

Surgical and prosthetic care  
with the product variants

**REVOIS® : PRO**

**REVOIS® : compact**

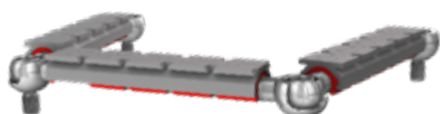
**REVOIS® : Classic**

**REVOIS® : PRO**



## User Manual

# REVOIS® Dental Implantat System



[www.aurosan.de](http://www.aurosan.de)

[www.revois-dental.com](http://www.revois-dental.com)

## User Manual

# REVOIS® Dental Implantat System Product variant

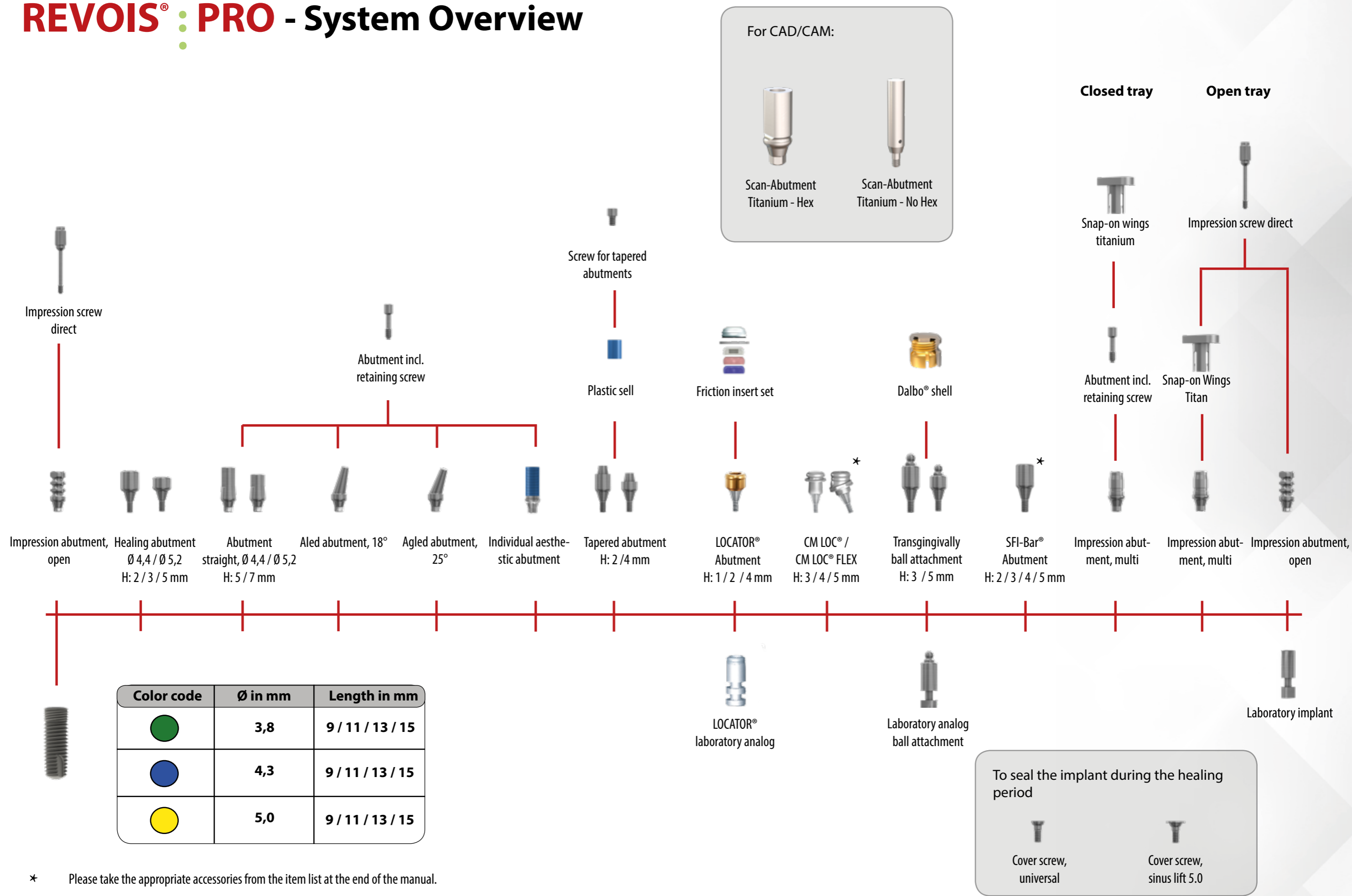
**REVOIS® : PRO**

### Legal Disclaimer

- This manual has been compiled with great care and the ambition to provide a thorough knowledge base for the user of the REVOIS® PRO product variant of the REVOIS® Dental Implantat System.
- Nevertheless, AUROSAN does not take liability for any mistakes or incompleteness as this manual is subject to regular update.
- We appreciate any feedback of the reader for constant improvements.

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# REVOIS® : PRO - System Overview



## Precision and safety first: Impression post made out of titanium.

Precision and safety first: Impression post made out of titanium.

The Snap-on-Tools / Snap-on Wings principle introduced with REVOIS® Classic has been further developed for REVOIS® PRO. In combination with the titanium-made multifunctional impression post, most precise impressions can be taken, based on the material change from PEEK to titanium, and the option to screw-fix the impression post to the implant.



Impression post (multi)



Snap-on Wings

### Advantages of the Snap-on-Wings impression technique:

- a) Safe insertion – reduced risk of swallowing;
- b) Self-centralizing. Exact position of the post after impression taking;
- c) Post can also be used as abutment, e.g. for the fixation of a transitional prosthesis;
- d) Base for laboratory work / modelling of the final crone.

Snap-on-Wings are easy to use and allow for a maximum of precision. By maximizing the use while minimizing the number of parts, together, Implantologist and Dental Technician can reduce workflow time and unleash additional economic benefits for themselves as well as for patients.

The titanium-made impression post can be used across all **REVOIS® PRO** implant sizes.

It may serve twofold:  
(a) as impression post and  
(b) as temporary abutment.

Its asymmetric shape ensures the right axial direction and avoids rotation of a provisional crone.

## Optimal biologic width. The REVOIS® platform switching concept

The design of the **REVOIS® PRO** implant form and interface considers the biological width of the tooth and its statics surrounded by different bone structures. The REVOIS® PRO interface presents with a 1.9 mm step above the implant shoulder. The abutments' interface diameter is 3.05 mm independent of the implant diameter (3.8, 4.3, or 5.0 mm). The resulting tulip form of the subcrestally inserted implant supports the crestal and gingival rebuild, and stability and hygiene, respectively. Osteoblast and fibroblast activity is stimulated, counterbalancing bone resorption and gingival recession.



The unique, patent-protected design of **REVOIS® PRO** and its components further translates into the user- and patient-friendly packaging: **REVOIS®** implants are delivered as a pre-mounted set, consisting of implant, mounted impression post and impression screw, and separately sealed, a cover screw. Sticky labels to be transferred to patient file and/or patient implant pass are standard, as well.

Impression screw, direct



Impression post

The long 45° sealing conus with internal hex-lock causes a press-fit between implant and abutment minimizing the risk for a bacterial deposit in the rim, and maximizing stability.

The rounded apex is one of the safety-features of **REVOIS® PRO**. In combination with the REVOIS conical drills and bone taps, the risk for injuries to the underlying tissue is minimized.

The platform-switching concept: only one diameter and interface across all prosthetic options and implant sizes reduce the number of parts and ease their use.

The REVOIS® micro- and nano-rough surface, blasted and acid-etched, promotes osseointegration.

- **cylindroid-conical implant body** - maintaining as much bone tissue as possible
- **self-centralizing abutments** – easy to use even in narrow settings
- **healthy gingiva** – avoiding squeezing
- **reduction of micro-movements** – less strain on the fixation screws
- **easy open- or closed-tray impression** – economic use of parts
- **optimal force transmission** – stimulating osteogenesis and osseointegration

## Basis for excellent long-term results: The implant-body congruent preparation of the implant site

The **3-dimensional fit** between the prepared cavity and the implant shape is essential for a balanced and fast osseointegration of the implant, and to achieve primary stability.

For the **REVOIS® PRO** product variant, a **simple set of three drills**, a precision pilot drill, a conical drill, and a bone tap ensure the best-possible match. The implant channel becomes the negative to the implant body.

**Depth protection** - safety first: Precision drills can be used optionally with drill stops preventing injury to underlying structures. Conical drills and bone taps have rounded tips. Drilling deeper than intended is not possible.

**Form protection:** The contact between implant and surrounding tissue is ensured across the entire implant surface.



The apical double-thread and cervical three-way-thread of the **REVOIS® PRO** implants reduce the crestal bone compression. Micro-movements are avoided from beginning on. Osseointegration, allowing for a balanced force transmission, is reached early on.

Achieving primary stability, in many patients treated with **REVOIS® PRO**, impression taking and start of the prosthetic work can be started right after insertion. If a multiple-timed procedure is necessary or preferred, the design of REVOIS® PRO offers preferential conditions for a thorough osseointegration.

The typically subcrestal insertion of **REVOIS® PRO** implant mimics the physiological position of the dental root and acts as a barrier against the intrusion of bacteria.

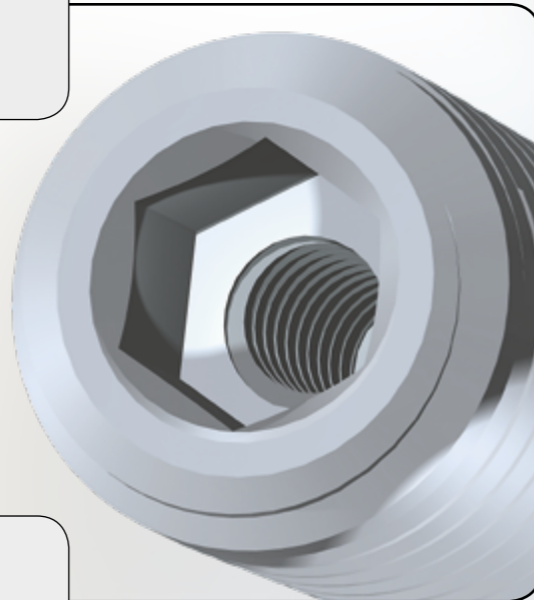
Blasting and acid-etching, following by a superior cleaning process and the resulting micro- and nano-roughness of the surface of the **REVOIS®** implants promote the adhesion of fibroblasts and osteoblasts. In combination, implant quality, primary stability and osseointegration are the biomechanical base for excellent long-term results.

## A particular interface ensuring both: precision and safety

Bacterial growth in the rim between implant and abutment may cause periimplantitis, and secondary contribute to the loss of an implant.

The long 45° conus of **REVOIS® PRO** acts as a sealing conus. Together with the internal hex lock, this design establishes a press-fit connection reducing the risk for bacterial intrusion: "two become one".

Precision of the impression-taking is optimized by using only one material – titanium – between impression post, Snap-on wings, and final abutment. The potential of micro-movements by lack of precision is excluded. Strain via the fixation screw is reduced. The force transmission surface is maximized.



**REVOIS® PRO:**  
simple, user-friendly,  
economically meaningful.

Pre-mounted implant sets, the self-centralizing interface design and the platform switching concept have been essential elements in the development of **REVOIS®**, allowing to keep the necessary tooling simple and the number of instruments small. Every prosthetic element fits to every implant size.

ISO connectors reduce investments for specific adaptors whenever possible. Adaptors and compatibility with most of the established prosthetic modular systems permit the use of REVOIS PRO without changes individual prosthetics preferences, e.g. to Locator®, CM LOC®, Dalbo®, or SFI-Bar®. On top, attractive starter kits drive a friendly conversion. Service and educational offerings support patient information efforts.

## Patient satisfaction:

### Aesthetic result with titanium, promoted by reduced crestal remodeling.

The three-step-thread, with its increased surface in the subcrestal space of the compacta, leads to less bone compression and subsequently moderates crestal remodeling.

In consequence bone height reduction is slowed. The risk of developing periimplantitis is reduced by the sealing conus and the tulip-alike shape of the abutment allowing for the desired crestal and gingival alignment.

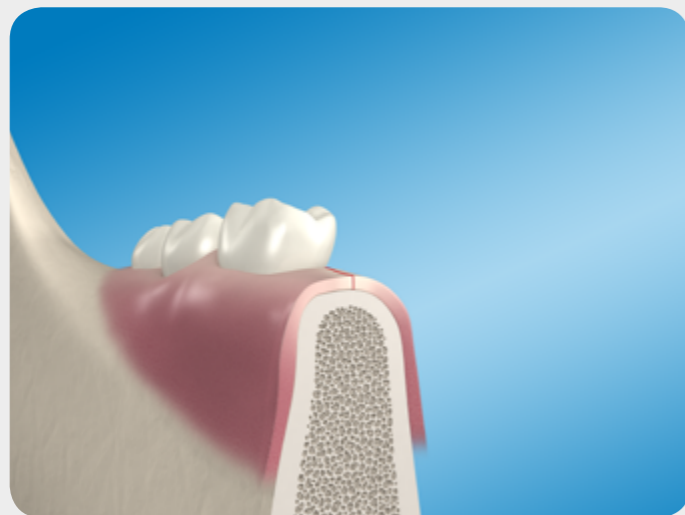
The moderated crestal remodeling and gingival realignment over the implant shoulder and onto the tulip of the abutments promote the fast establishment of a tight fibrotic shield around the implant site.

Biocompatibility and the presented biomechanical advantages of the **REVOIS®** design and its material titanium provide an excellent long-term therapy option for your patients, whenever dental implants are indicated.



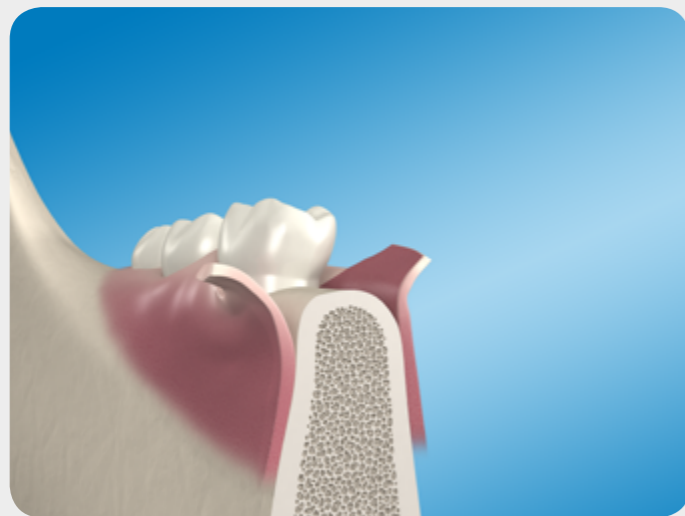
## Preparation of the implant side – the drills

### Two-timed procedure



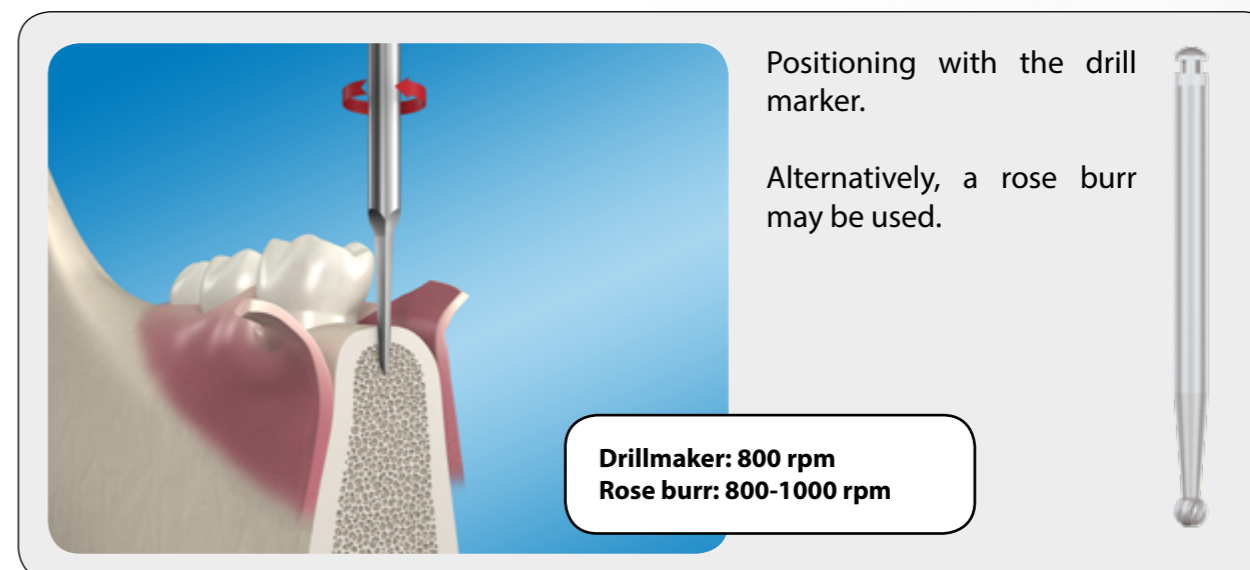
Starting point.

Single tooth replacement, right mandibula.



Incision and surgical preparation of the gingiva.

Alternatively, you can use a gingival punch.



Positioning with the drill marker.

Alternatively, a rose burr may be used.

Drillmaker: 800 rpm  
Rose burr: 800-1000 rpm

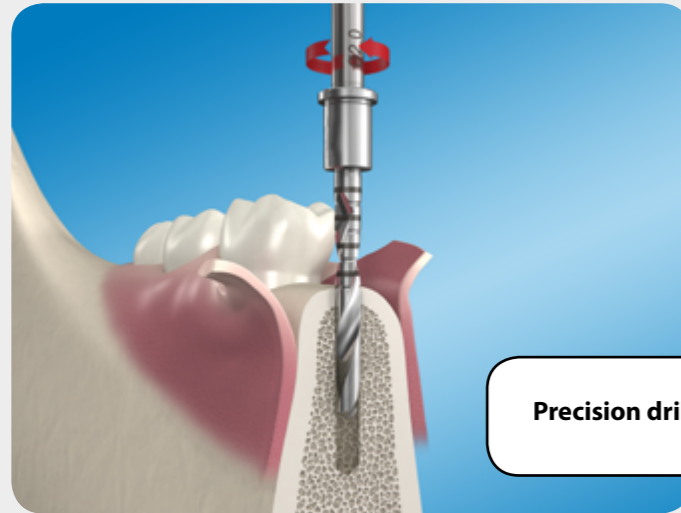
### Drilling Procedure when inserting REVOIS® PRO implants with a diameter of 3.8 mm

#### Indicated for bone densities D1-D4

Starting with the 2.0 mm precision pilot drill, axis and position of the desired implants are defined, and can be checked for with the parallelizing pins. If needed axis can be modified with the drill.

Second, use the 2.8 mm precision pilot drill to allow for the subsequent fine preparation to be done with the lowest compression possible.

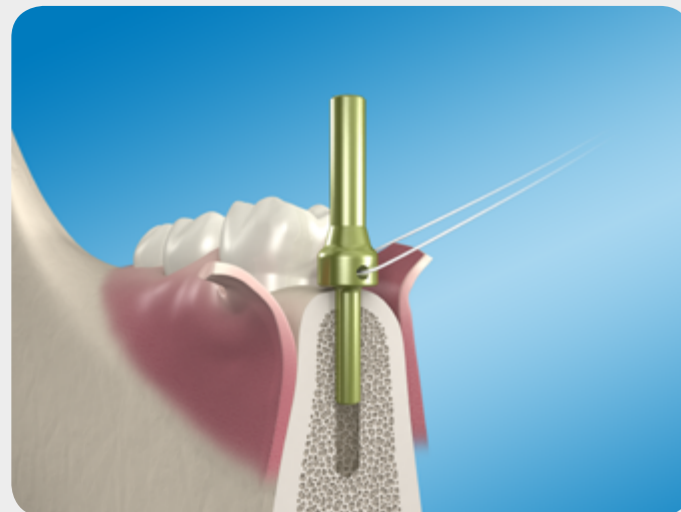
With all drilling, take caution for sufficient cooling of the drills, to keep the surgical thermal trauma to a minimum. The optional use of drill stops eliminates the risk of injury to underlying tissue structures.



