

PIEZOIMPLANT SYSTEM

NARROW RIDGES

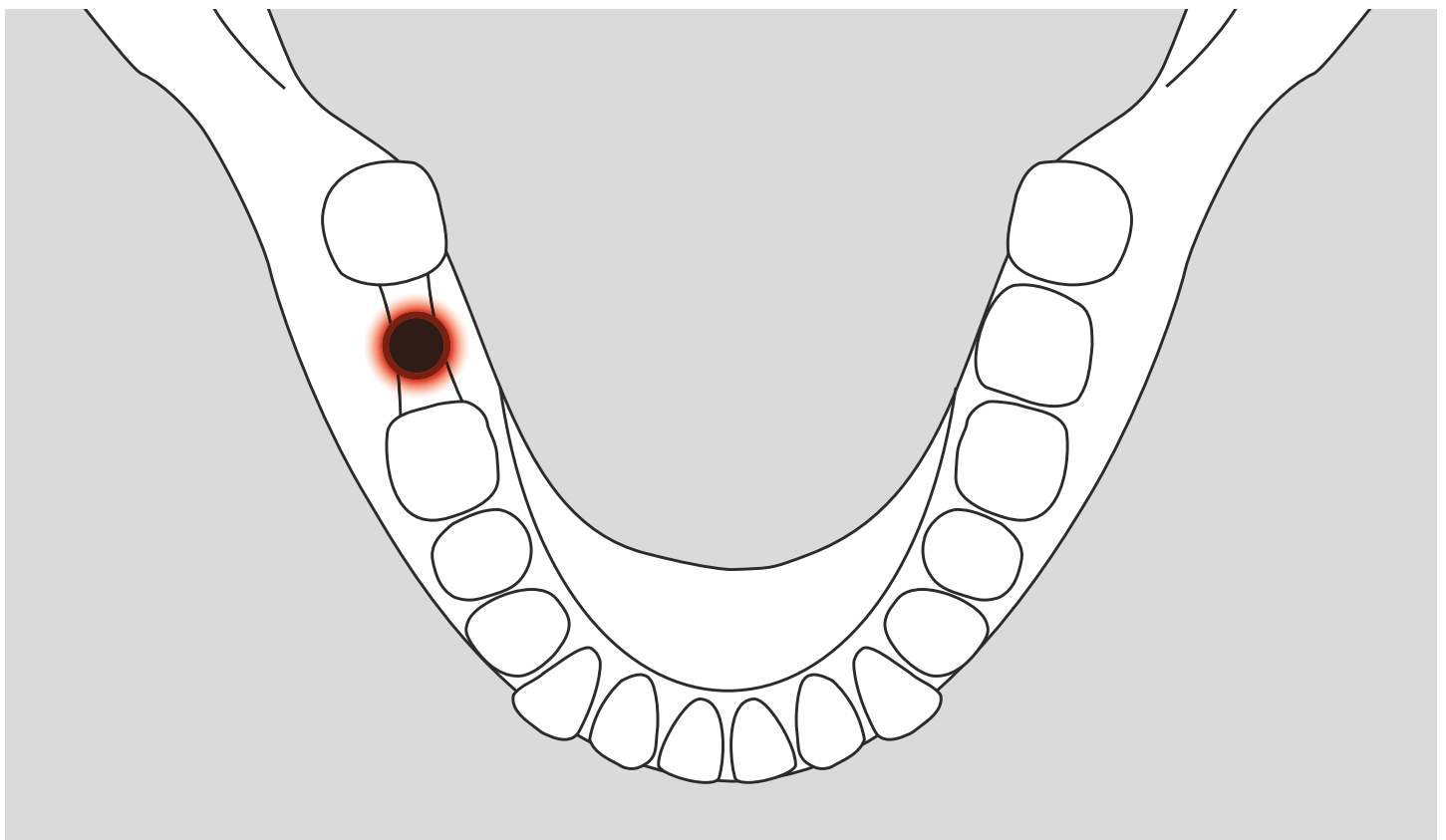
A COMMON CLINICAL CHALLENGE

SUCCESSFUL IMPLANTOLOGY REQUIRES ADEQUATE CRESTAL BONE WIDTH

Placing a dental implant in a narrow crest without adequate width can lead to dehiscence, increasing the risk of peri-implantitis.

Because a peri-implant bone thickness of 1.5-2 mm is needed to reduce risk of dehiscence, crestal bone must be 6.5 - 7.5 mm wide for placement of a screw implant.

Traditionally, clinical cases with horizontal defects have been solved using mini-implants or bone augmentation procedures. Both of these techniques are fraught with complications.



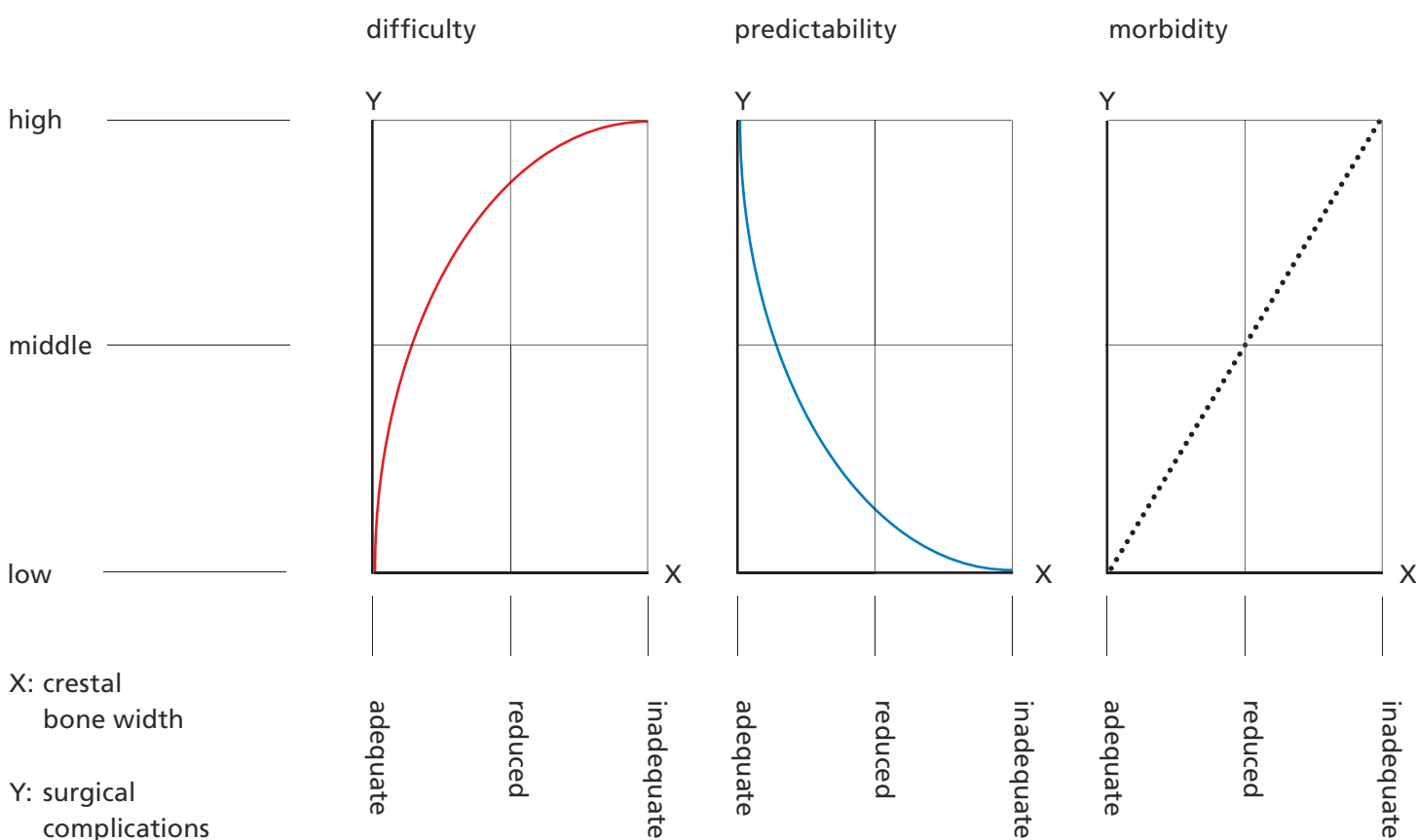
ANATOMICAL DIFFICULTY REDUCES IMPLANT PREDICTABILITY

When there is reduced bone volume for safe implant placement surgeons resort to augmentation procedures such as Guided Bone Regeneration (GBR) and bone block grafting.

However, these procedures increase surgical difficulty, patient morbidity, timing, and overall cost of therapy.

WHAT ARE THE DISADVANTAGES FOR THE PATIENT?

-  The high cost of intervention for both the dental practice and the patient often creates a significant barrier to treatment acceptance.
-  Treatment can easily take up to 8 months. This lengthy treatment time creates yet another barrier for patients.
-  Lastly, and most importantly, the post-operative period is usually associated with considerable morbidity for the patient.



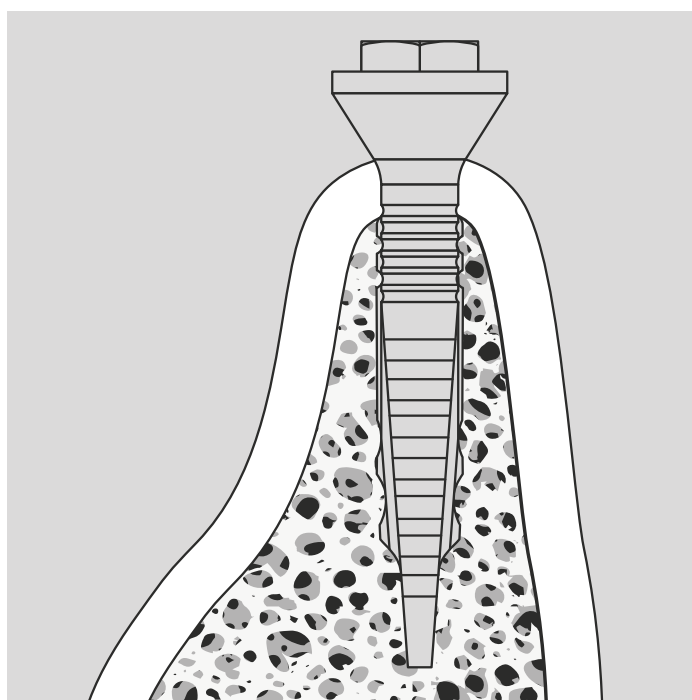
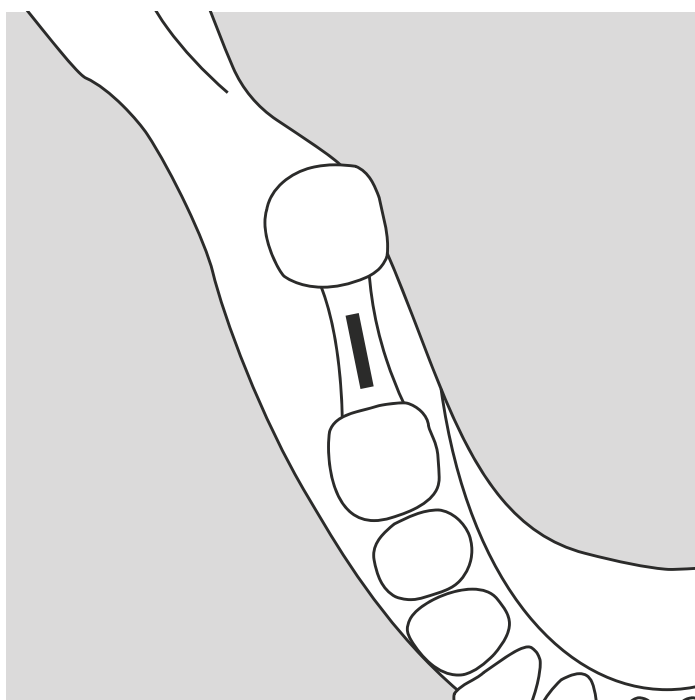
REX PIEZOIMPLANTS A NEW CLINICAL RATIONALE

AN IMPLANT DESIGNED FOR THE ANATOMY

The REX PiezoImplant System was designed specifically to manage reduced crestal width. Its rectangular section mimics the anatomy of the residual crestal bone, allowing for adequate bone thickness to be preserved on the vestibular and lingual sides.

This level of bone preservation is not possible with traditional, screw-form implants because their circular section poses a geometrical discrepancy with the anatomy.

The morphological advantages of REX PiezoImplants allow preserving a crestal thickness greater than 1.5 mm buccally and lingually even when the residual crest is only 3.5 mm.



