Natural System Implant

INSTRUCTION FOR USE

TWO-STAGE IMPLANTS:
Light

ONE-STAGE IMPLANTS:
Maxifix
Maxifix Compressive
Maxifix Compressive-P
Basal
MX Hybrid

See our patents
and certifications

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CE 0425

INSTRUCTIONS FOR IMPLANTS

Introduction
The present instructions are not intended to replace or limit clinical procedures based on the knowledge and experience of the Surgeon or Dentist. They are intended to indicate the procedure for the installation of NSI implants to guarantee the exact sequence of operations based on the supplied instruments.

Dental implant instructions for use: The NSI general implant system consists of a series of conical Gr 4 titanium endosseous implants with constant pitch threading and a variable profile from the apex to the insertion line and a prosthetic component made of Gr5 Titanium. The implant line is subdivided into two types of monophasic and biphasic implants: the first is Gr4 titanium MAXI FIX and Ti°5 titanium Minifix designed to perform a non-submerged surgical technique simultaneously with the application phase of the prosthetic components, the second is LIGHT made of Gr4 titanium for those cases in which the existing bone conformation requires a two-stage operation with submerged insertion. For detailed specifications of the surgical phases see the Surgical Technique provided by NSI.
The line of biphasic implants consists of the LIGHT series, which differ in the width of the collar. The LIGHT series has a collar with a micro-thread. Each series is then divided into several measurements based on the size of the implant (Ø = proximal diameter in mm, L = total length in mm). For each size, all implants are subjected to surface treatment by sandblasting, or acid etching starting from the base of the collar to facilitate osseointegration.

All NSI endosseous implants have an external thread that is flattened in the proximal area and gradually becomes sharper approaching the distal area. In this way, in the insertion phase, good penetration is obtained in the alveolar canal with consequent compaction of the medullary and then cortical bone so as to increase the primary stability of the implant and the ability of osseointegration. For each measurement the connection between the implant and the relative prosthetic component is guaranteed by conometric coupling and a preformed hexagon, by means of a threaded through screw.

The stability of the coupling between the prosthetic components and the NSI implants was tested with static and dynamic load fatigue tests in accordance with UNI EN ISO 14801: 2008 Dentistry - Implants - Dynamic fatigue test for intraosseous dental implants.

MAXIFIX Ti°4 monophasic implants
Ø = 4,0 Lengths = 8mm-10mm-12mm-14mm
Ø = 4,5 Lengths = 8mm-10mm-12mm-14mm
Ø = 5,5 Lengths = 8mm-10mm-12mm-14mm
Ø = 4,0 Lengths = 8mm-10mm-12mm-14mm

LIGHT Ti°5 two-phase implants
Ø = 3,8 Lengths = 8mm-10mm-12mm-14mm
Ø = 4,2 Lengths = 8mm-10mm-12mm-14mm
Ø = 4,8 Lengths = 8mm-10mm-12mm-14mm
LIGHT Ø Collar = 3,5 mm Ø Collar = 3,8 mm Ø Collar=3,8mm

MAXIFIX Compressive Ti°4 monophasic implants
Ø = 3,2 Lengths = 6mm 8mm-10mm-12mm-15mm-17mm-19mm
Ø = 3,7 Lengths = 6mm 8mm-10mm-12mm-15mm-17mm-19mm
Ø = 4,1 Lengths = 6mm 8mm-10mm-12mm-15mm-17mm-19mm
Ø = 5,0 Lengths = 6mm 8mm-10mm-12mm-15mm-17mm-19mm

MAXIFIX Compressive P Ti°4 monophasic implants
Ø = 3,2 Lengths = 10mm-12mm-15mm
Ø = 4,1 Lengths = 10mm-12mm-15mm

MX HYBRID Ti°4 monophasic implants
Ø = 4,7 Lengths = 10mm-12mm-15mm

Indications for use
NSI implants are endosseous implants intended to be surgically placed in the upper or lower jaw bone for anchoring or supporting tooth replacements to restore patient esthetics and chewing function.
NSI implants are indicated for single or multiple unit restorations in splinted or non-splinted applications. This can be achieved by a 2-stage or 1-stage surgical technique in combination with immediate, early or delayed loading protocols, recognizing sufficient primary stability and appropriate occlusal loading for the selected technique.

Recommendations
- All implants and prosthetic components of the NSI line may only be used by highly trained personnel with adequate professional qualifications. In addition, it is important to have thorough knowledge of the NSI Surgical Technique. Incorrect procedures can cause the implant to break or any prosthetic component with consequent biological damage to the patient.
- The decision to use an NSI implant must follow an adequate diagnostic, clinical and radiological evaluation.
- NSI implants must be assembled exclusively with the surgical instruments designed by NSI and with the related prosthetic components. The use of incorrect instruments or prosthetic parts could cause serious damage to the patient and the professional and in this case NSI does not guarantee the total success of the surgery both in the operative period and in the postoperative period.

Packaging
NSI endosseous implants are packaged in the following manner: Implant connected to the abutment and to the cap screw.
Ampoule in self-sealing PEHD with a color change autoclave label and removable label.
Box with removable product label, instructions for use and label to put on the patient's and doctor's medical records.

The implant is packaged together with the cap screw which has the function of preventing the passage of biological fluids or biological material in the proximal area and gingival regrowth above the implant itself which would prevent access during the second operation. The implant has an expected life time of about 10 years. This period may decrease if the patient does not adopt the adequate daily hygiene and cleaning measures specified in the following paragraphs and in the case of abnormal chewing loads or undesirable impacts to the prosthetic components or to the entire dental arch.

Warning:
The product is sterilized with a gamma ray ionizing treatment process. This treatment ensures that the product remains sterile if the package remains intact for the period indicated on the label, properly stored at a temperature between –5°C and 50°C. For this reason it is important not to use the product beyond the expiry date indicated on the label. The product cannot be re-sterilized; the manufacturer declines all responsibility for the use of re-sterilized NSI implants.

Directions for use
NSI and MAXIFIX and LIGHT implants can be used with the submerged, transmucosal and post-extractive operative technique. For the application of post-extractive systems we recommend the use of the Maxifix line which are more suitable thanks to the particular characteristic of uniformity of the collar and aggressiveness of the threads on the whole line, which guarantees excellent primary stability when using the 4.5 and 5.5 diameter or the 4.8 diameter of the Light implant.

The LIGHT line is indicated, in addition to those cases of immediate postextraction, also in the transmucosal cases with immediate loading and submerged.
NSI monophasic implants indicated for fixed implant-prosthetic solutions such as agenesis, compensation of wide interproximal spaces between two submerged implants or immediate-loading implants to support fixed temporary restorations can be used in particular conditions involving anatomical limitations of the mandibular and maxillary bone lingual vestibule. Thanks to the abutment usable both as a pillar for fixed prostheses and as a ball attachment, the MAXIFIX NSI can also be used for the stabilization of removable prostheses according to the immediate loading method, by inserting the special OTK cushioning cap that acts as an anchor between prosthesis and implant in the removable prosthesis.

SUPERIOR JAW

	Light (Ø mm)	Maxifix (Ø mm)	Compressive (Ø mm)	Basal (Ø mm)
Incisors	4.0 - 4.2 - 4.5	4.0 - 4.5 - 5.5	3.7 - 4.1	3.6 - 4.6 - 5.0
Canines	4.2 - 4.5 - 5.5	4.0 - 4.5 - 5.5	4.1 - 5.0	3.6 - 4.6 - 5.0
Premolars	4.2 - 4.5 - 5.5	4.0 - 4.5 - 5.5	3.7 - 4.1 - 5.0	3.6 - 4.6 - 5.0
Molars	4.2 - 4.5 - 5.5	4.0 - 4.5 - 5.5	3.7 - 4.1 - 5.0	3.6 - 4.6 - 5.0

INFERIOR JAW

	Light (Ø mm)	Maxifix (Ø mm)	Compressive (Ø mm)	Basal (Ø mm)
Incisors	3.8 - 4.0	3.8 - 4.0	3.8 - 4.0	3.8 - 4.0
Canines	4.2 - 4.5 - 5.5	4.2 - 4.5 - 5.5	4.2 - 4.5 - 5.5	4.2 - 4.5 - 5.5
Premolars	4.2 - 4.5 - 5.5	4.2 - 4.5 - 5.5	4.2 - 4.5 - 5.5	4.2 - 4.5 - 5.5
Molars	4.2 - 4.5 - 5.5	4.2 - 4.5 - 5.5	4.2 - 4.5 - 5.5	4.2 - 4.5 - 5.5

The success of NSI endosseous implants depends both on the correct application of the phases prescribed by the Surgical Technique, and on an adequate preoperative evaluation carried out by the professional.
During surgery, it is essential that the conditions of the operating field ensure an adequate level of hygiene and sterility and that the ways in which the product is handled are carried out with particular attention not to damage the product itself so as not to compromise the success of the implant.

General contraindications
Hyperthyroidism, anemia, leukopathy, bone mineralization deficiency, Osteitis deformans (Paget disease), imperfect osteogenesis, alterations of the immune system, disease related to systemic diseases, pharmacological therapies that can compromise the reparative capabilities of tissues such as immunosuppressants, recent myocardial infarction, presence of cardiac valve prostheses, significant or mild renal disorders, diabetes not able to be controlled with appropriate therapy, recent high dosage radiation treatments, coagulation disorders, advanced liver failure, alcoholism and drug intake, pregnancy, terminal illnesses and tumors, chemotherapy treatment in progress, psychological and psychophysical disorders.

Local contraindications
Inadequate bone quantity, presence of soft tissue lesions (such as leukoplasia, lichen, stomatitis, epulids, etc.), lesions of hard tissues (such as cysts, granulomas, radicular residues, inflammatory changes, etc.), inadequate oral hygiene, smoking, xerostomia, bruxism and inadequate occlusal conditions, age of the patient (in adolescents implants should be taken into consideration only after the completion of bone growth).

Preoperative procedures
Evaluation of the use of possible alternative procedures to implant surgery, general and local anamnesis on peri-implant tissues, evaluation of possible pre-implant therapies, evaluation of bone characteristics with specific radiological examinations, orthopantomography and CT or dental scan, evaluation of growth curve, evaluation of possible simultaneous treatment of the two dental arches. Intraoperative procedures Meticulous sterility, careful disinfection, accurate application of the NSI Surgical Technique.

Preoperative procedures
Careful disinfection of the oral cavity with suitable solutions. Before the patient's discharge, it may be necessary to administer an analgesic and anti-inflammatory drug and check hemostasis.

Post-operative rehabilitation treatment
The patient should be seen the following day to check the state of health and the sutures should be removed after 6-10 days.

