

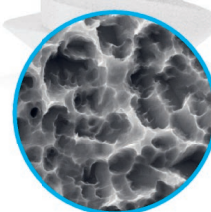
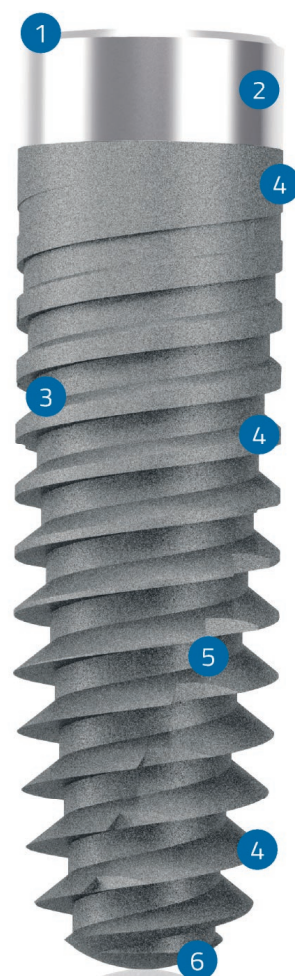
# TIZ IMPLANT

**TIPOLOGY** Tiz implant has an endosseous diameter of 3 mm only, and the implant surface is acid etched up to the 1,3 mm machined collar.

**SURGERY** The limited diameter of this implant and its sharp thread make it particularly suited for surgeries on narrow bone crests or rehabilitation of single elements on a thin alveolar crest. It is also suited for those situations in which it is preferable to avoid bone graft techniques or orthodontics movements.

**PROSTHETICS** TIZ is not recommended for immediate loading, except for groups of at least four elements, 13 mm long, and exclusively in mandibular region.

- 1 **REDUCED PROSTHETIC CONNECTION**
  - Helps the Clinician in narrow interdental spaces (lateral agenesis, lower incisors)
  - Internal hexagon diam. 2,2 mm
- 2 **MACHINED COLLAR**
  - Optimal support in soft and hard tissues
  - Standard height, 1,3 mm
  - Prevents reabsorption of the crestal bone
- 3 **HYBRID CONTOUR MORPHOLOGY**
  - Allows an atraumatic osteotomy with a single drill
  - Adapts to traditional split crest techniques and piezo surgery
- 4 **PROGRESSIVE THREAD**
  - Third apical more aggressive
  - Macro-threaded body with 0,95 mm deepness for a spongy medullary engage
  - Third coronal with atraumatic thread in the cortical bone
- 5 **SELF TAPING SYSTEM**
  - Triple decompression incision on the entire surface
  - Self Taping
- 6 **ATRAUMATIC ROUNDED TIP**
  - Better engage on the osteotomy
  - Allows the implant to penetrate in under prepared sites

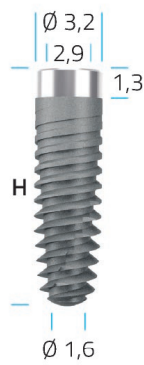


**ACID ETCHED  
SURFACE**

# Tiz

## Internal hexagon Tiz implants

### Measurements and codes



Tiz

H	Ø 3,0
10,0 mm	TIZ-10
11,5 mm	TIZ-11,5
13,0 mm	TIZ-13
14,5 mm	TIZ-14,5
Platform	Tiz



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# Surgical protocol Tiz implants

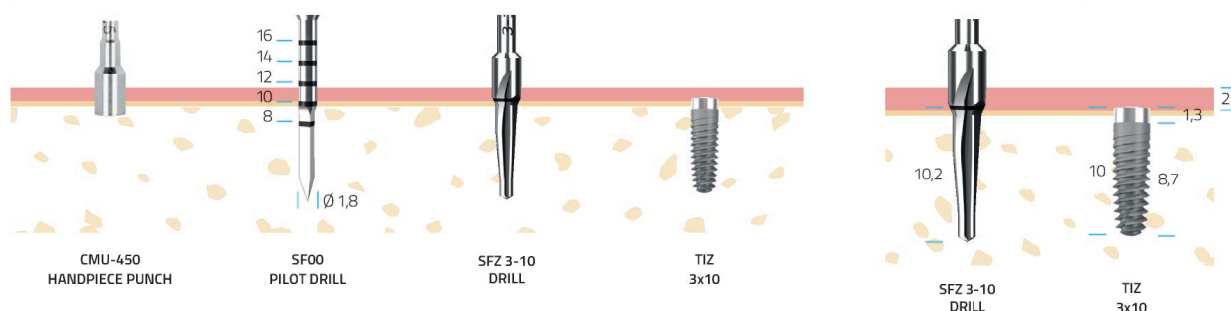
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## Sequence for mandibular bone D1/D2 and maxillary bone D3/D4

For the less invasive flap-less technique, we recommend the use of the handpiece punch CMU-450 and then, in order to create a track for the subsequent drill on the cortical, the pilot drill SF-00 with depth markings. This way, it is easier to prepare a good entry point, thanks to the perfect centering and stability during the drilling. The final drill SFZ 3 set up an adequate countersink on the osteotomy, at crestal bone level. It should be used for its entire length, in a hard bone, while only for half its length, in case of soft bone.

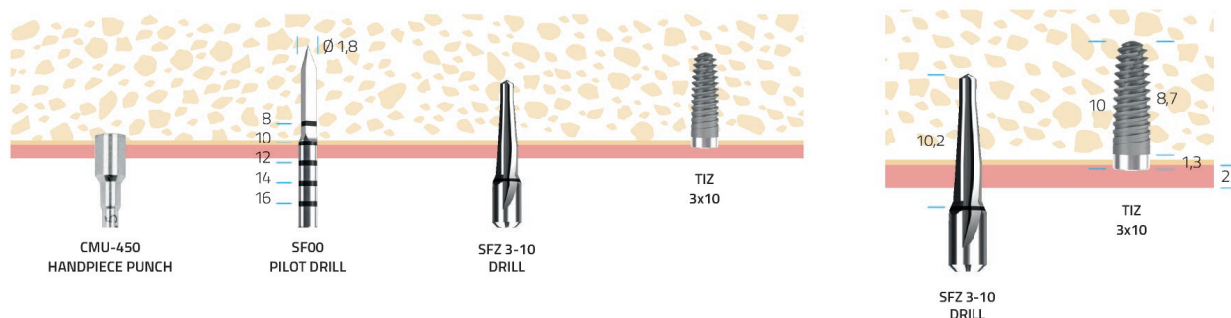
### Tiz implant Ø 3,0 h 10 mm

### D1/D2 bone



### Tiz implant Ø 3,0 h 10 mm

### D3/D4 bone



It is possible to place Tiz implants even with the expanders kit. With soft D3/D4 bone the use of first expander, cod. 004 1, is recommended. In truly compact bone it is also suggested the use of second expander, cod. 004 1/A. For kit and instruments, see page 46.

Protocols and sequences are just suggested with an illustrative purpose. It's up to the surgeon to select the best surgical option for the anatomy of the patient.