

Where technology meets dentistry



# SURGICAL DRILLING SEQUENCES

For Implant Types:



D1-D2  
STANDARD

D3-D4  
SOFT BONE



D2-D3  
STANDARD

D3-D4  
SOFT BONE

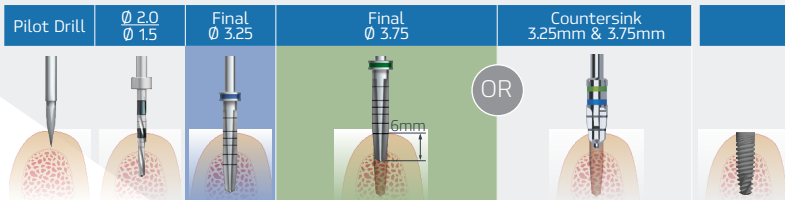
D1-D2  
DENSE BONE

# D1-D2 Type Bone | STANDARD PROTOCOL

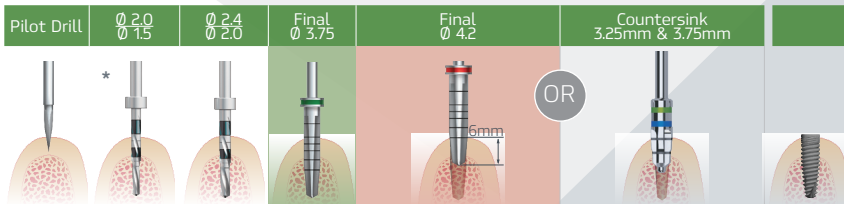
ADVANCE D  
CLASSIC

ADVANCED+  
SLIGHTLY ACTIVE APEX

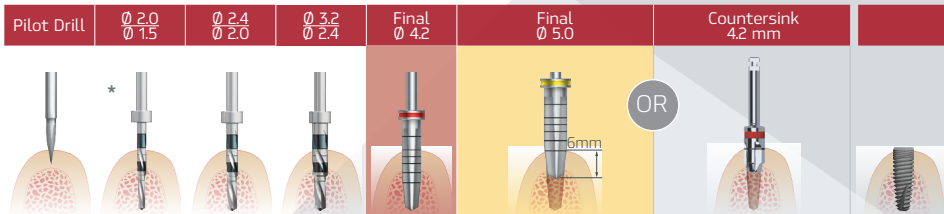
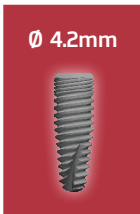
PCA



Countersink the osteotomy using the **FINAL 3.75 GREEN DRILL** to 6mm (regardless of the length of the implant) or using the **COUNTERSINK FOR 3.25MM & 3.75MM TO THE FIRST LINE**



Countersink the osteotomy using the **FINAL 4.2 RED DRILL** to 6mm (regardless of the length of the implant) or using the **COUNTERSINK FOR 3.25MM & 3.75MM TO THE 2-ND LINE**



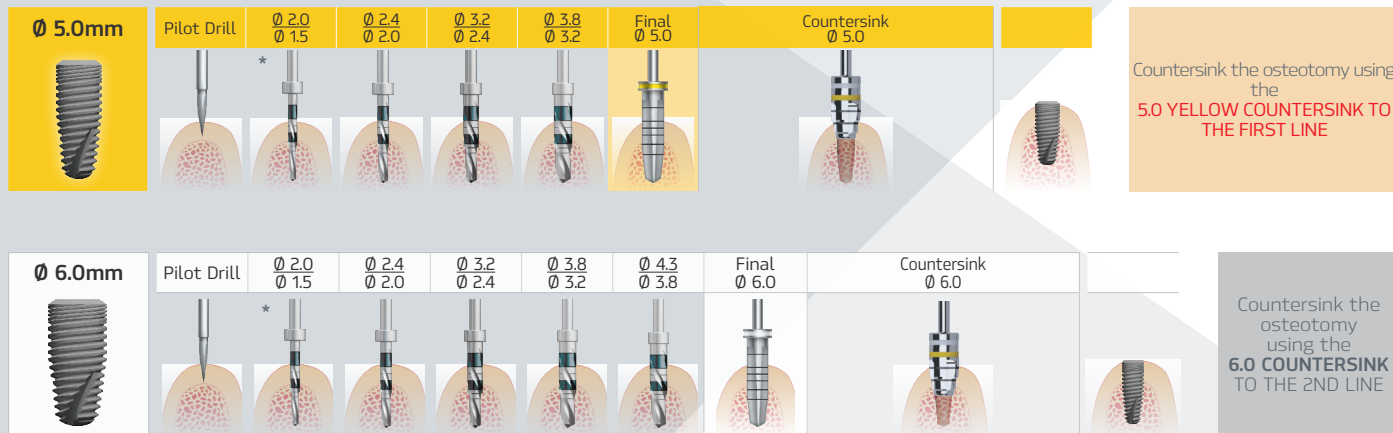
Countersink the osteotomy using the **Final 5.0 yellow drill** to 6mm (regardless of the length of the implant) or using the **COUNTERSINK FOR 4.2 MM**