INSTALLATION OF THE NSI DENTAL IMPLANT
The insertion of a dental implant is in effect a surgical intervention. The present instructions are not intended to replace or limit the clinical procedures or knowledge of the surgeon or dentist, rather they indicate how to proceed for the insertion of the NSI implants to ensure the exact sequence of operations based on the tool provided. After the clinical preparation, pre-and post-surgical antibiotic prophylaxis, anesthesia and other medical instructions and information related to the case are given to the patient follow the following indications carefully:

SURGICAL PROTOCOL

1° Expose the maxillary bone by means of a gum flap or mucotome incision being very careful to detach the periosteum tissue. Prepare an undersized surgical site with the proper drills, based on the implant diameter.

All NSI implants can be inserted by creating the implant site with a single drill!

For example: LIGHT implant Ø 3.8 drill FP1 Ø 3.4 or FP2 drill for Ø4.2 implant MAXIFIX implant Ø 4 drill FP Ø 4.5 drill FP1 and Ø 5.5 drill FP2
The drilling method was attentively calculated so as to avoid ischemia phenomena and have a good bone/implant contact.

NOTE In the case of D1-D2 bone conditions, it is recommended that the site be prepared with a Ø 1.8 drill. Each drill has reference notches based on the height of the implantable portion of the monophasic and biphasic implant. In addition, depth stops can be applied to the drills to facilitate the preparation of the implant site.

2° Proceed with the manual insertion of the implant using the sterile mounter, manually turning it 2-3 times so the implant has enough grip to enable the mounter to unscrew and be removed from the implant with minimum traction.
FOR LIGHT IMPLANT ONLY:
In the case of D1-D2 bone conditions, before inserting the implant, proceed with the ø 3.6 REF MC36 contra-angle or manual thread tap for the Light ø 3.8 implant, or with the ø 4.0 REF MC40 for the Light ø 4.2 implant.
CHECK AND FOLLOW THE MAXIFIX'S TABLE

NOTE In immediate or delayed post-extraction areas, if the bone conditions (D4) allow the implant to be inserted, use the following FP protocol for a Light ø 4.8 implant.

NOTE In the case of D1 bone conditions the Light ø 4.8 and Maxifix ø 5.5 implants are NOT RECOMMENDED due to the excessive stress resulting from the thread and the excessive diameter of the implant itself. In fact, during the screwing process the torque resistance could exceed 50 Ncm.

This could excessively compress and overheat the surgical site causing ischemia and necrosis phenomena due to overheating with the consequent failure of the implant in the short or medium term.
Proceed by completing the insertion using the manual conical carrier REF 0012CL for the Light version or REF 0012ML for the Maxifix version, using a fixed or dynamometric wrench or a driven mount. The recommended torque to be applied should not exceed 50 Ncm to prevent bone ischemia and damage to the implant's hexagonal connection.

NOTE If the surgical steel mount 0012CL is damaged or deformed it means that a force greater than 80 Ncm was applied. In any case the connection of the implant will be preserved.

3° Once the implantable portion of the implant is in place (sand blasted part for Maxifix monophasic and sandblasted and etched micro-threads for the biphasic) insert the surgical screw or cap screw, close the gum flap with stitches and leave to heal giving indications about the hygienic prophylaxis and post-operative antibiotics specifying the importance of the avoidance of direct masticatory trauma on wounds, not smoking, not eating hot food or drinks, etc., that is, the general indications provided in the implant passport.

4° Reopening of the implant and insertion of a healing screw.
After 3-6 months, based on the patient's bone conditions, a careful evaluation of post-operative radiological checks, or based on the implant technique used, make an incision by means of a scalpel or mucosal punch to remove the surgical screw and replace it with a healing screw. The tool to screw and unscrew all the NSI Light components is the short or long screwdriver REF 0015PL or 0015PC.

Immediate Load: NSI Maxifix Minifix and Light implants are designed to provide the primary stability required during insertion to make it possible to immediately load the fixture with temporary or definitive elements. Immediate loading must be taken into consideration only after a careful evaluation of the case, of the patient's bone quality and in particular of the masticatory biomechanics, trying to exclude parafunctional activity, etc. The choice and the successful outcome of this type of rehabilitation is the responsibility of the doctor and the patient who must observe the doctor's instructions meticulously.

Statistics and experience have indicated that the relatively small percentage of implant failures is mostly due to a number of contributing factors and problems that range from the incorrect application of the surgical protocol to the improper implementation of the pre- and post-surgical protocol by the patient including the failure to declare illnesses or medications contraindicated for the implant-prosthetic procedure, poor hygiene, asymmetric preloads, etc.

NSI PROSTHETIC COMPONENTS INSTRUCTIONS FOR USE

The NSI implant system consists of a series of conical titanium Gr4 endosseous implants with continuous pitch threading and variable profile from the apex to the insertion line and a prosthetic component made of Titanium Gr5. The prosthetic components are designed to couple correctly with the NSI biphasic endosseous implant line.

The prosthetic components consist of:
- Healing screw
- Connection screw
- Straight abutment C35 and C38
- Ball abutment and relative OTK coping
- Titanium base castable abutment
- Castable abutment
- Castable abutment screw
- Transfer and relative screw
- Analogue
- MUA Universal Angled Abutment KIT

The line of prosthetic components is made up of a series of accessories including two straight abutments 0013 C35 and C38 with different emergence profiles. The design of the conometric coupling and the hexagon in the area between the component and the implant was carried out with the aim of leaving the practitioner a broad selection with regard to the coupling between the prosthetic component and the implant size.

Nonetheless, it is advisable to follow the instructions given below and, in particular, in the NSI Surgical Technique.

The stability of the coupling between the prosthetic components and the NSI implants was tested with static and dynamic load fatigue tests in accordance with UNI EN ISO 14801: 2008 Dentistry - Implants - Dynamic fatigue test for intraosseous dental implants.

Recommendations: All NSI implants and prosthetic components are to be used exclusively by highly trained personnel with adequate professional qualifications. In addition it is important to have a thorough knowledge of the Surgical Technique established by NSI. Incorrect procedures can cause the implant or any prosthetic component to break with consequent physical damage to the patient.

- The decision to use an NSI implant or prosthetic component cannot be made without an adequate diagnostic, clinical and radiological evaluation.
- **NSI implants must be used exclusively with the surgical instruments designed by NSI and with the relative prosthetic components.** The use of incorrect instruments or prosthetic parts could cause serious damage to the patient and the professional and in this case NSI does not guarantee the total success of the surgery both in the operative period and in the postoperative period.

Packaging
NSI prosthetic components are packaged as follows:
- Prosthetic component;
- Initial plastic ampoule with closure label and product label;
- Instructions for use Box with removable product label to be placed on the patient file.

The prosthetic components have an expected lifetime of about 10 years; appropriate laboratory tests have been conducted for this purpose. This period may decrease if the patient does not adopt the adequate daily hygiene and cleaning measures specified in the following paragraphs and in the case of abnormal chewing loads or undesirable impacts to the prosthetic components or to the entire dental arch.

Attention: The product is not sterilized but is packaged after a decontamination treatment in a controlled environment. This treatment ensures that the product will remain in hygienic conditions and clean if the package remains intact and is properly stored at a temperature between –5°C and 50°C. The manufacturer declines all liability for any product sterilization carried out by external personnel.

Directions for use
The success of the coupling between the endosseous NSI implants and the relative prosthetic components depends both on the correct application of the phases indicated in the Surgical Technique and on an adequate preoperative evaluation carried out by the professional.
It is important that the dentist perform a thorough screening before surgery to obtain adequate information about the patient and the type of implant and prosthetic component to be used. In particular:

- General medical history, as indicated below.
- Local history regarding peri-implant tissues and evaluation of possible pre-implant therapies.
- Bone characteristics by means of specific radiological examinations.
- Evaluation of the growth curve.
- Evaluation of the possible simultaneous treatment of the two dental arches.

During surgery, it is essential that the conditions of the operating field ensure an adequate level of hygiene and cleanliness and that the product is handled with particular attention so as not to damage it and thus compromise the success of the intervention.

The abutments are intended to be sterilized before usage.
Wash in ultrasonic cleaner with detergent and disinfectant solution. Autoclave the abutments included in a multilayer medical paper - plastic film bag suitable for sterilization at 134 °C for 10 minutes at a pressure of 2 bar according to ANSI/AAMI ST79: 2010.

Preoperative and intraoperative procedures
Meticulous sterility, careful disinfection, accurate application of the NSI Surgical Technique.
Uncover the surgical screw, insert the healing screw, careful disinfection of the oral cavity with suitable solutions. Before the patient's discharge, it may be necessary to administer an analgesic and anti-inflammatory drug and check hemostasis.
After 10 - 15 days, take the impression with a pick-up impression.
Once the plaster model is obtained, choose the abutment.

TIGHTENING THE THROUGH SCREW with a dynamometric ratchet to 30 to 35 Ncm, let rest for 2 minutes, unscrew and re-tighten at the same intensity. This will allow the passivation of the internal tensions guaranteeing stable tightening and coupling.

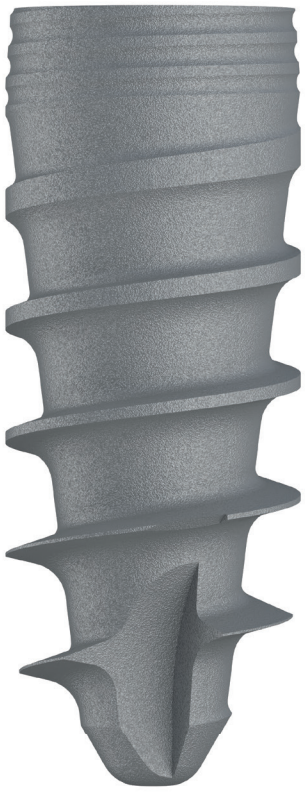
Warnings
- The prosthetic components are disposable and non-sterile and their reutilisation can lead to severe infections for the patient.
- The patient has to be informed about the importance of cleanliness and has to be instructed about the hygienic standards and the maintenance of the prosthesis.
- Patients with oral prosthesis from titanium must not use toothpaste or mouthwashes containing free fluorides.
- If therapeutic radiation to head and neck is needed, the metal prostheses have to be removed from the mouth.
- In case of pain or unexpected complications, advise the patient to consult the doctor in charge, the surgeon or the odontologist without delay.