SCIENTIFICALLY-PROVEN CLINICAL SUCCESS

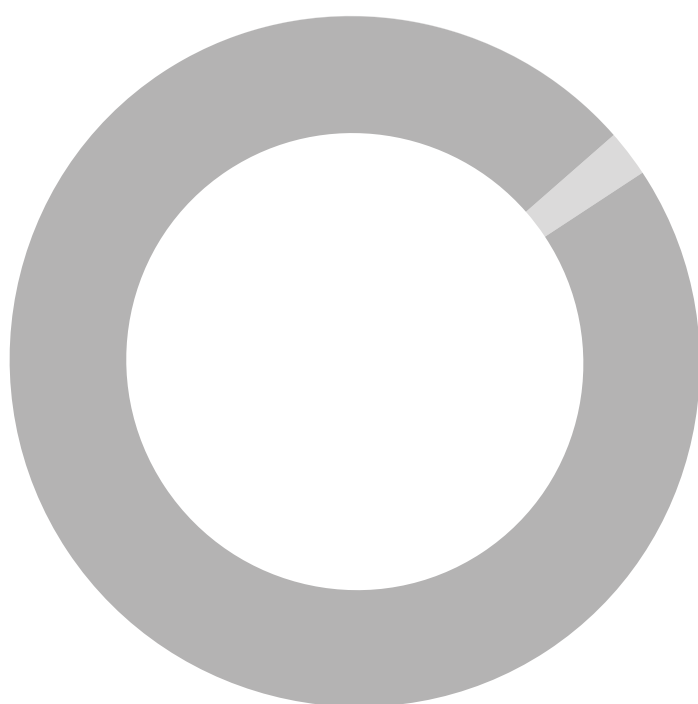
In the preliminary, multicenter, clinical study introducing this new implant morphology, REX PiezoImplants placed in narrow ridges (3.5 mm to 5 mm wide) had a 98.3% survival rate after one year of loading.

These favorable results were obtained in ridges of reduced width, including cases of suboptimal vascularization, which is essential for osteointegration.

Crestal bone resorption was found to be less than 1 mm after one year of loading, that is, the same favorable result obtained with conventional screw-form implants in large crestal width.

Additionally, pain associated with REX PiezoImplant placement was extremely low, and experienced over a short duration. These findings are definitely more favorable than those associated with implant placement in combination with bone augmentation procedures.

Lastly, the subjective experience reported by operators and patients was extremely positive due to reduced surgical difficulty.

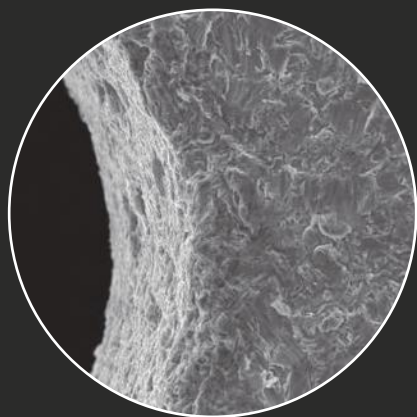


98.3 %
survival after
a year of loading

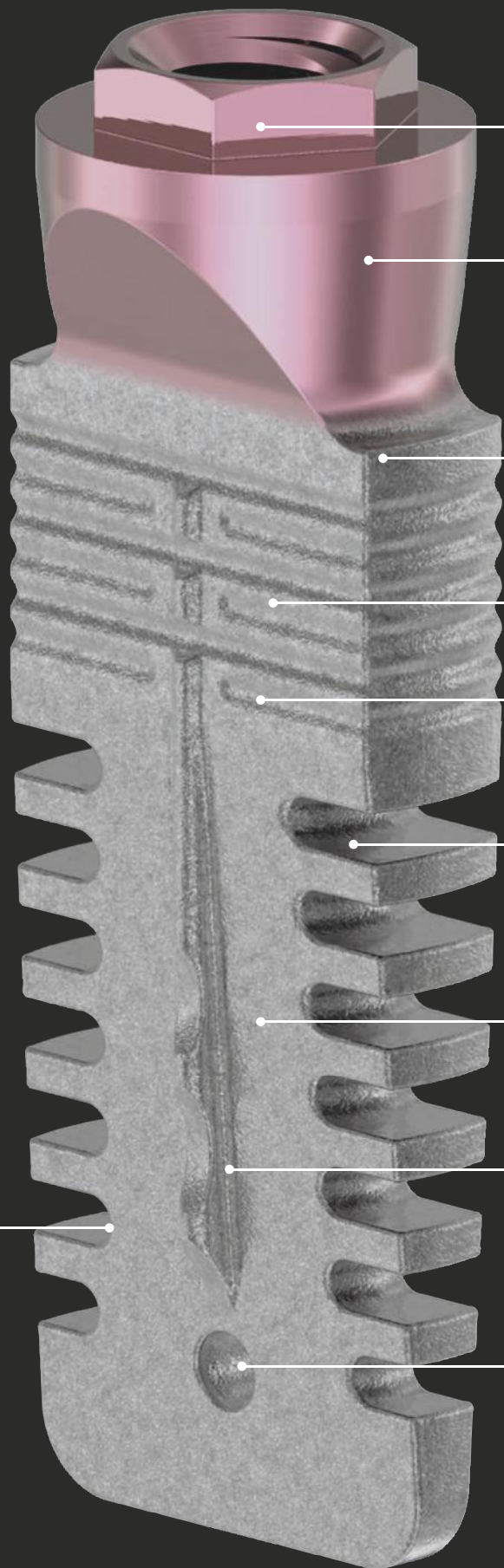
1. Vercellotti T, Troiano G, Oreglia F, Lombardi T, Gregorig G, Morella E, Rapani A, Stacchi C. Wedge-Shaped Implants for Minimally Invasive Treatment of Narrow Ridges: A Multicenter Prospective Cohort Study. J Clin Med 2020. 9:3301; doi:10.3390/jcm9103301 - <https://www.mdpi.com/2077-0383/9/10/3301/htm>

REX PIEZOIMPLANTS UNIQUE MORPHOLOGICAL FEATURES

The innovative features of REX PiezoImplant are protected by various patents*.



200 µm
400x magnification

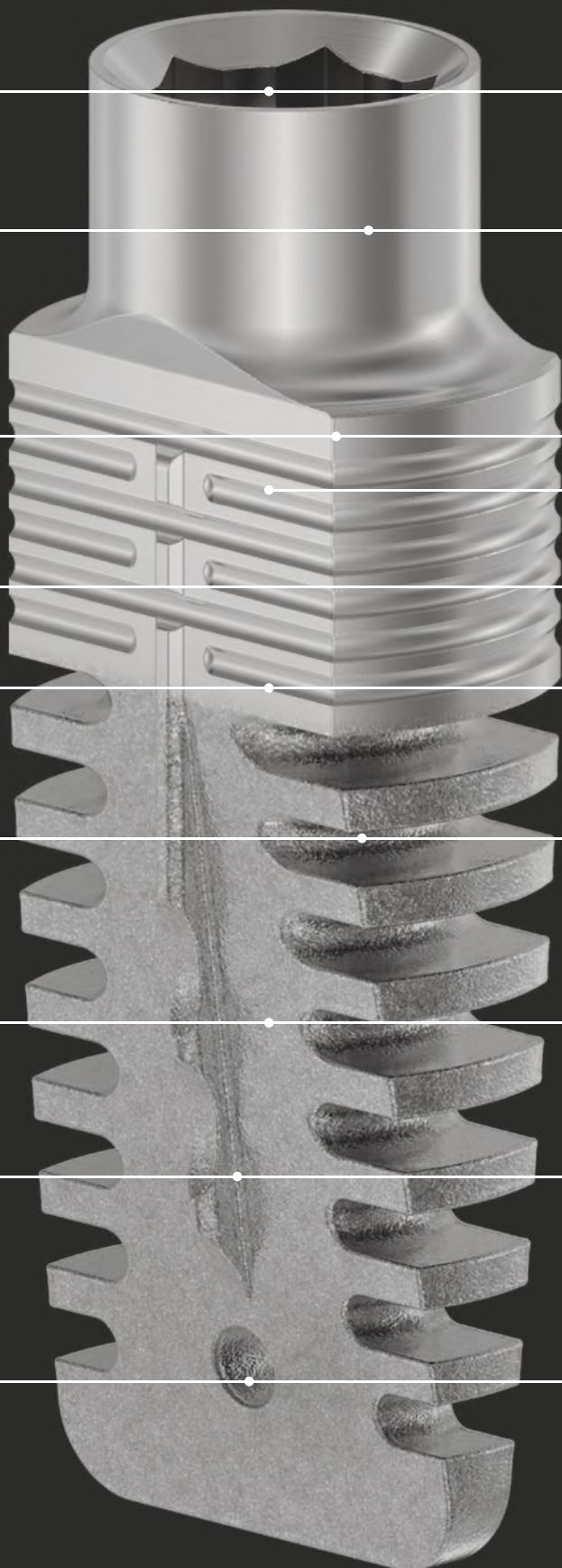


2. Abrahamsson I, Berglundh T. Effects of different implant surfaces and designs on marginal bone-level alterations: a review. Clin. Oral Implants Res 2009. 20:207-15.

3. Berglundh T, Gotfredsen K, Zitzmann NU, Lang NP, Lindhe J. Spontaneous progression of ligature induced peri-implantitis at implants with different surface roughness: an experimental study in dogs. Clin. Oral Implants Res 2007. 18:655-661.

4. Ibañez C, Catena A, Galindo-Moreno P, Noguerol B, Magán-Fernández A, Mesa F. Relationship Between Long-Term Marginal Bone Loss and Bone Quality, Implant Width, and Surface. Int J Oral Maxillofac Implants 2016. 31:398-405.

5. Roberts RA. Types, uses, and evaluation of the plate-form implant. J Oral Implantol 1996. 22:111-118.



Highly versatile prosthetic connection.

Titanium Grade 23 (Ti6Al4V ELI) with greater biocompatibility and fatigue strength than Grade 5 alloy.

Width of 1.8 or 2.9 mm.

Machined transcortical region to help prevent crestal bone resorption and peri-implantitis.²⁻⁴

Transcortical region surface treated with Resorbable Blast Media (RBM) to promote osteointegration.⁷⁻⁸

Micro grooves to promote osteointegration in cortical bone.⁶

Macro grooves to promote osteointegration in cancellous bone.⁵⁻⁶

Resorbable Blast Media (RBM) Surface Treatment: REX PiezoImplants are grit-blasted with hydroxylapatite and acid-passivated to increase the roughness of the surface and promote osteointegration.⁷⁻⁸

Sagittal Fin for improved press-fit and initial stability.

Identification Port for verifying osteointegration radiographically.

6. Golab KG, Kashani IR, Azami-Tameh A, Zaminy A, Nik IN, Nik SN. Evaluation of the effect of adipose tissue-derived stem cells on the quality of bone healing around implants. Connect Tissue Res 2016. 57(1):10-19.

7. Gansukh O, Jeong JW, Kim JW, Lee JH, Kim TW. Mechanical and Histological Effects of Resorbable Blasting Media Surface Treatment on the Initial Stability of Orthodontic Mini-Implants. Biomed Res Int 2016. 1-9.

8. Todisco M, Trisi P. Histomorphometric evaluation of six dental implant surfaces after early loading in augmented human sinuses. J Oral Implantol 2006. 32:153-166.

(*) US 9566136 / US 10835350 / EP 2509530 / JP 5814255

REX PIEZOIMPLANT PRODUCT RANGE FEATURES

SURFACE TREATMENT OPTIONS

All REX PiezoImplants are provided with the well-known RBM surface treatment (grit-blasting with hydroxylapatite plus acid-passivation). Trace amounts of hydroxylapatite on the titanium surface promote osteointegration.



REX PiezoImplant TL 1.8 with RBM over the entire endosseous surface area.

REX PiezoImplants are available with machined shoulder to facilitate biofilm removal.