Precision drill 2.0 mm

To increase patient safety, a drill stop (9-16 mm) may be used.

Precision drill: 1000 rpm

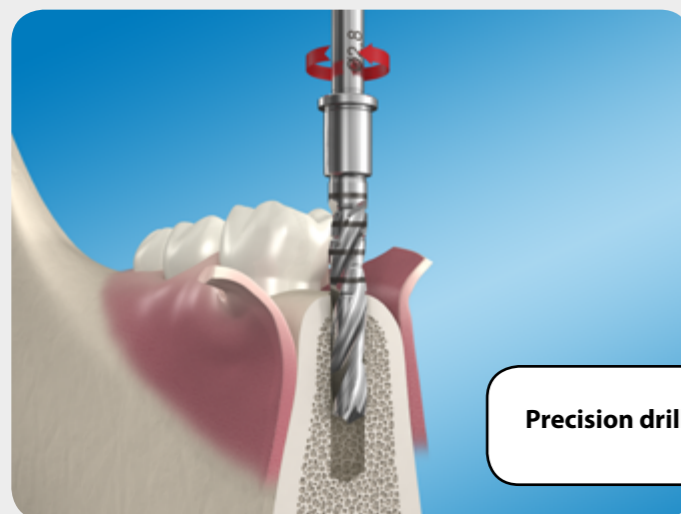


Parallelizing pin, 0°.

Prevent aspiration!

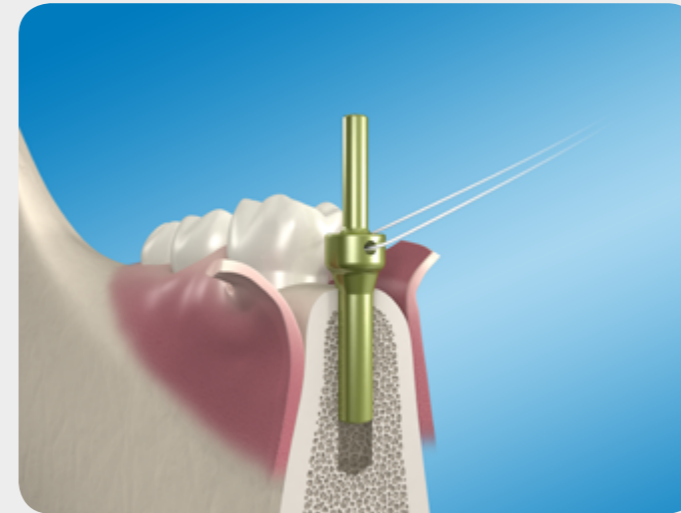
Implant length	recommended drilling depth
9	10
11	12
13	14
15	16

Precision drill 2.8 mm



Precision drill: 1000 rpm

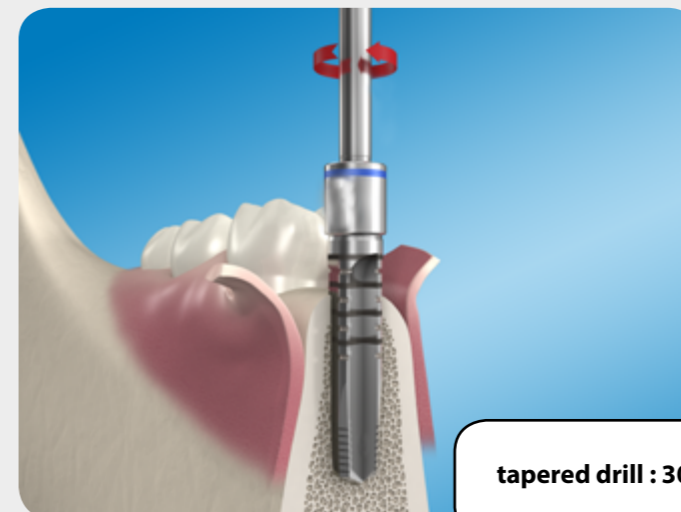
To increase patient safety, a drill stop may be used.



Control implant bed direction with the upside-down turned paralyzing pin.

The tulip-alike widening equals the conus of the abutments.

Prevent aspiration!

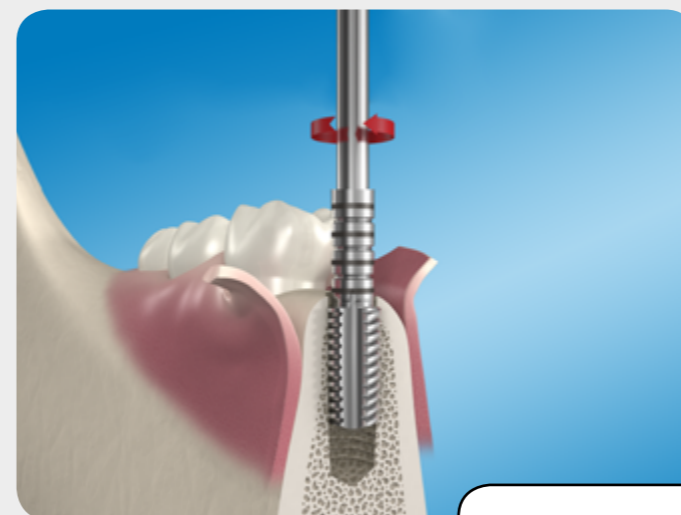


Implant-body shape specific preparation of the cavity with the Ø 3.4 mm tapered drill.

With bone density D2-D4, this procedure is optional.

tapered drill : 300 - 600 rpm

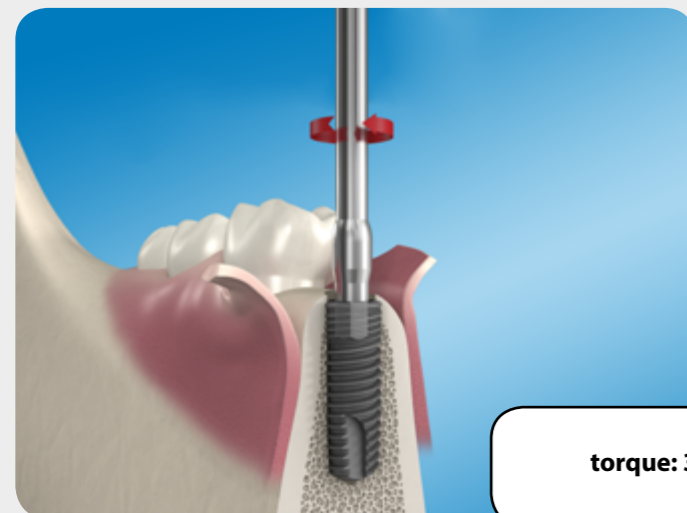
**Patient Safety Feature:**  
The tapered drills and the bone taps of REVOIS have a flat apex preventing of drilling deeper than done before with the precision drills.



With bone density D1, we recommend to follow the tapered drilling with the bone tap drill Ø 3.8 mm.

Then, the implant may be inserted without additional drilling. Please consider that the implant shoulder be positioned 0.5 to 1 mm below the bone cresta.

Cortical bone tap: 30 rpm

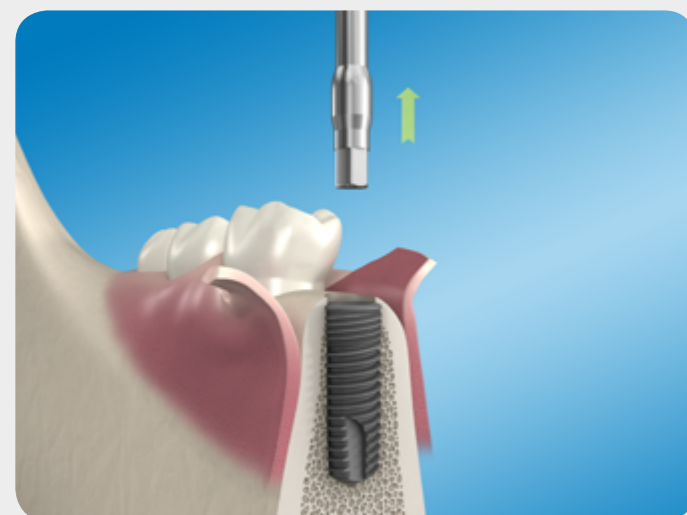


**Take out the pre-mounted implant from the sterile blister and manually insert the implant into the prepared cavity.**

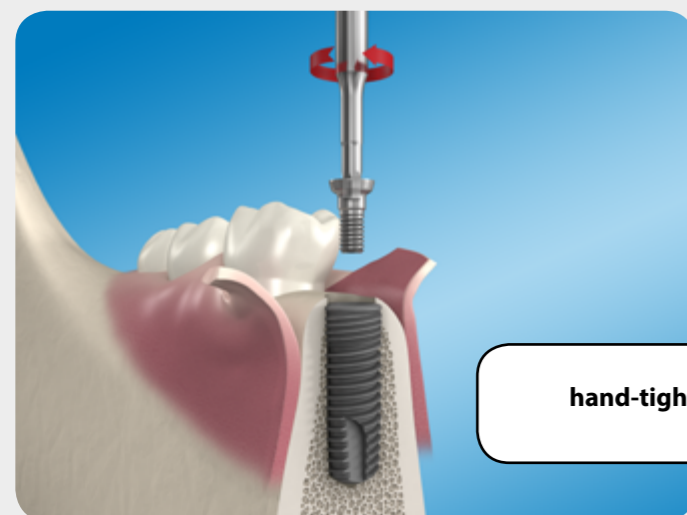
Then unscrew the transfer post. Continue inserting the implant with the insertion tool or with a torque wrench not exceeding forces of 30 Ncm into its final position.

**torque: 30 Ncm**

It is recommended to position the implant shoulder 0.5-1mm below the bone cresta.



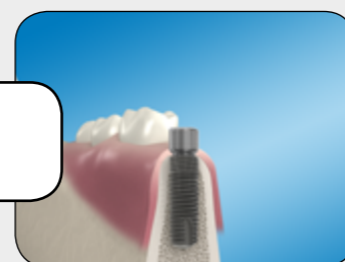
Remove the insertion tool.



Take out the cover screw from the blister and screw it into the implant not exceeding forces of 10 Ncm.

**Alternatively,** use a gingiva former (healing abutment).

**hand-tight (10 Ncm)**



Final situation

Primary stability may be reached in the two-step-procedure only after the healing phase.



### Procedure with bone density D1-D4 and implant length 9.0 mm

Because of the diameter of the implant relative to the cavity, expect a constant compression of the bone tissue surrounding the implant.

The graduated implant bed preparation starts with the precision drill of Ø 2.0 mm taking the implant length (9 mm) as the drilling depth. Then, widen the cavity up to the depth of implant length minus 2.0 mm (7 mm). By doing this, the conical implant body with the self-cutting lower thread will perfectly fit itself into the cavity, contributing to the minimization of the surgical trauma, and optimization of conditions to achieve primary stability.

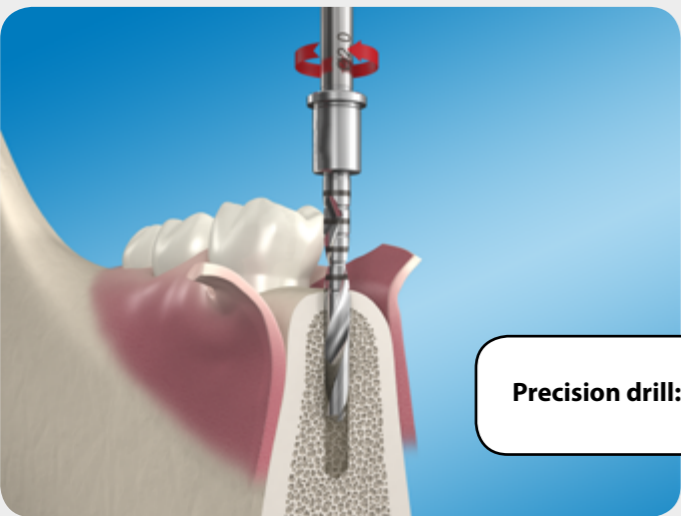
When inserting the implant, please consider the recommended position of the implant shoulder 0.5-1mm below the bone cresta.

Drilling protocol for with implants of Ø 4,3 mm

Procedure with bone density D1-D4

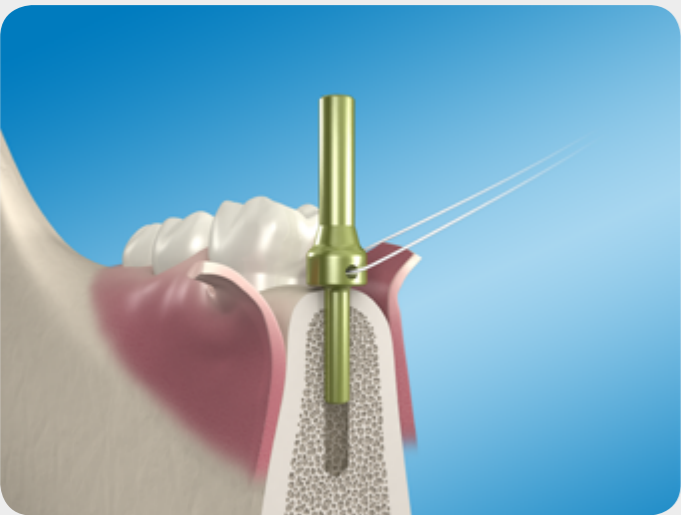
In analogy to the drilling steps for the implants of Ø 3.8 mm, you should use the drill maker or rose burr as well as the precision drills of Ø 2.0 mm and 2.8 mm.

**Accordingly,** follow with the appropriate tapered drill and bone tap drill (4.3 mm = blue color code) to generate optimal conditions for the early achievement of primary stability.



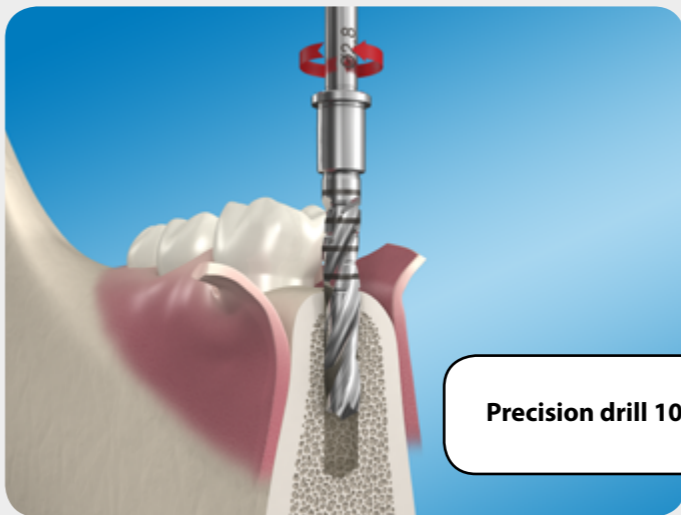
Precision drill of Ø 2.0 mm  
For the best possible patient safety, we recommend the use of a drill stop (9-16 mm).

Precision drill: 1000 rpm



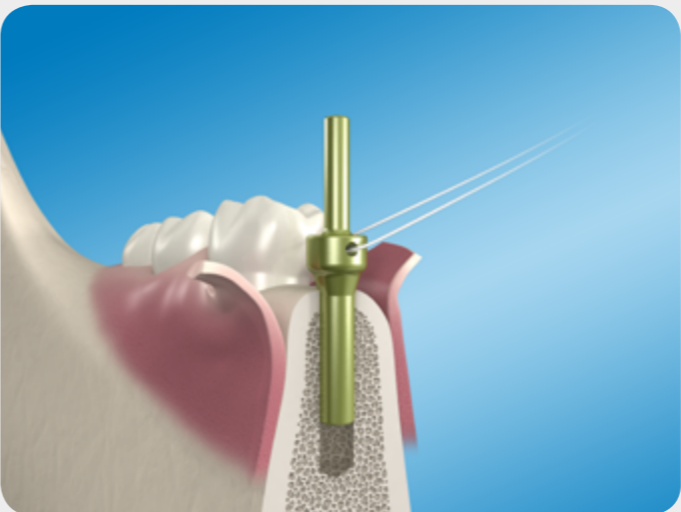
Implant length	recommended drill depth
9	10
11	12
13	14
15	16

Parallelizing pin, straight (0°; 2.0 mm)  
Prevent from aspiration!



Precision drill of Ø 2.8 mm  
For the best possible patient safety, we recommend the use of a drill stop (9-16 mm).

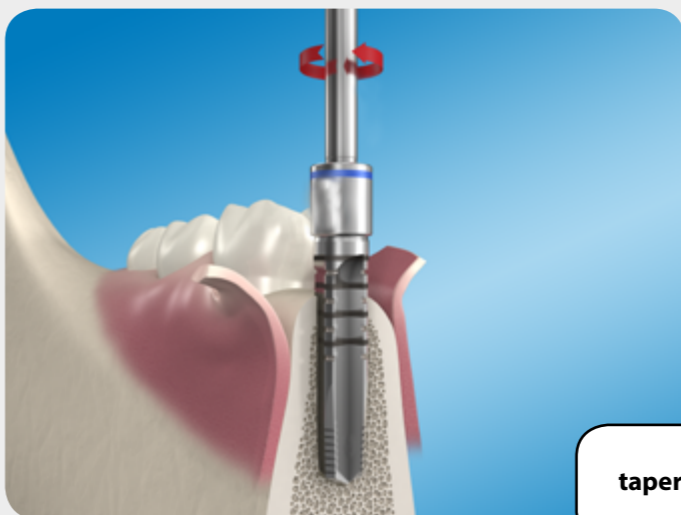
Precision drill 1000 rpm



Control implant bed axis with the upside-down turned paralyzing pin. The tulip-alike widening equals the conus of the abutments.

Prevent from aspiration!

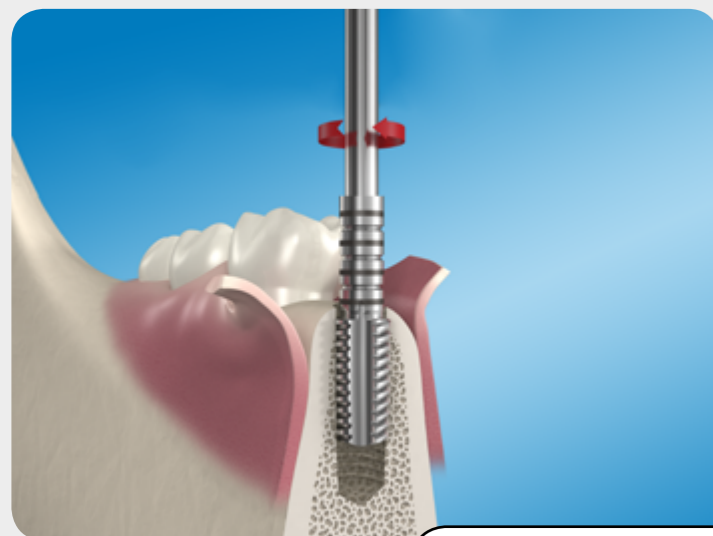
Perform the implant-body shape-specific preparation of the cavity with the Ø 3.4 mm tapered drill, followed by the Ø 3.9 mm tapered drill.