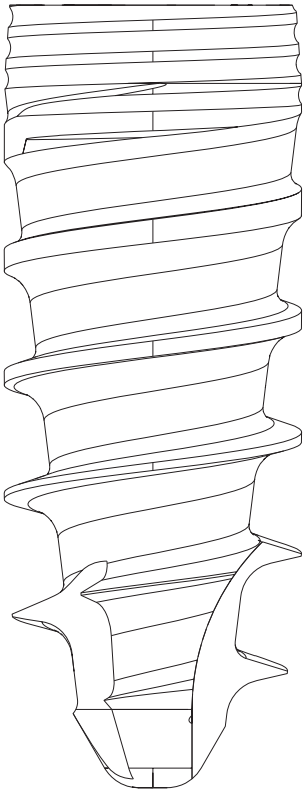
MR safety information
NSI implanta has not been evaluated for safety and compatibility in the MR environment. It has not been tested for heating, migration or image artifact in the MR environment. The safety of NSI dental implants in the MR environment is unknown. Scanning a patient who has this device may result in patient injury.

Caution
Federal law restricts this device to sale by or on the order of a physician.

Rev. 8 - October 18, 2021

LIGHT





IIB

LIGHT, a new product by NSI, characterised by its gradual spiral shape and enlarged spacing. Perfect for immediate loading. This implant is inserted quickly, meaning bone overheating is avoided.

- *Inserted with a single bur*
- *Designed to avoid bone resorption*
- *One prosthetic connection*
- *Atraumatic self-tapping*

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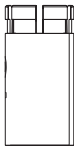
KIT LIGHT

FP
Bur Ø2.8 x L 19mm

FP1
Bur Ø3.4 x L 19mm

FP2
Bur Ø3.8 x L 19mm

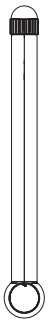
FP5
Bur Ø4.5 x L 19mm



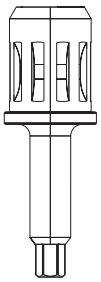
60.0718.0008
Stop

60.0718.0010
Stop

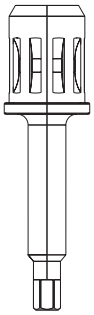
60.0718.0012
Stop



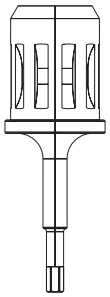
0017C
Ratchet



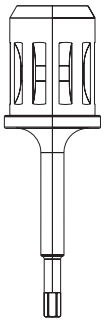
0012CC
Conical Carrier



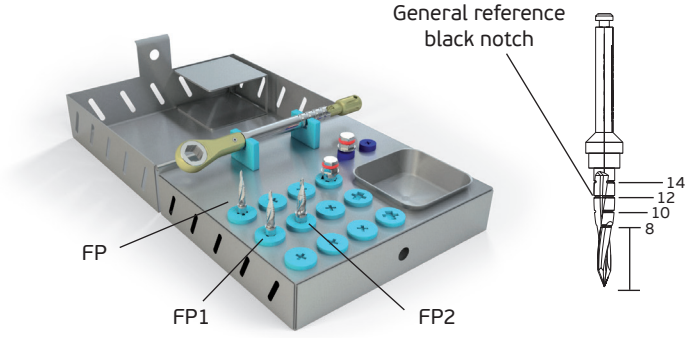
0012CL
Conical Carrier

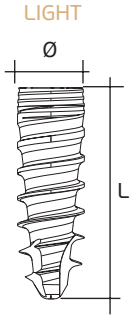


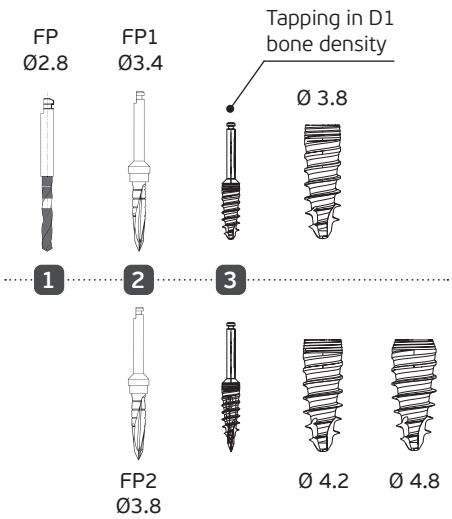
0015PC
Short Screwdriver



0015PL
Long Screwdriver







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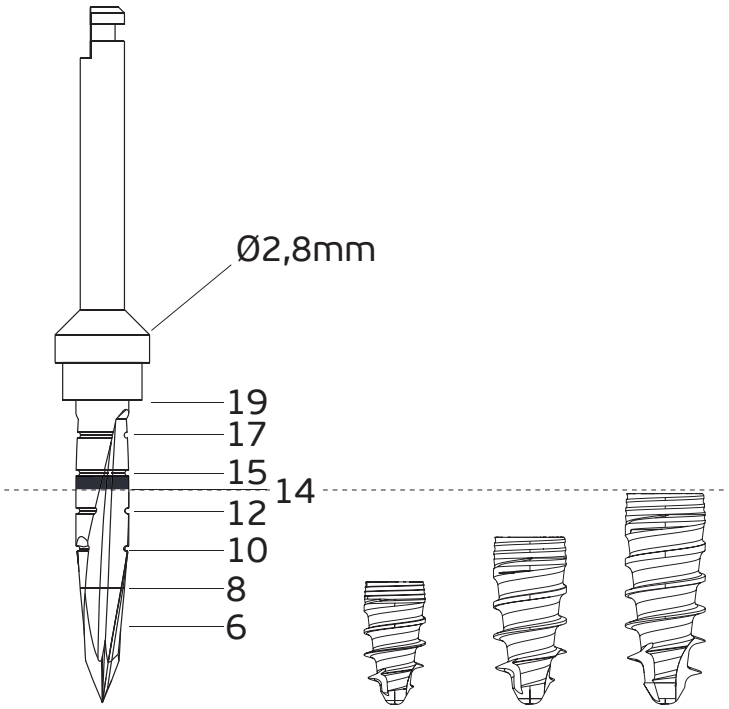
DRILL
FP FP1 FP2 FP5



BONE DENSITY	D_1	D_2	D_3	D_4	
Ø3.8mm	FP1 Ø3.4mm	FP1 Ø3.4mm	FP Ø2.8mm	FP Ø2.8mm	UPPER JAW
	FP2 Ø3.8mm		FP1 Ø3.4mm		LOWER JAW
Ø4.2mm	FP2 Ø3.8mm	FP1 Ø3.4mm	FP1 Ø3.4mm	FP Ø2.8mm	UPPER JAW
		FP2 Ø3.8mm		FP1 Ø3.4mm	LOWER JAW
Ø4.8mm	FP5 Ø4.5mm	FP2 Ø3.8mm	FP2 Ø3.8mm	FP1 Ø3.4mm	UPPER JAW
		FP5 Ø4.5mm			LOWER JAW

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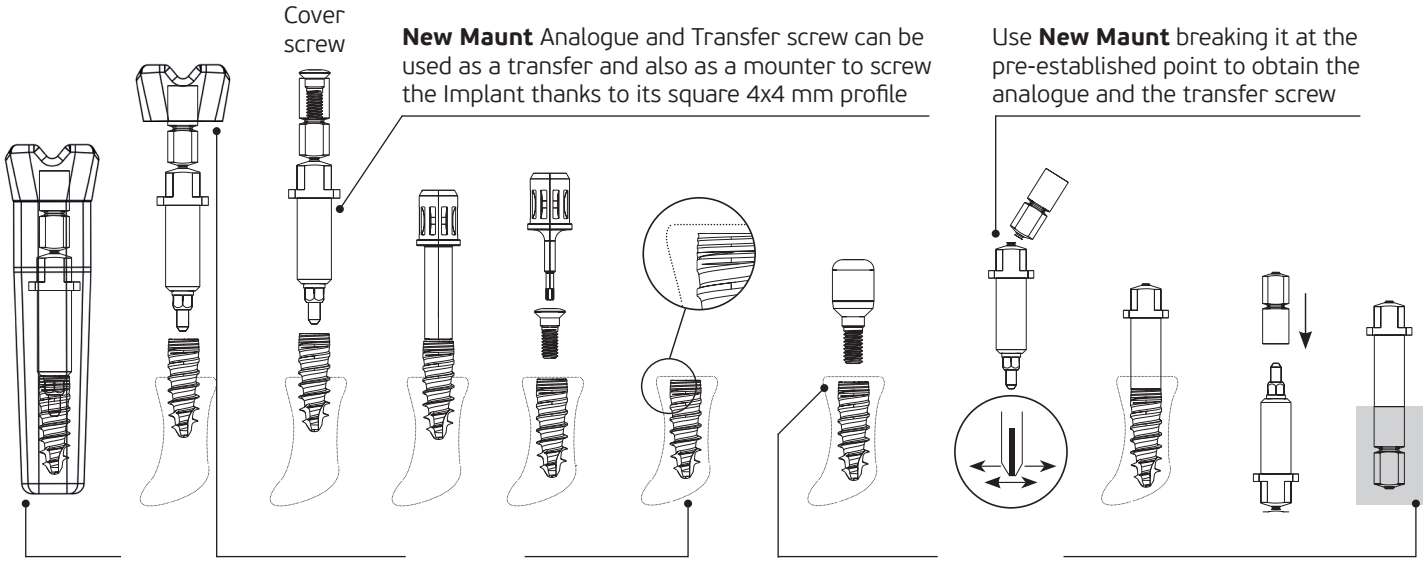
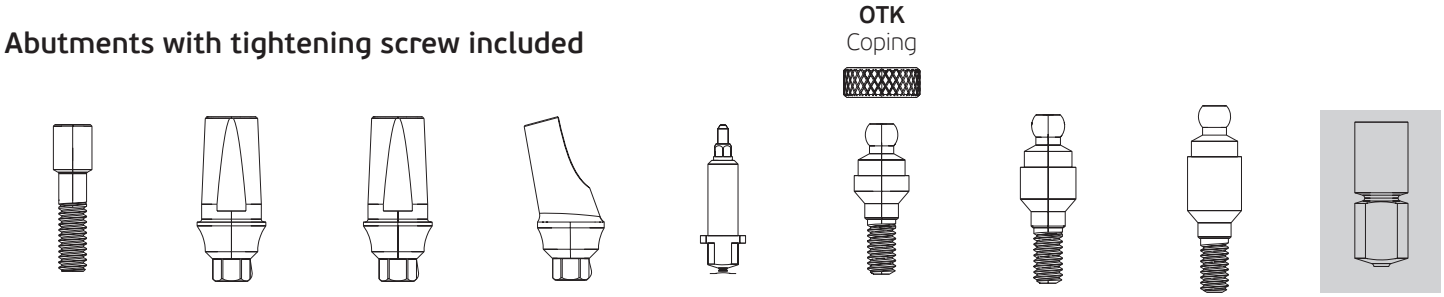
NSI's surgical protocol & prosthetic dental implant