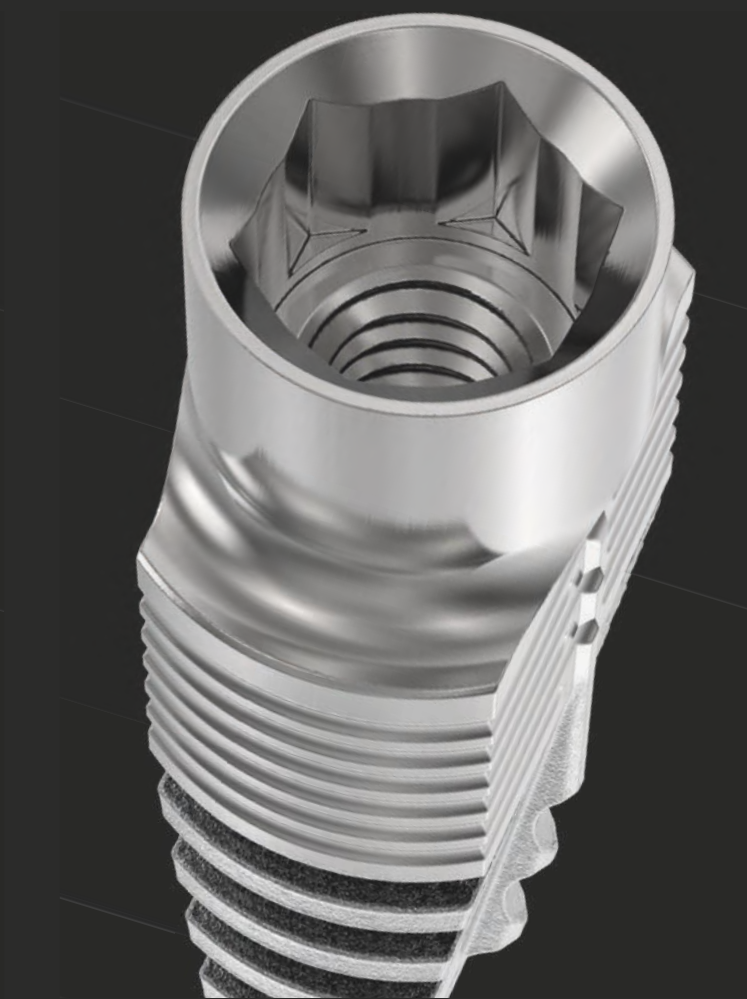
REX PiezoImplant TL 1.8 with machined transcortical region.

RESTORATIVE VERSATILITY

REX PiezoImplants offer external and internal hexagon prosthetic platforms.



REX PiezoImplant TL 1.8
External hexagon: 2.7 mm
Platform: Ø of 4.1 mm



REX PiezoImplant TL 2.9
Internal hexagon: 2.45 mm
Platform: Ø of 3.5 mm

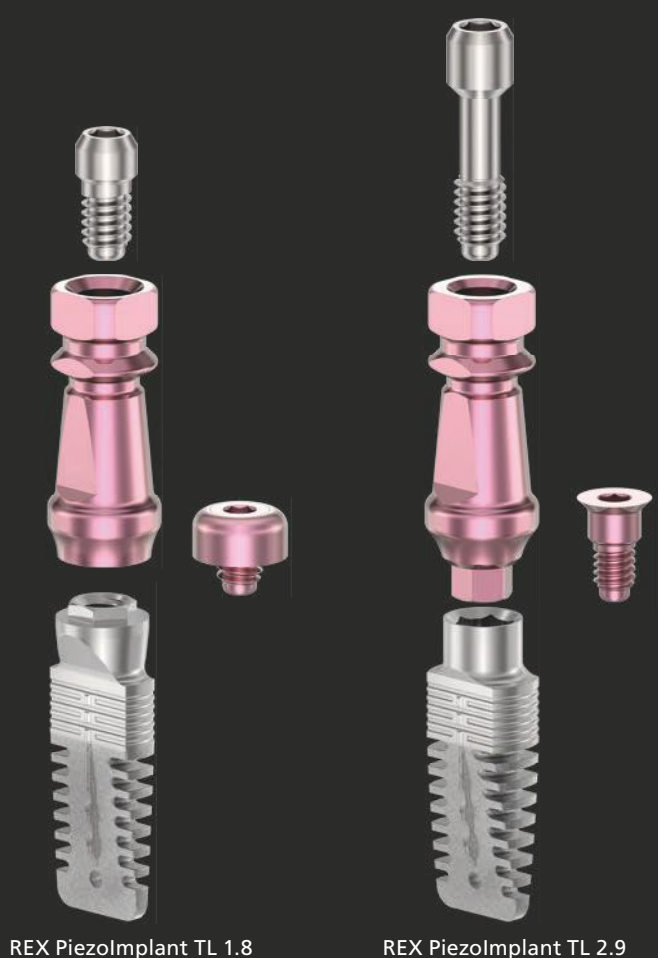
REX PIEZOIMPLANT PRODUCT RANGE FEATURES

CONVENIENT IMPLANT ASSEMBLIES

REX PiezoImplants are provided preassembled to an abutment for press-fit insertion.

The transfer abutment can also be used as straight abutment after removing the top portion with a bur.

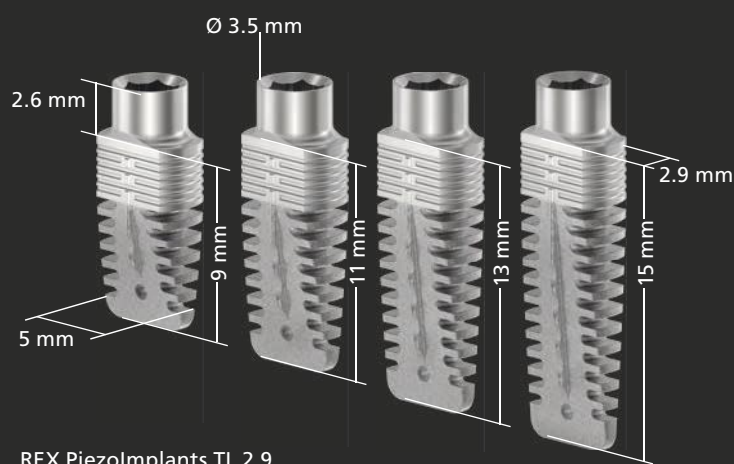
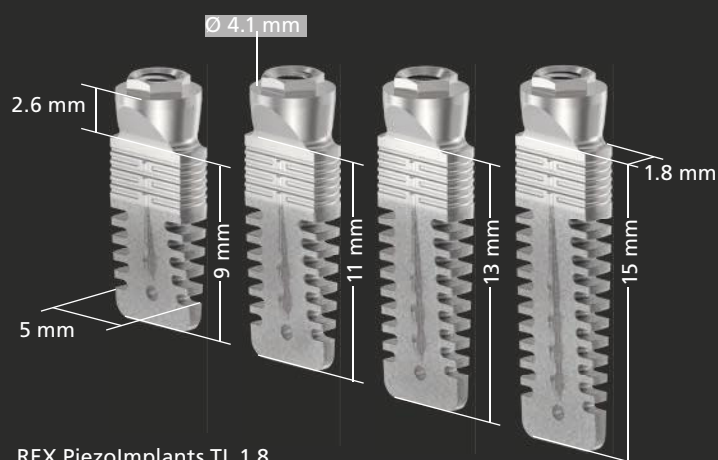
A cover screw is also included with all implant assemblies.



DIFFERENT THICKNESSES AND LENGTHS AVAILABLE

REX PiezoImplants are 5 mm wide mesiodistally, with a vestibular-lingual thickness of 1.8 mm or 2.9 mm.

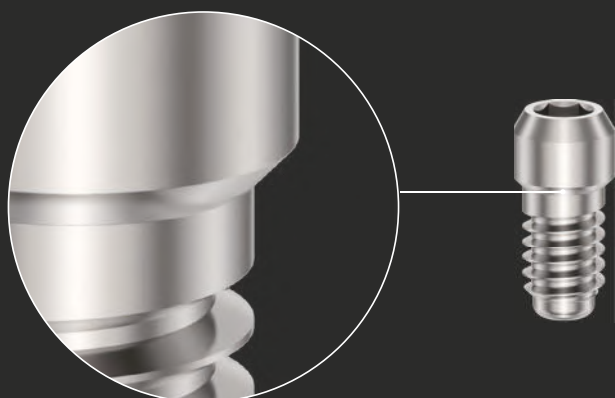
They come in the following lengths: 9 - 11 - 13 - 15 mm.



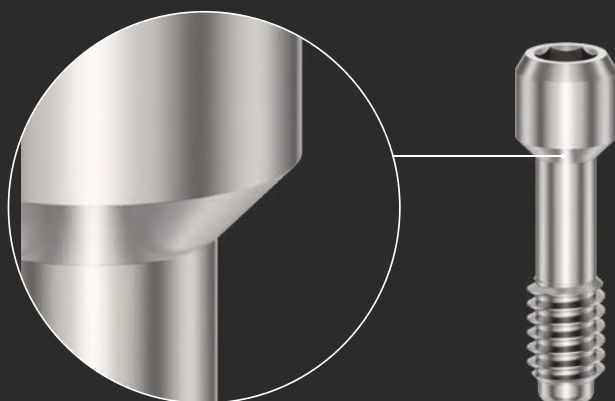
RETENTION SCREW WITH CONICAL CONNECTION

The abutment is connected to the implant via a retention screw with a conical connection.

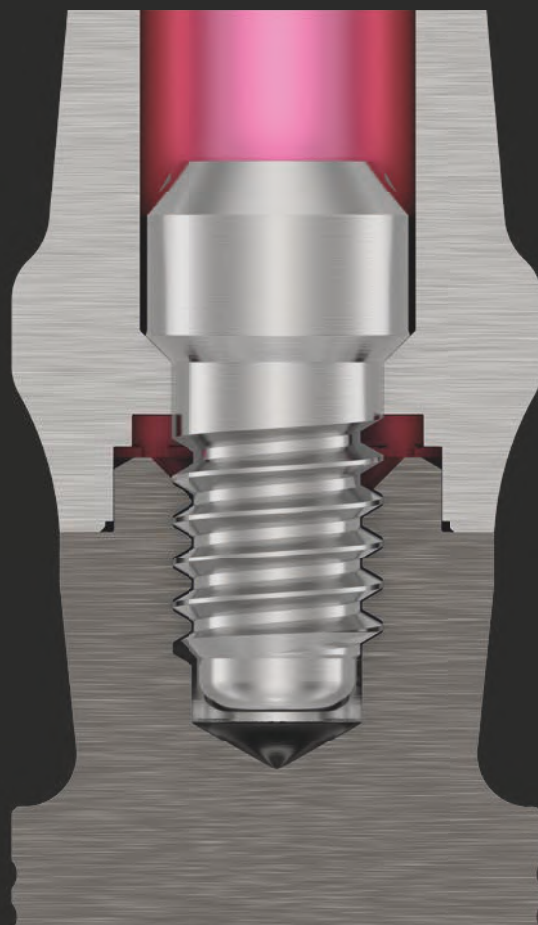
This feature increases friction between the two components, reducing the risk of screw loosening even if the screw is short.



REX PiezoImplant TL 1.8



REX PiezoImplant TL 2.9



Cross-section of the connection between REX PiezoImplant TL 1.8 and retention screw

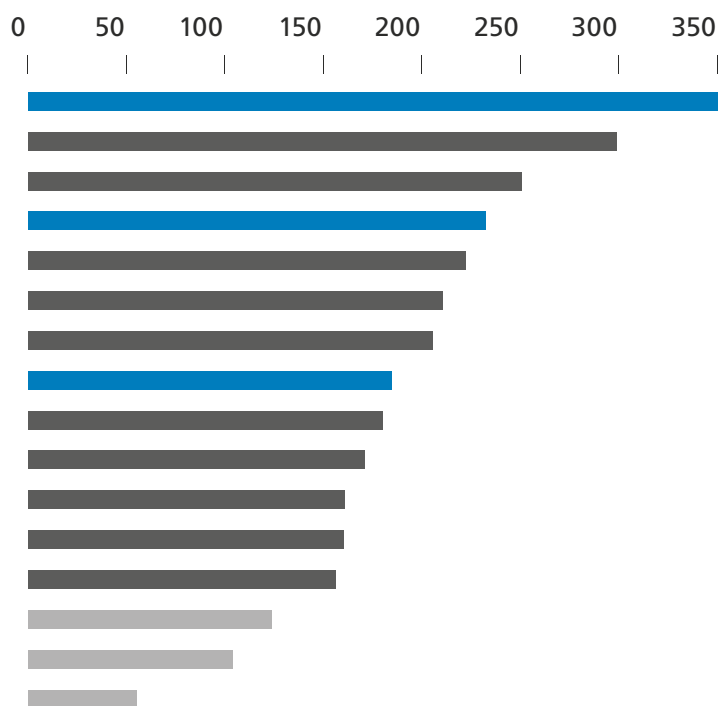
THIN YET STRONG A NEW INNOVATIVE SHAPE

THIN SECTION, MAXIMUM PERFORMANCE

With their unique geometry, REX PiezoImplants, made from cutting-edge Titanium Alloy (Grade 23), have advanced mechanical strength and are mechanically more performant robust than screw implants of the same size or bigger.