# D1-D2 Type Bone | STANDARD PROTOCOL

ADVANCE D  
CLASSIC

ADVANCED+  
SLIGHTLY ACTIVE APEX

PCA



**Recommended implant insertion torque is 30 - 40 Ncm.**

If the insertion torque exceed 40 Ncm consider reducing the pressure caused by high insertion torque by:

- (1) reversing the implant 2-3 rotations, and then reinserting to the appropriate height
- (2) remove the implant and countersink or tap the osteotomy and then reinsert the implant. (If the implant is removed, reinsert it into it's titanium vial during the countersinking/tapping procedure)

\* Optional drilling sequence may begin with drill  $\text{Ø } 2.4 / \text{Ø } 2.0$



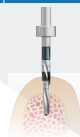
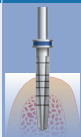
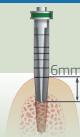
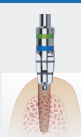

**NOTE:** Due to the individuality of the patients condition, the doctor must use his clinical judgment and expertise in choosing the right protocol.


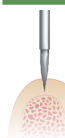

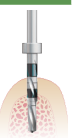

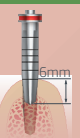
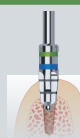

# D3-D4 Type Bone | SOFT BONE PROTOCOL


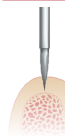
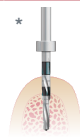
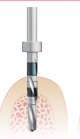
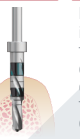
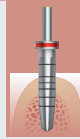
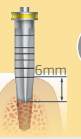
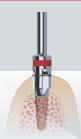

ADVANCE D  
CLASSIC

ADVANCED+  
SLIGHTLY ACTIVE APEX



<b>Ø 3.25mm</b> 	Pilot Drill 	Ø 2.0 Ø 1.5 	<b>Optional</b> If the bone is very soft, type 4, then consider eliminating the final drill.	Final Ø 3.25 	<b>Optional</b>	Final Ø 3.75  6mm OR 	Countersink 3.25mm & 3.75mm 		If there is dense cortical plate then countersink the osteotomy using the <b>Final 3.75 green/Countersink drill</b> to 6mm (regardless of the length of the implant) or using the <b>COUNTERSINK FOR 3.25MM &amp; 3.75MM TO THE FIRST LINE</b>
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<b>Ø 3.75mm</b> 	Pilot Drill 	Ø 2.0 Ø 1.5 * 	Ø 2.4 Ø 2.0 	<b>Optional</b> If the bone is very soft, type 4, then consider eliminating the final drill.	Final Ø 3.75 	<b>Optional</b>	Final Ø 4.2  6mm OR 	Countersink 3.25mm & 3.75mm 		If there is dense cortical plate then countersink the osteotomy using the <b>FINAL 4.2 RED DRILL</b> to 6mm (regardless of the length of the implant) or using the <b>COUNTERSINK FOR 3.25MM &amp; 3.75MM TO THE 2-ND LINE</b>
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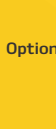
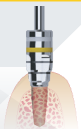