LIGHT / NEW MAUNT

NSI Srl patented system



Abutments with tightening screw included



00111 Connection Screw

0013C35 Straigh Abutment Ø 35mm

0013C38 Straigh Abutment Ø 38mm

0010C 15° Inclined Abutment

SCANBODY Metal

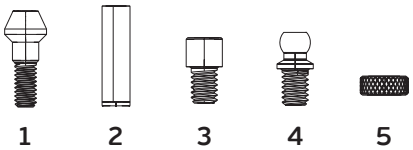
0014H1C Ball Abutment

0014H2C Ball Abutment

0014H3C Ball Abutment

0014C Analogue

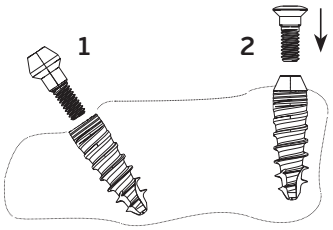
MUA KIT - NSI Patented System

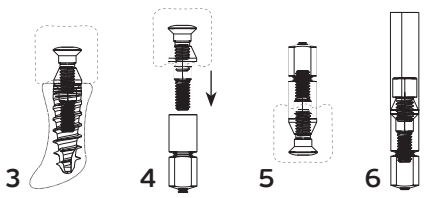


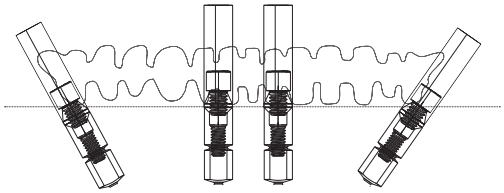
1 MUA Abutment
2 Castable Cannula
3 Connection Screw
4 Ball connection screw
5 OTK coping

1 MUA abutment screwed to max. torque 35 Ncm

2 Screwing the surgical screw







7 - In the laboratory

4 Repositioning the assembly: **MUA cap, screw and analogue**

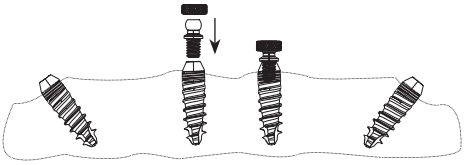
5 Preparation of the model

6-7 MUA positioning and structure modeling

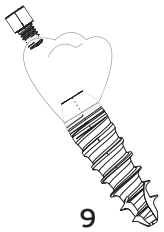
7 Taking the impression **in the laboratory**

8 Temporary fixing with OTK and ball screw from the MUA kit

9 Definitive fixing of the arch

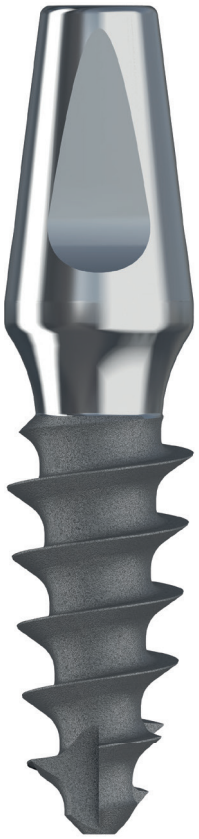


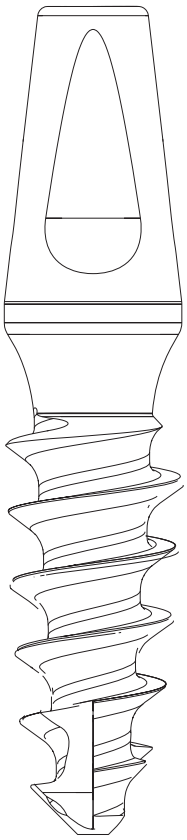
8 - In the office



9

MAXIFIX





IIB

MAXIFIX, paramount stability where success is guaranteed in just one simple phase with the unique profile in a patented design; Maxifix allows soft tissue to heal, achieving the perfect aesthetic finish and making it possible to apply both temporary and permanent elements from the get-go.

- *Maximum stability*
- *Recommended for areas with very low bone density*
- *Perfect for immediate loading*
- *Dental fenestration is avoided*

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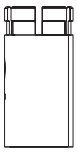
KIT MAXIFIX

FP
Bur Ø2.8 x L 19mm

FP1
Bur Ø3.4 x L 19mm

FP2
Bur Ø3.8 x L 19mm

FP5
Bur Ø4.5 x L 19mm



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Stop

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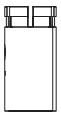
Stop



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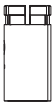

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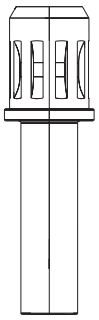
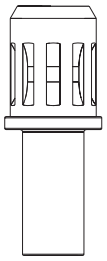
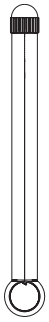


0012ML
Long carrier

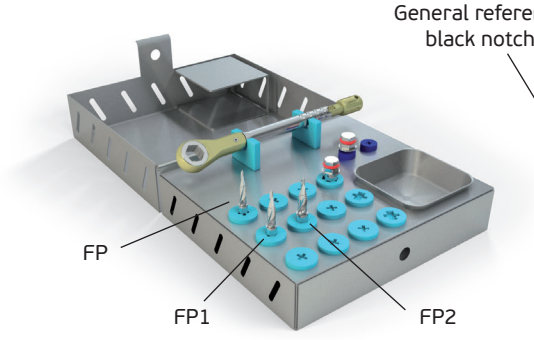


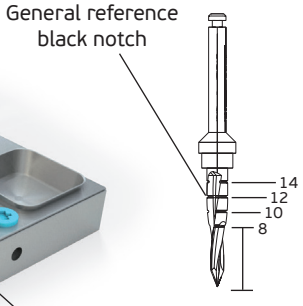
0012ML
Short carrier

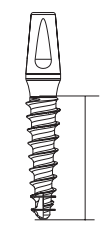
0016
Screwdriver

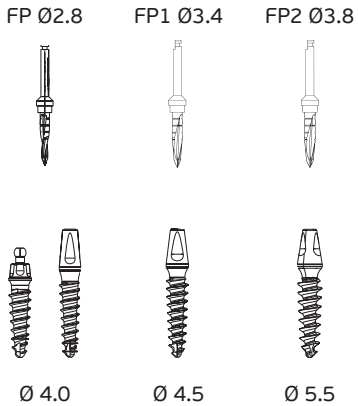


0017C
Ratchet









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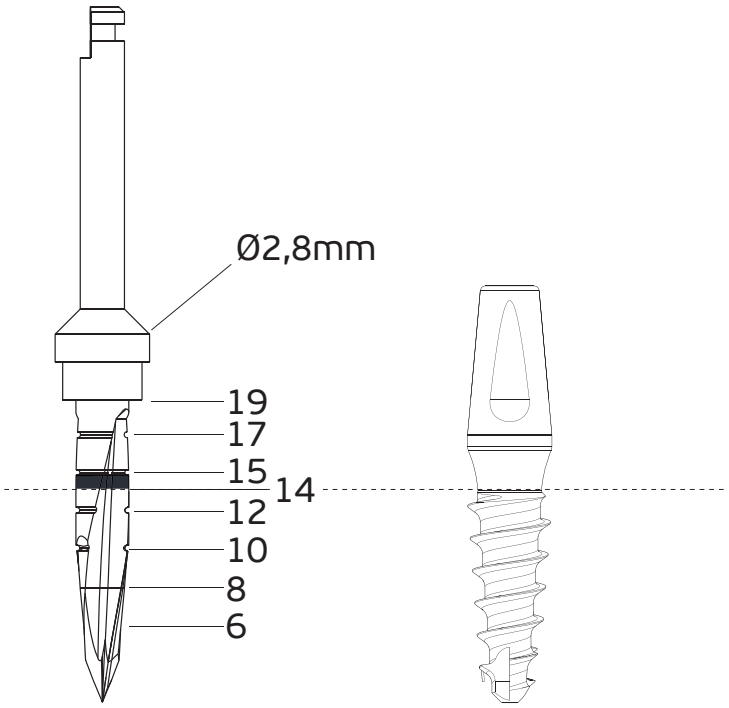
DRILL
FP FP1 FP2 FP5



BONE DENSITY	D_1	D_2	D_3	D_4	
 Ø4.0mm	FP Ø2.8mm	FP Ø2.8mm	FP Ø2.8mm	FP Ø2.8mm	UPPER JAW
	FP1 Ø3.4mm	FP1 Ø3.4mm	FP Ø2.8mm	FP1 Ø3.4mm	LOWER JAW
 Ø4.0mm	FP Ø2.8mm	FP Ø2.8mm	FP Ø2.8mm	FP Ø2.8mm	UPPER JAW
	FP1 Ø3.4mm	FP1 Ø3.4mm	FP Ø2.8mm	FP Ø2.8mm	LOWER JAW
 Ø4.5mm	FP1 Ø3.4mm	FP1 Ø3.4mm	FP1 Ø3.4mm	FP1 Ø3.4mm	UPPER JAW
	FP2 Ø3.8mm	FP2 Ø3.8mm	FP1 Ø3.4mm		LOWER JAW
 Ø5.5mm	FP2 Ø3.8mm	FP2 Ø3.8mm	FP2 Ø3.8mm	FP2 Ø3.8mm	UPPER JAW
	FP5 Ø4.5mm	FP5 Ø4.5mm	FP2 Ø3.8mm	FP2 Ø3.8mm	LOWER JAW

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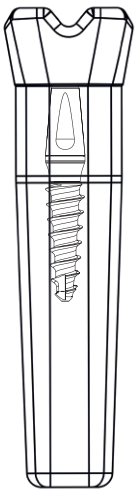
NSI's surgical protocol & prosthetic dental implant

MAXIFIX

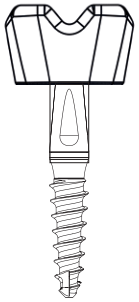
NSI Srl patented system

1

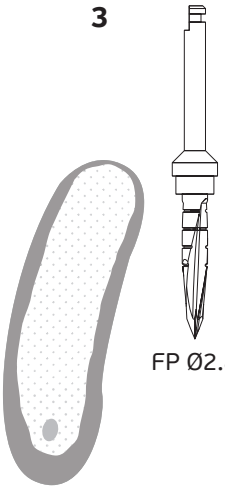


Implant sealed in ampoule

2

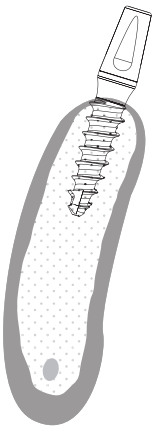


3



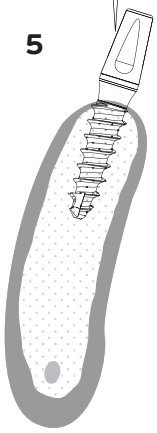
FP Ø2.8

4



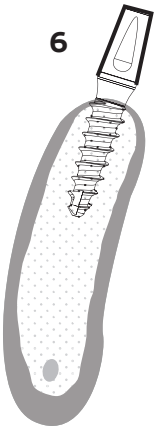
Drill

5



Milling direct abutment

6



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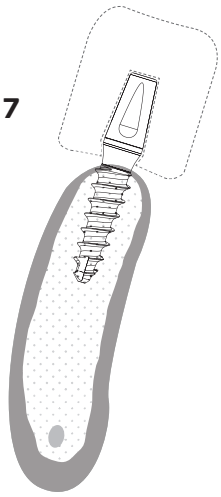

