI Implants have self-cutting threads and are being used for all bone biotypes D1-D4. The suitable Thread Cutter is being used in combination with the Torque Wrench to manually cut threads in the upper third of the implant site. While placing the AWI implant, the maximum torque of 35Ncm must not be exceeded.

Optimized workflows simplify your procedures.

Our AWI System allows you to shape the soft tissue using the healing cap. The additional utilization of a gingiva former is therefore not required.

Protective Measures during Osseointegration

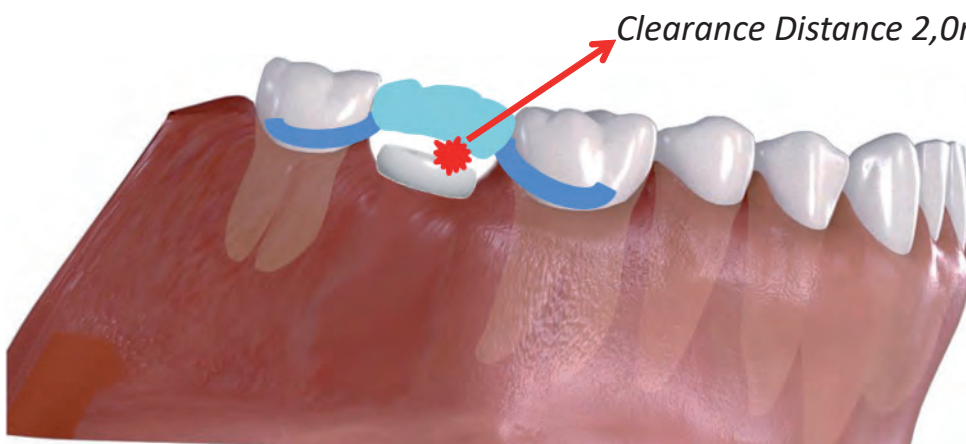
Temporary Retainer



Clearance Distance 2,0mm-2,5mm



Conventional temporary Prosthetics



Clearance Distance 2,0mm-2,5mm

Healing Phase

As a rule of thumb, the healing phase of implants placed in the maxilla is approximately 6 months, while those placed in the mandible have osseointegrated after around 3 months. It is absolutely critical that implants are being protected from pathological factors during the entire healing phase.

After Care

It is recommended to follow below check up schedule as well as protective measures.

- *The first six to eight weeks after implant placement are especially critical and can strongly influence the healing success. In case of any kind of discomfort, pain or doubt, the patient has to inform the treating dental surgeon and might be required to see his doctor for a personal assessment.*
- *It is recommended to conduct a first check up 14 days after implant placement. A second appointment can be made approximately six weeks after surgery, followed by a third visit at the three months mark.*

Just as with any other implant brand, patients have to be briefed about the correct after-care measures while good oral hygiene and a high patient compliance is ensured.

Wie bei jedem anderen Implantatssystem sind die Patienten über die korrekte Handhabung zu informieren und es gilt eine möglichst hohe Compliance zu erreichen.

Successful Osseointegration

- *no peri-implantitis*
- *no palpable implant mobility*
- *painless implant site*
- *no signs of peri-implantitis visible on diagnostic radiology*
- *Tap test*

Soft tissue management for the final prosthetic treatment

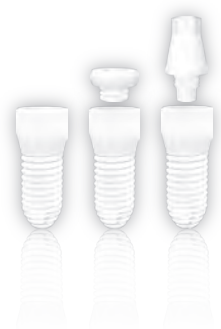
Zirconium Dioxide Implants facilitate the growth of healthy soft tissue to the extent that in most cases you will be required to partially remove gingival tissue before finalizing the prosthetic restoration.

Exposing the implant shoulder area using electrocoagulation:

Due to the fact that ceramic implants are non-conductive, electrocoagulation surgery can be performed under local anesthesia.

There is no risk of damaging the area surrounding the implant. Please use the thinnest tip possible.