With bone density D2-D4, the use of the Ø 3.4 mm tapered drill is optional.

**Patient Safety Feature:**  
The tapered drills and the bone taps of REVOIS have a flat apex preventing of drilling deeper than done before with the precision drills.

tapered drill: 300 - 600 rpm

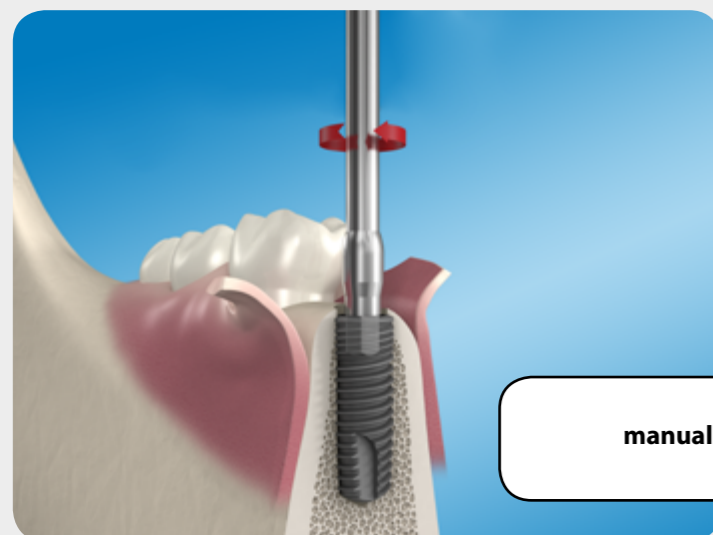


With bone density D1, finalize the implant-body shape-specific preparation of the cavity with the Ø 4.3 mm bone tap.

Now, the implant may be inserted without additional drilling. Please consider that the implant shoulder should be positioned 0.5 - 1 mm below the bone crest.

**Cortical bone tap: 30 rpm**

Take the pre-mounted implant out of the sterile blister and manually insert the implant into the prepared cavity. Then unscrew the transfer post. Continue inserting the implant with the insertion tool or with a torque wrench not exceeding forces of 30 Ncm into its final position.

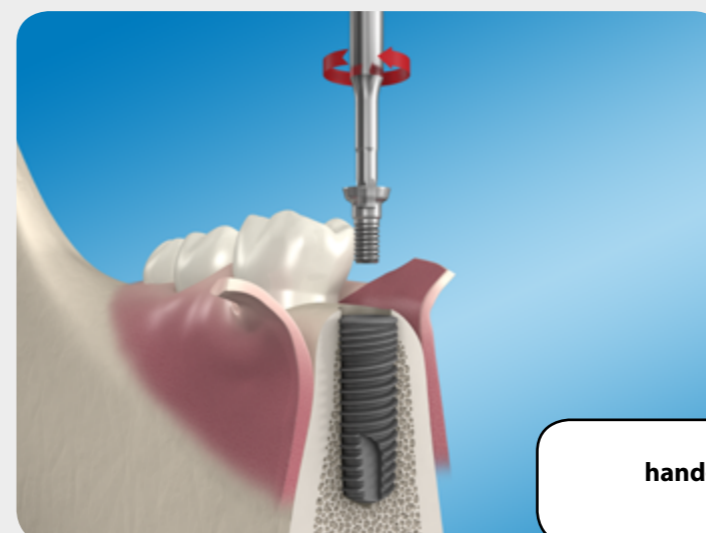


It is recommended to position the implant shoulder 0.5 - 1mm below the bone crest.

**manual: 30 Ncm**



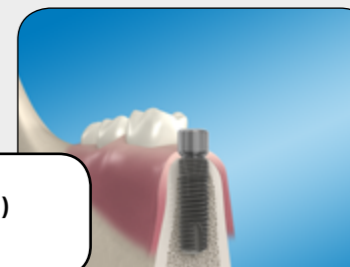
Remove the insertion tool.



Take out the cover screw from the blister and screw it into the implant not exceeding forces of 10 Ncm.

**Alternatively,** use a gingiva former.

**hand-tight (10 Ncm)**



**Final situation**

Primary stability may be reached in the two-step-procedure only after the healing phase.

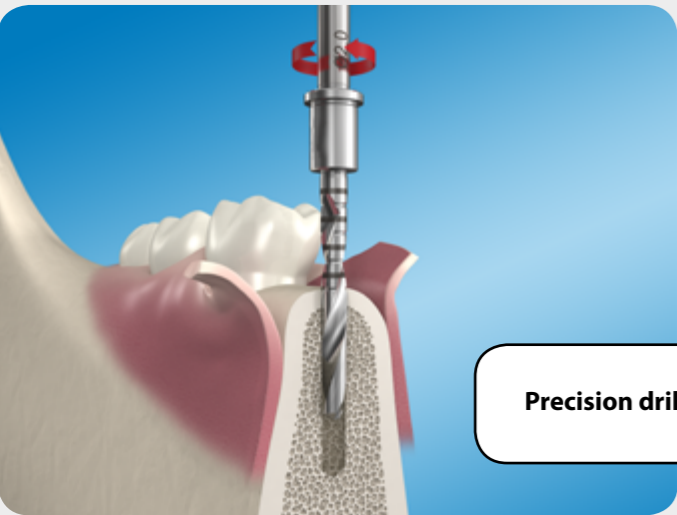


Drilling protocol for implants of Ø 5,0 mm

Procedure with bone density D1-D4

In analogy to the drilling steps for the implants of Ø 3.8 mm and Ø 4.3 mm, you should use the drill maker or rose burr as well as the precision drills of Ø 2.0 mm and 2.8 mm.

Accordingly, follow with the appropriate tapered drills and bone taps (3.8 mm = green; 4.3 mm = blue; 5.0 mm = yellow) to generate optimal conditions for the early achievement of primary stability.



Precision drill Ø 2.0 mm

For patient safety, we recommend the use of a drill stop (9-16 mm).

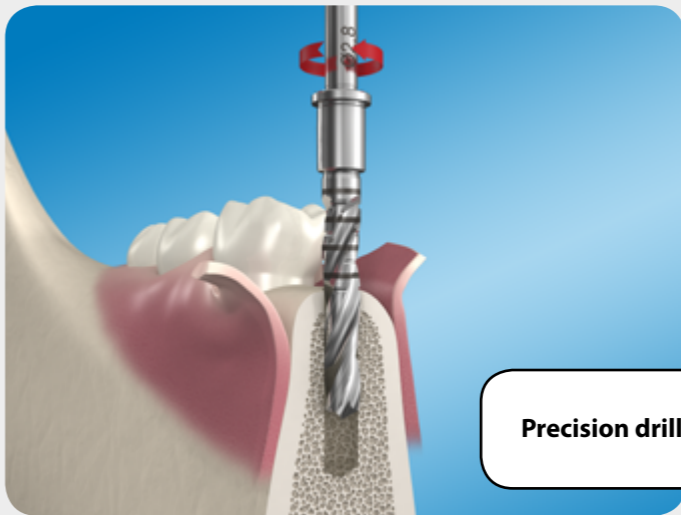
Precision drill: 1000 rpm



Parallelizing pin, straight (0°; 2.0 mm)

Prevent from aspiration!

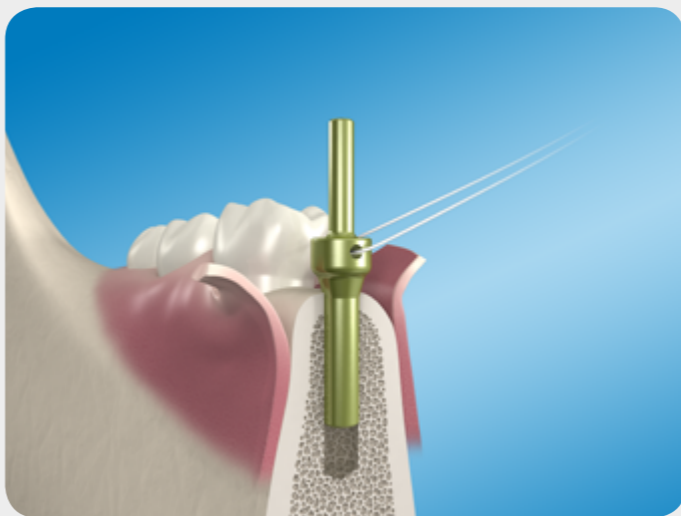
Implant length	recommended drill depth
9	10
11	12
13	14
15	16



Precision drill Ø 2.8 mm

For the best possible patient safety, we recommend the use of a drill stop (9-16 mm).

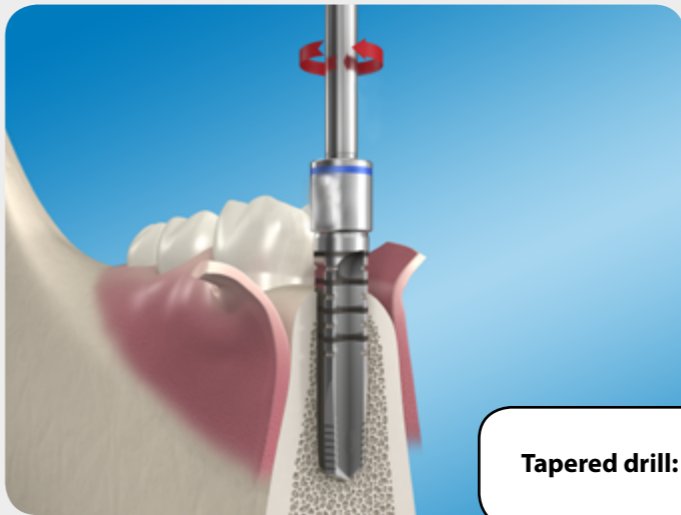
Precision drill: 1000 rpm



Control implant bed direction with the paralleling pin turned upside-down (2.8 mm). The tulip-alike widening equals the conus of the abutments.

Prevent from aspiration!

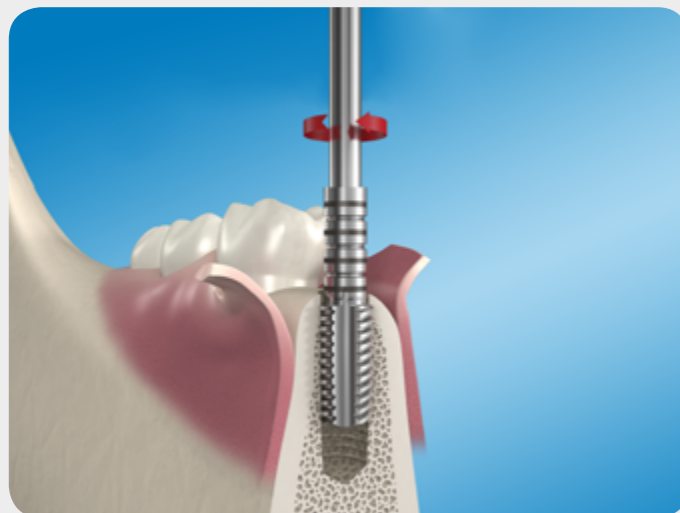
Perform the implant-body shape-specific preparation of the cavity with the Ø 3.4 mm tapered drill, followed by the Ø 3.9 mm and the Ø 4.7 mm tapered drills.



With bone density D2-D4, the use of the tapered drills of Ø 3.4 mm and Ø 3.9 mm is optional.

**Patient Safety Feature:**  
The tapered drills and the bone taps of **REVOIS®** have a flat apex preventing of drilling deeper than done before with the precision drills.

Tapered drill: 300 - 600 rpm



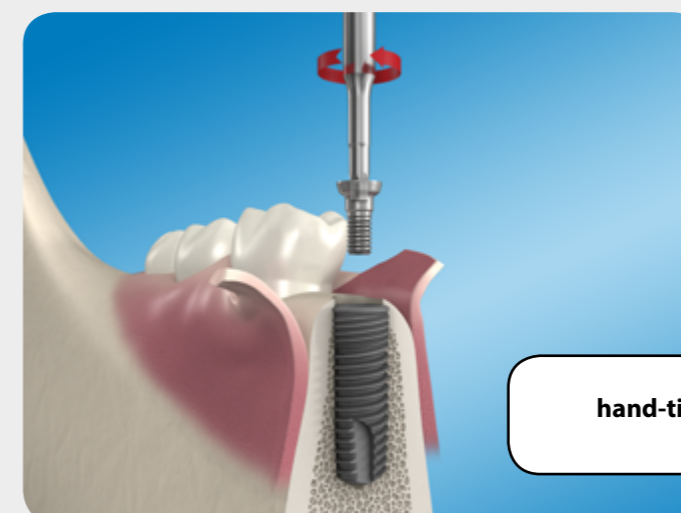
With bone density D1, finalize the implant-body shape-specific preparation of the cavity with the Ø 5.0 mm bone tap.

Now, the implant may be inserted without additional drilling. Please consider that the implant shoulder be positioned 0.5 to 1 mm below the bone cresta.

Cortical bone tap: 30 rpm



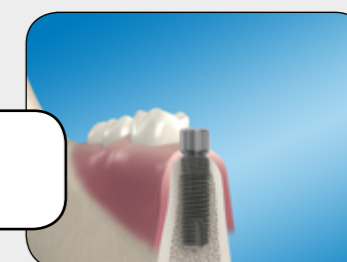
Remove the insertion tool.



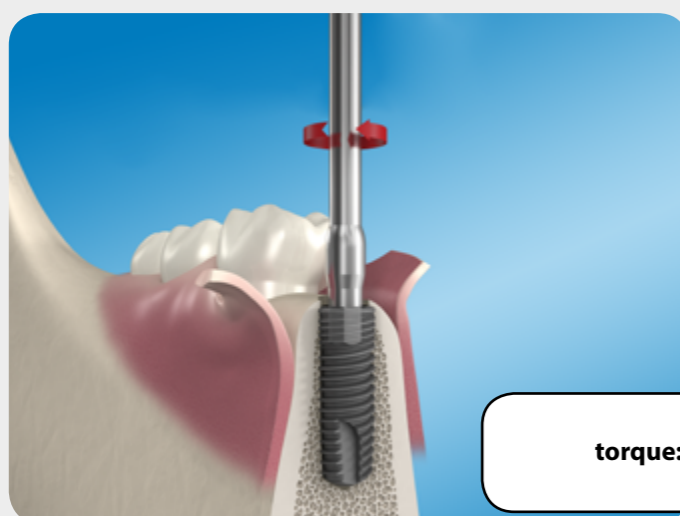
Take the cover screw out of the blister and screw it into the implant not exceeding forces of 10 Ncm.

**Alternatively,** use a gingiva former.

hand-tight (10 Ncm)



**Take the pre-mounted implant out of the sterile blister and manually insert the implant into the prepared cavity.** Then unscrew the transfer post. Continue inserting the implant with the insertion tool or with a torque wrench not exceeding forces of 30 Ncm into its final position.



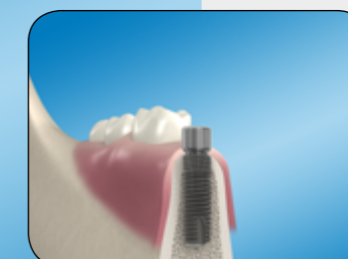
It is recommended to position the implant shoulder 0.5-1mm below the bone cresta.

torque: 30 Ncm



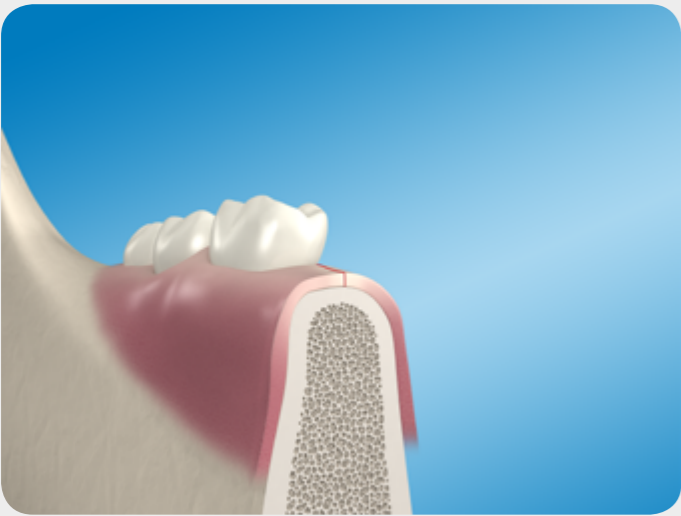
Final situation

Primary stability may be reached in the two-step-procedure only after the healing phase.

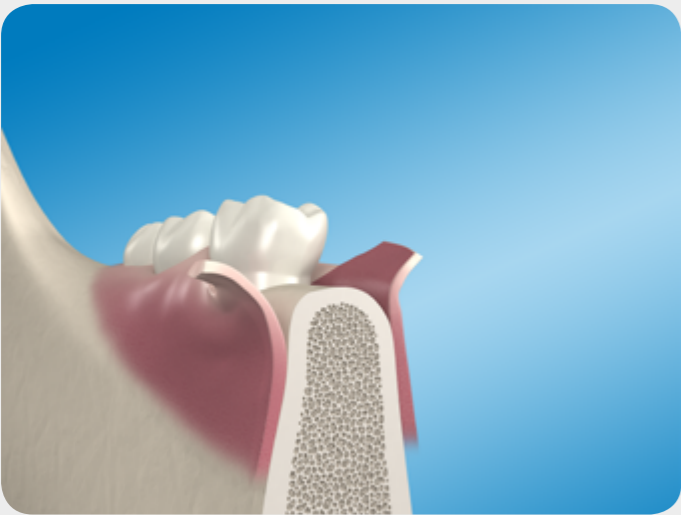


# Description of the Surgical single-step Procedure for bone densities D1-D4

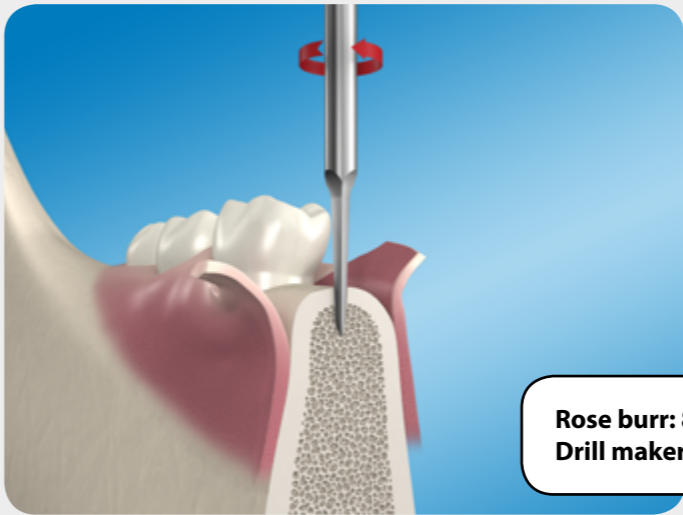
**Note:**  
The single-step procedure is a treatment option only if primary stability has been achieved. This has to be confirmed through an outbound-resistance of at least 20 Ncm.



Starting point:  
in the right mandibula.