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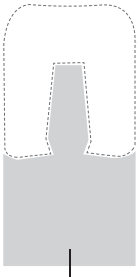
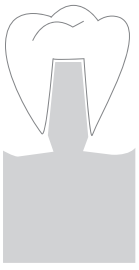


Gypsum or Epoxy Resin

9



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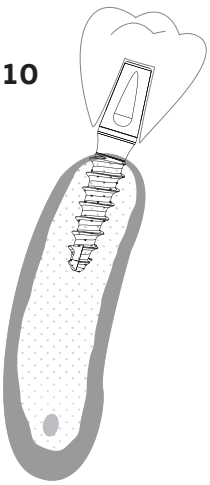
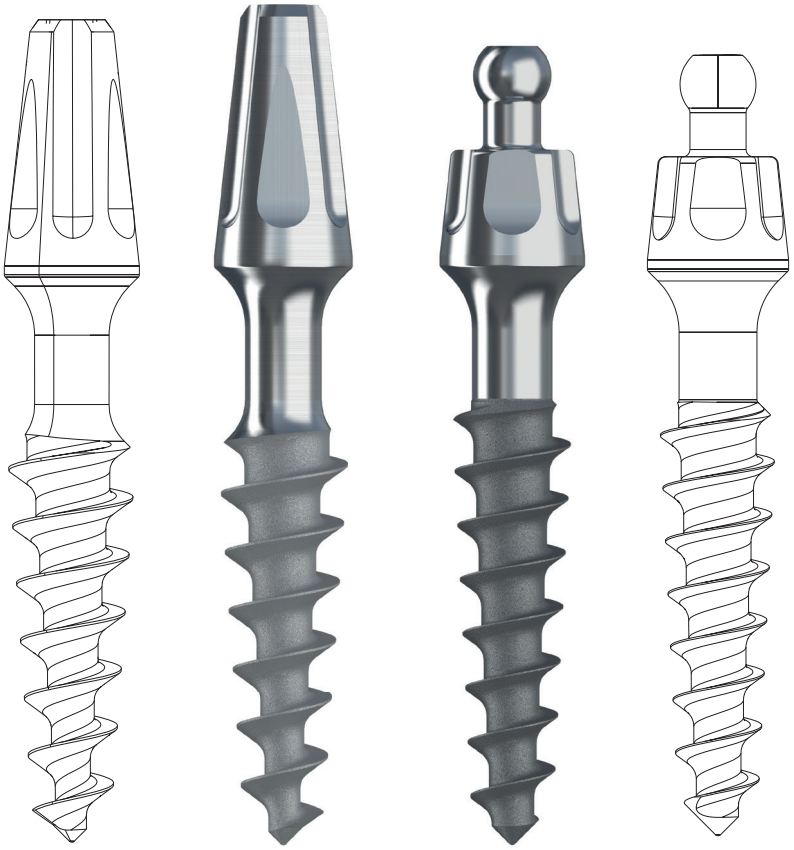


MAXIFIX COMPRESSIVE/P



IIB

MAXIFIX COMPRESSIVE is recommended for areas with very low bone density. Maxifix Compressive has been specifically designed and researched to avoid fenestration. The implant has a ground surface which can be bent up to 30°, a gradually expanding spiral and a groove which allows blood to drain with a new self-functioning, self-blocking tip.

MAXIFIX COMPRESSIVE P is an easy-to-use-stage implant, with self-tapping spiral, made of Ti °5 titanium, which is perfectly biocompatible. Ideal for cases of dental agenesis and removable denture stabilisation.

- *Minimally invasive*
- *Option to tilt the abutment*
- *Perfect for immediate loading*
- *Sterile prosthetic kit and scan abutment included*

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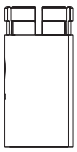
KIT MAXIFIX COMPRESSIVE/P

FP
Bur Ø2.8 x L 19mm

FP1
Bur Ø3.4 x L 19mm

FP2
Bur Ø3.8 x L 19mm

FP5
Bur Ø4.5 x L 19mm



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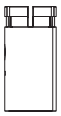
Stop

60.0718.00<u>10</u>
Stop

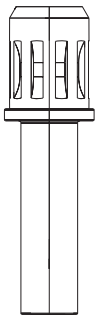
60.0718.00<u>12</u>
Stop



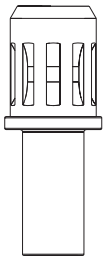
60.0718.00<u>14</u>
Stop

60.0718.00<u>15</u>
Stop

60.0718.00<u>17</u>
Stop

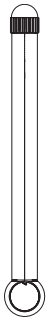


0012ML
Long carrier

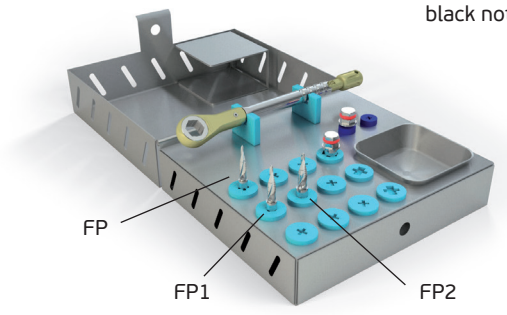


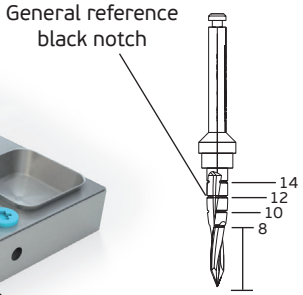
0012ML
Short carrier

0016
Screwdriver

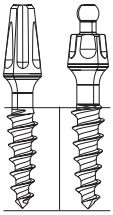


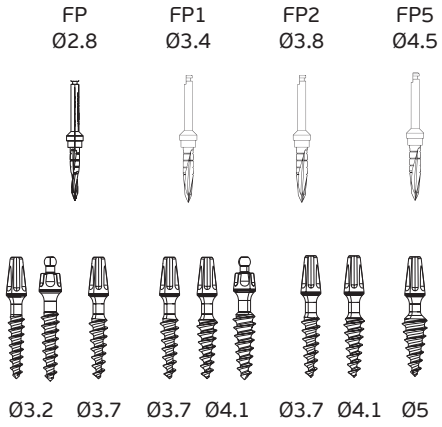
0017C
Ratchet



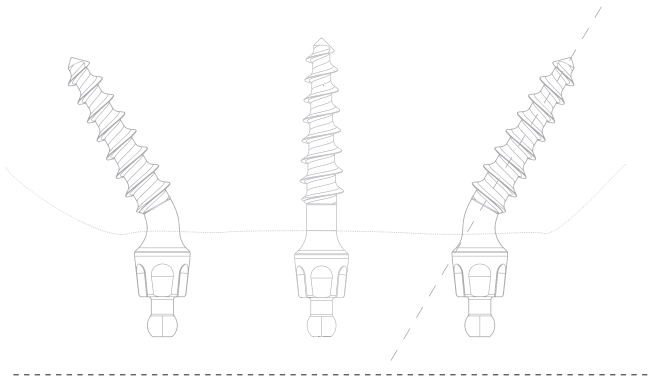


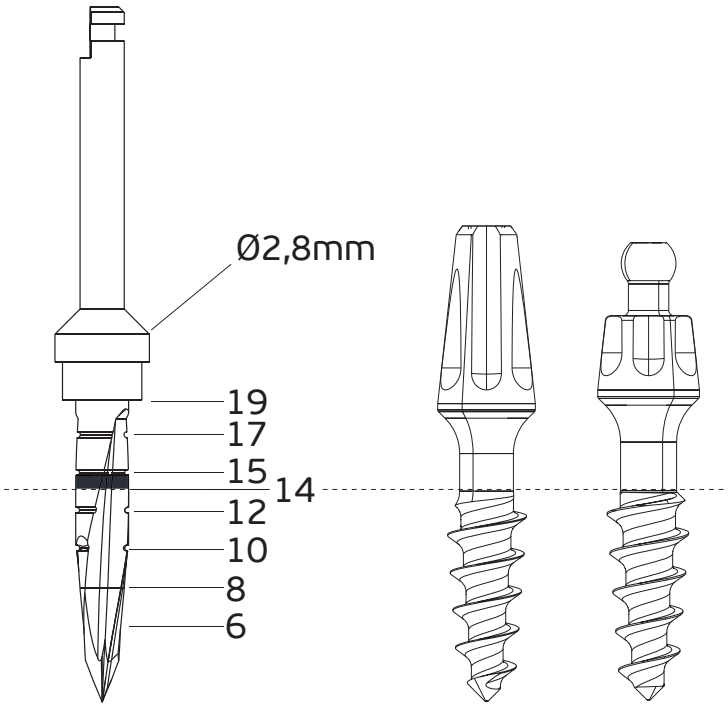
MAXIFIX
COMPRESSIVE / P

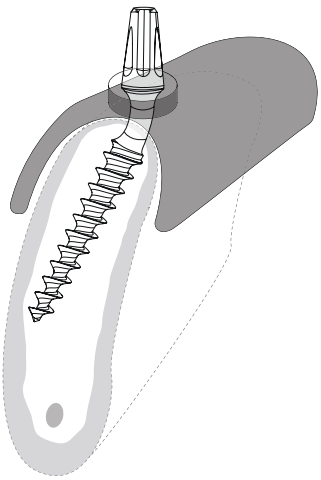




DRILL
FP FP1 FP2 FP5







BONE DENSITY	D_1	D_2	D_3	D_4	
Ø3.2mm	FP Ø2.8mm	FP Ø2.8mm	FP Ø2.8mm	60.1033.0004	UPPER JAW
	FP1 Ø3.4mm	FP1 Ø3.4mm	FP Ø2.8mm	FP Ø2.8mm	LOWER JAW
Ø3.7mm	FP2 Ø3.8mm	FP1 Ø3.4mm	FP1 Ø3.4mm	FP Ø2.8mm	UPPER JAW
		FP2 Ø3.8mm			LOWER JAW
Ø4.1mm	FP1 Ø3.4mm	FP2 Ø3.8mm	FP1 Ø3.4mm	FP1 Ø3.4mm	UPPER JAW
	FP2 Ø3.8mm	FP2 Ø3.8mm	FP1 Ø3.4mm		LOWER JAW
Ø5.0mm	FP2 Ø3.8mm	FP5 Ø4.5mm	FP2 Ø3.8mm	FP2 Ø3.8mm	UPPER JAW
	FP5 Ø4.5mm		FP2 Ø3.8mm	FP2 Ø3.8mm	LOWER JAW