REX PIEZOIMPLANTS: FATIGUE STRENGTH¹¹

Fatigue strength limit per ISO 14801 (in N)



9. Internal data.

10. Straumann USA. Bone Level Implant Scientific Overview. 2009. USLIT 302 12/09.

11. Marchetti E, Ratta S, Mummolo S, Teem S, Pecci R, Bedini R, Marzo G. Evaluation of an Endosseous Oral Implant System According to UNI EN ISO 14801 Fatigue Test Protocol. Implant Dent 2014. 23:665-671.

12. Joo W, Zimmer® Contour Ceramic Abutments. 2008. A985, Rev 1/08.

13. LASAK Ltd. Bioniq Product catalog 2016/2017.

14. Fuchs F, Mader M, Heuberger P, Rompen EH. Fatigue performance of the On1 restorative system. J Dent Res 2017;96(Spec Iss A):3351, (www.iadr.org).

15. Biohorizons, Laser-lok® 3.0 Dental Implant System. 2017. [WWW Document]. Website. URL <http://www.biohorizons.com/laserlok30.aspx> (accessed 6.15.17).

16. 3M ESPE. 3M ESPE MDI Technical Data Sheet. 2012.

17. Intra-Lock System Europa S.p.A. 2012. Intra-Lock Milo 3.0 Catalog. S4EN-15-01.

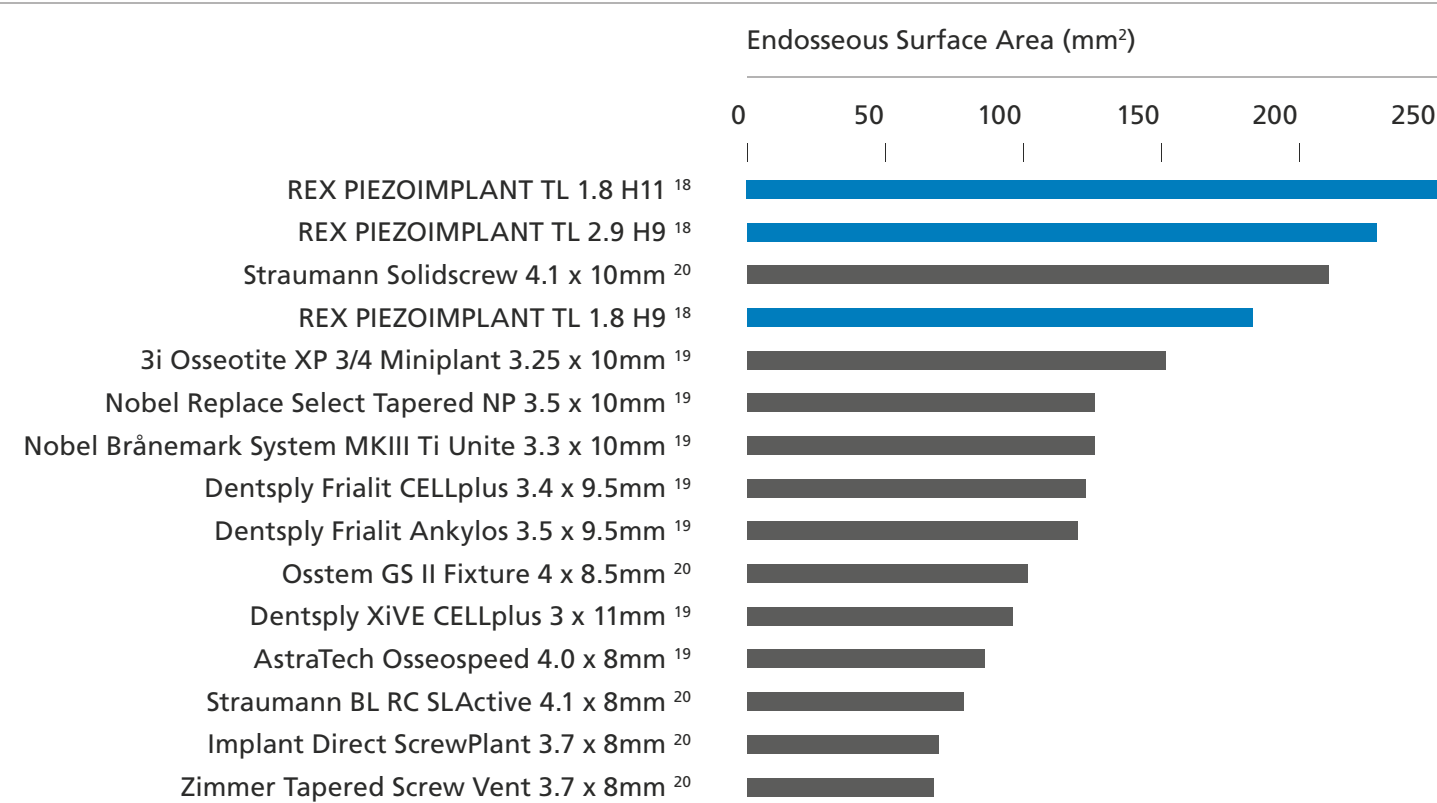
18. Internal data.

BONE IMPLANT CONTACT INCREASED AREA FOR BONE INGROWTH

LARGE SURFACE AREA AVAILABLE FOR OSTEOINTEGRATION

The patented* macro-geometry of REX PiezoImplants, featuring deep grooves on the mesio-distal surfaces, dramatically increases the surface area available for osteointegration, which is far superior to that of larger screw implants.

BONE IMPLANT CONTACT SURFACE AREA ¹⁸⁻²⁰



19. Schicho K, Kastner J, Klingsberger R, Seemann R, Enislidis G, Undt G, Wanschitz F, Figl M, Wagner A, Ewers R. Surface area analysis of dental implants using micro-computed tomography. Clin Oral Implants Res 2007; 18:459-464.

20. Gottlow J, Sennerby L. Influence of Surface and Implant Design on Stability of Five Commercial Titanium Implants: A Biomechanical Study in The Rabbit. 25th Anniversary Meeting Academy of Osteointegration 2010. Orlando, FL, p. Abs P83.

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(*) US 9566136 / EP 2509530 / JP 5814255

REX PIEZOIMPLANT CLINICAL OUTCOMES

"WEDGE-SHAPED IMPLANTS FOR MINIMALLY INVASIVE TREATMENT OF NARROW RIDGES" A MULTICENTER PROSPECTIVE COHORT STUDY.
Vercellotti T, Troiano G, Oreglia F, Lombardi T, Gregorig G, Morella E, Rapani A, Stacchi C.

Abstract: The present study aims to investigate clinical and patient-centered outcomes after the implant-supported rehabilitation of narrow ridges using a novel wedge-shaped implant. Forty-four patients were treated with the insertion of 59 tissue-level wedge implants (1.8 mm bucco-lingual width) in horizontally atrophic ridges (mean bone width 3.8 ± 0.4 mm). The main outcome measures were: implant stability quotient (ISQ), marginal bone loss (MBL) and patient morbidity. Fifty-eight implants were functioning satisfactorily after one year of loading (98.3% survival rate) [...] Within the limitations of the present study, the device investigated showed low morbidity and positive short-term clinical results in narrow ridges treatment.

J Clin Med 2020. 9:3301; doi:10.3390/jcm9103301
<https://www.mdpi.com/2077-0383/9/10/3301/html>

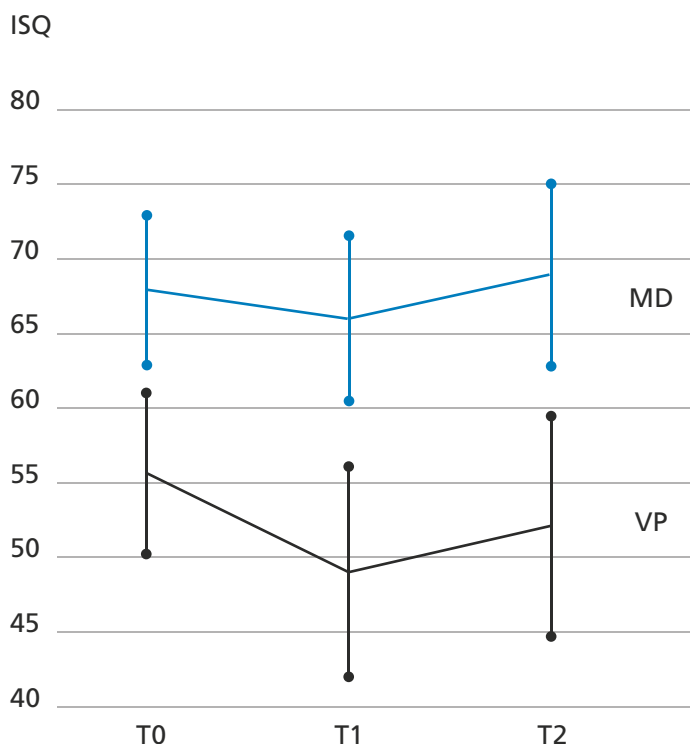


REX PIEZOIMPLANT STABILITY

Implant stability was recorded by detection of ISQ values at different time points.

ISQ values measured in the mesio-distal direction resulted significantly higher than those in the bucco-lingual direction at all time points ($p < 0.001$).

Both mesio-distal and bucco-lingual ISQ values at 6-month follow-up resulted significantly higher than at 4-month follow-up ($p < 0.001$ for both).

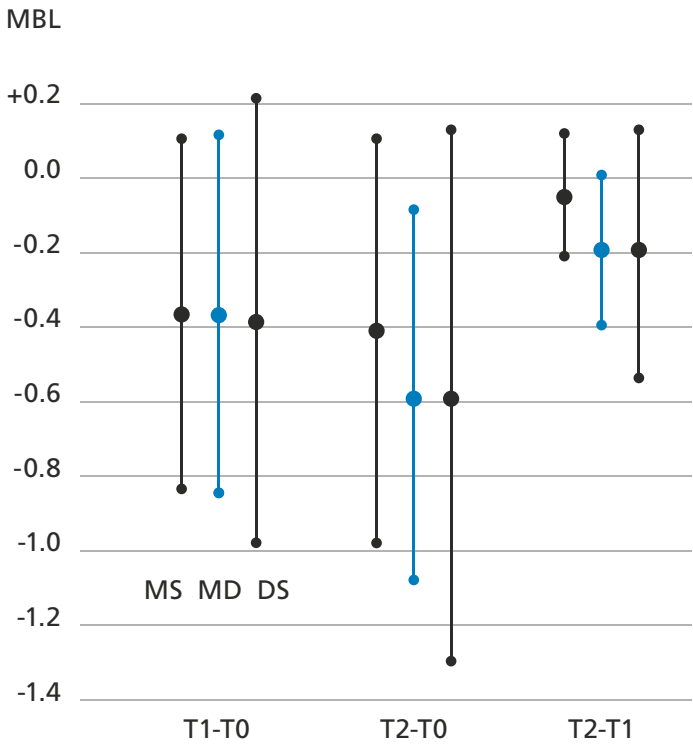


Implant stability pattern at baseline (T0), after 4 (T1) and 6 (T2) months of healing. ISQ: implant stability quotient; MD: mesio-distal direction; VP: vestibular-palatal direction.

MARGINAL BONE LOSS

Marginal bone loss (MBL) was radiographically documented.

Mean MBL was 0.38 ± 0.48 mm at prosthesis delivery (6 months after implant insertion) and 0.60 ± 0.52 mm after one year of functional loading.



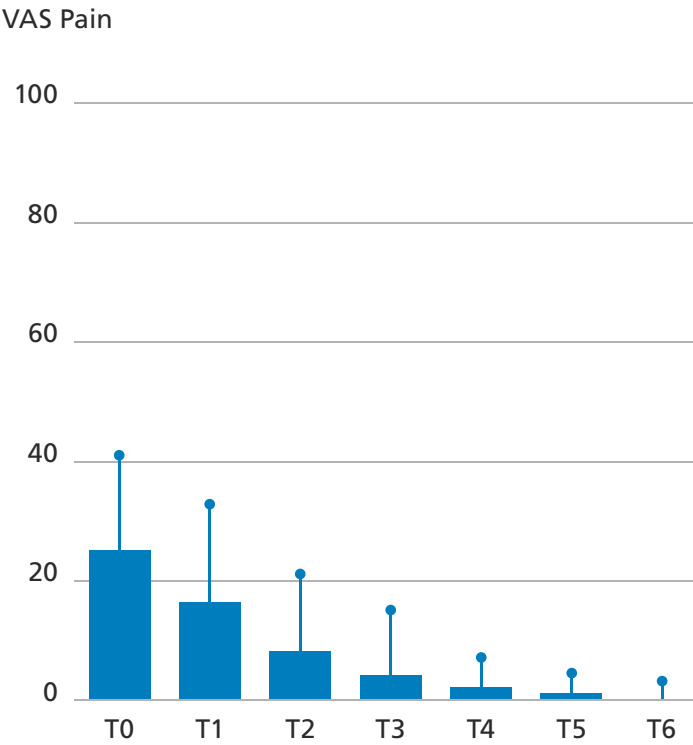
Measurements are expressed in mm as mean ± standard deviation.
MBL: mesial (MS), mean (MD) and distal (DS) marginal bone loss;
T0: implant insertion; T1: 6 months after implant insertion; T2: 12 months after functional loading.