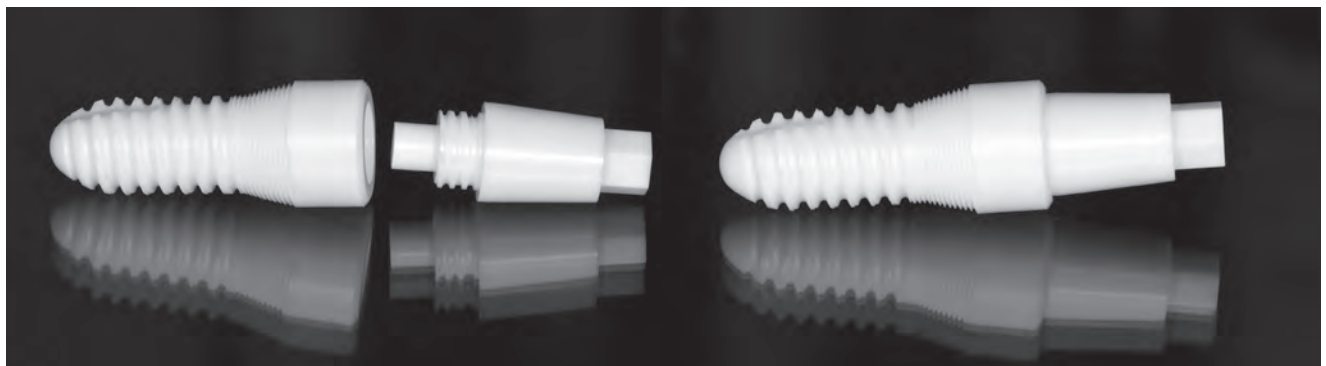
Please ensure sufficient cooling of the soft tissue as well as appropriate suction of potentially bad smells during the entire procedure. Upon shaping the gum line use Hydrogenperoxide (H₂O₂) or Cold Plasma to treat the area.



Securing the AWI Abutment into position

The Zirconium monoblock abutment is screwed into the internal thread of the fixture while applying glass ionomer cement for a permanent abutment-implant connection.

- 1. The healing cap is being removed and the internal threads of the fixture are being thoroughly cleaned before the abutment is being placed. The abutment is being removed from its packaging and visually inspected for damages.*
- 2. Using the suitable tool (either AE-10 or AE-20), the abutment's fit is checked by screwing it into the fixture without applying glass ionomer cement at first. A perfect fit is ensured if the abutment can be easily and slightly loosely screwed into the fixture. A gapless connection between the implant shoulder and the stepped abutment is your indicator that you can continue with final cementation. In order to reduce the risk of cementitis, the use of retraction cord is highly recommended.*
- 3. Please apply the glass ionomer cement only to the external threads of the abutment for final fixation. Do not apply cement to any part of the fixture. **In case glass ionomer cement is applied into the body of the fixture, there is the risk of misplacing the abutment due to compression forces.** The abutment is then screwed into its final position using the suitable tool (either AE-10 or AE-20) and the Torque Wrench. A torque of 15Ncm has to be applied.*
- 4. Upon hardening of the cement, the abutments are individually prepped using red-ring diamond burs. Please ensure maximal cooling and don't apply more than 5Ncm of pressure while prepping the abutments. The preparation of the abutment (and of the implant shoulder if needed) is followed by a conventional impression taking procedure.*