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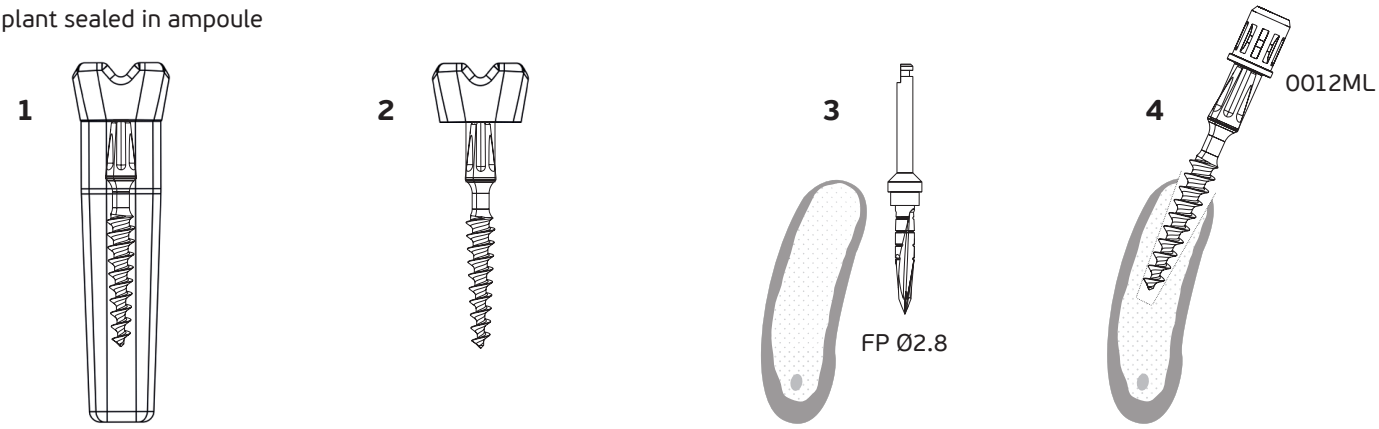
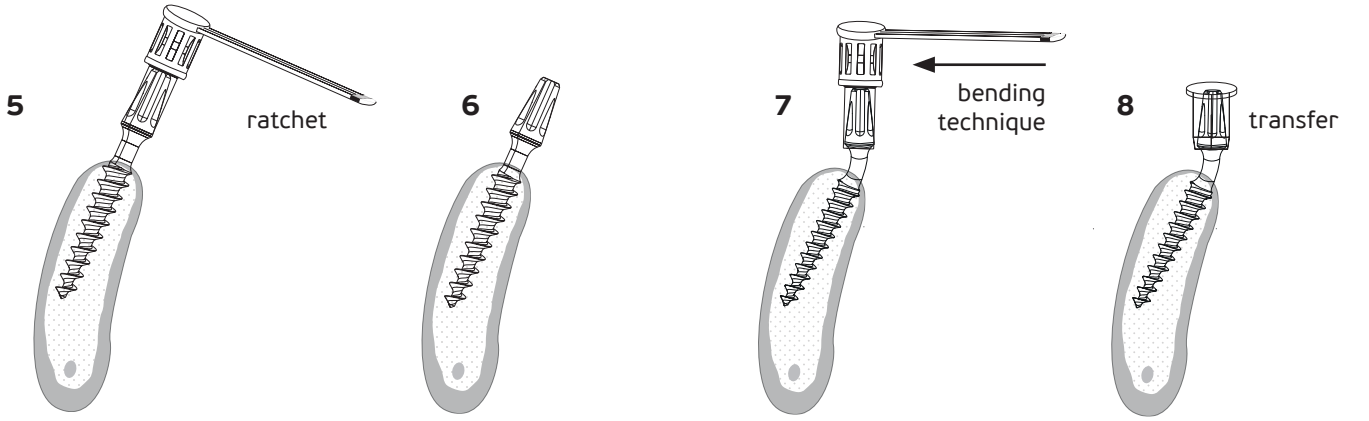
NSI's surgical protocol & prosthetic dental implant

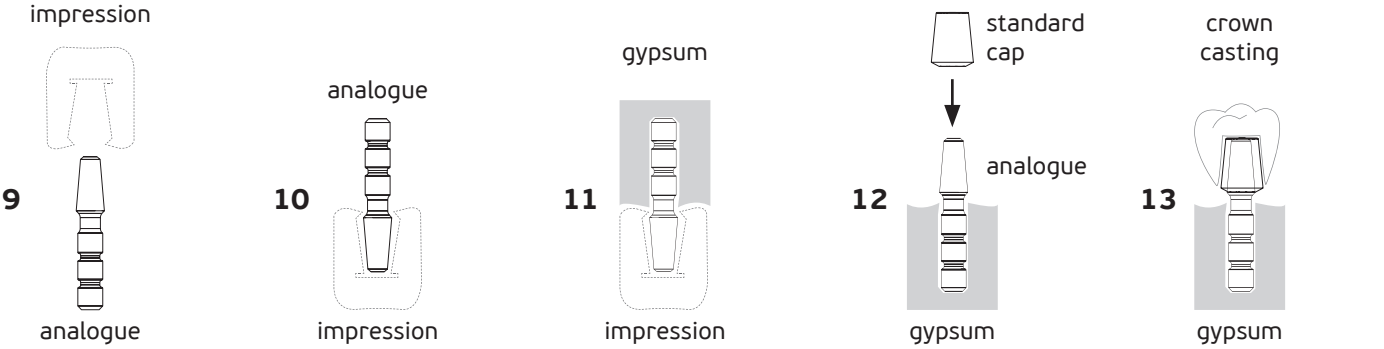
MAXIFIX COMPRESSIVE / COMPRESSIVE-P

NSI Srl patented system

Implant sealed in ampoule

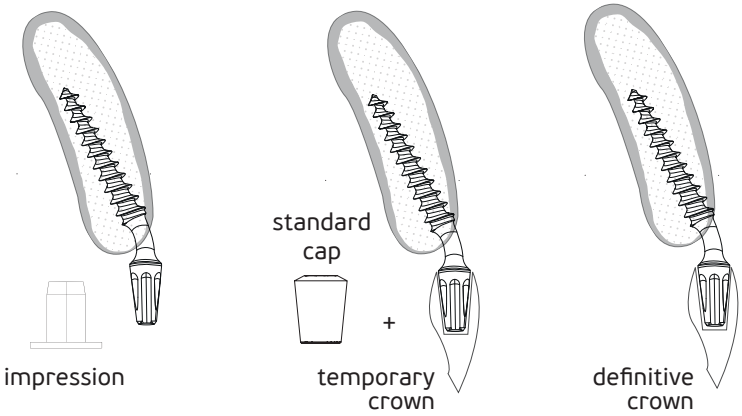




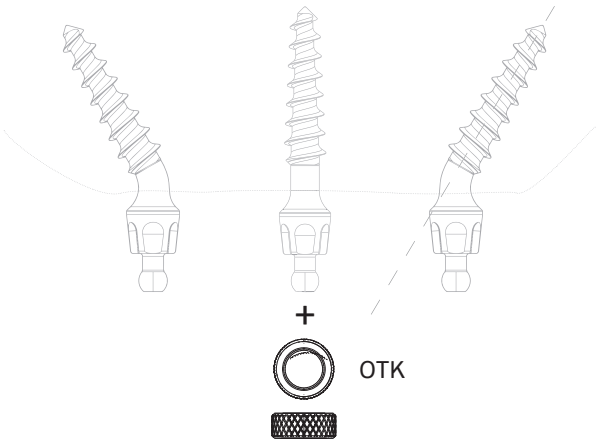


IMMEDIATE LOADING WITH TEMPORARY CROWN/BRIDGE IN 24-48H

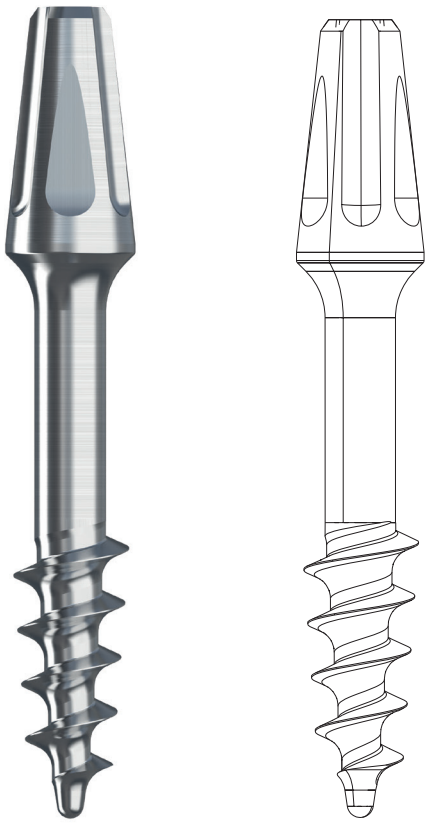
DIRECT TECHNIQUE



MAXIFIX COMPRESSIVE P



BASAL



IIB

Our BASAL IMPLANTS are placed and threaded into the cortical layer with their rounded tip and gradual spiral shape. Their machined surface, anatomical collar and spiral profile have been researched in order to create the ideal amount of contact without compression, meaning maximum stability is guaranteed.

