CRS Group

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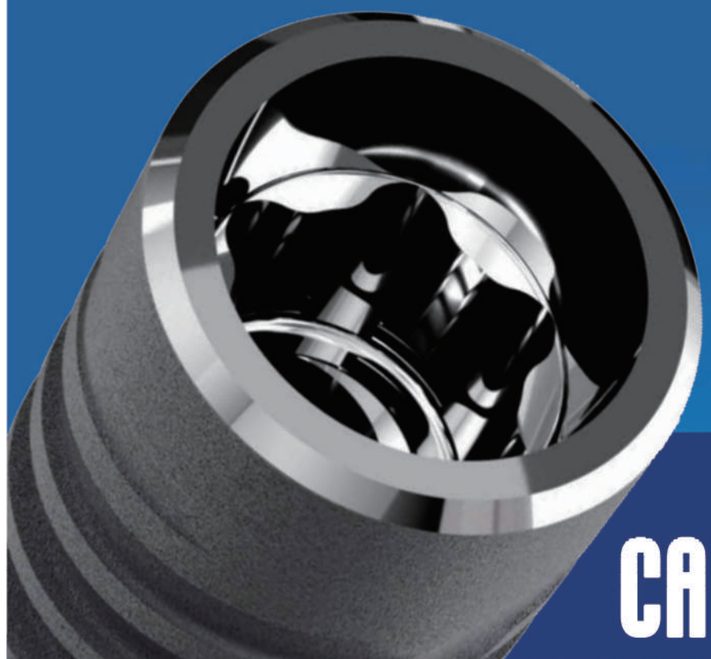


# Dental Implant
# CATALOGUE 2025

Stable | Safe | Sustainable

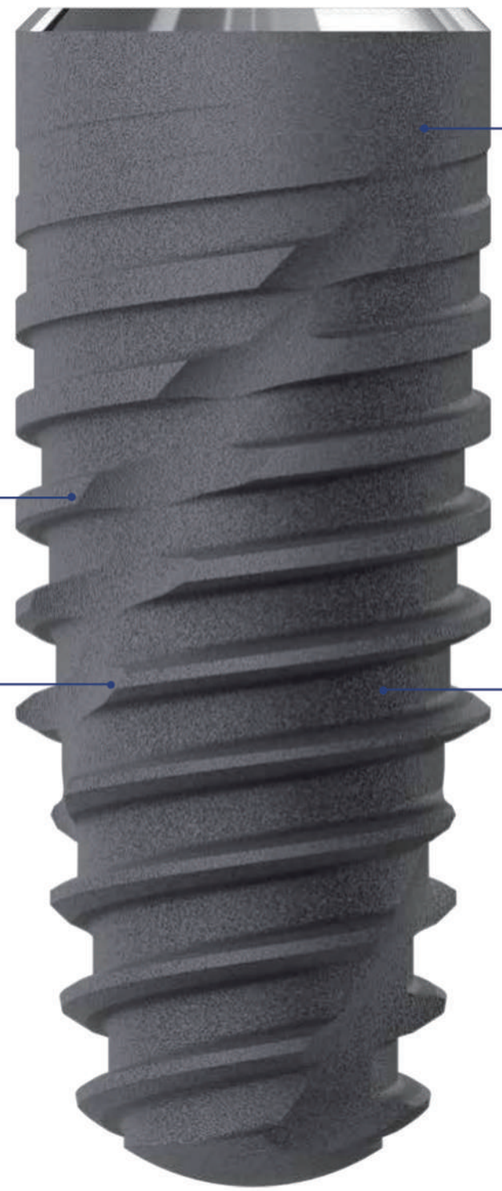
# Biologically Safe

## Incremental thickness thread and apical thread depths are deepened in steps

- Provides the right amount of longitudinal bone compression for predictable initial implant stability.


Incremental thickness thread

Tapered apical kernel with increasing thread depths



## Light contact between implant and cortical bone (≤0.05mm)

- Reduces compression of the cortical bone and reduces bone resorption around the implant.

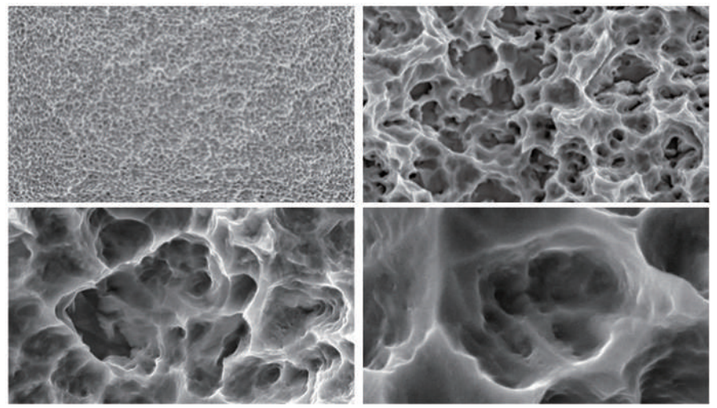



## Bi-directional helical cutting edge

- Actives and uniforms redistribution of autogenous bone fragments around the implant, accelerating the speed of osseointegration.