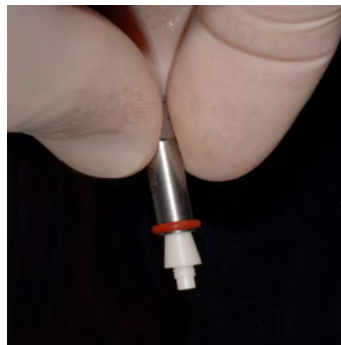


Securing the AWI Abutment into position

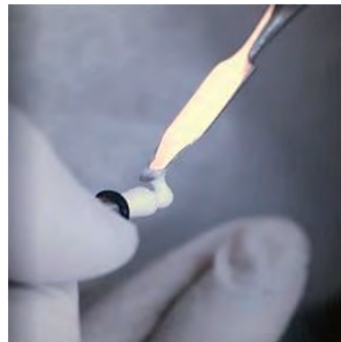
1



2



3



4



Prepping the Abutment

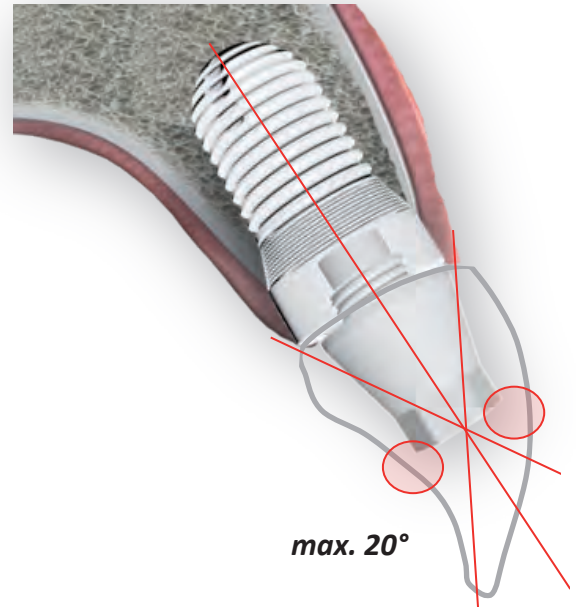
Especially in the aesthetic zone, the bone's natural anatomy is influencing the final position of the fixture. A sufficiently thick vestibular bone is one of the main prerequisites of long-term success.

Due to anatomical limitations of some cases, the labial part of the supra gingival structure can sometimes have an undesirable angle which becomes a hindering factor during the prosthetic restoration.

Our AWI System allows for the abutments to be prepped to an angle of up to 20° while still maintaining a strong and solid structure to carry the final prosthetics.

While prepping AWI Abutments please ensure the following:

- Use maximum cooling (50 mL/min)
- Use sharp red ring burs (40 µm)
- Apply only very low pressure (approx. 5N/cm)
- Use the maximum rotational speed



AWI Diamond Burr Kit

Developed specifically for dental surgery, ideal for prepping Zirconium and glass ceramic.

Benefits of the AWI Diamond Burr Kit:

- Reduced chair time due to 20% higher cutting performance
- High heat dissipation due to gold-plated shafts
- Fine grain size (red ring)



Prosthetic Procedure

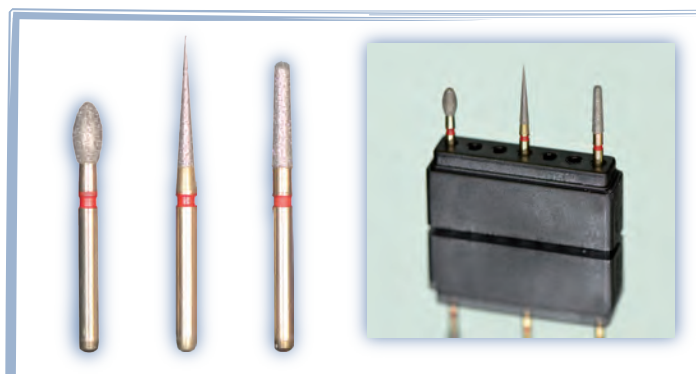
Adjust the abutment angles (up to 20°) as required.

Prepping the implant shoulder

The implant shoulder can be adjusted in order to match the gum line. This can be especially relevant in aesthetic areas. In order to achieve highly aesthetic results, it is necessary to place the margin of the final crown in a slightly sub gingival position. Placing the crown margin further below the gum line (more than 1mm) is not indicated as this might hinder the removal of excess cement and obstruct prophylactic treatment. While in the aesthetic zone, the preparation margin should be slightly sub gingival, it can be aligned with the gum line for molars and pre-molars. Please also take the “biological width” into account.

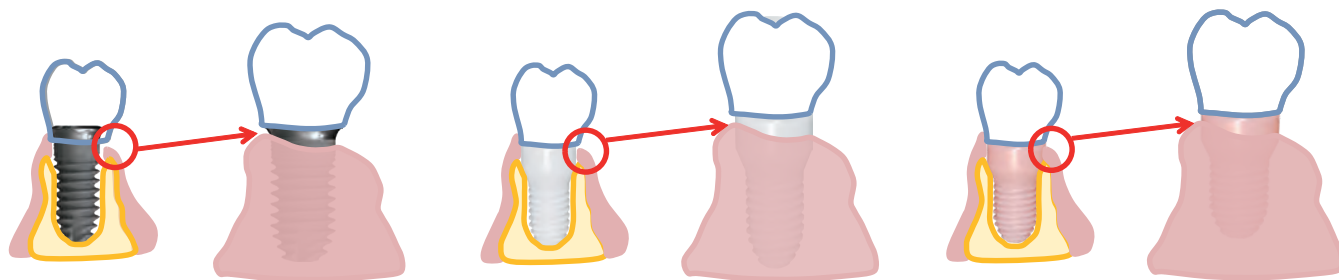


AWI Diamond Bur Kit



G-Line

AWI G-Line Implants can also be prepped in supra gingival areas.