- *Perfect for immediate loading*
- *Perfect for bicorticalism*
- *Anti-rotation stop*
- *Internationally patented trilobo connection*

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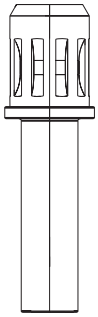
KIT BASAL

FP
Bur Ø2.8 x L 19mm

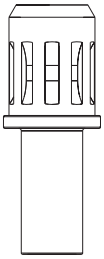
FP1
Bur Ø3.4 x L 19mm

FP2
Bur Ø3.8 x L 19mm

FP5
Bur Ø4.5 x L 19mm

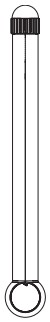


0012ML
Long carrier

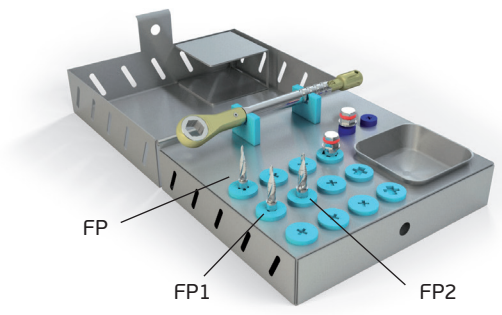


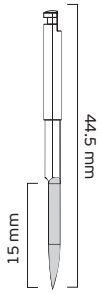
0012ML
Short carrier

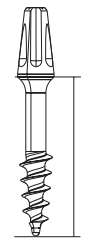
0016
Screwdriver

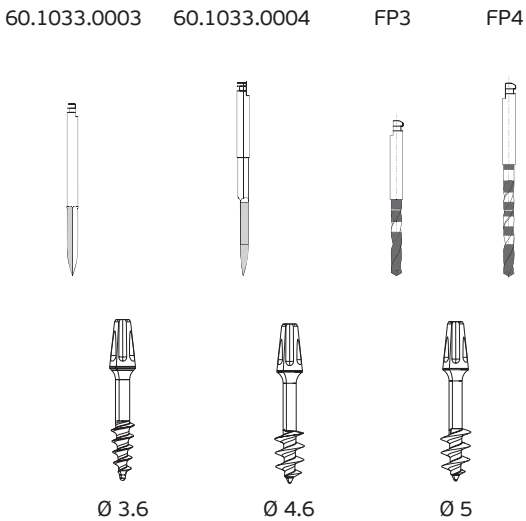


0017C
Ratchet









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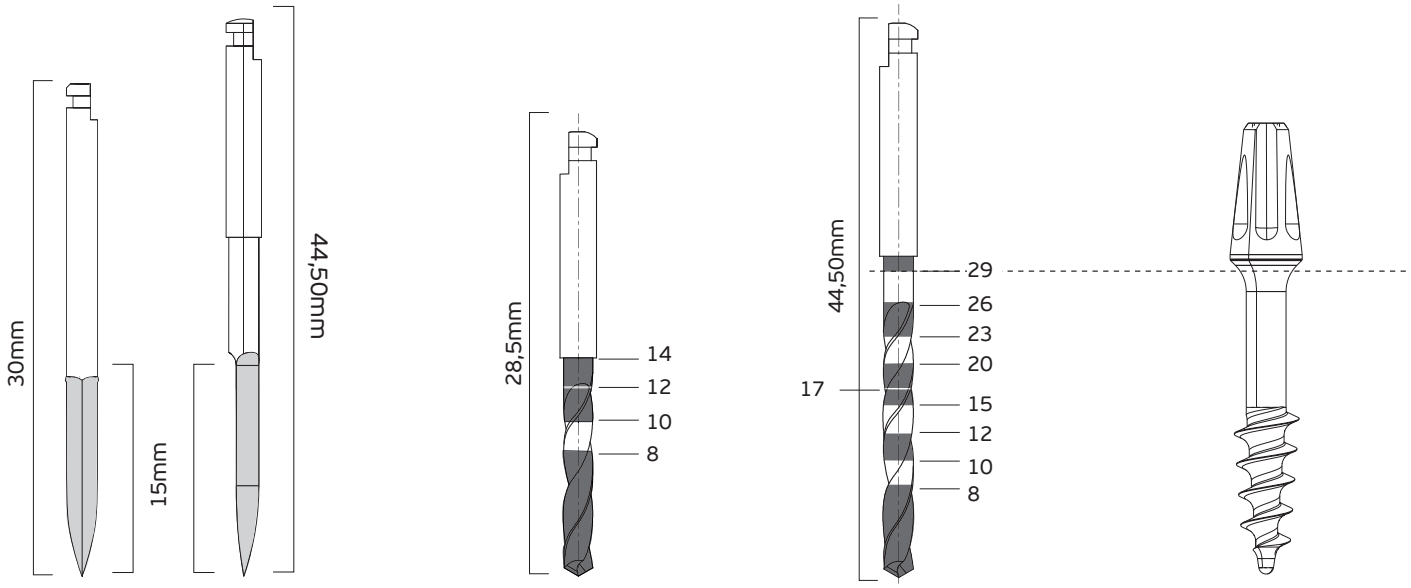


BASAL IMPLANT

In this case, the purpose is to reach the corticals, stick and drill them to allow the Basal implant's tip accomodation.

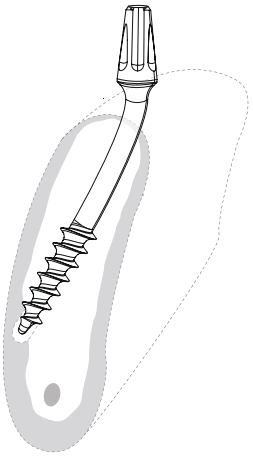
2 ways to do it:

1° : use for D1 e D2

- FP3 twister drill Ø2,0 x L15mm
- FP4 twister drill Ø2,0 x L29mm

2°: use for D3 e D4

- 60.1033.0003 short pathfinder drill
- 60.1033.0004 long pathfinder drill



BONE DENSITY	 D_1	 D_2	 D_3	 D_4
 Ø3.6mm	FP3 Ø2.0mm FP4 Ø2.0mm			
 Ø4.6mm				
 Ø5.0mm				60.1033.0003 60.1033.0004

NSI's surgical protocol & prosthetic dental implant

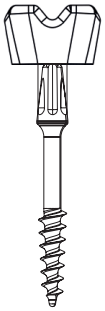
BASAL

NSI Srl patented system

Implant sealed in ampoule

1

2



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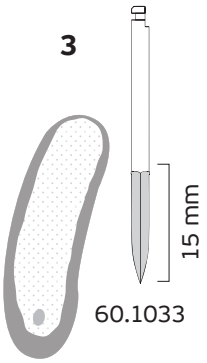

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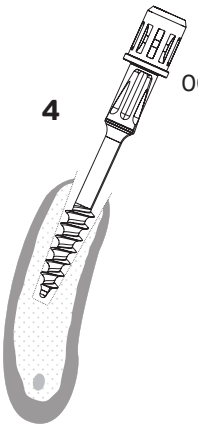

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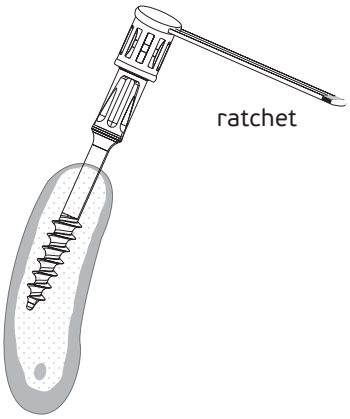

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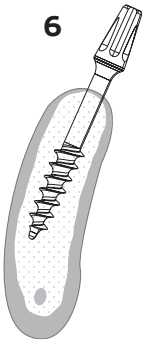

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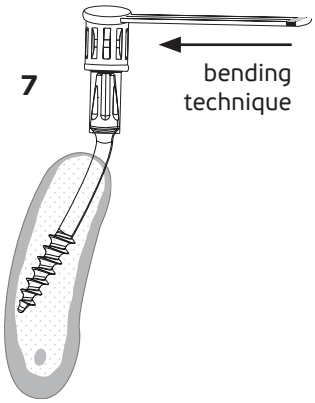

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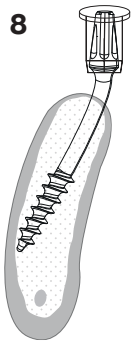

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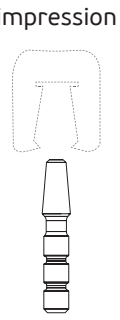

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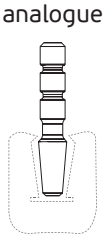

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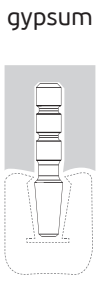

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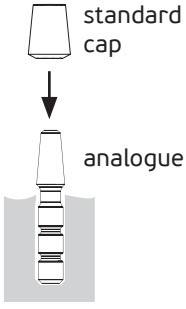
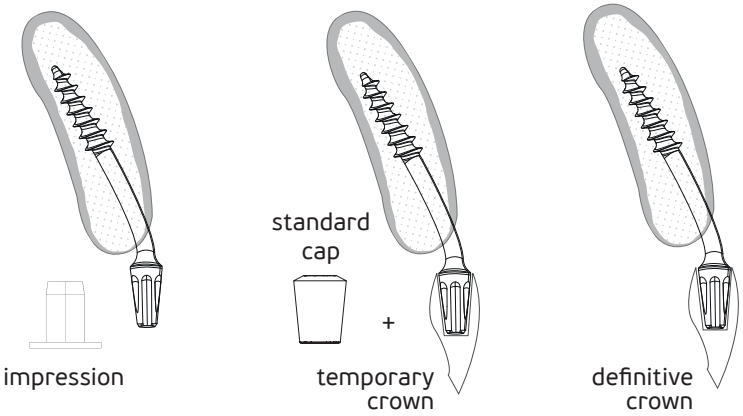


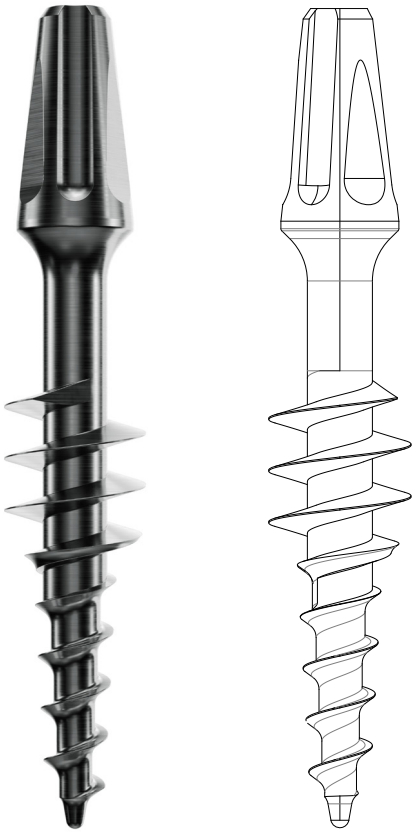
13

IMMEDIATE LOADING WITH TEMPORARY CROWN/BRIDGE IN 24-48H

DIRECT TECHNIQUE



MX HYBRID



IIB

The perfect fusion

An entry without compression for an absolute mini-invasiveness, thanks to the finely sharpened spire of the apex and a subsequent change of pitch with the progressive central coils to firmly anchor even the thinnest bone avoiding dangerous lifts to the maxillary sinus. It is also easy and safe to exploit the bone structures of the distal crestal area, up to the cortices of the nasal area, at least as much as operating in the tuberal/pterygoid area.