<b>Ø 4.2mm</b> 	Pilot Drill 	Ø 2.0 Ø 1.5 * 	Ø 2.4 Ø 2.0 	Ø 3.2 Ø 2.4 	<b>Optional</b> If the bone is very soft, type 4, then consider eliminating the final drill.	Final Ø 4.2 	<b>Optional</b>	Final Ø 5.0  6mm OR 	Countersink 4.2 mm 		If there is dense cortical plate then countersink the osteotomy using the <b>FINAL 5.0 YELLOW DRILL</b> to 6mm (regardless of the length of the implant) or using the <b>COUNTERSINK FOR 4.2 MM</b>
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# D3-D4 Type Bone | SOFT BONE PROTOCOL

ADVANCE D  
CLASSIC

ADVANCED+  
SLIGHTLY ACTIVE APEX

PCA

<p><b>Ø 5.0mm</b></p> 	<p>Pilot Drill</p> 	<p>Ø 2.0 / Ø 1.5</p> 	<p>Ø 2.4 / Ø 2.0</p> 	<p>Ø 3.2 / Ø 2.4</p> 	<p>Ø 3.8 / Ø 3.2</p> 	<p><b>Optional</b></p> <p>If the bone is very soft, type 4, then consider eliminating the final drill.</p>	<p>Final Ø 5.0</p> 	<p><b>Optional</b></p>	<p>Countersink Ø 5.0</p> 		<p>If there is dense cortical plate then countersink the osteotomy using the <b>5.0 YELLOW COUNTERSINK TO THE 1ST LINE</b></p>
<p><b>Ø 6.0mm</b></p> 	<p>Pilot Drill</p> 	<p>Ø 2.0 / Ø 1.5</p> 	<p>Ø 2.4 / Ø 2.0</p> 	<p>Ø 3.2 / Ø 2.4</p> 	<p>Ø 3.8 / Ø 3.2</p> 	<p>Ø 4.3 / Ø 3.8</p> 	<p><b>Optional</b></p> <p>If the bone is very soft, type 4, then consider eliminating the final drill.</p>	<p>Final Ø 6.0</p> 	<p><b>Optional</b></p>	<p>Countersink Ø 6.0</p> 	 <p>If there is dense cortical plate then countersink the osteotomy using the <b>6.0 COUNTERSINK TO THE 2ND LINE</b></p>

**Recommended implant insertion torque is 30 - 40 Ncm.**

If the insertion torque exceed 40 Ncm consider reducing the pressure caused by high insertion torque by:


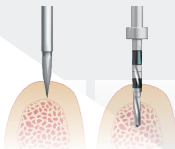
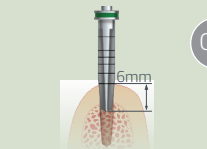
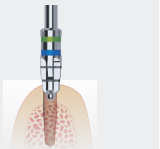
- (1) reversing the implant 2-3 rotations, and then reinserting to the appropriate height
- (2) remove the implant and countersink or tap the osteotomy and then reinsert the implant. (If the implant is removed, reinsert it into it's titanium vial during the countersinking/tapping procedure)

\* Optional drilling sequence may begin with drill Ø 2.4 / Ø 2.0


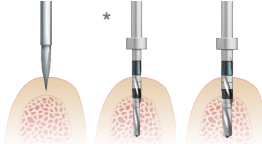
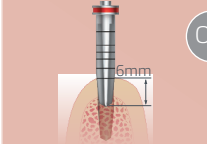
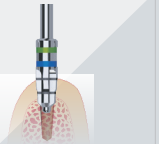

**NOTE:** Due to the individuality of the patients condition, the doctor must use his clinical judgment and expertise in choosing the right protocol.