PATIENT PAIN SENSATION

A visual analogue scale (VAS) was used to measure the patient pain sensation.

The majority of patients reported slight discomfort related to the surgical procedure.

Postoperative pain was classified as mild on the day of surgery and the first postoperative day, and no pain was reported over the following five days.



Trend of subjective pain sensation assessed on the day of surgery (T0) and the following six postoperative days (T1 to T6).

SITE PREPARATION PERFORATION TECHNIQUE

IMPLANT SITE PREPARATION BY PERFORATION

Implant site preparation by perforation is a subtractive technique that removes a volume of bone slightly smaller than the volume of the implant.

The implant site has a rectangular section, perfectly matching the anatomy of the top of the edentulous ridge.

This feature makes it possible to preserve a bone thickness of 1 mm on the vestibular and lingual walls, even in ridges as narrow as ≥ 4 mm.

BASIC CONDITIONS FOR USE OF THE PERFORATION TECHNIQUE

Buccolingual ridge width	≥ 3.5 mm
Type*	REX PiezoImplant TL 1.8

* The perforation technique is not recommended for REX PiezoImplants TL 2.9

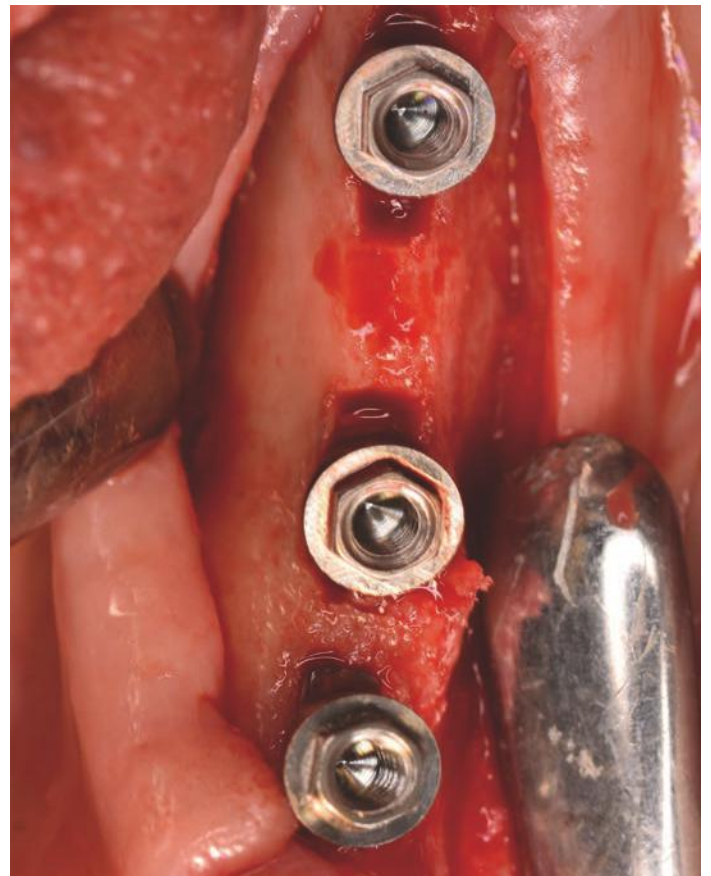
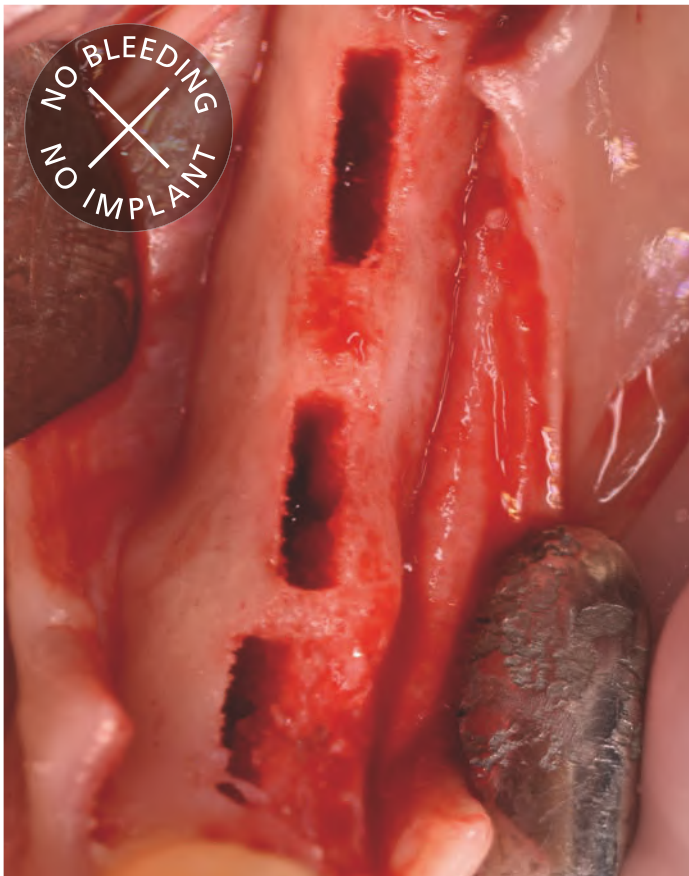
CLINICAL CASE

Adequate buccal and vestibular bone thickness visible upon completion of implant site preparation.

Adequate vascular supply is evidenced by the bleeding at each implant site.

If this patient had been treated with standard cylindrical implants, bone augmentation would have been required.

This is illustrated by the size of the restorative platform (4.1 mm diameter) in relation to the size of the bone.



Surgical images courtesy of Dr. Francesco Oreglia.

SITE PREPARATION REXPANDER® TECHNIQUE

A NEW MILESTONE IN IMPLANTOLOGY

Using the *rexpander*® technique for implant site preparation, REX PiezoImplants can be placed in ridges narrow as 3 mm.

This technique is quick and easy to perform.

FEATURES OF THE REXPANDER TECHNIQUE

This technique expands the edentulous ridge, limiting bone removal to a 0.35 mm wide osteotomy.

As well as expanding the volume of the crestal bone, this preserves the cancellous bone and the blood flow therein.

CLINICAL BENEFITS

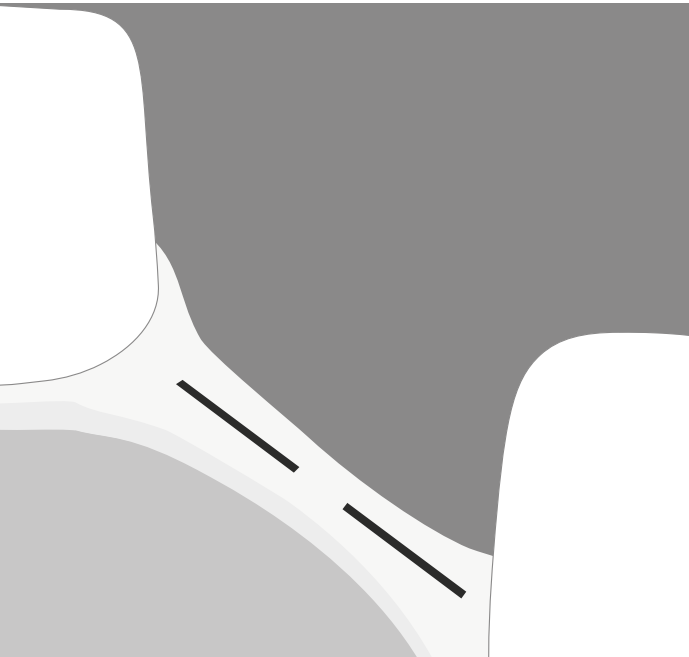
Reduced invasiveness and morbidity make the *rexpander*® technique a new paradigm in implant site preparation and the ideal choice for placing REX PiezoImplants.

COMBINED IMPLANT SITE PREPARATION

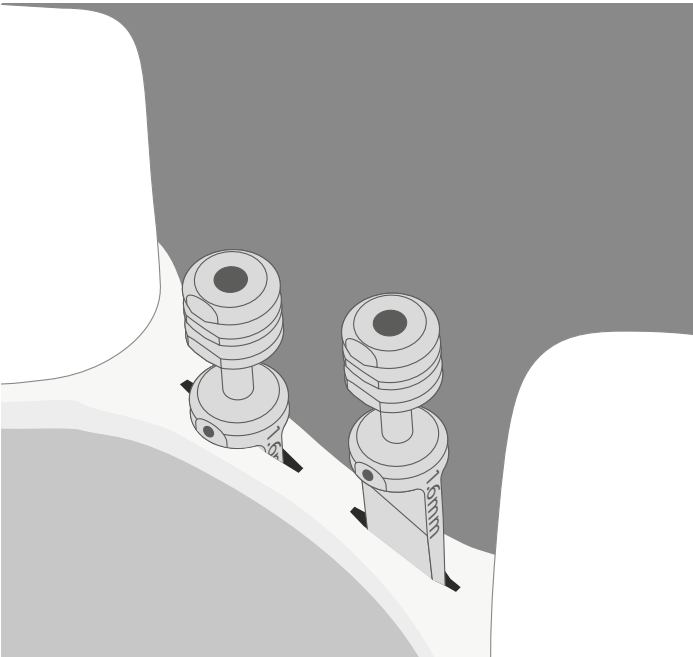
In the presence of highly mineralized cancellous bone, which has reduced tissue elasticity, it is advisable to use *rexpanders*® in conjunction with inserts W4 and W4-H.



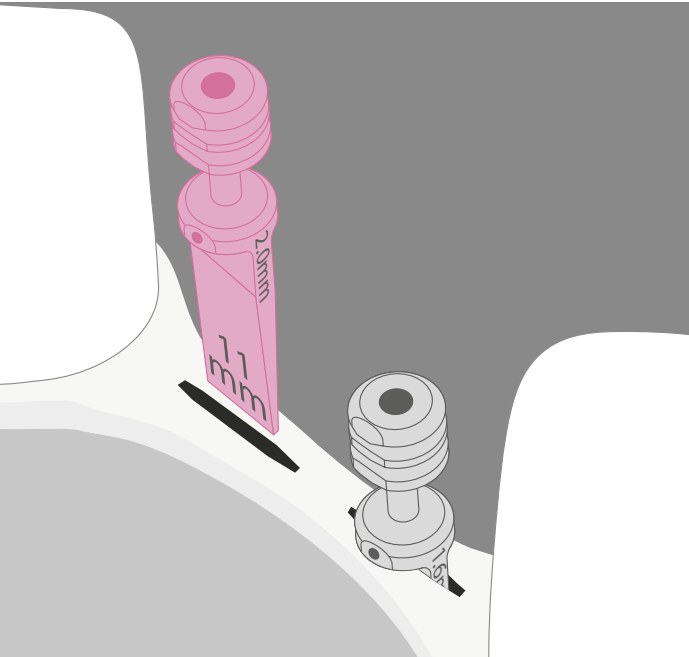
REXPANDER® TECHNIQUE



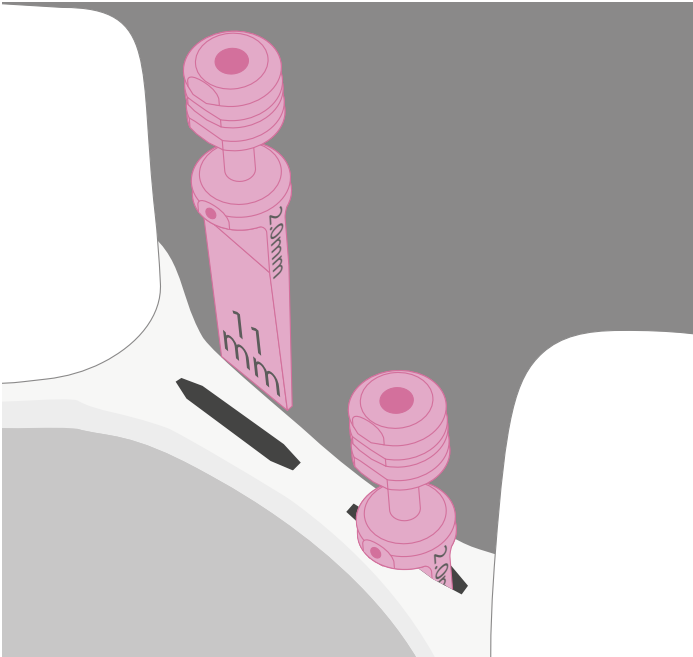
Initial osteotomy



Expansion with two 1.6 mm rexpander®



Expansion after 1.6 mm rexpander® and insertion of 2.0 mm rexpander®



Expansion after 2.0 mm rexpander®

SITE PREPARATION REXPANDER® TECHNIQUE

IMPLANT SITE PREPARATION BY EXPANSION

The *rexpander*® technique preserves the bone volume and expands the ridge, unlike all other implant site perforation techniques, which always remove bone, the surgical protocol starts with a thin, just 0.35 mm wide horizontal osteotomy created in the crestal bone for the length of the planned implant.

rexpanders® are inserted into the osteotomy, creating a wedge-shaped implant site with a rectangular section.