Drilling protocol

AWI-3908 AWI-3910 AWI-3912

Rose Drill	Ø 2,3 mm
Pilot Drill	Ø 2,3 mm
Counter Sink	Ø 5,0 mm
Drill	Ø 3,6 mm
Thread Cutter	Ø 3,9 mm



Drilling protocol

AWI-4508 AWI-4510 AWI-4512

Rose Drill	Ø 2,3 mm
Pilot Drill	Ø 2,3 mm
Counter Sink	Ø 6,0/4,5 mm
Drill	Ø 3,6 mm
Drill	Ø 4,2 mm
Thread Cutter	Ø 4,5 mm



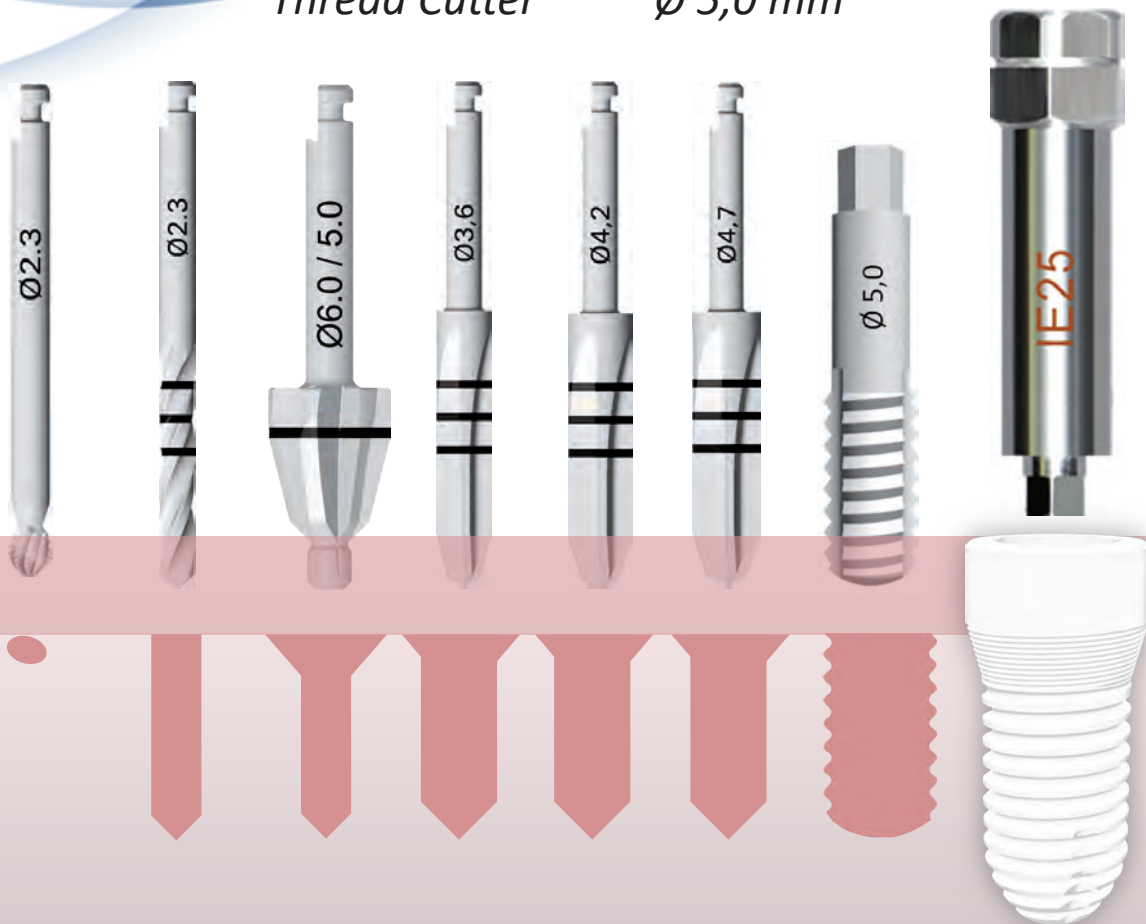
35N/Cm



Drilling protocol

AWI-5008 AWI-5010 AWI-5012

Rose Drill	Ø 2,3 mm
Pilot Drill	Ø 2,3 mm
Counter Sink	Ø 6,0/5,0 mm
Drill	Ø 3,6 mm
Drill	Ø 4,2 mm
Drill	Ø 4,7 mm
Thread Cutter	Ø 5,0 mm