## Modified SLA surface treatment (mSLA)

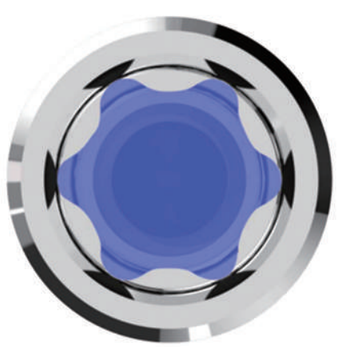
- Achieves a tertiary microporous structure for significantly faster osseointegration.



# Torx Lock

## Hexagonal plum blossom joint

- Ideal edge closure (interfacial gap ≤ 0.5μm) and ideal stress distribution, avoiding bacterial intrusion and abutment micromotion.



### Conical design

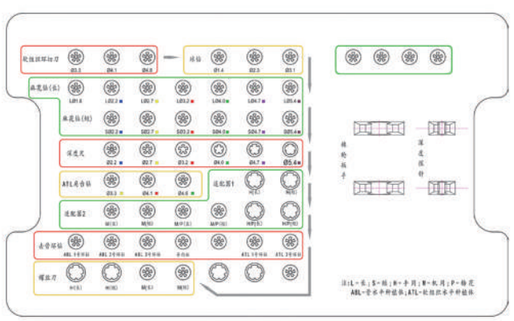
- Ideal edge closure (interfacial gap ≤ 0.5μm) to avoid bacterial invasion and abutment micromotion

### Hexagonal plum blossom joint

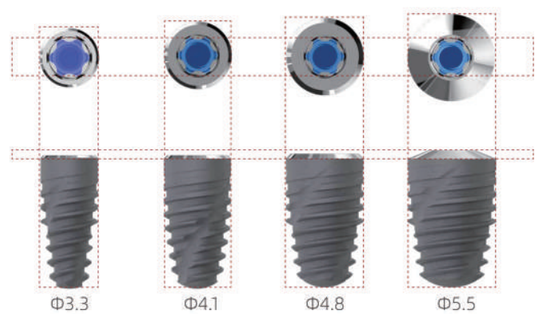
- Achieves ideal stress distribution and avoids abutment micromotion

# Easy Operation

## Unified and simplified surgical / prosthetic procedures



2 implant systems 1 implant surgical tool set

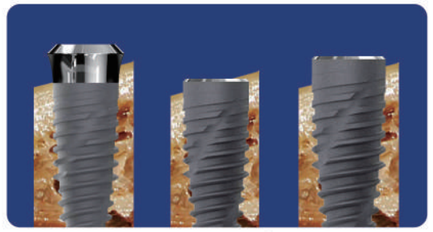



Different diameters, same internal structure

# Advanced Tissue-Level Implant (ATL)


**Implant Neck Simulated Root Diameter**

Presence of preparatory shoulder platforms for effective occlusion dispersion

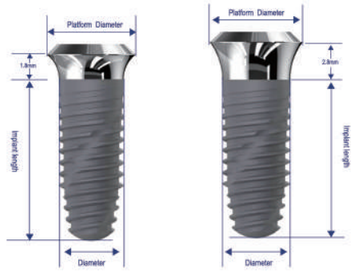


**Favorable implants for special anatomical conditions**

For example, cases with elevated maxillary sinus floor and uneven alveolar ridge

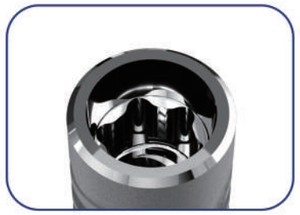

**Microgap away from the bone plane**

Facilitates biological closure and maintains bone tissue stability



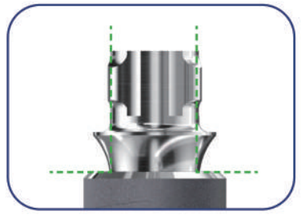

| Diameter | Platform | Gingival Type | Length | | | | | |
|---|---|---|---|---|---|---|---|---|
| 3.3mm | NT | SP | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |
| | | S | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |
| | RT | SP | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |
| | | S | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |
| 4.1mm | NT | SP | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |
| | | S | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |
| | RT | SP | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |
| | | S | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |
| 4.8mm | RT | SP | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |
| | | S | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |
| | WT | SP | 8mm | 10mm | 12mm | | | |
| | | S | 8mm | 10mm | 12mm | | | |