The latter is the result of the mechanical action that determines controlled distraction of the vestibular bone flap.

The *rexpander*® technique is simple and fast to perform. It does not cause bone overheating and is typically characterized by favorable bleeding.

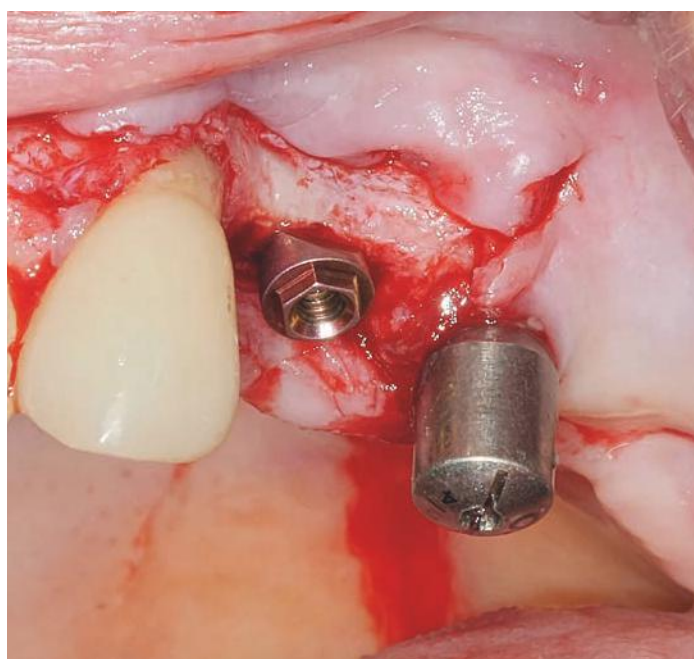
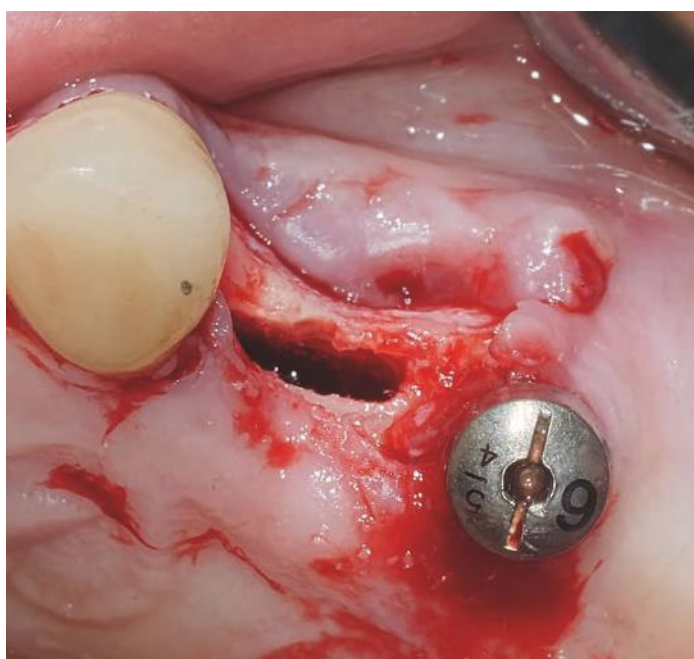
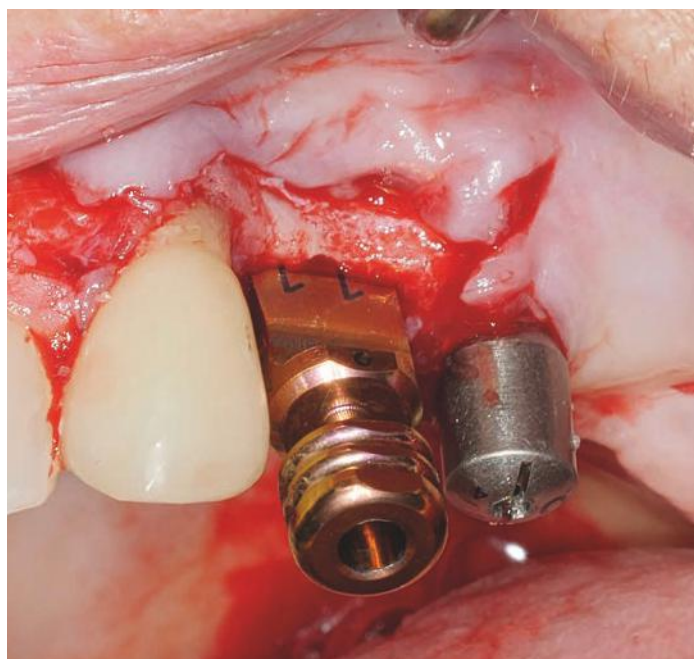
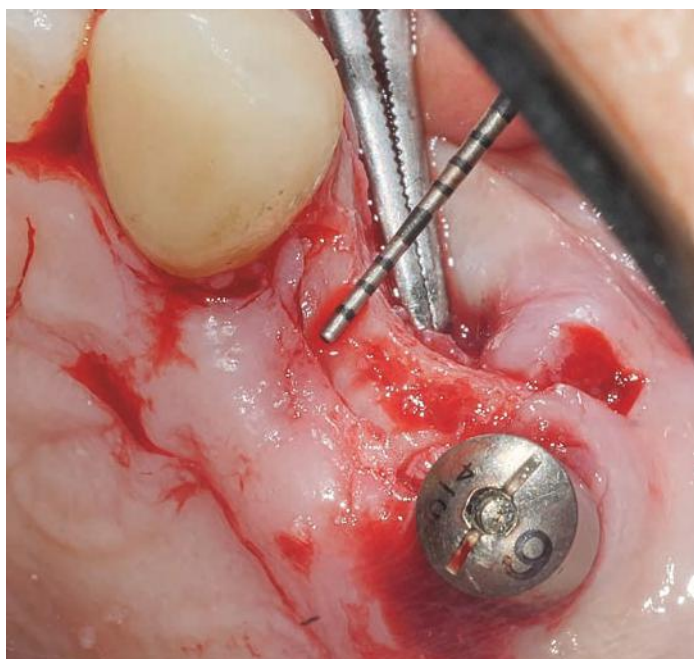
The *rexpander*® technique can be used in any horizontal bone defects larger than 3 mm, so as to obtain roughly 1.5 to 2.0 mm of peri-implant bone thickness.

This innovative implantation technique preserves more bone than traditional dental implantation methods.

BASIC CONDITIONS FOR USE OF THE REXPANDER® TECHNIQUE

Buccolingual ridge width	≥ 3 mm
Implant size	REX PiezoImplant TL 1.8 REX PiezoImplant TL 2.9

CLINICAL CASE



Surgical images courtesy of Prof. Tomaso Vercellotti

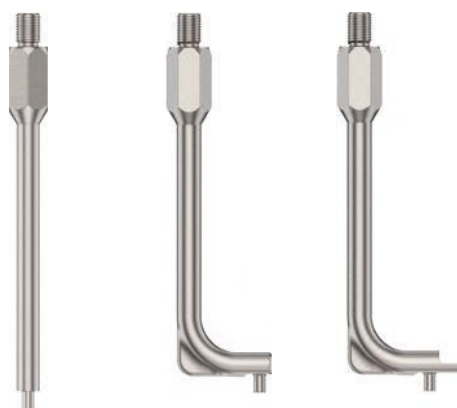
REX PIEZOIMPLANT SURGICAL KIT AND SURGICAL INSTRUMENTS

SURGICAL KIT

The kit contains all of the instruments required to place REX PiezoImplants.

The color coding of the kit helps to easily organize and identify tools during implant interventions.

STRIKERS AND REMOVER



Anterior
striker

Posterior
striker

Posterior
striker and
remover



REX IMPLANT PLACEMENT DEVICE (IPD)

The REX IPD enables insertion of the REX Piezo-Implant by electronically controlled magnetic impacts.

The innovative technology allows the user to switch from pushing to pulling action at the press of a button, without having to change the handpiece.

BENEFITS

- Safe, controllable and precise means of insertion, ideal for press-fit implants
- Four power levels for controlled implant insertion based on bone quality
- Pushing and removal action for rapid performance of the *rexpander*® technique
- Attachments allow both anterior and posterior implant insertion

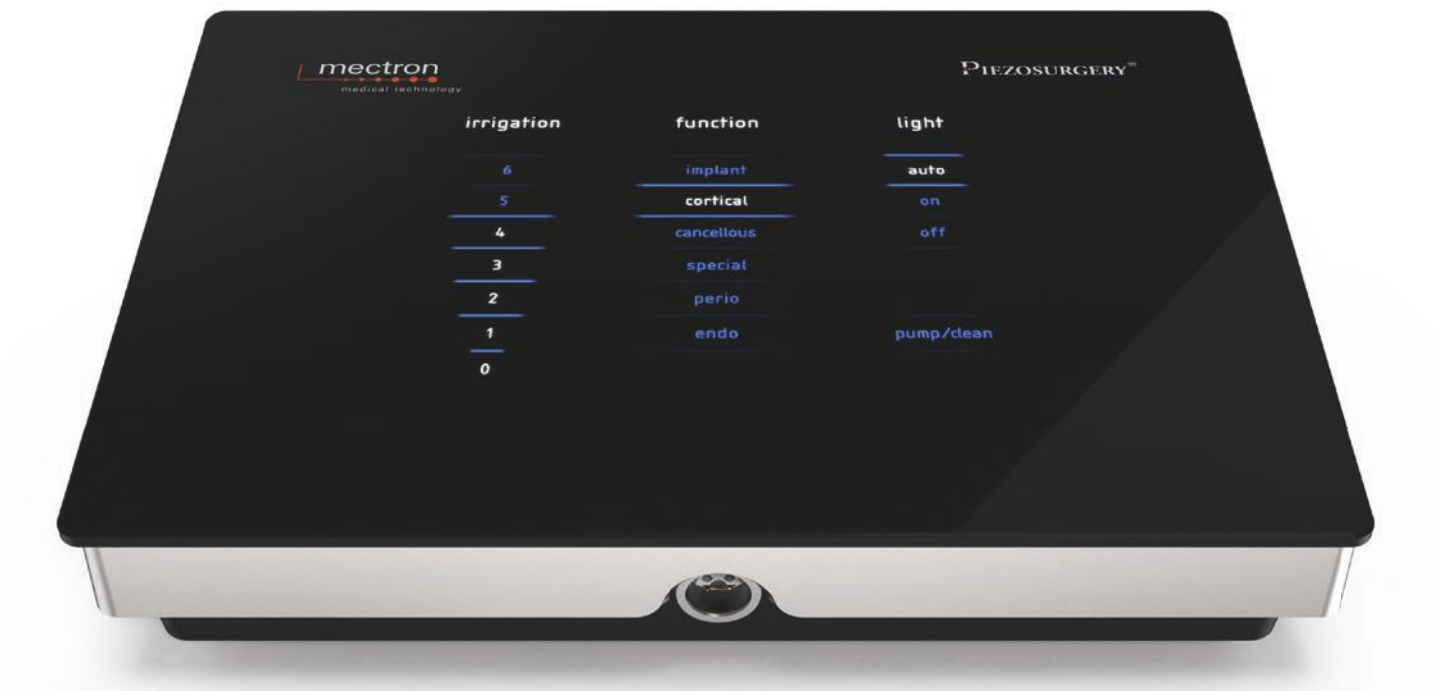


SITE PREPARATION PIEZOSURGERY®

PIEZOSURGERY®

The REX PiezoImplant site preparation technique exploits the unique characteristics of the original Mectron PIEZOSURGERY®.