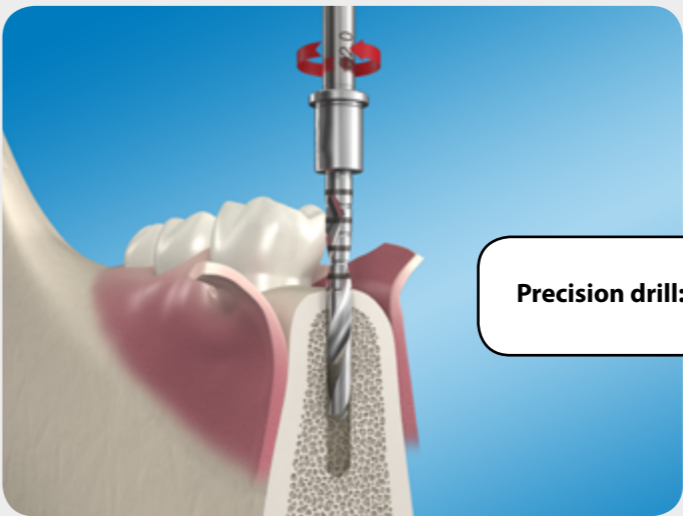


Incision and preparation of the  
gingiva.  
  
**Alternatively,** you can use a gingival  
punch.



Positioning with the drill ma-  
ker.  
  
Alternatively, a rose burr may  
be used.

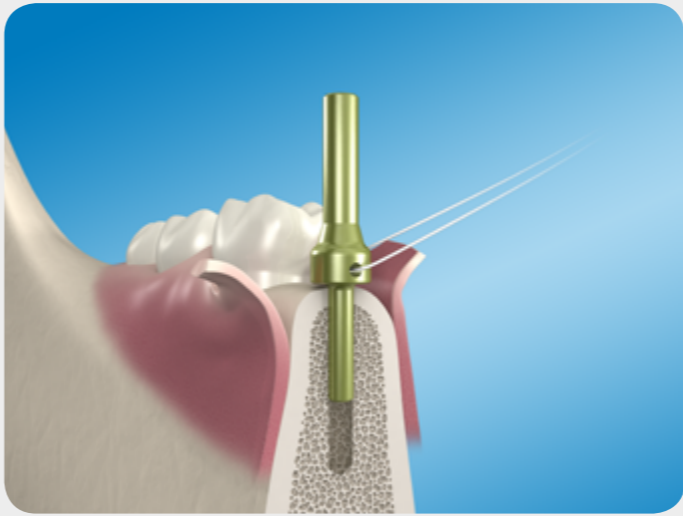
Rose burr: 800 - 1000 rpm  
Drill maker: 800 rpm



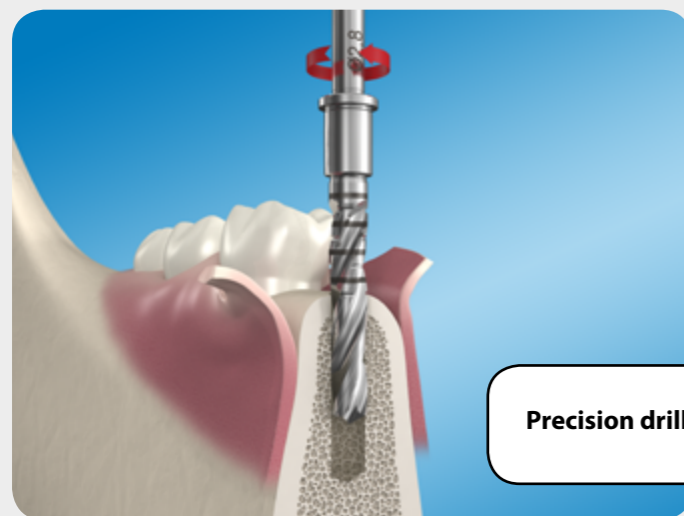
Precision drill Ø 2.0 mm  
  
For patient safety, we recommend  
the use of a drill stop (9-16 mm).

Precision drill: 1000 rpm

Implant length	recommended drill depth
9	10
11	12
13	14
15	16



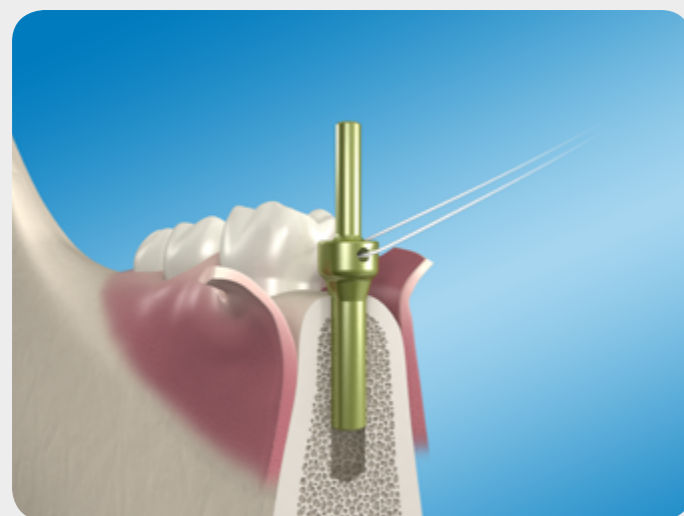
Parallelizing pin, straight (0°; 2.0 mm)  
  
Prevent from aspiration.



Precision drill Ø 2.8 mm

For patient safety, we recommend the use of a drill stop (9-16 mm).

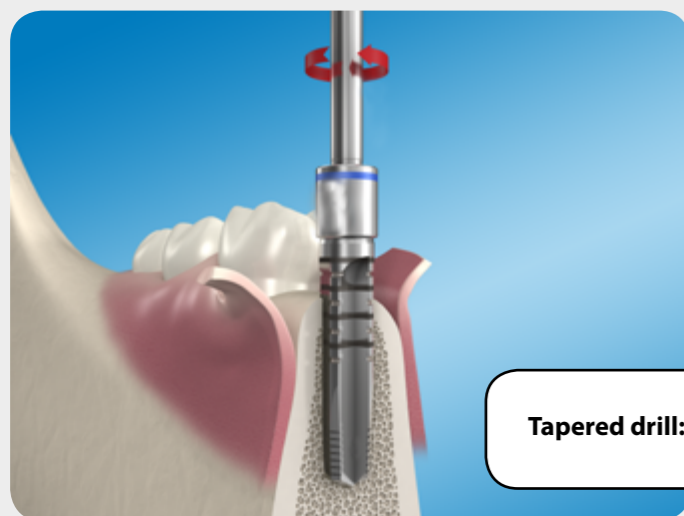
Precision drill: 1000 rpm



Control implant bed direction with the paralleling pin turned upside-down (2.8 mm). The tulip-like widening equals the conus of the abutments.

Prevent from aspiration!

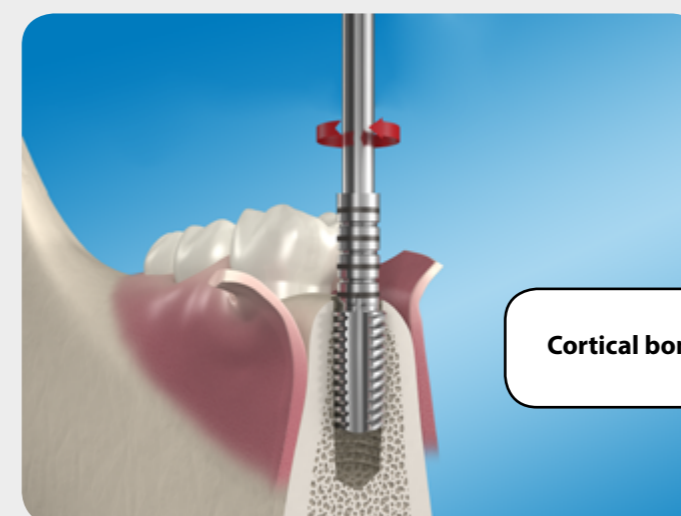
Perform the implant-body shape-specific preparation of the cavity according to implant diameter as described for the two-step procedure.



#### Patient Safety Feature:

The tapered drills and the bone taps of **REVOIS®** have a flat apex preventing of drilling deeper than done before with the precision drills.

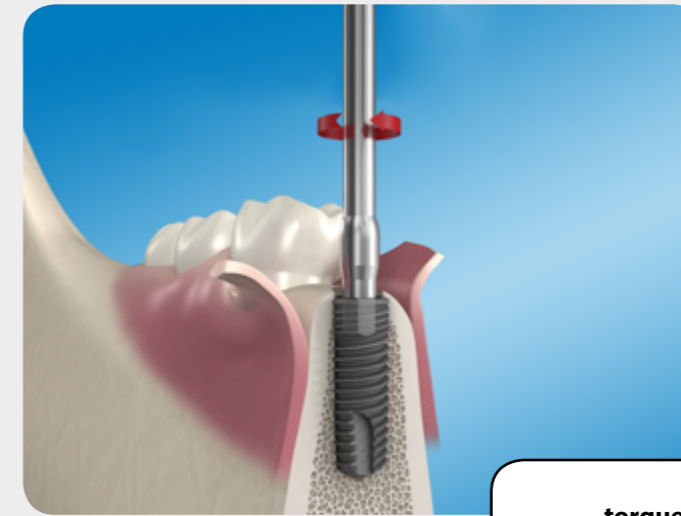
Tapered drill: 300 - 600 rpm



With bone density D1, finalize the implant-body shape-specific preparation of the cavity with the appropriate bone tap drill, in analogy to the two-steps procedure.

Cortical bone tap: 30 rpm

Now, the implant may be inserted without additional drilling. Please consider that the implant shoulder be positioned 0.5 to 1 mm below the bone cresta.



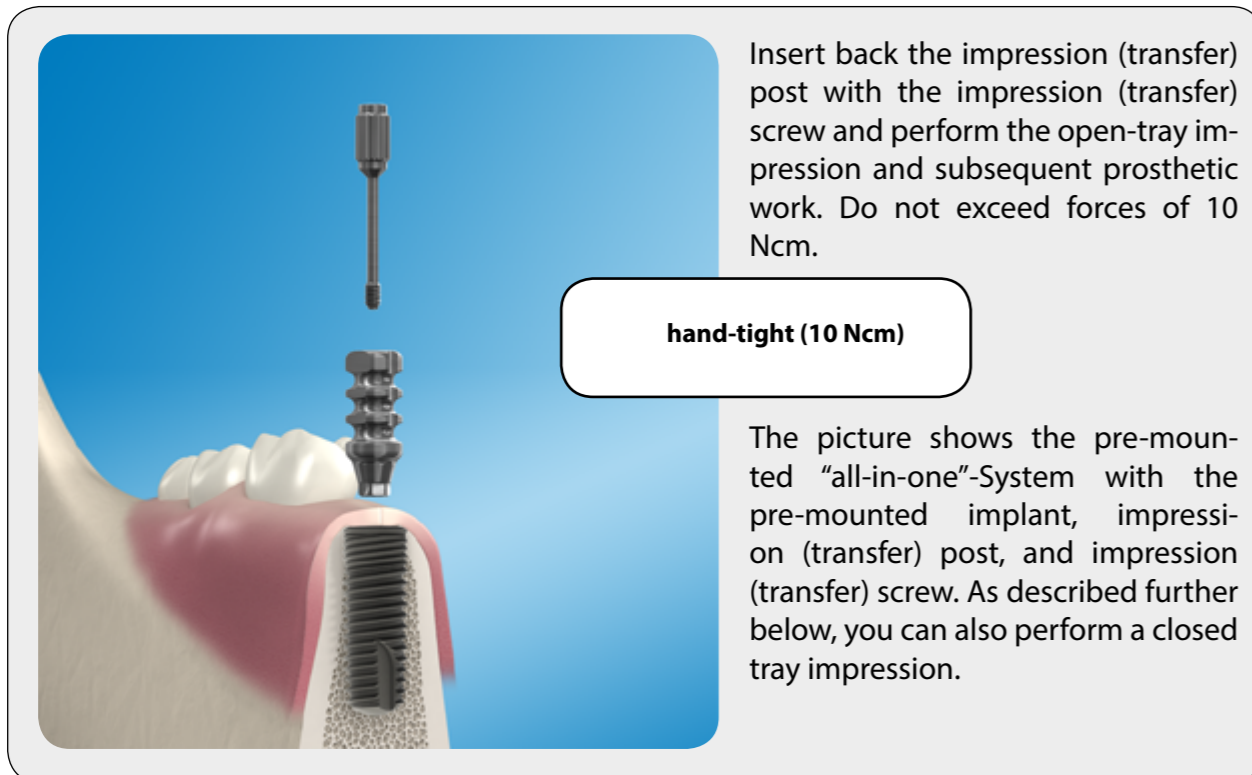
Take the pre-mounted implant out of the sterile blister and manually insert the implant into the prepared cavity. Then unscrew the transfer post. Continue inserting the implant with the insertion tool or with a torque wrench not exceeding forces of 30 Ncm into its final position.

torque: 30 Ncm

It is recommended to position the implant shoulder 0.5-1mm below the bone cresta.



Remove the insertion tool.



## Procedure, if immediate loading is intended

The pre-mounted **REVOIS® PRO** implant is taken out of the blister and manually inserted.

After removal of impression (transfer) post and screw, the final insertion and implant positioning is being done with the insertion tool (Ø 2.5 mm short or long), attached to the handle, angular piece, or a torque wrench, not exceeding forces of 30 Ncm.

Once the implant is in its final intended position (0.5 to 1.0 mm below the bone cresta), confirm primary stability by trying to out-screw the implant with the torque wrench set to 20 Ncm

If primary stability is confirmed you can proceed with the single-step procedure and perform the impression.

The open or closed tray impression procedures are described in detail on the following pages.

If not-confirmed, re-screw the implant into the intended final position (0.5-1.0 mm below the bone cresta), and use cover screw or gingiva former as described above, and allow for a healing phase of three to six months' time.



**Torque wrench 20-70 Ncm**

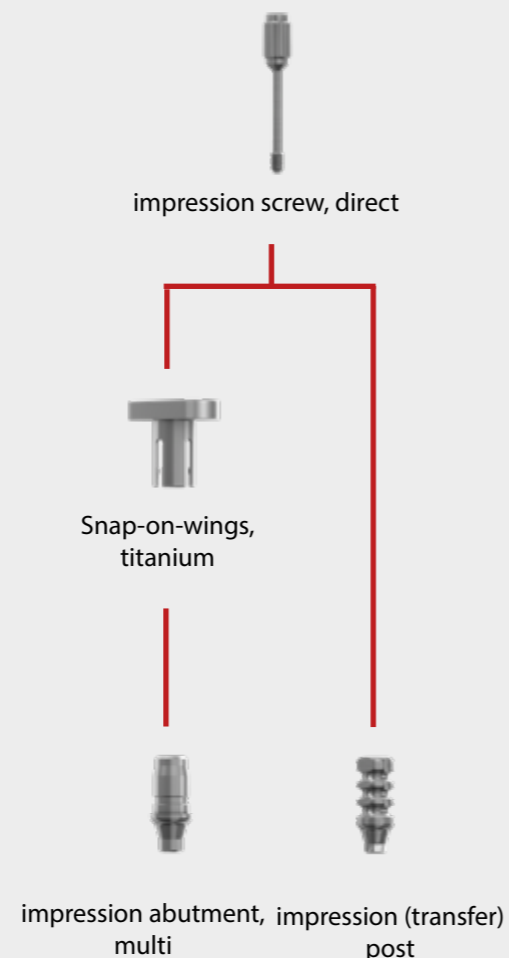
**The torque wrench is a delicate precision instrument. After each use, it has to be taken apart for cleaning, disinfection. Prior to each use, check for its functionality and ensure regular calibration according to the instructions for use of the respective manufacturer, and sterilise according to a validated procedure & in line with applicable laws.**

You may choose between closed-tray and open-tray impression procedures:

### Closed-tray impression



### Open-tray impression



All parts are made from titanium to guarantee a maximum of precision.

### Open-tray impression technique

Using the Snap-on-wings with the impression abutment, multi or the impression (transfer) post.

The abutment or the post remain in the impression cast.

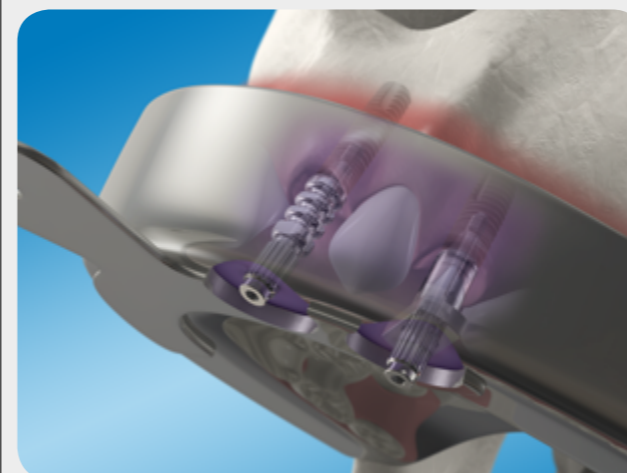


The impression (transfer) post is screwed with the impression (transfer) screw onto the implant not exceeding forces of 10 Ncm.

Ensure a proper fit of the hex lock interface. If using the impression abutment, multi and the Snap-on-wings, click ("snap") the impression abutment into the parallel openings of the Snap-on-wings and confirm rotation stability. You may hear the "snap".

Insert the impression screw, direct, through the snap-on-wings and the impression abutment, multi. Place the set onto the implant and fixate manually screwing applying forces not exceeding 10 Ncm. You may consider a radiographic control at this time.

**Note:** When performing the impression following the two-steps procedure after the healing period, please consider a potential instability of the sulcus with the removal of the healing components. Ensure that for the impression taking, the hex lock interface between impression abutment and implant is free and clean.

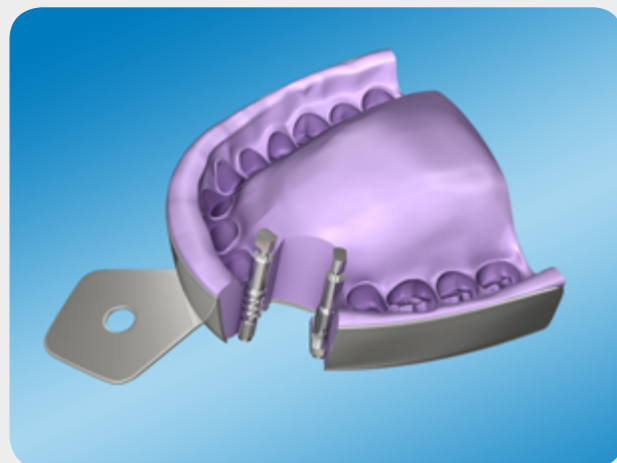


Apply the impression mass with a syringe around the impression elements. Consider an elastomeric impression material, silicone or polyether, following the instructions for use of the respective manufacturer.

Continue with the impression taking (individual impression body). Once the impression mass is hardened, first remove the impression screw.

## Creation of the working model by open-tray impression

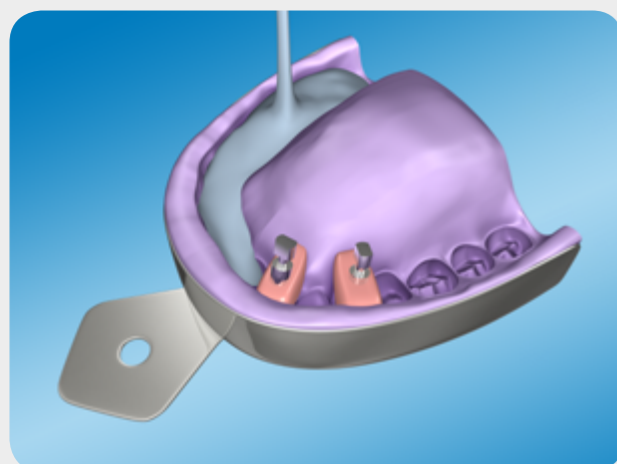
To ensure high quality, precision and hygiene, we recommend to use each impression abutment only once.



In the impression cast you can see the Snap-on wings (right) or the impression abutment (left), respectively, connected to laboratory analogues.