# D2-D3 Type Bone | STANDARD PROTOCOL


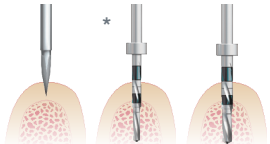
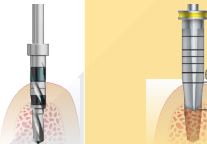
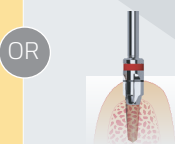



<b>Ø 3.25mm</b> 	Pilot Drill	$\varnothing 2.0$ $\varnothing 1.5$	<b>Final</b> $\varnothing 3.75$	Countersink 3.25mm & 3.75mm	
				OR	

Countersink the osteotomy using the **FINAL 3.75 GREEN DRILL** to 6mm (regardless of the length of the implant) or using the **COUNTERSINK FOR 3.25MM & 3.75MM TO THE FIRST LINE**

<b>Ø 3.75mm</b> 	Pilot Drill	$\varnothing 2.0$ $\varnothing 1.5$	$\varnothing 2.4$ $\varnothing 2.0$	<b>Final</b> $\varnothing 4.2$	Countersink 3.25mm & 3.75mm	
				OR		


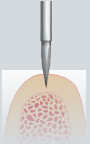
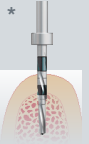
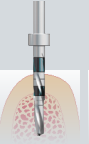
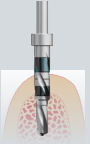
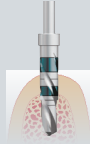
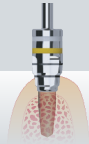


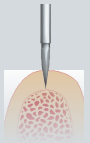
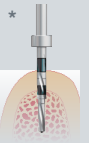
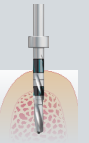
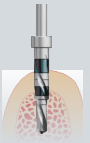
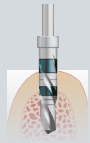
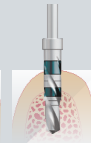
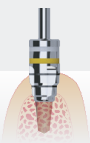

Countersink the osteotomy using the **FINAL 4.2 RED DRILL** to 6mm (regardless of the length of the implant) or using the **COUNTERSINK FOR 3.25MM & 3.75MM TO THE 2-ND LINE**

<b>Ø 4.2mm</b> 	Pilot Drill	$\varnothing 2.0$ $\varnothing 1.5$	$\varnothing 2.4$ $\varnothing 2.0$	$\varnothing 3.2$ $\varnothing 2.4$	<b>Final</b> $\varnothing 5.0$	Countersink 4.2 mm	
				OR			

Countersink the osteotomy using the **FINAL 5.0 YELLOW DRILL** to 6mm (regardless of the length of the implant) or using the **COUNTERSINK FOR 4.2 MM**

# D2-D3 Type Bone | STANDARD PROTOCOL



<p><b>Ø 5.0mm</b></p> 	<p>Pilot Drill</p> 	<p>Ø 2.0 Ø 1.5</p> 	<p>Ø 2.4 Ø 2.0</p> 	<p>Ø 3.2 Ø 2.4</p> 	<p>Ø 3.8 Ø 3.2</p> 	<p>Countersink Ø 5.0</p> 		<p>Countersink the osteotomy using the <b>5.0 YELLOW COUNTERSINK TO THE FIRST LINE</b></p>	
<p><b>Ø 6.0mm</b></p> 	<p>Pilot Drill</p> 	<p>Ø 2.0 Ø 1.5</p> 	<p>Ø 2.4 Ø 2.0</p> 	<p>Ø 3.2 Ø 2.4</p> 	<p>Ø 3.8 Ø 3.2</p> 	<p>Ø 4.3 Ø 3.8</p> 	<p>Countersink Ø 6.0</p> 		<p>Countersink the osteotomy using the <b>6.0 COUNTERSINK TO THE 2ND LINE</b></p>

**Recommended implant insertion torque is 30 - 40 Ncm.**

If the insertion torque exceed 40 Ncm consider reducing the pressure caused by high insertion torque by:

- (1) reversing the implant 2-3 rotations, and then reinserting to the appropriate height
- (2) remove the implant and countersink or tap the osteotomy and then reinsert the implant. (If the implant is removed, reinsert it into it's titanium vial during the countersinking/tapping procedure)

\* Optional drilling sequence may begin with drill Ø 2.4 / Ø 2.0

**NOTE:** Due to the individuality of the patients condition, the doctor must use his clinical judgment and expertise in choosing the right protocol.