In fact, various scientific and clinical studies have been conducted to further understand the benefits of PIEZOSURGERY®'s ultrasonic modulated frequency wave and its unique effect on healing.²¹



21. Preti G, Martinasso G, Peirone B, Navone R, Manzella C, Muzio G, Russo C, Canuto RA, Schierano G. Cytokines and Growth Factors Involved in the Osteointegration of Oral Titanium Implants Positioned using Piezoelectric Bone Surgery Versus a Drill Technique: A Pilot Study in Minipigs. J Periodontol. 2007; 78(4):716-722

PIEZOSURGERY® INSERTS FOR REX IMPLANTS

Implant site preparation is performed using dedicated PIEZOSURGERY® inserts with a rectangular section and increasing thickness.

Dedicated depth markings allow for the optimal degree of under-preparation in relation to bone density.



22. Stoetzer M, Felgenträger D, Kampmann A, Schumann P, Rücker M, Gellrich NC, von See C. Effects of a new piezoelectric device on periosteal microcirculation after subperiosteal preparation. *Microvasc Res.* 2014 Jul;94:114-8. 48

PIEZOSURGERY® VERSATILITY

In addition to the inserts dedicated to the REX PiezoImplant (patent pending), PIEZOSURGERY® features a wide range of inserts from extractions to implant site preparation for all types of surgical needs.

In particular for soft tissue management: once the flap has been outlined with the scalpel, it can be lifted with PR1 and PR2 inserts that elevate the periosteum in a highly efficient and non-traumatic manner.

This technique promotes a better healing response as evidenced in the literature.²²⁻²³



23. von See C, Gellrich NC, Rücker M, Kokemüller H, Kober H, Stöver E. Investigation of perfusion in osseous vessels in close vicinity to piezoelectric bone cutting. *Br J Oral Maxillofac Surg.* 2012 Apr;50(3):251-5.

REXPANDERS® FOR NARROW RIDGES

THE INNOVATIVE SOLUTION FOR RIDGE EXPANSION

rexpanders® were designed and developed in collaboration with Prof. Tomaso Vercellotti following accurate *in vitro* and *in vivo* testing, in order to distribute expansive strength non-traumatically over bone surfaces.

Sizes available:

Length: equal to the planned implant

Thicknesses: 1.6 - 2.0 - 2.4 - 2.8 - 3.2 - 3.6 mm

For REX PiezoImplant TL 1.8, use the 1.6 to 2.0 *rexpanders*®, (and also the 2.4 in exceptional cases).

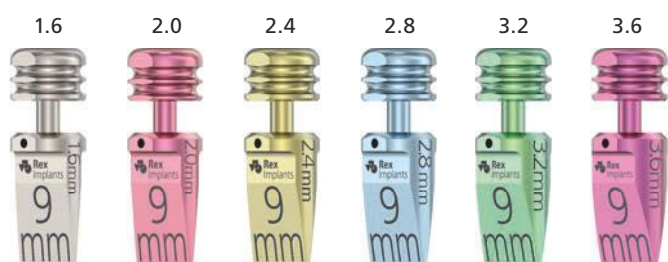
For REX PiezoImplant TL 2.9, the last *rexpanders*® used can be the 2.8 or the 3.2.

rexpanders® are made from titanium alloy and are 6 mm wide.



rexpander®

Thickness in mm:



rexponder® 9 mm series



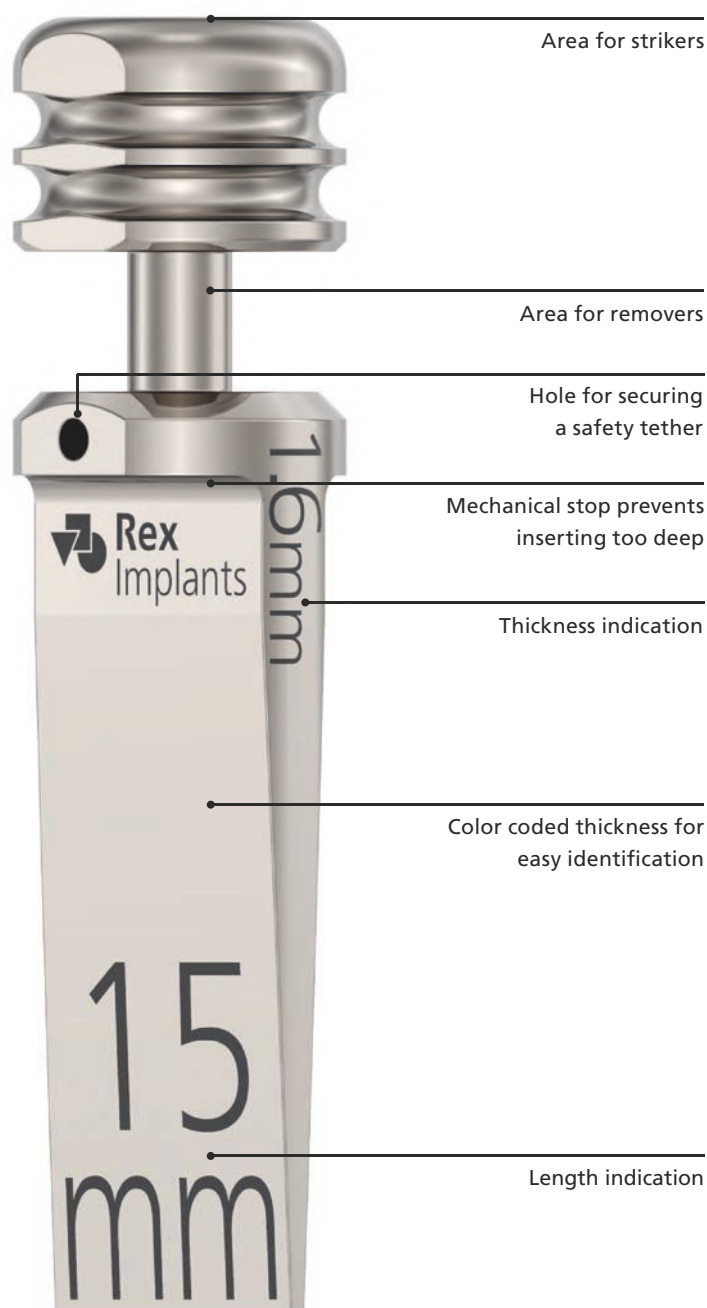
rexponder® 11 mm series



rexponder® 13 mm series



rexponder® 15 mm series



COMPONENTS FOR ALL RESTORATIVE NEEDS

COMPONENT	PIEZOIMPLANT TL 1.8	PIEZOIMPLANT TL 2.9
COVER SCREWS Torque: 15 Ncm* Height:	 2 mm	 0 mm
HEALING ABUTMENTS Torque: 15 Ncm* Height:	  2 mm 3 mm	    1 mm 2 mm 3 mm 4 mm
SCREW- OR CEMENT-RETAINED RESTORATIONS		
Abutments — Transfer/Straight Abutment; — Angled Abutment; — Provisional Cylinders. Inclination / AR - anti-rotational / R - rotational:	    17° AR R	    15° AR R
Retention screws — Retention screw — Retention screw for angled channels Torque: 25 Ncm* Channel type:	  Standard Angled	  Standard Angled

(*) Please confirm applicable torque values with Piezoimplant system surgical manual

COMPONENT

PIEZOIMPLANT TL 1.8

PIEZOIMPLANT TL 2.9

SCREW-RETAINED RESTORATIONS

CASTABLE ABUTMENTS (UCLA)



Multi-Unit Abutments (MUA)



MUA accessories

- MUA Healing Cap
- MUA Coping Screw
- MUA Bar Coping
- MUA Castable Coping
- MUA Impression Coping
- MUA Temporary Coping
- MUA Lab Analog
- MUA Waxing Screw

Coping Screw, Healing Cap torque: 15 Ncm*



LABORATORY ANALOGS AND IMPRESSION PINS



DIGITAL WORKFLOW COMPONENTS

COMPONENT

REXMARKER

Snap-fit rexmarkers can be used for TL 1.8 and TL 2.9 implants

Fixation:
AR - anti-rotational / R - rotational:

TI-BASE

Type:
AR - anti-rotational / R - rotational:

DIGITAL LABORATORY ANALOGS

PIEZOIMPLANT TL 1.8



Screwed



Snap-fit on
Ti-base
AR



Snap-fit on
Ti-base
R



Screwed



Standard
AR



Standard
R



Sirona*
AR



Sirona*
R



Standard
AR



Standard
R



Sirona*
AR



Sirona*
R



(*) Sirona is a registered trademark of Dentsply Sirona Inc., United States

REX PIEZOIMPLANT INSTRUMENTS

CATEGORY	TOOL								
ALIGNMENT TOOLS									
— Alignment Pin — Fit Gauges									
Width:	0.6 - 2 mm	5 mm	5 mm	5 mm					
Corresponding PIEZOSURGERY® insert:	W1	W3	W4	W4-H					
IMPLANT REMOVAL CARRIER									
for REX PiezoImplants:	TL 1.8	TL 2.9							
DRIVERS									
Channel type:	Standard	Standard	Standard		Angled	Angled	Angled		
Height:	short	long			short	medium	long		
TORQUE WRENCH	 — Ratchet mechanism with 9 torque settings: 15, 20, 25, 30, 35, 40, 45, 50 and 60 Ncm — Settings lock into selected location to ensure accuracy and repeatability — Ratchet clutch disengages (slips) when torque has been set, thereby preventing excessive force — Wrench head accepts the standard 4 mm square connection								

REX PIEZOIMPLANT DIGITAL WORKFLOW

INTERVENTION WORKFLOW

Digital workflows in dentistry allow optimizing the emergence profile of crowns on implants, respecting the anatomy of the bone crest.

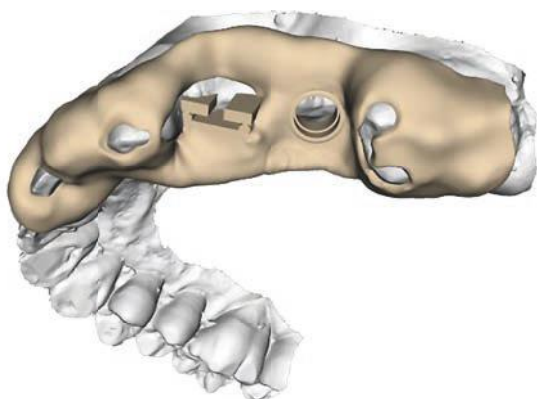
The combination of digital dentistry and the REX PiezoImplant system makes it possible to obtain clinical outcomes previously unseen.

Indeed, placement of REX PiezoImplants in narrow ridges not only enables maintenance of an adequate peri-implant bone thickness but also allows optimization of the implant axis in line with restorative priorities. This is possible because of the thin, wedge shape, tissue-level design, and ability to be inserted from the palatal or vestibular aspect as required.

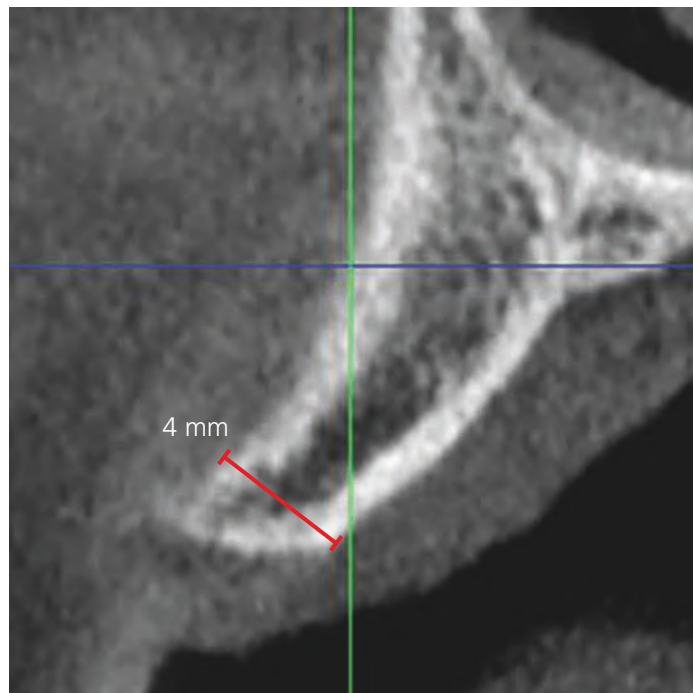
REX PiezoImplants also allow the possibility of a complete digital workflow, from pre-surgical planning to prosthetic design, and finally, assisted surgical guidance can be used right up to implant placement.