To create the working model, the impression abutment (multi) is placed with parallel fit into the Snap-on wings ("snap"!), and rotation stability is checked for.

The laboratory analogue is placed onto the abutment, and both are fixed with the impression screw, direct (hand-tight, 10 Ncm).



Cover the laboratory analogues as needed with a gingiva mask and pour the impression cast using appropriate plaster (type 4), following the instructions of the manufacturer.

After sufficient hardening of the casting material, loosen the impression screws and carefully remove the impression scoop from the working model.

For the further prosthetic work take the respective parts chosen from the **REVOIS® PRO** portfolio and place them onto the laboratory analogues on the working model.

## Closed-tray impression

### Snap-on wings and impression abutment (multi)

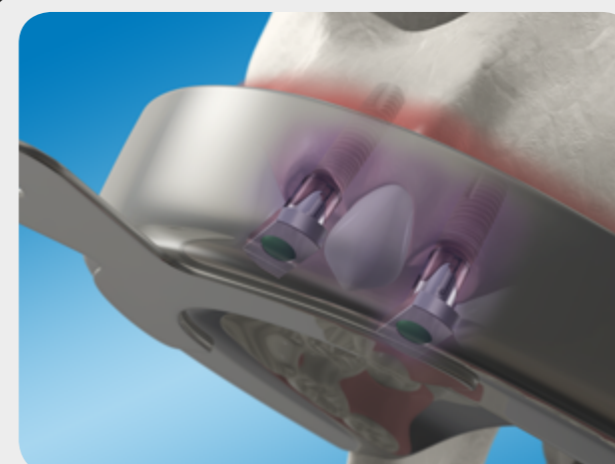
When using the multifunctional impression abutment in combination with the Snap-on wings, place the abutment with parallel fit into the Snap-On wings, and check for rotation stability. Then press-on tightly until you hear the "snap". The element remains in the impression mass, after hardening out.



**Snap-on wings placed over the multifunctional impression abutment**, and fixed with the abutment retention screw.

Insert the abutment retention screw through the opening in the head of the Snap-on wings. Place the combined element onto the (primarily stable) implant guided by the interior hex lock of the implant-abutment interface. Then fix the combined element by screwing rightwards and hand-tight (10 Ncm). Reversibly close the screw duct, e.g. with wax. Consider a radiographic control.

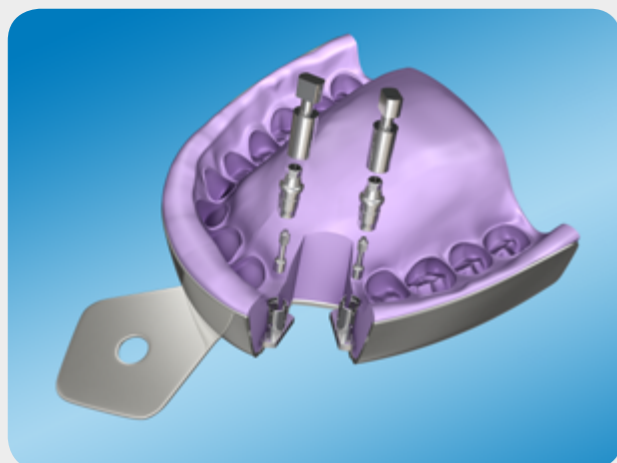
**Note:** Please consider a potential dipping of the sulcus when removing the healing abutment. In addition, by thoroughly cleaning the area of the implant abutment interface, ensure a precise impression taking.



Apply the casting material with a syringe around the respective impression elements. It is recommended to use an elastomer, silicone or polyether cast. Strictly follow the instructions for use of the manufacturer.

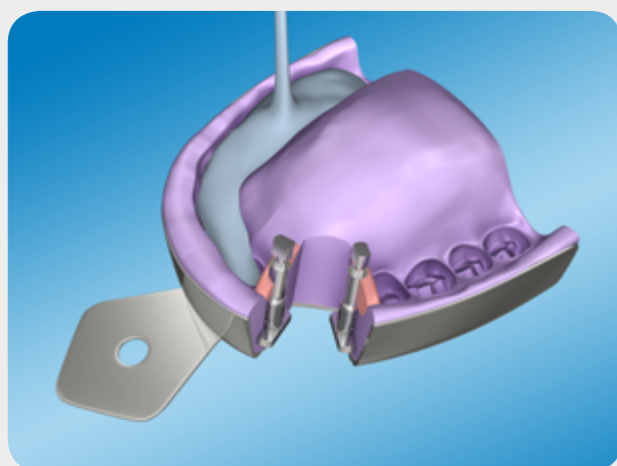
Make sure that the impression elements are sufficiently covered with casting material. The Snap-On wings remain in the cast.

## Creation of the working model by closed-tray impression



In the impression cast you can see the Snap-on wings.

To create the working model, the impression abutment (multi) is screwed using the abutment retaining screw into the laboratory analogue (hand-tight, 10 Ncm). The combined elements are then carefully placed into the Snap-on wings until you hear and feel the "fine snap".



Cover the laboratory analogues as needed with a gingiva mask and pour the impression cast using appropriate plaster (type 4), following the instructions of the manufacturer.

After sufficient hardening of the casting material, carefully remove the impression scoop from the working model. For the further prosthetic work take the respective parts chosen from the **REVOIS® PRO** portfolio and place them onto the laboratory analogues on the working model.

## Prosthetic Options with REVOIS® PRO

### Removable Protheses

#### Retentive elements



Ball attachment with LOCATOR® Dalbo®/ Dalbo®-Plus



CM LOC® FLEX CM LOC®

#### bars

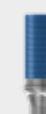


SFI-Bar® Abutment



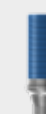
Conical abutment for individual constructions

#### Telescope



Individualized bars

#### individual aesthetic abutment



Individual aesthetic abutment



Conical abutment

Prosthetic Options with **REVOIS<sup>®</sup> : PRO**

Single crown

Overdenture / bridge

Screw retained



individual aesthetic abutment

Screw retained



individual aesthetic abutment

Cement retained



Abutment,  
standard  
D4.4; H5 or H7

MD6001705 /  
707



Abutment,  
standard  
D5.2; H5 or H7

MD6001735 /  
740



Abutment,  
angulated, 18°

MD6001718



Abutment,  
angulated, 25°

MD6001725



Individual aes-  
thetic abutment

MD6001730



Tapered abutments

MD6001752 /  
754



Abutment,  
standard  
D4.4; H5 or H7

MD6001705 /  
707



Abutment,  
standard  
D5.2; H5 or H7

MD6001735 /  
740



Abutment,  
angulated, 18°

MD6001718



Abutment,  
angulated, 25°

MD6001725



Individual aes-  
thetic abutment

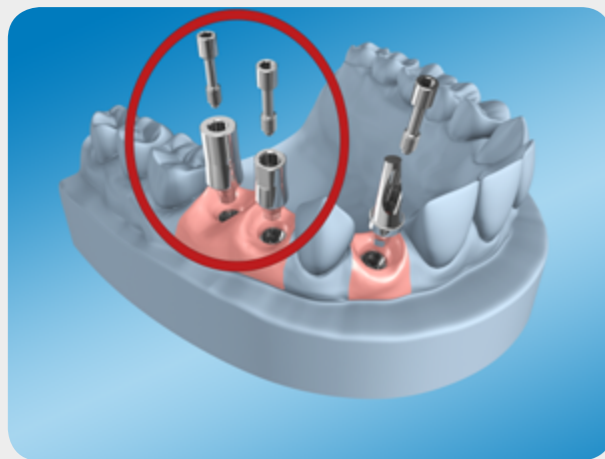
MD6001730

## Prosthetic components for **REVOIS® PRO**

### Prosthetic reconstruction options

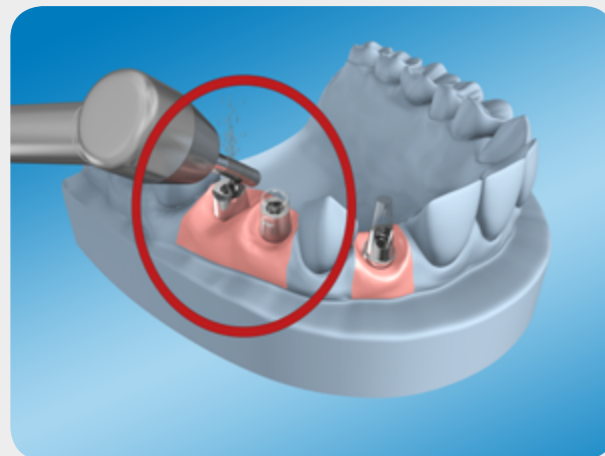
The titanium-made prosthetic components standard abutment (D4.4 or D5.2; H5 or H7) and angulated abutment (18° or 25°) form the solid basis for single crown or multi-unit bridge reconstructions.

These components may be customized to receive individualized shapes and profiles. When creating a multi-unit reconstruction it is recommended to perform an (occlusal) impression coping to control the exact positions of the abutments in the mouth.



#### Individualization of the standard abutment

Place the hex of the abutment into the hexagonal opening of the laboratory analogue in the working model, and fix it with the retention screw applying 15-20 Ncm.



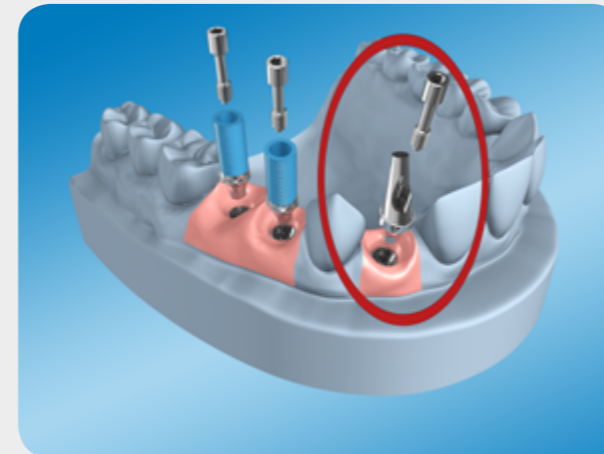
When individualizing the abutments it is recommended to prepare a circumferential gorge.

**Note:** The implant abutment interface must not be modified (and also not be blasted) to ensure precise fit and best-possible force transmission.

## Angulated Abutments (18° and 25°) for **REVOIS® PRO**

### Selection of the right abutment.

Angulated abutments are used for single crown or multi-unit bridge reconstructions, if an implant is at a different inclination of between 15 and 30° in relation to the proposed prosthesis.

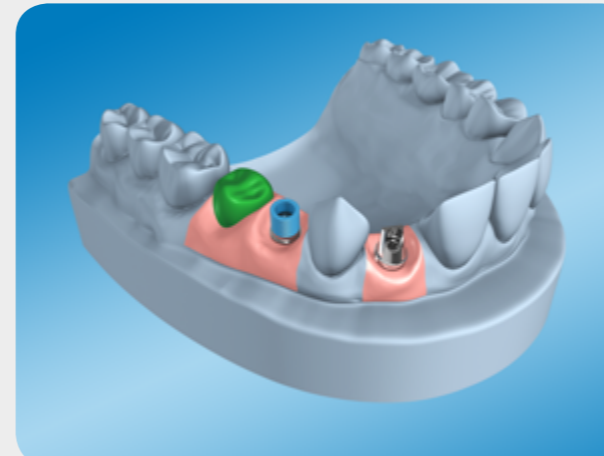


#### Note:

For an optimal aesthetic result (subgingival placement of the abutment crown interface) measure the depth of the labial / buccal flap. The selection of the appropriate abutment follows the measurement of the angle and required profile at the level of the gingiva (gingiva transition level of the abutment). Individualize the selected abutment to the minimum needed, only, and in accordance to the desired (facial) gingiva profile.

The implant abutment interface must not be modified (and also not be blasted) to ensure precise fit and best-possible force conduction.

### Gantry creation



#### Creation of an individual wax model

You can create an individual wax model by using either a ready-for-use or an individualized abutment following standard procedures for single crown and bridge reconstructions.

For pouring and embedding techniques please refer to the instructions for use of the respective products / manufacturers.

## Mounting of the Prosthetic Parts



### Cementing the final crown

Remove the provisional crown from the patient's mouth. Ensure the retaining screw is properly fixed by applying forces of 30 Ncm. Reversibly occlude the screw channel, e.g. with light-activated elastic glue, to retain an easy access to the screw head. Place the fabricated prosthetic work and check it for proper and stress-free fit, occlusion, form, aesthetics, and colouring. Also check the phonetics.

Cement the final crown using an appropriate cement and following its manufacturer's IFU.



## Fabrication of cement-retained crowns and bridges

For the fabrication of cement-retained crowns and bridges, screw-fix the titanium-made abutments directly to the implants, also ensuring protection against rotation. The creation of a working model with gingiva mask is recommended.

Generate a Wax-up model considering aesthetic and phonetic goals, and taking an impression applying silicone pre-walls.

Screw the titanium-made abutment onto the working model. Cut (shorten) the abutment in relation to the silicone pre-walls from the wax-up model. When further individualizing the abutments prepare a circumferential gorge.

**Note:** The implant abutment interface must not be modified (and also not be blasted) to ensure precise fit and best-possible force conduction.

### Modellation / Shaping

For the secondary crown, one may use auto-polymerisable as basis. Strictly follow the instructions for use of the respective manufacturer. Using a wax-up and applying silicone pre-walls, the individualization of the reconstruction can be optimally controlled.

### Fabrication of a metal-ceramic scaffold

Fabricating a metal-ceramic scaffold, make sure to work towards a reduced anatomic and physiological shape. Consider the thermal expansion coefficient of the respective materials / products. The provisory attachment of the modellation requires the consideration of the flow characteristics and follows standard procedures. With embedding, pouring, and outbedding always consider the instructions for use of the manufacturers.

### Fit-control and finalization

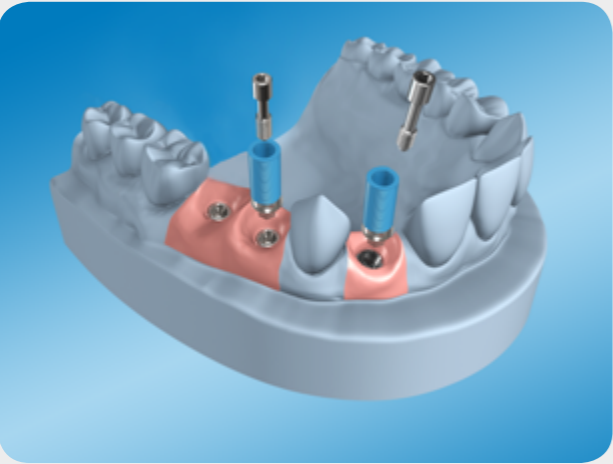
Complete the scaffold and diligently ensure pass-fit edges / lips. Then control the fit of the scaffold with the patient.

Ensure stability of the implants as precondition for proper osseointegration (resistance to 20 Ncm out-turn force). For the final insertion of the scaffold use the retention screw hex 1.25mm, applying 20-30 Ncm. Reversibly occlude the screw channel and cement the fabricated prosthetics.



# The individual aesthetic abutment

## - Gold plastic UCLA abutment -




With the individual aesthetic abutment crowns and bridges can be fabricated highly individualized by waxing its plastic burnout pattern and subsequently casting the abutment through a lost-wax technique.

It may also be used for constructions with occlusal screw retention.

### Capabilities

- cement- or screw-retained crowns
- cement- or screw-retained bridges
- telescopes, dual bridge techniques



**Screw channel made from burnout plastic**

**Implant abutment interface made from high-temperature melting, gate-able gold alloy**

**Composition of the Ceramicor® alloy:**

Gold (60%), palladium (20%), platinum (19%), iridium (1%)

**Melting range:**

1400 – 1490 °C

### Handling

Easy casting of the individual aesthetic abutment (burnout pattern of the plastic).

Can be shortened individually. Excellent aesthetic results when individual shaping & profiling is required.

**Notes:** May not be used for direct blocking with other gold secondary components.

For an optimal result, use a wax-up and apply silicone pre-walls to fit-control the individualization.

### Fabrication of a metal-ceramic scaffold

Fabricating a metal-ceramic scaffold, make sure to work towards a reduced anatomic and physiologic shape. Consider the thermal expansion coefficient of the respective materials / products. The provisory attachment of the modellation requires the consideration of the flow characteristics and follows standard procedures. With embedding, pouring, and outbedding always consider the instructions for use of the manufacturers.

### To be considered:

- The high-temperature melting gold alloy Ceramicor® is designed specifically for gating-techniques with high-yield gold alloys;
- Do not model across the fine gold edge;
- The fabrication of primary crowns for dual bridges follows conventional techniques. After pouring they may be processed further employing milling model and parallelometer. The implant abutment interface must not be modified.
- We recommend not to use speed embedding material; use the embedding material strictly following the instructions for use of the manufacturer;
- Control and ensure the precise and stress-free prosthetic fit.

Pour the prosthesis following established techniques and allowing sufficient time for slowly cool-down. Perform the out-bedding very cautiously and prevent the implant abutment interface from contamination with blasting material.

Subsequently proceed the further prosthetic work according to the treatment option chosen.

Insert and screw-retain the final prosthetics with the hex tool 1.25mm at 30 Ncm.

### Note:

A direct ceramic overblending of the Ceramicor® alloy is not possible. For this purpose a ceramics scaffold is needed.

Ensure compatibility of different alloys chosen, as well as the maximum melting temperature of 1350 °C.

Gating of non-noble metals is not possible.

## The retention system CM LOC® / CM LOC® FLEX

The new CM LOC® retention system has as special advantage the possibility to equalize different inclinations of multiple implants in relation to the proposed prosthesis axis.

The ease of the design optimized for hygiene (e.g. no retention whole) and lack of fluid uptake by the retention inserts (Pekkton® or Elitor®) allow for an improved user acceptance.

The wearing comfort is increased and long-lasting performance significantly extended. Inclinations of up to 60° can be corrected.

The housings, with the retention insert available in different materials (Pekkton® or Elitor®), and with defined, adjustable strengths, are extremely resilient.

**With CM LOC® you can truly plan prosthetic retention according to patient needs.**

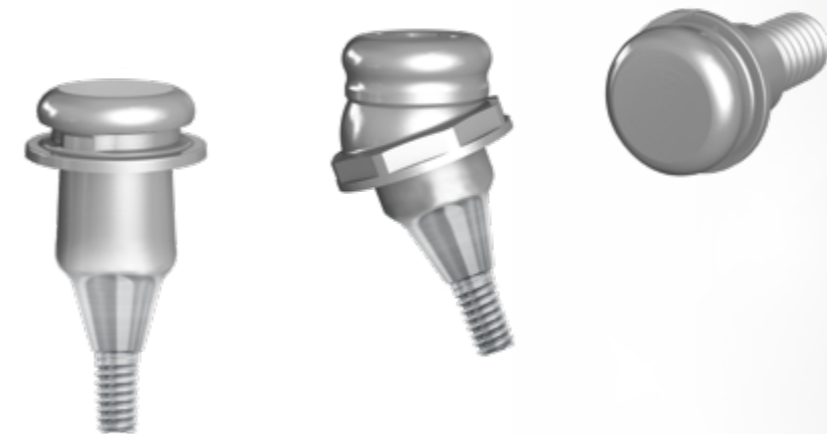


## Capabilities and Advantages



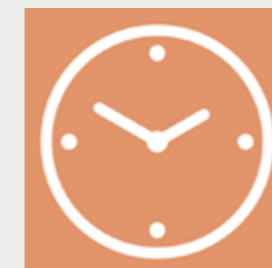
### Hygienic

No central retention whole – no dirt deposit.  
Higher wearing and cleaning comfort.