# D3-D4 Type Bone | SOFT BONE PROTOCOL



**Ø 3.25mm**

Pilot Drill     $\frac{\text{Ø } 2.0}{\text{Ø } 1.5}$

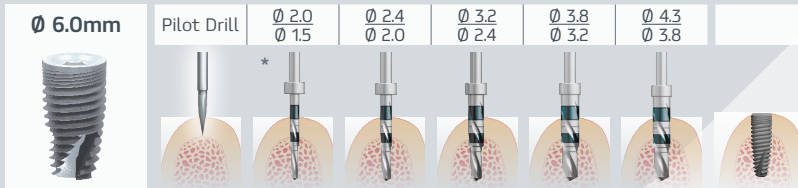
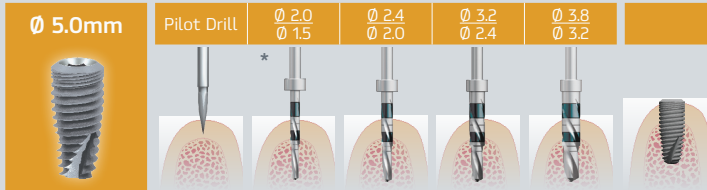
**Ø 3.75mm**

Pilot Drill     $\frac{\text{Ø } 2.0}{\text{Ø } 1.5}$      $\frac{\text{Ø } 2.4}{\text{Ø } 2.0}$

**Ø 4.2mm**

Pilot Drill     $\frac{\text{Ø } 2.0}{\text{Ø } 1.5}$      $\frac{\text{Ø } 2.4}{\text{Ø } 2.0}$      $\frac{\text{Ø } 3.2}{\text{Ø } 2.4}$

# D3-D4 Type Bone | SOFT BONE PROTOCOL



**Recommended implant insertion torque is 30 - 40 Ncm.**

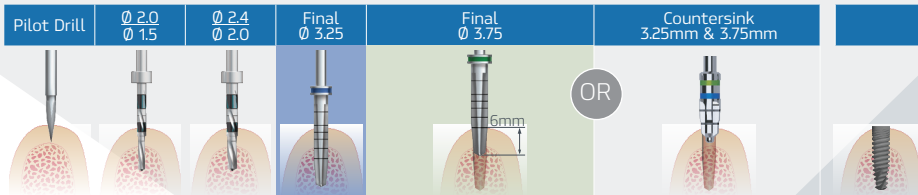
If the insertion torque exceed 40 Ncm consider reducing the pressure caused by high insertion torque by:

- (1) reversing the implant 2-3 rotations, and then reinserting to the appropriate height
- (2) remove the implant and countersink or tap the osteotomy and then reinsert the implant. (If the implant is removed, reinsert it into it's titanium vial during the countersinking/tapping procedure)

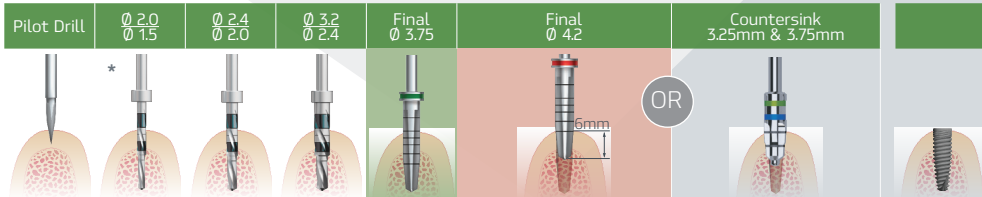
\* Optional drilling sequence may begin with drill  $\varnothing 2.4 / \varnothing 2.0$

**NOTE:** Due to the individuality of the patients condition, the doctor must use his clinical judgment and expertise in choosing the right protocol.