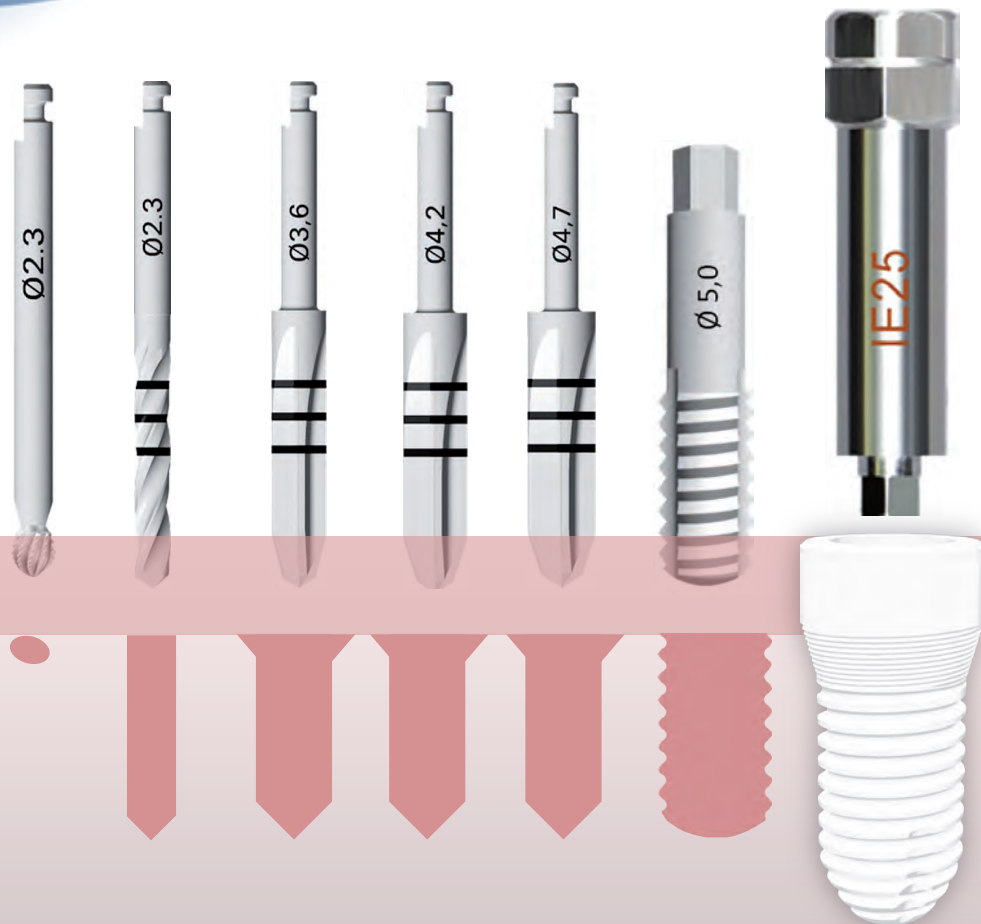
35N/Cm



Drilling protocol Z-Serie

AWI-5008Z AWI-5010Z AWI-5012Z

Rose Drill	Ø 2,3 mm
Pilot Drill	Ø 2,3 mm
Drill	Ø 3,6 mm
Drill	Ø 4,2 mm
Drill	Ø 4,7 mm
Thread Cutter	Ø 5,0 mm