- *Immediate loading without limits*
- *The stability necessary in every situation*
- *Speed of execution*
- *Precision as a plus of value*

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CE 0425

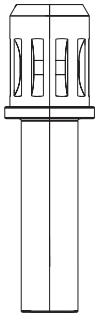
KIT MX HYBRID

FP
Bur Ø2.8 x L 19mm

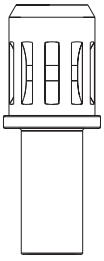
FP1
Bur Ø3.4 x L 19mm

FP2
Bur Ø3.8 x L 19mm

FP5
Bur Ø4.5 x L 19mm

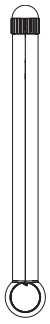


0012ML
Long carrier

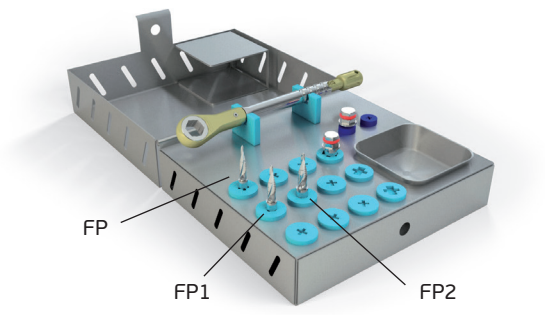


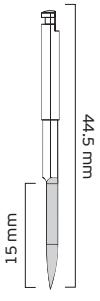
0012ML
Short carrier

0016
Screwdriver

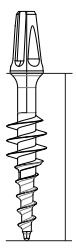


0017C
Ratchet





MX HYBRID



60.1033.0004

FP4

Ø 4.7

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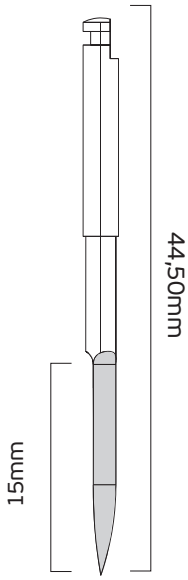
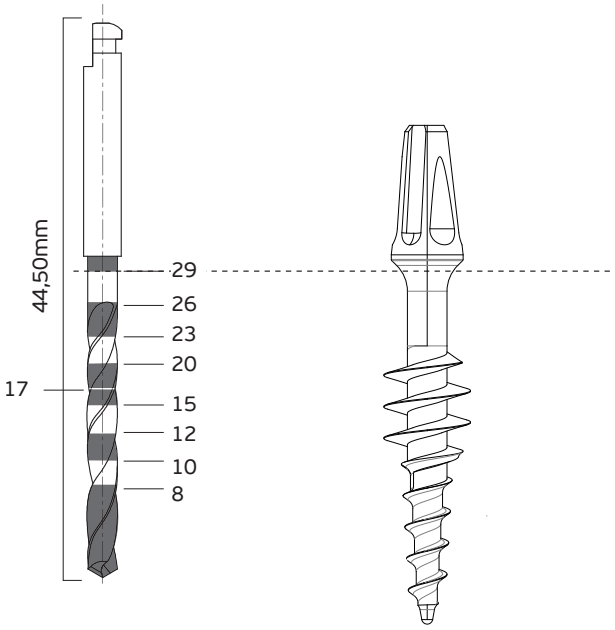




MX HYBRID IMPLANT

In this case, the purpose is to reach the corticals, stick and drill them to allow the MX Hybrid implant's tip accomodation.

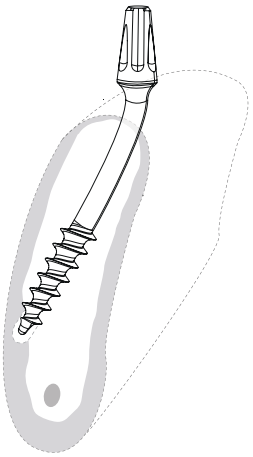
2 ways to do it:

1° : use for D1 e D2

- FP4 twister drill Ø2,0 x L29mm

2°: use for D3 e D4

- 60.1033.0004 long pathfinder drill



BONE DENSITY	 D_1	 D_2	 D_3	 D_4
 Ø4.7mm	FP4 Ø2.0mm			60.1033.0004

NSI's surgical protocol & prosthetic dental implant

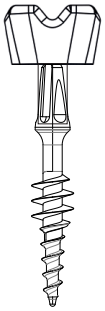
MX HYBRID

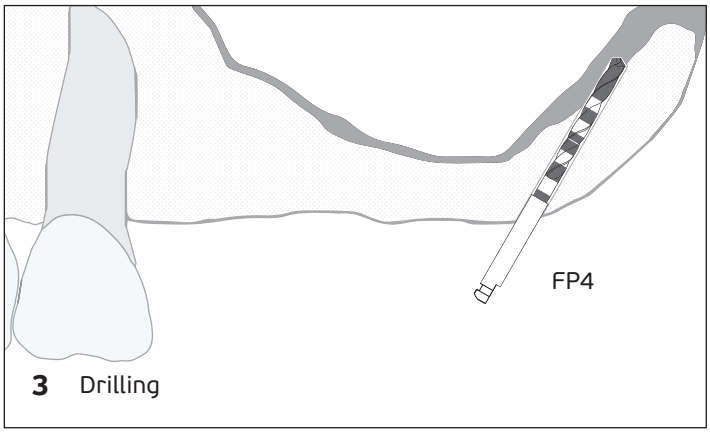
NSI Srl patented system

Implant sealed in ampoule

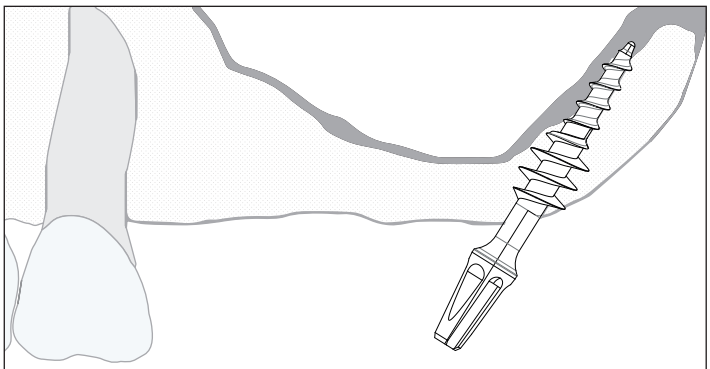
1

2

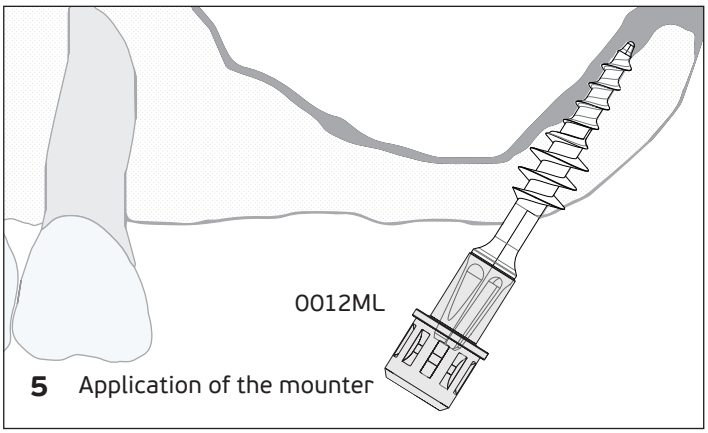




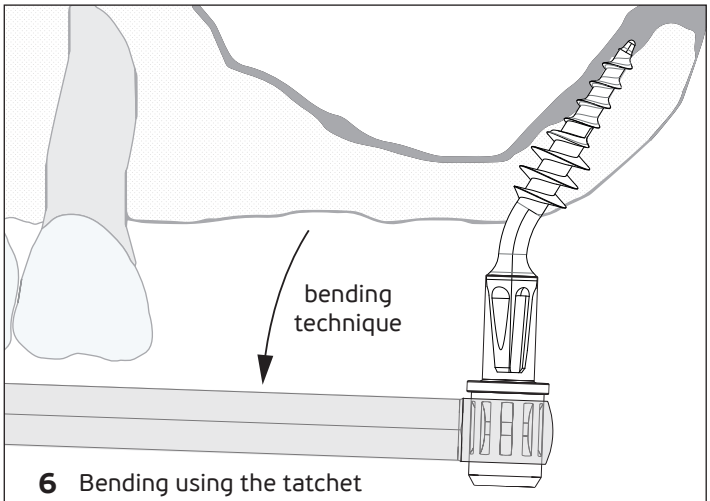
3 Drilling



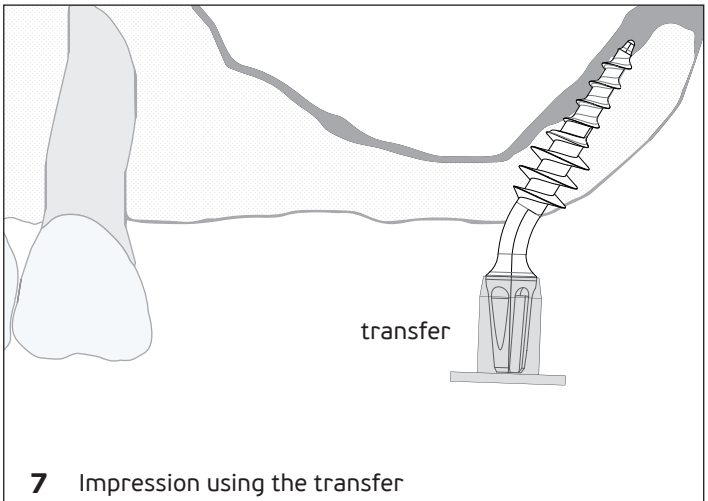
4 Insertion of the implant



5 Application of the mounter

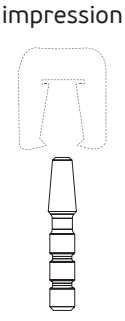


6 Bending using the tatchet



7 Impression using the transfer

8



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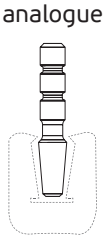

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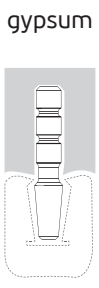

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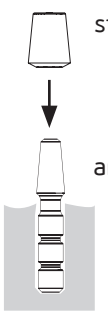

12

NSI IMPLANT LABEL

Labeling Identification

	Manufacturer
REF	Catalogue Number
LOT	Batch Number
SIZE	Size
	Consult the Instructions for Use on https://www.nsimplant.it/
	Do not re-use
	Consult the Instructions for Use
	Date of Manufacture
Rx only	Caution: U.S. Federal Law restricts this device to sale by or on the order of a licensed dentist or physician.
	Do not use if package is damaged

MD Medical Device	Medical Device
	Keep dry
	Keep away from sunlight
STERILE R	Sterilized using irradiation
	Do not re-sterilize
UDI	Unique Device Identification
	QR Code Serial Number
	Use until YYYY-MM-DD
CE	Products carry the CE mark and fulfill the requirements of the Medical Devices Directive 93/42 EEC