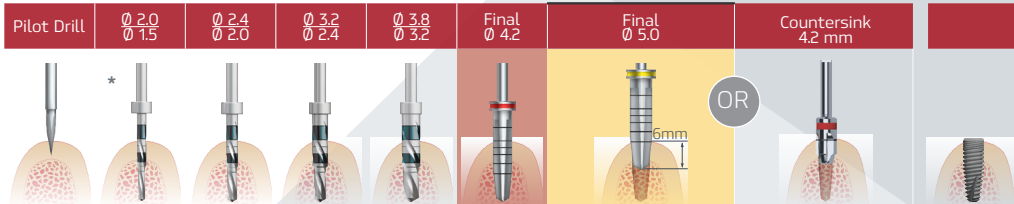
# D1-D2 Type Bone | DENSE BONE PROTOCOL



Countersink the osteotomy using the **FINAL 3.75 GREEN DRILL** to 6mm (regardless of the length of the implant) or using the **COUNTERSINK FOR 3.25MM & 3.75MM TO THE FIRST LINE**


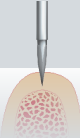
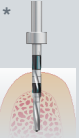
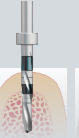
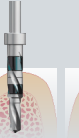
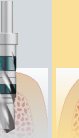

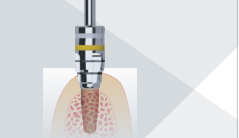


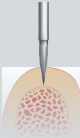
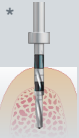
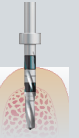
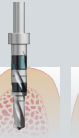
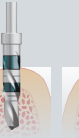
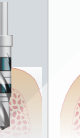
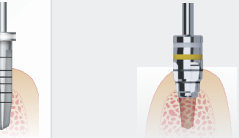
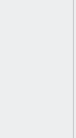



Countersink the osteotomy using the **FINAL 4.2 RED DRILL** to 6mm (regardless of the length of the implant) or using the **COUNTERSINK FOR 3.25MM & 3.75MM TO THE 2-ND LINE**



Countersink the osteotomy using the **Final 5.0 yellow drill** to 6mm (regardless of the length of the implant) or using the **COUNTERSINK FOR 4.2 MM**

# D1-D2 Type Bone | DENSE BONE PROTOCOL

<p><b>Ø 5.0mm</b></p> 	<p>Pilot Drill</p> 	<p>Ø 2.0 Ø 1.5</p> <p>*</p> 	<p>Ø 2.4 Ø 2.0</p> 	<p>Ø 3.2 Ø 2.4</p> 	<p>Ø 3.8 Ø 3.2</p> 	<p>Final Ø 5.0</p> 	<p>Countersink Ø 5.0</p> 		<p>Countersink the osteotomy using the <b>5.0 YELLOW COUNTERSINK TO THE FIRST LINE</b></p>	
<p><b>Ø 6.0mm</b></p> 	<p>Pilot Drill</p> 	<p>Ø 2.0 Ø 1.5</p> <p>*</p> 	<p>Ø 2.4 Ø 2.0</p> 	<p>Ø 3.2 Ø 2.4</p> 	<p>Ø 3.8 Ø 3.2</p> 	<p>Ø 4.3 Ø 3.8</p> 	<p>Final Ø 6.0</p> 	<p>Countersink Ø 6.0</p> 		<p>Countersink the osteotomy using the <b>6.0 COUNTERSINK TO THE 2ND LINE</b></p>

**Recommended implant insertion torque is 30 - 40 Ncm.**

If the insertion torque exceed 40 Ncm consider reducing the pressure caused by high insertion torque by:

- (1) reversing the implant 2-3 rotations, and then reinserting to the appropriate height
- (2) remove the implant and countersink or tap the osteotomy and then reinsert the implant. (If the implant is removed, reinsert it into it's titanium vial during the countersinking/tapping procedure)

\* Optional drilling sequence may begin with drill Ø 2.4 / Ø 2.0

**NOTE:** Due to the individuality of the patients condition, the doctor must use his clinical judgment and expertise in choosing the right protocol.

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