### Perfect design

- hygienic and functional
- compact, round abutments without sharp edges
- easy to clean



### Long-lasting

Low-wear due to new retention insert materials Pekkton® and Elitor®

# Retention variants

The modular housing system is available in 2 variants (titanium-made or metal-free):

## The materials - Pekkton® and Elitor®

### The metal-free variant Pekkton®

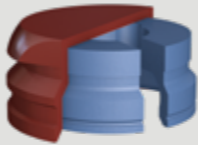
Housing made of high-performance polymer. 4 retention inserts with 4 different strengths.

Advantages.

- metal-free
- gingiva-colored housing and excellent oral tolerance
- easy exchange
- highly aesthetic solution



Metal-free



Housing also available made of titanium



### Pekkton® - material of the future.

All parts of the Pekkton® housing systems are made from a high-performance polymer, characterized by long-lasting performance, excellent biologic tolerability, patient and user-friendliness, and ease of cleaning.

Pekkton® ensures an enduring retention force. The 4 strengths are clearly defined and consistent.

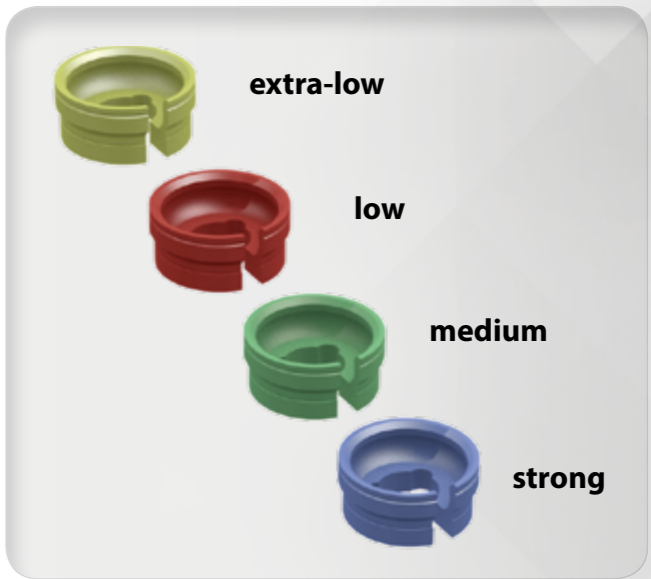
## Pekkton® - the metal-free and feather-light retention solution for the future

Compared to other materials typically used in retention inserts, Pekkton® shows lower wear, and also a very low plaque affinity.



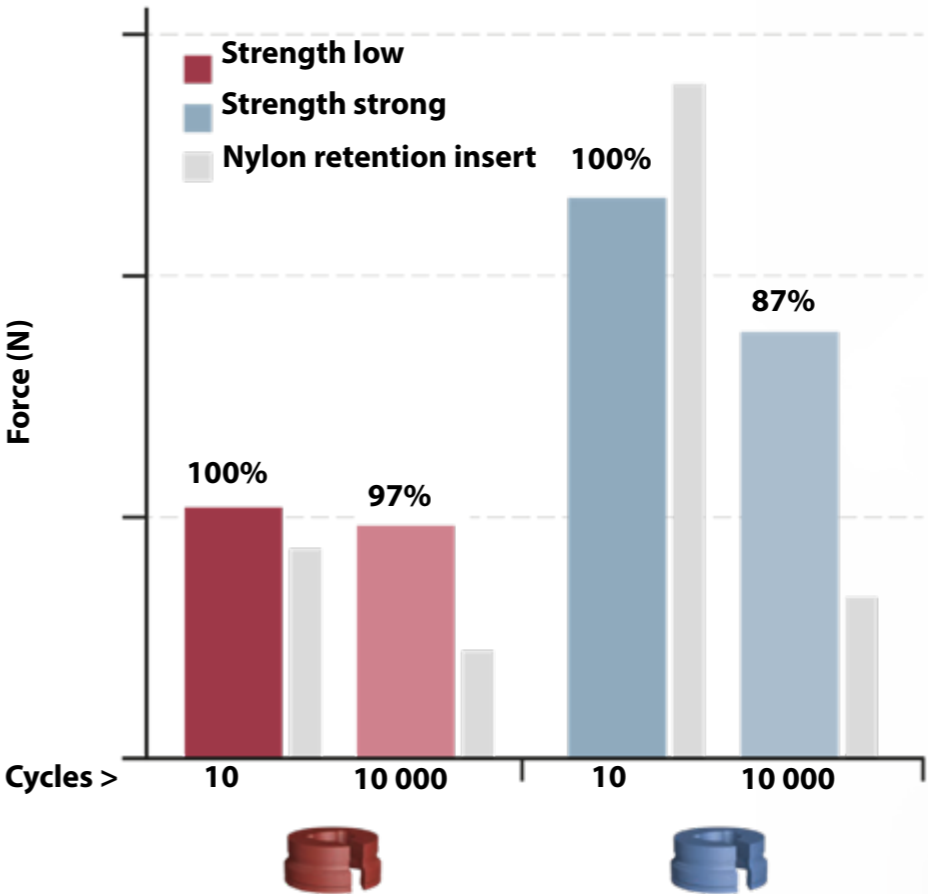
Housing and retention insert made from Pekkton®

## Pekkton® retention inserts



### Data that convince:

#### Performance after 10.000 cycles



Thanks to the development and use of Pekkton® in combination with the improved attachment design of CM LOC® / CM LOC® FLEX, the concept of the retention of prosthesis has been improved, significantly.

## Elitor®

This gold alloy was specifically designed for small construction elements and fulfils highest technical and functional demands if noble metal is an option.

- Elitor® material is well-known from the many Dalbo® ball attachments placed.
- Elitor® is very durable and has an excellent biologic tolerability
- Elitor® is used in clinics for decades



Titanium-made housing with adjustable gold retention insert for extra strong retention. Optional use as tuning-insert possible.

## Elitor® retention inserts



Activation status -  
when delivered



Activation status --  
adjusted to force level 1



Activation status ---  
adjusted to force level 2

## The Elitor® housing option

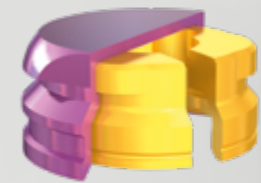
The titanium-made housing with adjustable gold insert and three activation status.



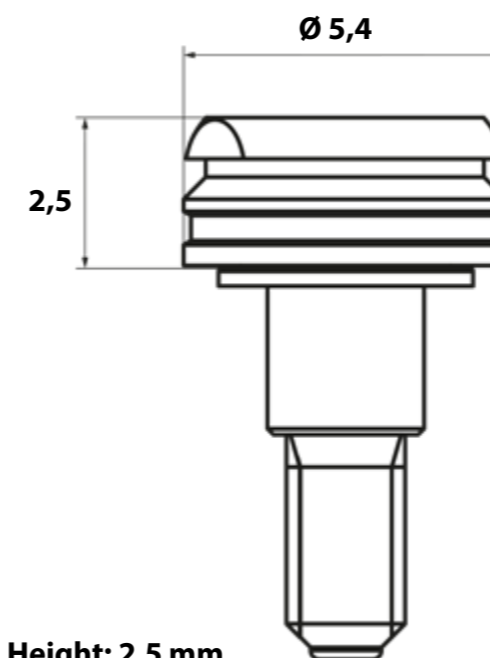
**Adjustable**

## Advantages:

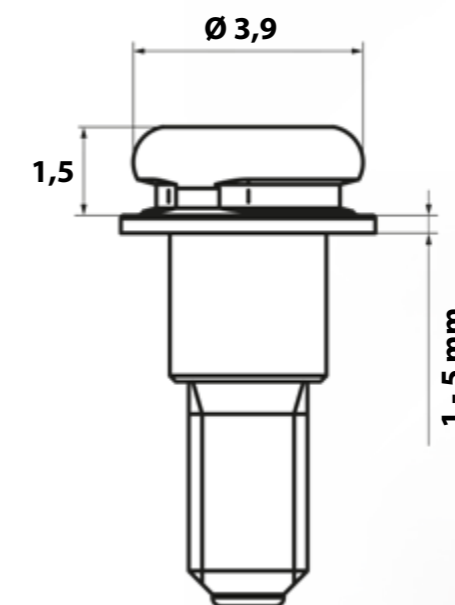
- unique adjustment technique und very strong retention
- Excellent oral tolerability
- Can be used as housing & tuning insert for nagged attachments instead of their exchange.



Activator instrument



Height: 2,5 mm  
Diameter: 5,4 mm



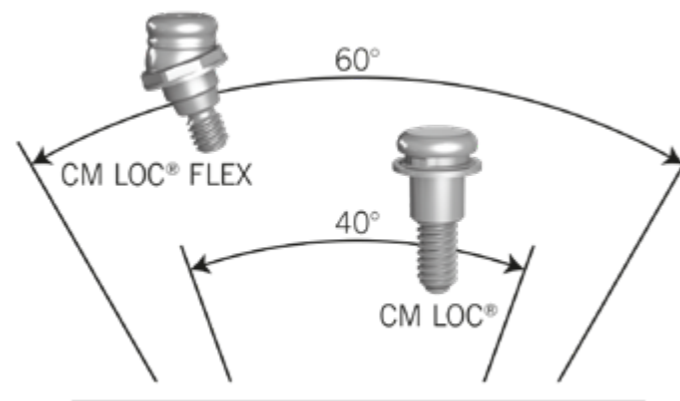
1 - 5 mm

## Flexible orientation



### Adjustable alignment

Thanks to the special design, inclinations of up to 60° can be corrected. Wearing is significantly reduced.

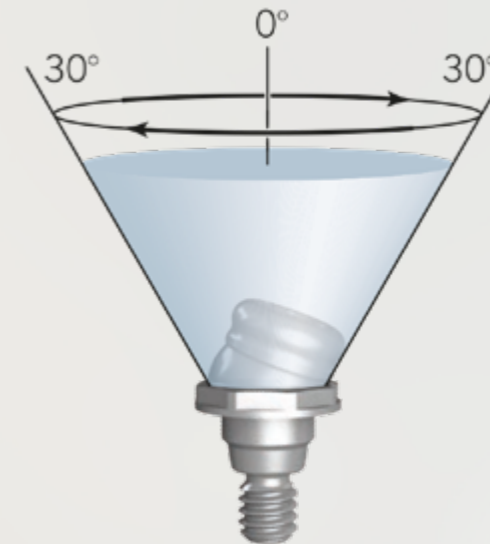


### Advantages of the CM LOC® FLEX System:

- additional 20° (2x10°) inclination correction improves quality and comfort for patients
- allows for a broader spectrum of patients and indications that can be covered
- allows for an easy, straight placement of the prosthesis parallelly to the insertion axis, resulting in less follow-up care, preferential eg. to international patients.



**Easy correction of inclinations employing the CM LOC planning guides. These blocks with outsized inclinations and easy the selection of the right abutments - CM LOC® or CM LOC® FLEX.**



### Procedure with diverging implants

The CM LOC® System offers the possibility to correct individual inclinations of up to 30°. In the combination of implants (e.g. 2 or 4), correction of up to 60° is therefore possible.

By its design and characteristics, CM LOC® combines long-lasting performance, patient-friendly usability and easy cleaning with an extended indication range and rescue option for worn-down abutments.

### Recommendation:

The inclination-individual alignment of the CM LOC® FLEX abutments is fixed by cement-retention. We recommend the use of a typical, self-adhesive composite retention cement:

#### Position 1 (fig. 1):

The aligner tightly closes up to the filling whole for the injection of the retention cement into the abutment. For this the aligner needs to be in straight position. The two lateral opening allow the ooze of air and subsequent cement filling control.



fig. 1

#### Position 2 (fig. 2):

Easy inclination-individual alignment after injection of the retention cement. Upon hardening of the cement, the aligner can easily be pulled-off, and excessive material be removed.



fig. 2

Ball attachments

Compatible to Dalbo® / Dalbo® -PLUS

Ball attachments are used in the restauration of the edentulous jaw bone.

The retention mechanism consists of a ball attachment screw-retained right into the implant, and a housing, integrated into the removable prosthesis.

For the restauration, at least 2 implants are used which are inserted in the position of the canine teeth, and around which the prosthesis to be retained may rotate.



The retention housing **Dalbo® -PLUS** needs to be integrated into the fabricated new or existing prosthesis. The retention force can be adjusted to individual needs simply by inwards (higher) or outwards (lower) turning of the retention insert. The integration of the housings can take place intraorally or following the impression taking in the dental laboratory.

The inclination between two implants should not exceed 20°. Follow-up visits should take place every six months.

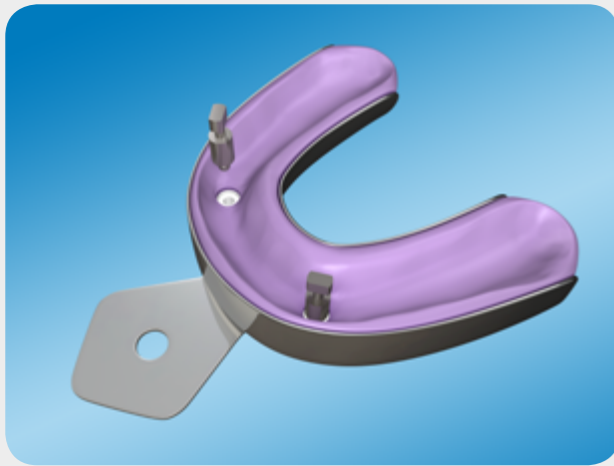


Fixation of the ball attachments

(As appropriate) remove the healing abutments (or the cover screws) with the 1.25 mm hex tool. Place the ball attachments chosen into the implants and tighten them applying 30 Ncm (after ensuring implant stability).

Impression taking with the ball attachments in place

Place the ball attachment impression jackets onto the fixated ball attachments. Perform the impression casting in accordance with the instructions of use of the manufacturer of the casting material. The impression jackets remain in the cast.



Creation of the ball attachment working model

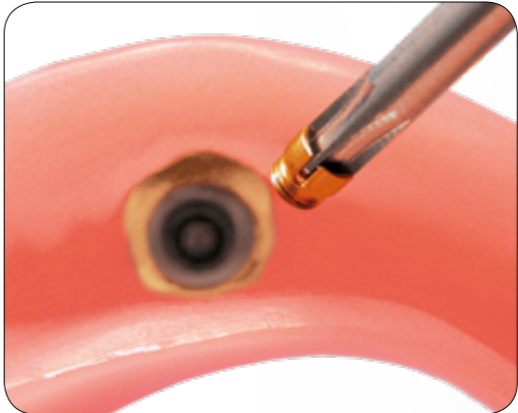
Slightly press the ball attachment laboratory analogues into the corresponding impression jackets. Cast the impression with the appropriate plaster following the instructions for use of the manufacturer. Allow sufficient time for hardening.



Ball attachment with **Dalbo® -PLUS** housing and insert



By turning the insert, the retention force can be adjusted individually. The retention inserts can be exchanged very easily.



## Solid anchoring with



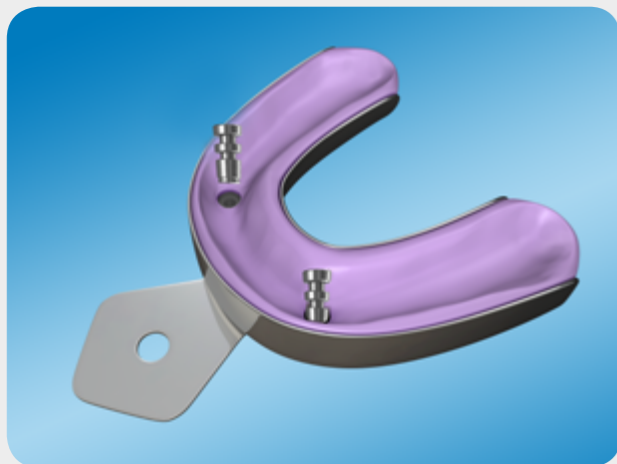
The LOCATOR® system serves the retention of new or existing full prostheses with a minimum of two implants as anchoring points.

The retention force can be adjusted by choosing between different types of retention inserts. Inclinations of up to 40° (2 x 20°) may be acceptable (corrected for by the flexibility of the retention inserts).

To ease the use for the patient, LOCATOR® has self-centralizing properties.



(As appropriate) remove the healing abutments (or the cover screws) with the 1.25mm hex tool. Select the appropriate LOCATOR® abutment, place them into the implants and tighten them applying 30 Ncm (after ensuring implant stability). Put on the LOCATOR® impression jackets and ensure proper fit. Perform the impression casting in accordance with the instructions of use of the manufacturer of the casting material. The LOCATOR® impression jackets remain in the cast.



### Creation of the LOCATOR® working model

Slightly press the LOCATOR® laboratory analogues into the corresponding impression jackets. Consider the creation of a gingiva mask. Cast the working model with an appropriate plaster (type 4) following the instructions of use of the manufacturer. Allow sufficient time for hardening.



The white LOCATOR® block-out spacer is now fixed in the retention area of the LOCATOR® abutment to avoid contamination with excessive plastic.

Place the retention inserts with the black processing tool into the LOCATOR®.

The temporary, provisory attachment of the housing is followed by the pass-fit control with the patient, again followed by the final integration of LOCATOR® into the prosthesis.

The white block-out spacer and the black processing tool are now being removed. Place the selected retention insert (see also following page) considering inclination and retention force intended.



The selection of the necessary gingival height of the LOCATOR® abutment (1, 2, or 4 mm) has to be defined early on.

The retention area of the LOCATOR® abutment must not be placed below the gingiva level.



## The function of the LOCATOR® place holder



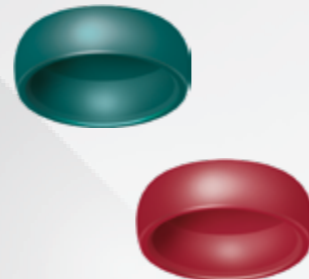
The black LOCATOR® processing tool is pre-mounted into the housing and functions as a place holder. This serves the stability during the impression taking, and as provisional fixation between prosthesis and housing.

During any rework, make sure that the colored retention inserts are removed, and a new black processing tool is placed, first.

## The different LOCATOR® retention inserts.

With inclinations of between 10° and 20° we recommend the use of the following LOCATOR® retention inserts:

- for standard retention: green inserts (force: 1,8 kg)
- for low retention: red inserts (force: 0,6 kg)



With inclinations of up to 10° we recommend the use of the following LOCATOR® retention inserts:

- for strong retention: transparent inserts (force: 2,2 kg)
- for standard retention: pink inserts (force: 1,3 kg)
- for low retention: blue inserts (force: 0,6 kg)

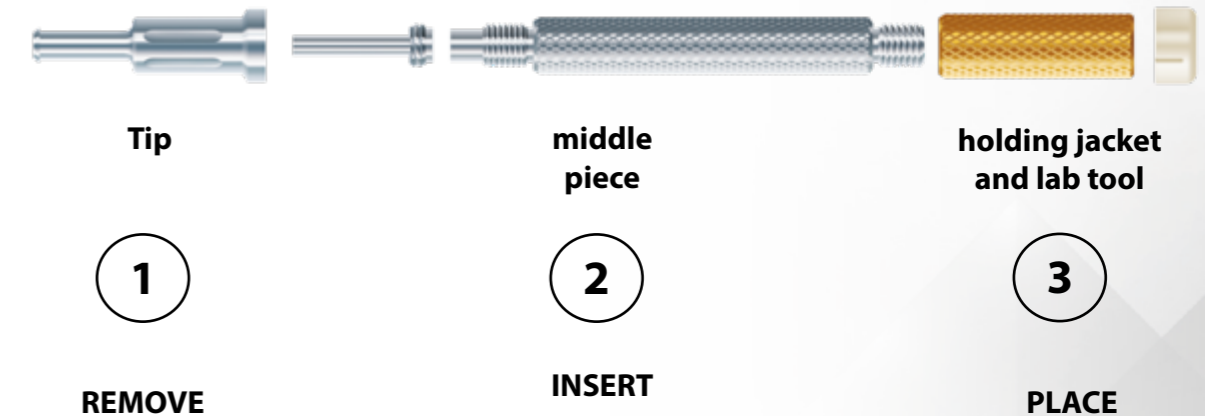


### Note:

in particular for patients with their first prosthesis, start by using the low retention inserts, which can be exchanged any time.