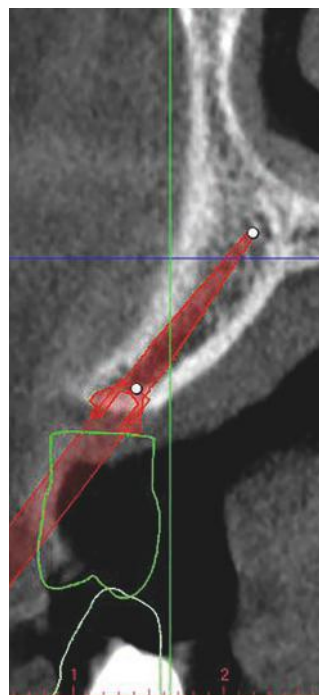
Scan or click on the QR-Code
to access a page with all available
Digital Solutions and Libraries



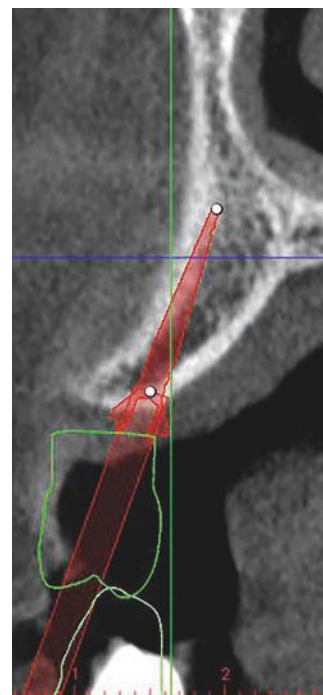
Guide for assisted surgery.



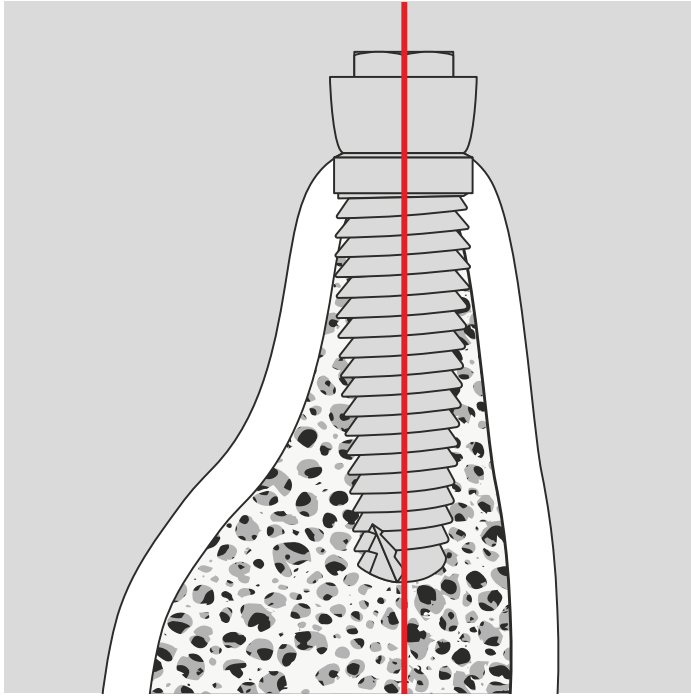
Crestal bone width.



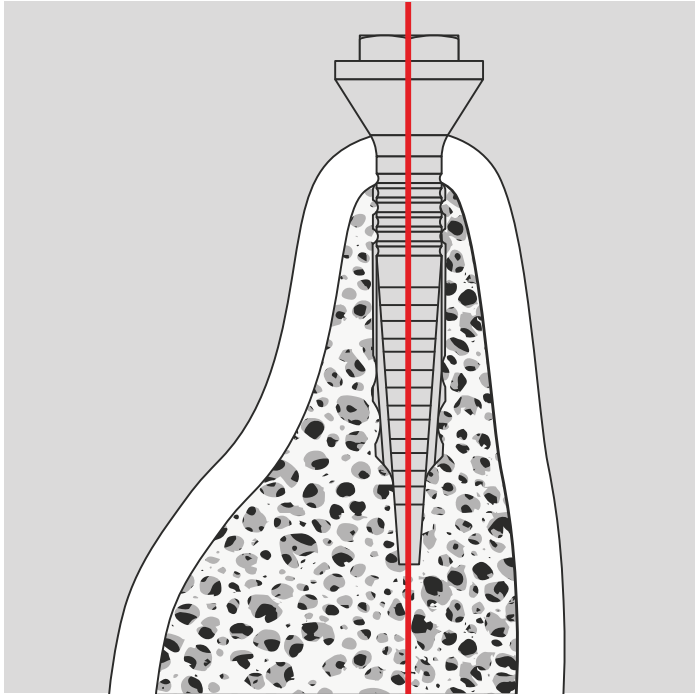
Anatomical axis.



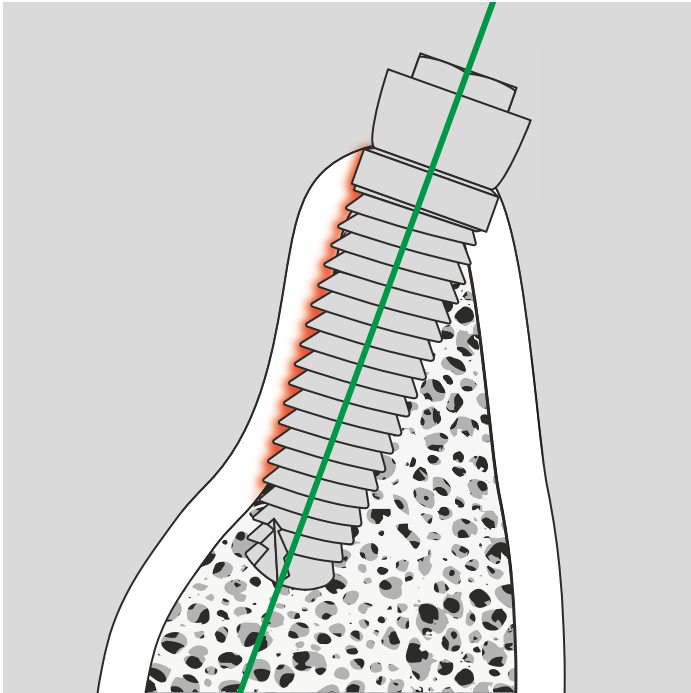
Ideal prosthetic axis.



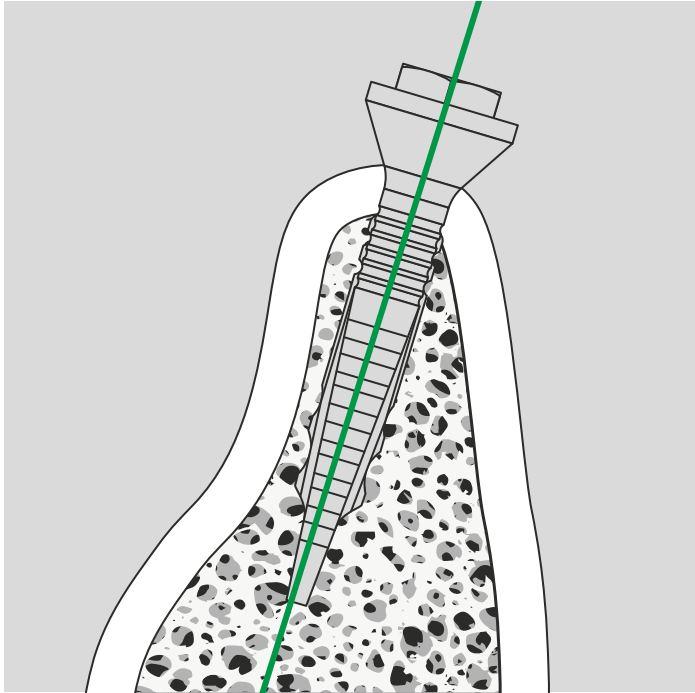
Anatomical axis.



Anatomical axis.



Implant-prosthetic axis.



Implant-prosthetic axis.

REX PIEZOIMPLANT CONTINUING EDUCATION

WARRANTY

Rex Implants, Inc. offers its customers a lifetime warranty*.

This warranty covers all REX PiezoImplants that have been placed but not yet restored, or that have been restored exclusively with original REX Implants prosthetics components.



CONTINUING EDUCATION

Adequate knowledge of the system is required to benefit from the countless surgical and clinical advantages of REX PiezoImplants.

Education on proper use of the REX PiezoImplant is extremely important because the method of use differs significantly from that of screw implants and the product range is continually evolving.

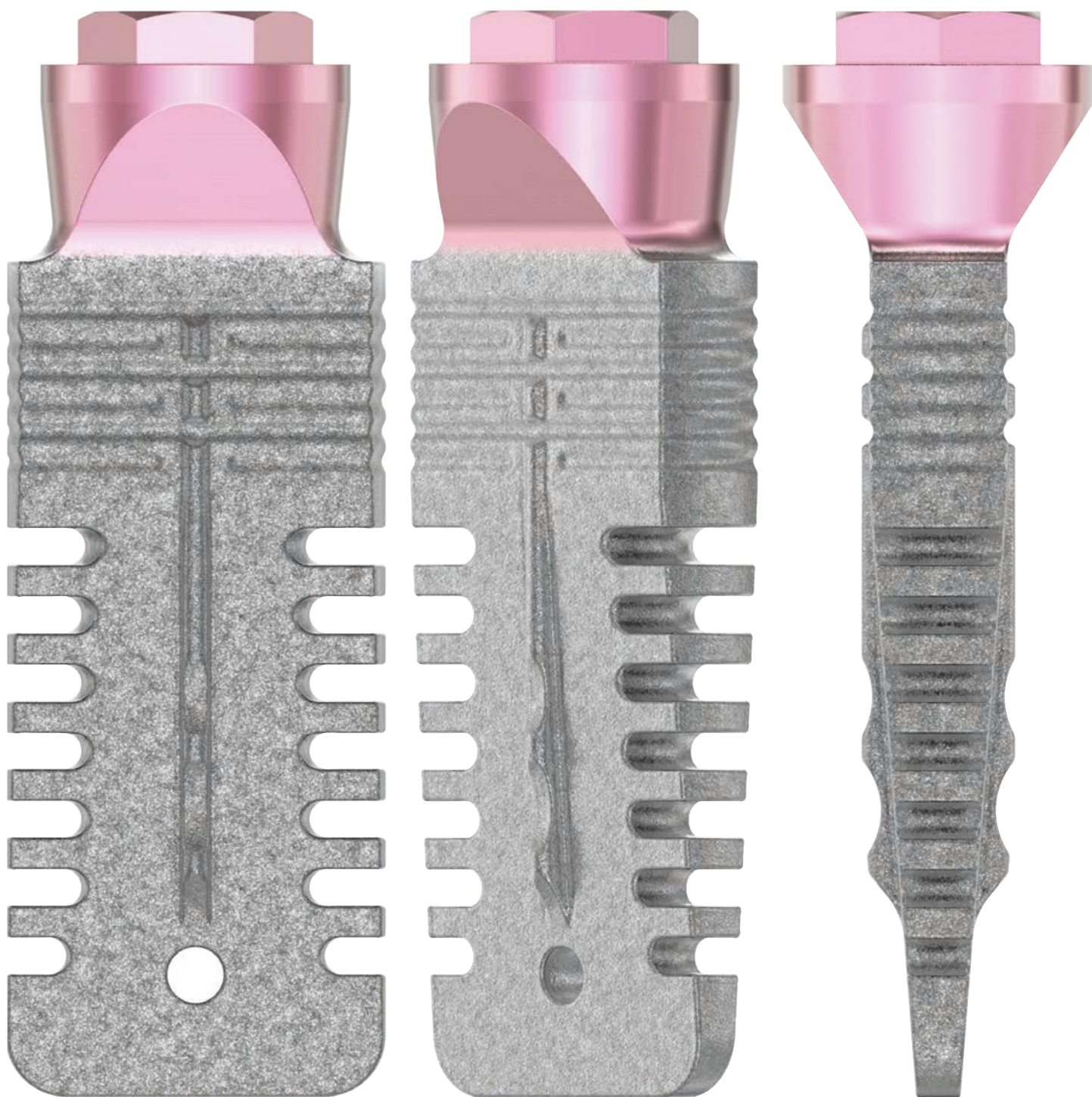
Rex Implants' distribution partners have developed extensive educational programs.

This training is designed to equip users with all that they need to know to use the REX PiezoImplant System in their daily practice.



(*) Terms and conditions apply





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