35N/Cm



Drilling protocol AWI-One Piece

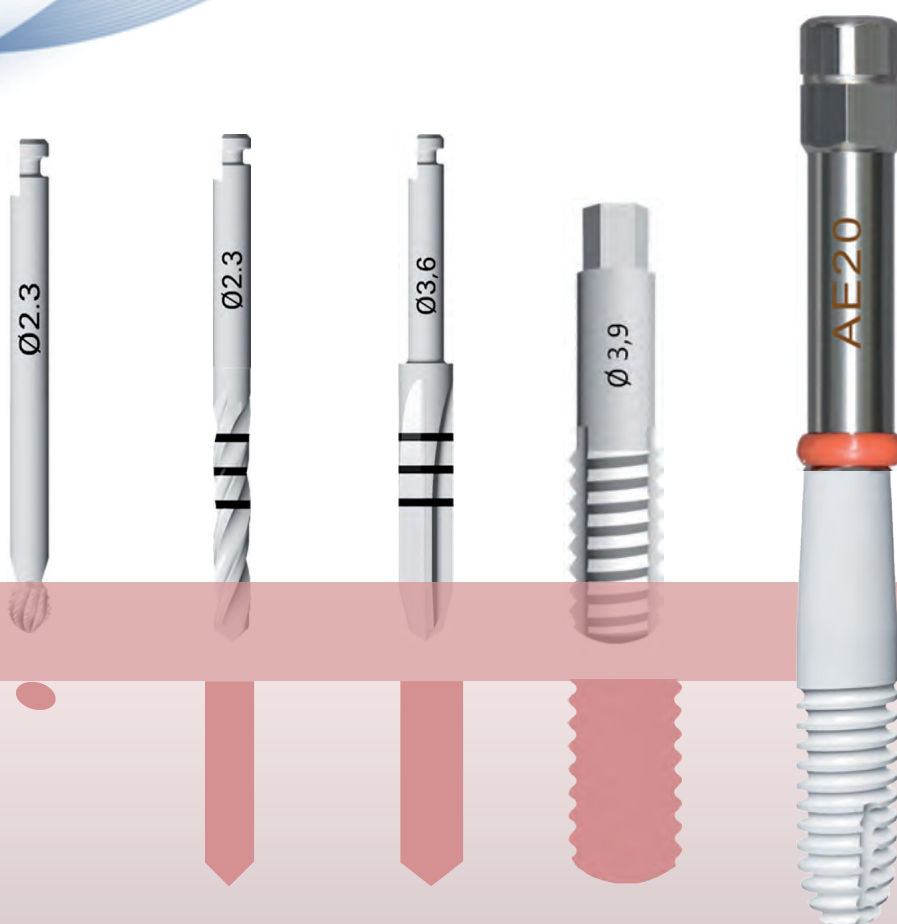
AWI-394010 AWI-394012

Rose Drill $\varnothing 2,3$ mm

Pilot Drill $\varnothing 2,3$ mm

Drill $\varnothing 3,6$ mm

Thread Cutter $\varnothing 3,9$ mm



35N/Cm



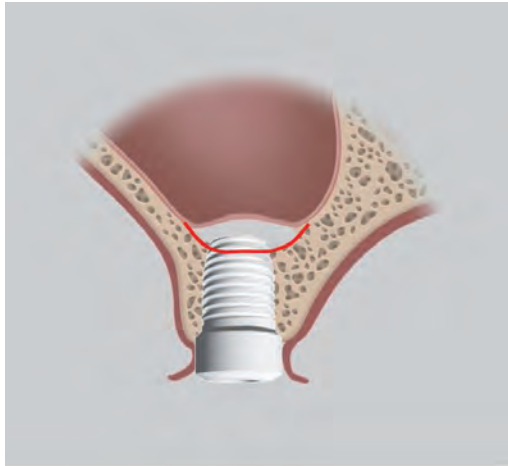
Drilling protocol

AWI-6008

Bone class

I-II

III-IV



Rose Drill

Ø 2,3 mm

Ø 2,3 mm

Pilot Drill

Ø 2,3 mm

Ø 2,3 mm

Drill

Ø 3,6 mm

Ø 3,6 mm

Drill

Ø 4,7 mm

Ø 4,7 mm

Drill

Ø 5,8 mm

-

Thread Cutter

Ø 6,0 mm

Ø 6,0 mm



AWI Sinus-lift implant: especially designed for internal sinus lift procedures, mostly recommended for use in Sinus-Area for patients with bone loss. The implant has a self-cutting thread, a convex, and polished tip to avoid a perforation of the Sinus membrane.

35N/Cm





www.witar.de



AWI

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