## Handling the LOCATOR® instruments



The LOCATOR® instrument is a multifunctional tool, consisting of three parts. A tip, a middle piece, and a holding jacket (lab tool).

- 1 To remove the retention inserts from the housing, untwist the tip from the middle piece, until you see a gap (2 full turns).

To remove the retention inserts, insert the tip of the LOCATOR® instrument straight into the housing. The retention insert is attaching to the tip due to its sharp edges. Now pull back straight the instrument tip with the insert attached.

Twist the tip again onto the middle piece, to detach the insert. By twisting, the inner piece of the instrument between middle piece and tip becomes prominent and separates the insert.



- 2** To load the inserts into the housing, use the middle piece of the LOCATOR® instrument. For this, fully untwist the instrument tip first.



The prominent part of the middle piece pass-fits with the inserts and permits the loading of inserts into the housing. An acoustical “click” confirms the proper fit of the insert.

## Conical abutment

### Conical abutment for individual bar constructions

You may select between 2 different abutment heights:



Height 2,0 mm



Height 4,0 mm

Conical abutments build the basis for removable prosthetic constructions with bars (or telescopes). The conical abutments contain a platform with conical post and are used in combination with a burnout plastic hull with titanium-made screw. With this design, inclinations between 2 connected implants of up to 16° may be corrected.

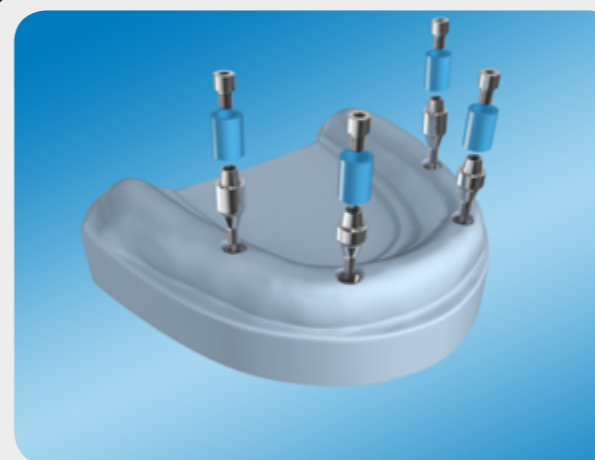
The conical abutments are placed directly into the implants and tightened applying 30 Ncm (after ensuring implant stability).

- 3** With the holding jacket (lab tool) the various LOCATOR® components can be held and placed into the implants. This piece of the instrument also serves as lab tool connecting to the laboratory analogues.



**A functional check, cleaning, disinfection and sterilization of the disassembled LOCATOR® instrument should take place right after each use, and follow validated procedures (see the instructions for use of the respective manufacturer).**

### Modellation.

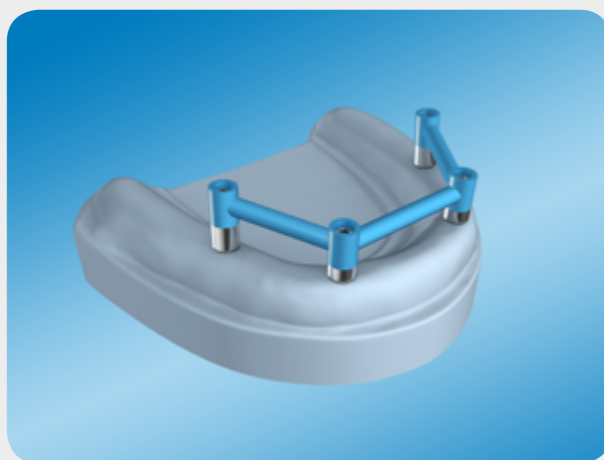


After creation of the working model, screw the conical abutments into the laboratory analogues using the 1.25 mm hex tool.

Place the plastic hulls and in those the conical abutment screws using the 1.25 mm insertion tool and a torque of 15-20 Ncm.

### Connecting the conical abutment to angulated constructions

Prior to the selection of the abutment, measure the required angle and desired gingiva profile, and consider this in the individualization of the abutments, hulls, and other construction elements.



The plastic hulls may be individualized by milling and drilling.

Prepare a scaffold of your bar construction. With embedding and pouring strictly follow the instructions for use of the manufacturer. When finished, ensure a stress-free fit onto the implants.

Then start building the secondary construction.



### Placing and finishing

(As appropriate) remove the healing abutments (or the cover screws) with the 1.25mm hex tool. Place the conical abutments into the implants and tighten them applying a torque of 30 Ncm (after ensuring implant stability).

Put on the bar construction and hand-tight fix it on the abutments with the retention screw of the conical hulls. Double check stress-free fit. Then tighten the screws at 30 Ncm.

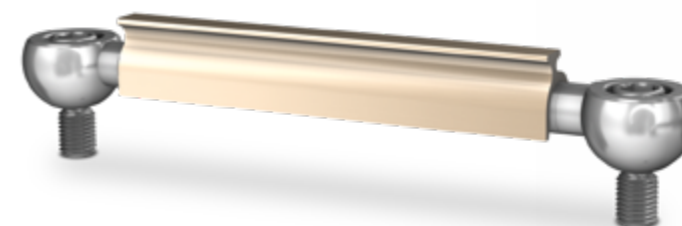
With REVOIS® PRO, you have the choice of different bar constructions:

- CAD/CAM bars (one or multiple pieces; please refer to the CAD/CAM Manual)
- individually fabricated bars
- pre-fabricated, modular bars (e.g. SFI-Bar®)

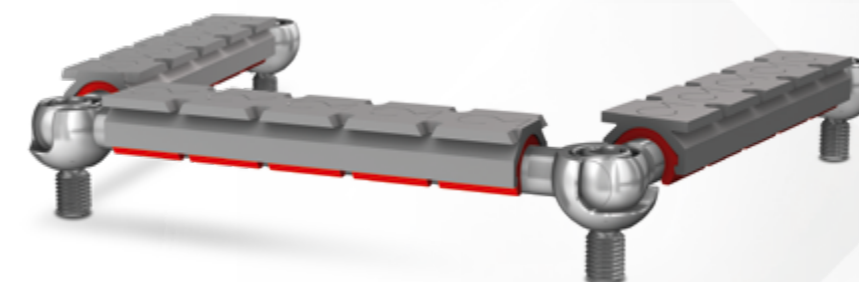
**One cost- and time-optimized solution for the patient care with bars is the SFI-Bar®**

## SFI-Bar® - modular bars

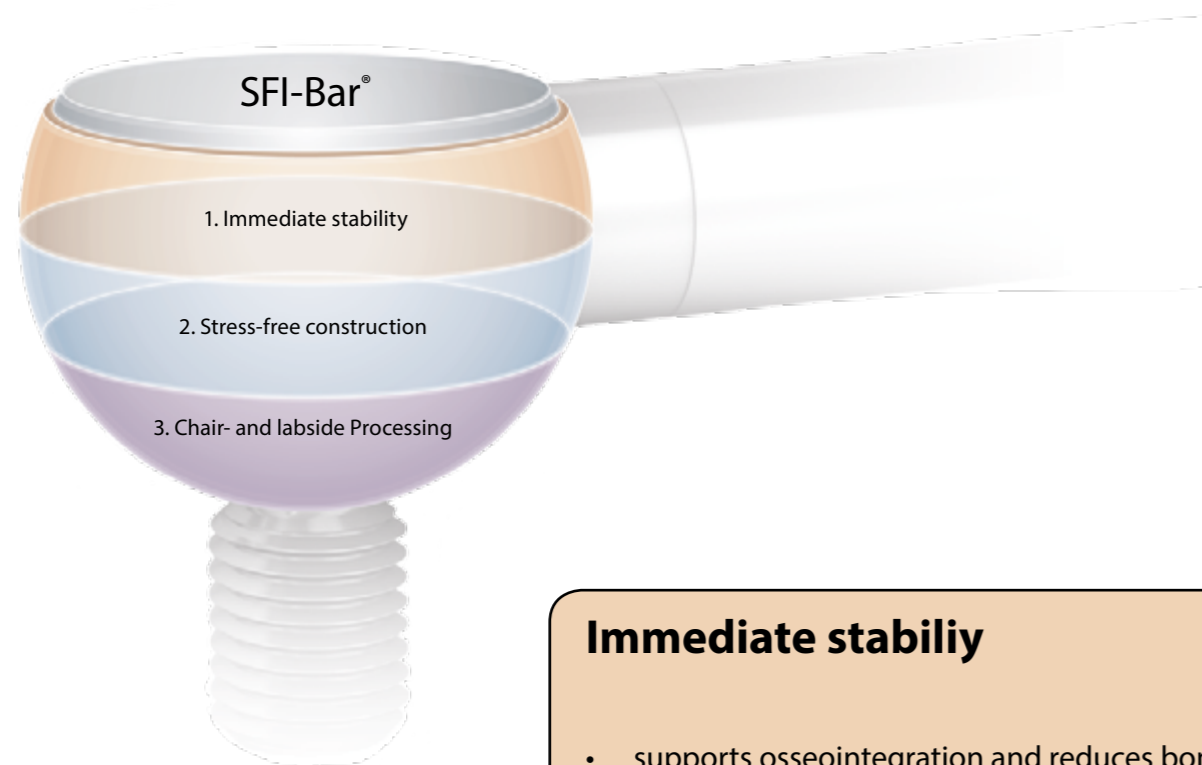
**Few components – broad range of indications.**



The SFI-Bar® is an innovative pre-fabricated modular bar system on 2 to 6 implants in the lower or upper jaw bone. Few pre-fabricated components and a unique design allow for a highly individualized though fast and cost-effective standard applicable in almost every clinical constellation if a bar is considered.



Next to additional retention and highest quality, three elementary characteristics combined provide advantages and reason why bar constructs and in particular the SFI-Bar® are an essential part of modern prosthetics.



### Immediate stability

- supports osseointegration and reduces bone loss
- complete treatment (surgery and bar construction) in one session possible
- improved QoL and oral reconstitution early on
- most-efficient processing and high patient acceptance

### Stress-free construction

- flexible, free-rotating connection between implants
- reduced lateral (non-axial) wear on implants
- achieved from pre-fabricated design and most-precise manufacturing

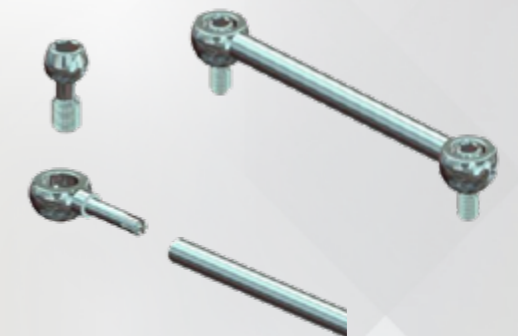
### Chair- and labside processing

- time and cost saving
- creating additional experience with bar constructions broadens therapeutic scope and range
- chairside: complete value chain in the doctors' office
- labside: no device investments; avoidance of error-prone techniques

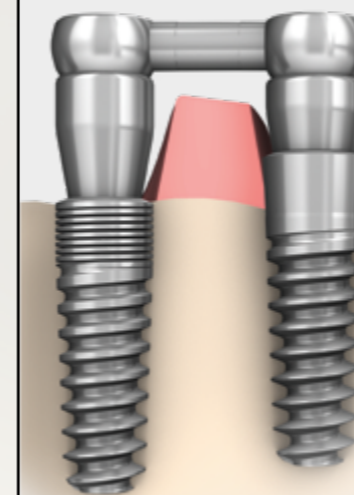
## Modular system SFI-Bar®



Components for 4 implants



Components for 2 implants



The stress-free fit is an elementary requirement for the long-term success of implant-based, bar-retained prosthetic reconstruction promoting axial force transmission and implant osseointegration.

## Optimal force conduct with SFI-Bar® – Convincing results

The force transmitted is optimally divided by the SFI-Bar® across the bar and between the underlying implants - due to its design of flexible connection between the implants – comparable to the steering mechanism of a car. The pre-fabricated components of SFI-Bar® can be quickly adapted to each patients' individual situation. Reasonable inclinations are corrected with no additional effort contributing to minimized lateral wear on the implants, and an appropriate environment for osseointegration.



## The Housing concept of SFI-Bar®

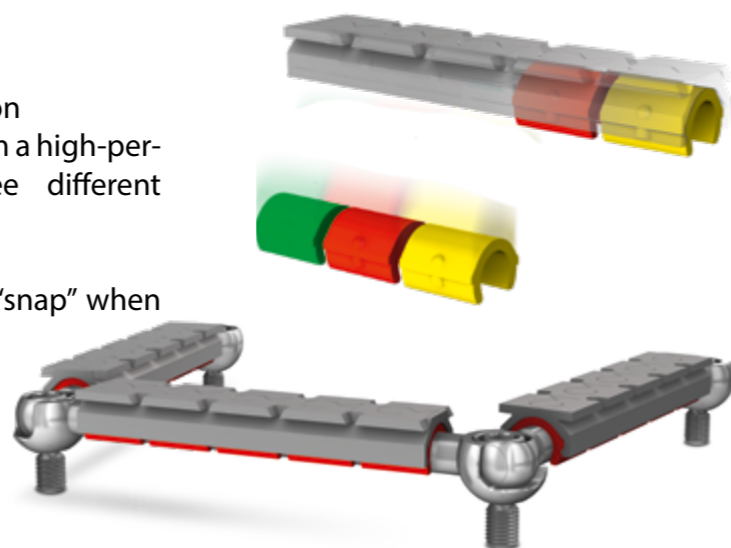


### Elitor® housing (E) – 68,60% gold alloy

- well-known alloy
- assymetric design of the retention element saving space and integration height needed
- permits flexible, aesthetic results with bars
- ease of use: acoustical and perceivable “snap” when placed correctly
- to be used with 2 to 6 implants
- individual and stepless retention force adjustment (activation)

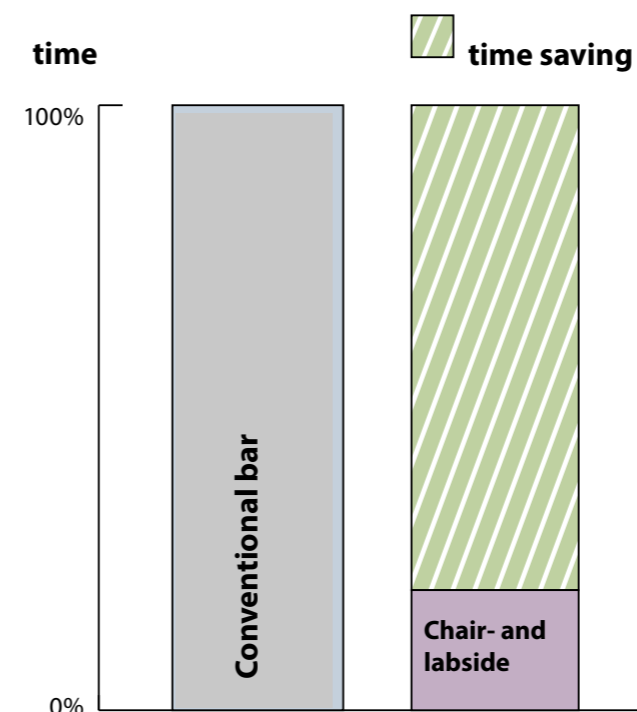
### Titanium housing (T) – grade 4 titanium

- longlasting material, outstanding precision
- exchangeable retention inserts made from a high-performance polymer available, in three different strengths
- different lengths
- ease of use: acoustical and perceivable “snap” when placed correctly
- to be used with 3 to 6 implants



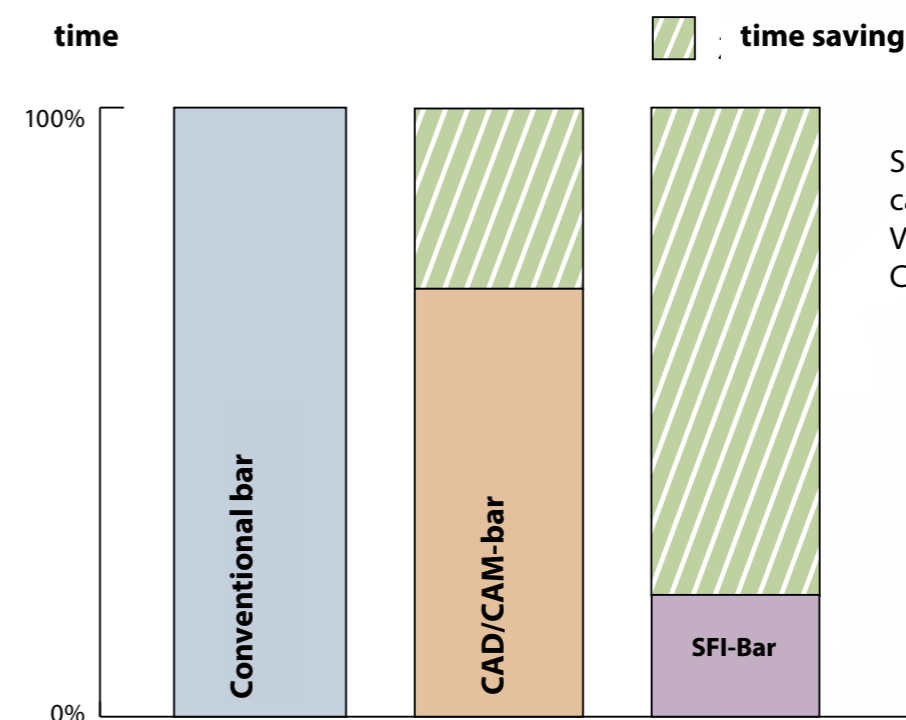
## Chair- and Labside-Processing

### Chairside



SFI-Bar, processed chairside, reduces total processing time Vs. conventional bars by 80%.




### Labside





SFI-Bar, processed labside, significantly reduces total processing time Vs. conventional bars as well as CAD/CAM-bars.

# Components' Overview:















## REVOIS : PRO pre-mounted implants

Implants	Item number	Ø mm	Length mm	Figure
<p><b>With pre-mounted impression abutment and impression screw, direct</b></p> <p>The pre-mounted implants can (and should) be immediately inserted, after opening of the sterile barrier, using the screw head as handle.</p> <p><b>A cover screw is also included.</b></p>	MD6001309	3.8	9	
	MD6001311	3.8	11	
	MD6001313	3.8	13	
	MD6001315	3.8	15	
	MD6001409	4.3	9	
	MD6001411	4.3	11	
	MD6001413	4.3	13	
	MD6001415	4.3	15	
	MD6001509	5.0	9	
	MD6001511	5.0	11	
	MD6001513	5.0	13	
	MD6001515	5.0	15	

## REVOIS : PRO Surgery











Figure	
<p>Surgical tray, empty</p> <p><b>Item number</b> MD6001001</p> 	
	<p>For the initiation with REVOIS® PRO, please ask for our special starter packages.</p> <p><b>The figure shows the surgical tray filled with components from "Starter Package 1".</b></p>
<p>Please contact us for a personal introduction to the <b>REVOIS®</b> Dental Implantat System or if you would like to receive an offer for your individual REVOIS® initiation opportunity.</p>	

REVOIS : PRO surgery overview











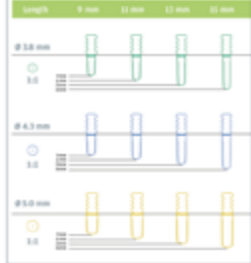
Article	Item number	Ø mm		Figure
Soft tissue punch	MD6001013	3.0		
Soft tissue punch	MD6001014	4.0		
Drill extension	MD6001244			
Drills				
Drill marker	MD6001200	1.5		
Rose burr	MD6000537	2,3		
Precision pilot drill *	MD6241215	1.5		
Precision pilot drill *	MD6001211	2.0		
Precision pilot drill *	MD6001212	2.8		
Tapered drill *	MD6001233	3.8		
Tapered drill *	MD6001234	4.3		
Tapered drill *	MD6001235	5.0		
Cortical bone tap*	MD6001240	3.8		
Cortical bone tap*	MD6001241	4.3		
Cortical bone tap*	MD6001242	5.0		

\* Also available as one-patient-drills (EB)







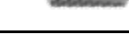
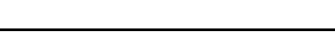
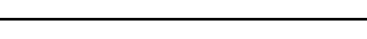




REVOIS : PRO surgery overview

Drill stop	Item number	Ø mm	Length mm	Figure
	MD6001197		7	
	MD6001198		8	
	MD6001201		9	
	MD6001202		10	
	MD6001203		11	
	MD6001204		12	
	MD6001205		13	
	MD6001206		14	
	MD6001207		15	
	MD6001208		16	







# REVOIS : PRO surgery overview

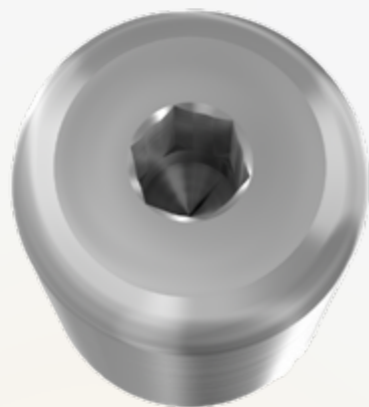
Article	Item number	Ø mm	Figure
Precision drill with internal cooling	MD6001209	2.0	
Precision drill with internal cooling	MD6001210	2.8	
Tapered drill with internal cooling	MD6001230	3.8	
Tapered drill with internal cooling	MD6001231	4.3	
Tapered drill with internal cooling	MD6001232	5.0	
One-patient-drill set without internal cooling or stop	MD6001236	precision pilot drill 2,0 precision pilot drill 2,8 tapered drill 3,8	
One-patient-drill set without internal cooling or stop	MD6001237	precision pilot drill 2,0 precision pilot drill 2,8 tapered drill 4,3	
One-patient-drill set without internal cooling or stop	MD6001238	precision pilot drill 2,0 precision pilot drill 2,8 tapered drill 5,0	
Drill extension	MD6001245		
Cleaning mandrin	MD6001250		
Radiography template	MD6001079		

# REVOIS : PRO surgery overview













Article	Item number	Ø mm**	Length mm	Figure
Hex tool ** core values	MD6001025	1.25	23	
	MD6001026	1.25	30	
Hex driver **core values	MD6001027	2.5	23	
	MD6001028	2.5	30	
Removal tool, abutment	MD6001029	2.3		
Driver Dalbo®	MD6001030			
Thumb wheel	MD6001040			
Grinding holder	MD6001050			
Torque ratchet 20 - 70 Ncm	MD6001075			
Depth gauge with open-end-spanner	MD6001077			
Parallelizing pins				
0°	MD6001800			
18°	MD6001818			
25°	MD6001825			

REVOIS : PRO Healing abutments













Healing abutment	Item number	Ø mm	Length mm	Figure
	MD6001602	4.4	2.0	
	MD6001603	4.4	3.0	
	MD6001605	4.4	5.0	
	MD6001652	5.2	2.0	
	MD6001653	5.2	3.0	
	MD6001655	5.2	5.0	














REVOIS : PRO Prosthetic parts' overview

Impression	Item number	Ø mm	Length mm	Figure
Impression set, closed tray:  Impression abutment, multi Snap-on Wings (titanium) retaining screw	MD6001747			
Snap-on Wings (titanium)	MD6001749			
Impression abutment, multi	MD6001748	4.4	6.0	
Impression abutment, open tray	MD6001750	4.4		
Impression screw, direct	MD6001751			
Abutment 0°, incl. retaining screw	MD6001705	4.4	5.0	
Abutment 0°, incl. retaining screw	MD6001707	4.4	7.0	
Abutment 0°, incl. retaining screw	MD6001735	5.2	5.0	
Abutment 0°, incl. retaining screw	MD6001740	5.2	7.0	
Abutment 18°, incl. retaining screw	MD6001718	4.4		
Abutment 25°, incl. retaining screw	MD6001725	4.4		
Laboratory analog	MD6001520			

REVOIS : PRO Prosthetic parts' overview

	Item number	Ø mm	Length mm	Figure
Abutment-retaining screw	MD6001700			
Indiv. aesthetic abutment incl. retaining screw	MD6001730	4.4		
Set - universal tapered abutments:				
Abutment plastic sleeve screw	MD6001752	4.4	2.0	  
Abutment plastic sleeve screw	MD6001754	4.4	4.0	  
Covering screw, universal	MD6001701	3.3		
Covering screw, sinus lift	MD6001702	5.0		
Scan Abutment Titanium - Hex	MD6001741			
Scan Abutment Titanium - No Hex	MD6001742			

REVOIS : PRO & LOCATOR®

LOCATOR®	Item number	Ø mm	Length mm	Figure
LOCATOR® Abutment	MD6001851	4.0	1	
	MD6001852	4.0	2	
	MD6001853	4.0	4	
	Item number	Amount		Figure
LOCATOR® impression cap	MD6001858	4 pieces		
LOCATOR® Laboratory analog	MD6001859	4 pieces		
LOCATOR® friction insert set	MD6001860	2 x place holder 2 x blockout spacer 2 x retention insert transparent 2 x retention insert pink 2 x retention insert blue		
LOCATOR® friction insert, green	MD6001861	4 pieces retention force: 1,8 KG		
LOCATOR® friction insert, red	MD6001862	4 pieces retention force: 0,6 KG		
LOCATOR® Laboratory instrument	MD6001863	1 piece		
LOCATOR® screwing instrument	MD6001864	1 piece		
LOCATOR® Labor blockout spacer	MD6001865	20 pieces		

REVOIS : PRO & CM-LOC®








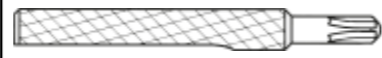



CM LOC®	Item number	Ø mm	Height mm	Figure
	MD6001873  MD6001874  MD6001875  MD6001876			
CM LOC® FLEX	Item number	Ø mm	Height mm	Figure
	MD6001883  MD6001884  MD6001885  MD6001886			
	Item number	Count	Figure	
CM LOC® Analog	MD6001902	4 pieces		
CM LOC® Impres- sion Abutment	MD6001907	4 pieces		
CM LOC® screwing tool	MD6001904	1 pieces		
CM LOC® FLEX screwing tool	MD6001905	1 piece		
CM LOC® Extractor for matrix-housings	MD6001908	1 piece		

	Item number	Count	Figure
CM LOC® basic set Pekkton®	MD6001890	2 x female part housing Pekkton® 2 x retention inserts extra low 2 x retention inserts low 2 x retention inserts medium 2 x block out spacer 2 x process insert	
CM LOC® basic set Elitor®	MD6001891	2 x female part housing titanium, 2 x retention inserts Elitor® (moun- ted) 2 x block out spacer	
CM LOC® matrix-housings Pekkton®	MD6001892	4 pieces	
CM LOC® matrix housings Titan	MD6001893	1 piece, for Pekkton® inserts	
CM LOC® retention inserts - extra low	MD6001894	4 pieces retention force: 0,6 KG	
CM LOC® retention inserts - low	MD6001895	4 pieces retention force: 1,2 KG	
CM LOC® retention inserts - medium	MD6001896	4 pieces retention force: 1,8 KG	
CM LOC® retention inserts - strong	MD6001897	4 pieces retention force: 2,4 KG	
CM LOC® titanium ma- trix with Elitor® insert	MD6001898	1 piece	
CM LOC® process inserts	MD6001899	4 pieces	
CM LOC® spacer	MD6001900	4 pieces	
CM LOC® block out spacer	MD6001901	4 pieces, for matrix integration	
CM LOC® multi tool	MD6001903	1 piece, for Pekkton® retention insert	
CM LOC® aktivator	MD6001906	1piece, for Elitor® retention insert	
CM LOC® instrument set	MD6001909	3 instruments & box	
CM LOC® FLEX aligner	MD6001887	1 piece	

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PRO










Ball attachment & Dalbo®

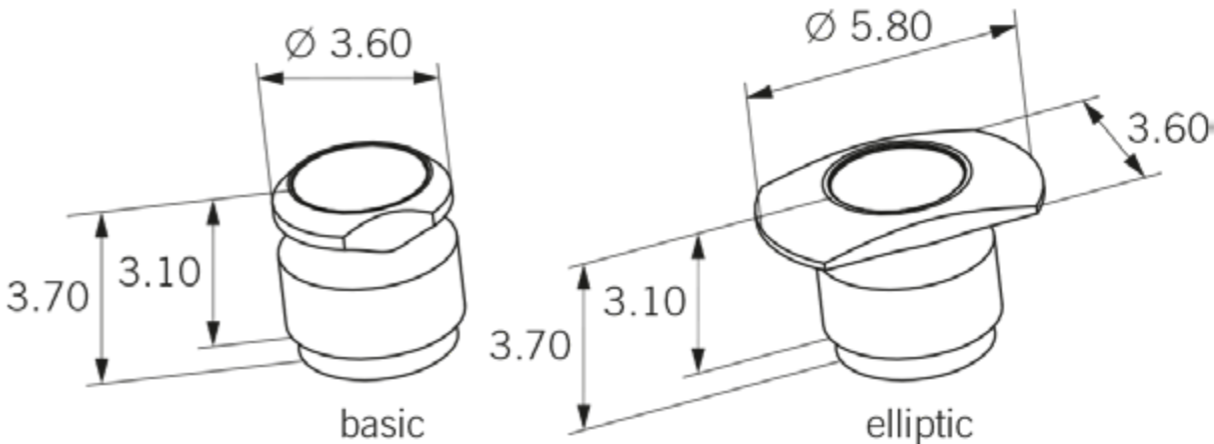
Ball attachment	Item number	Ø mm	Length mm	Figure
	MD6001772	4.4	3.0	
	MD6001773	4.4	5.0	
Laboratory analog ball attachment	MD6001774	4.4		
Impression sleeve ball attachment	MD6001771			
Dalbo®-PLUS	Item number	Description		Figure
Gauge set	MD6001920	male part gauge matrix gauge retention inserts with lamellae tuning retention insert with lamellae, soft tuning retention insert with lamellae screwdriver box		
	MD6001921	for inspection of the adjusted retention force outside of the mouth		
Matrix gauge	MD6001922	for inspection of the adjusted retention force and the range of the optimal retention insert with lamellae		
Screwdriver	MD6001923	for screwing and activating the retention insert with lamellae		
Laboratory-distance-disk (5 pieces)	MD6001924	Increases the vertical resilience. Do not use in the mouth. 5 pieces		
Doubling auxiliary parts	MD6001925	Doubling auxiliary part for the basic components. Do not use in the mouth.		
Driver Dalbo®	MD6001030	screwing tool		

REVOIS

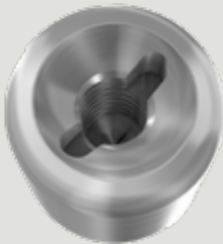




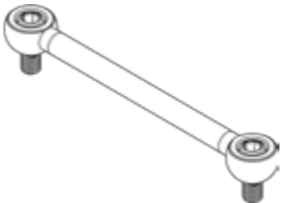
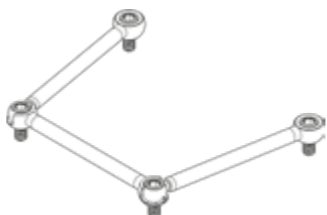

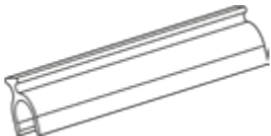

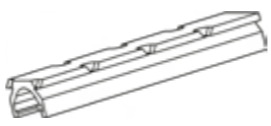
PRO

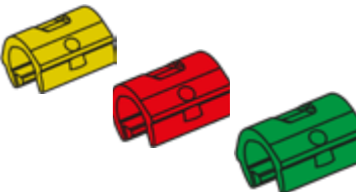
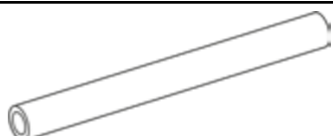
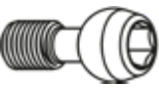




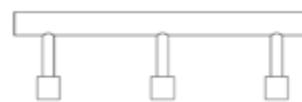
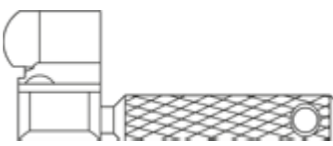


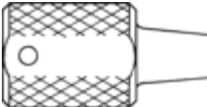
Ball attachment & Dalbo®

Dalbo®-PLUS	Item number	Ø mm	Height mm	Figure
Matrix TE basic set	MD6001910	s. drawing		
	MD6001911	s. drawing		
Retention inserts with lamellea E	MD6001912	s. drawing		
Tuning matrix soft TE basic set	MD6001913	s. drawing		
	MD6001914	s. drawing		
Tuning lamellae retention insert soft E	MD6001915	s. drawing		
Tuning matrix TE basic set	MD6001916	s. drawing		
	MD6001917	s. drawing		
Tuning lamellae retention insert E	MD6001918	s. drawing		


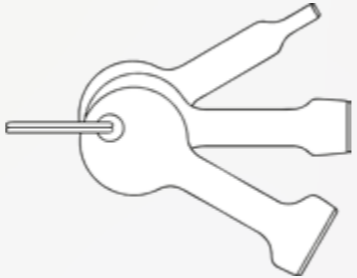
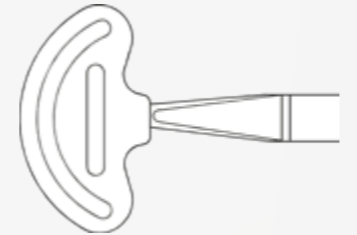
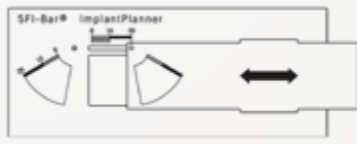



# REVOIS : PRO SFI-Bar®

SFI-Bar®	Item number	Ø mm	Height mm	Figure
	MD6001775	4.4	2.0	
	MD6001776	4.4	3.0	
	MD6001777	4.4	4.0	
	MD6001778	4.4	5.0	
Item number		Count	Figure	
2-implant kit	MD6002100	2 ball connectors, large 2 fixation screws 1 bar sleeve (without implant adapter)		
4-implant kit	MD6002101	2 ball connectors, large 2 ball connectors, small 2 ball half shells 4 fixation screws 3 bar sleeves (without implant adapter)		
Add-on Kit	MD6002102	1 ball connector, small 1 ball half shell 1 fixation screw 1 bar sleeve (without implant adapter)		
Matrix asymmetrical Elitor® L30	MD60021206	To be polymerised into the prosthesis plastic		
Matrix titanium complete L 47.5	MD60021207	To be polymerised into the prosthesis plastic		
Matrix housings titanium L 47.5	MD60021208	Without retention inserts. To be polymerised into the prosthesis plastic		

	Item number	Description	Figure
Retention inserts	MD60021210 MD60021211 MD60021212	yellow: soft retention red: normal retention green: strong retention  packaging unit: packet with 6 pieces	
Steg sleeve	MD60021213	individuell shortening up to 2 mm maximum	
Fixation screw	MD60021214	fixates the ball attachment large onto the implant adapter, as well as the ball attachment small and the half pipe shell on to the implant adapter.	
Ball connector big	MD60021215	for SFI-Bar® 2- and 4-Implant	
Ball connector small	MD60021216	For SFI-Bar® 4-Implant, use combined with ball half shell	
Ball half shell	MD60021217	For SFI-Bar® 4-Implant, use combined with ball connector small	
Relief wire	MD60021221	tin, secures the vertical resilience. Integration between matrix and bar during the plastic polymerisation.	
Transfer axle	MD60021222	for the master model production	
BAR sleeve gauge	MD60021223	affords an exact definition of the length of bar sleeve in the mouth and is a holding when depositing, at the same time.	
Screwdriver	MD60021225	for implant adapter	
Screwdriver hex	MD60021226	for fixation screw	
Thomas Driver	MD60021227	for screwdriver and screwdriver hex	

# REVOIS : PRO & SFI-Bar®

	Item number		Figure
Insert positioner	MD60021228	for integration of the retention insert	
Activator set	MD60021229	for matrices Elitor®	
Disactivator makro	MD60021230	for matrices Elitor®	
Implant planner	MD60021232	to plan approximately the position of the implant	
Instrument set	MD60021233	screwdriver screwdriver Hex Thomas driver transfer axle steg sleeve gauge cutting gauge insert positioner implant planner tweezers aktivator set Desaktivator makro Cutting Discs No. 1 (3 pieces)	

# REVOIS : PRO Starter packages

For the initiation with **REVOIS® PRO** we offer you individual initiation opportunities, in accordance with your already gained experience in dental implantology and personal preferences.

If you like to receive additional information, clinical study results, or wish to speak to experienced **REVOIS®** users – we are there to accompany you in your journey with REVOIS®, for a solid partnership and the best-possible patient care.



## Have we drawn your interest and attention?

We would like you to explore and convince yourself of the advantages of the REVOIS® Dental Implantat System, and of partnering with us, the Team of AUROSAN Dental, Germany.

Understanding your needs and preferences will enable us, the Team of AUROSAN Dental, to provide you with (only) what you need, and to become an industry partner of choice to you. We accompany you and your patients during the journey with REVOIS®. We guarantee the safety stock needed according to current legal requirements for many years.

**Our Team is qualified and used to customer-specific, always ethical action.**

The REVOIS® Dental Implantat System Manual consists of different modular parts. If except from this REVOIS® PRO Manual, you wish to receive the other parts, please let us know. Also, if you like to receive new moduls such as case studies, new REVOIS®-related publications or other educational series published under AUROSAN Dental or REVOIS®, we will happily include you in the distribution list.

Any feedback, ideas for product development or improvements, patient safety etc. is highly welcome. We define our actions and focus through the input and feedbacks we receive from our customers and partners.

Please also visit us in the web:

- Website: **[www.revois-dental.com](http://www.revois-dental.com)**
- Webshop: **[www.revois-shop.com](http://www.revois-shop.com)**

Our instructions for use are available at:  
**[www.revois-dental.com/gba](http://www.revois-dental.com/gba)**

or contact the AUROSAN customer center:  
**[service@aurosan.de](mailto:service@aurosan.de) / +49 (0)201-50658151.**

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**Aurosan GmbH**  
**Frankenstraße 231**  
**D-45134 Essen**  
**GERMANY**

**Contact:**

**Tel +49 (0) 201 50658151**  
**Fax +49 (0) 201 50658152**  
**Email: [service@aurosan.de](mailto:service@aurosan.de)**  
**[www.aurosan.de](http://www.aurosan.de)**  
**[www.revois-dental.com](http://www.revois-dental.com)**  
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Dental Implantat System



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