# Advanced Bone-Level Implant (ABL)



**Smooth neck collar**

Soft tissue friendly, facilitates the formation of a biological closure



**Platform transfer**

Good for controlling bacterial spread and maintaining bone tissue stability

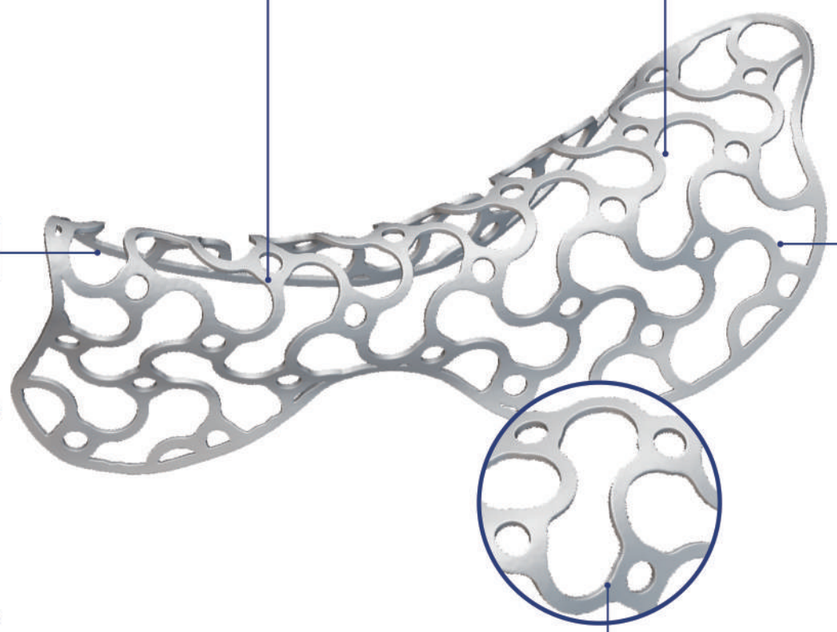

| Diameter | Platform | Length | | | | | |
|---|---|---|---|---|---|---|---|
| 3.3mm | RB | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |
| 4.1mm | | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |
| 4.8mm | | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |
| 5.5mm | WB | 8mm | 10mm | 12mm | 14mm | 16mm | 18mm |

# Digital Mesh

**3D Printed Individualized Titanium Mesh (3D-PITM)**
**for Guided Bone Regeneration (GBR)**
**Create and Maintain Space for Bone Augmentation**

## Model

- Model S: 9 ~ 26mm (Length)
- Model L: 26 ~ 36mm (Length)




## Advantages

- **Material**

  Most Biocompatible Grade 1 Pure Titanium
  Cutting-edge Process Technology with Strength Comparable to Grade 4 Pure Titanium

- **Process**

  Individualized Titanium Mesh by SLM (3D Printing Technology)
  No Rebound Or Deformation
  Effectively Providing the Stable Osteogenic Space for Guided Bone Regeneration (GBR)

- **Design**

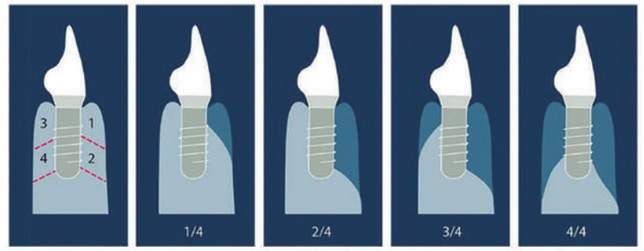
  Individualized Customization: Best Fit the Alveolar Bone Pattern and Possess Digital and Expected Bone Augmentation
  Porous Design: Providing Space for Stable Osteogenesis and Possible to be Placed While Implanting Operation

- **Clinical Effects**

  Excellent and Expected Bone Augmentation
  Low Exposure Rate of Titanium Mesh

## Application Scope

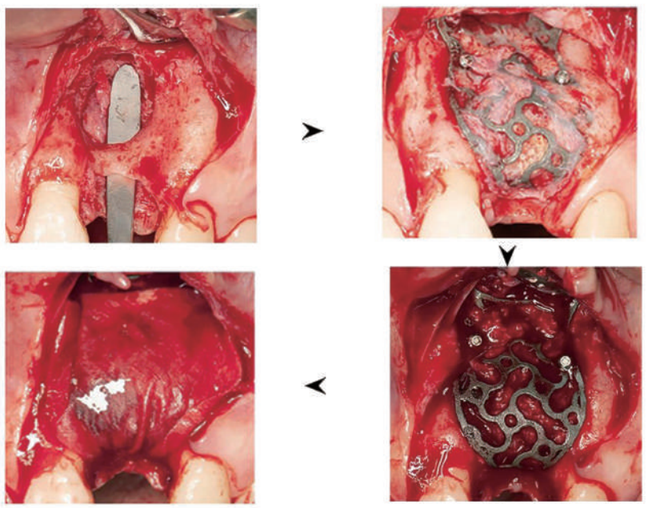
- Used with screws to maintain osteogenic space for bone reconstruction in the maxilla and mandible.
- Suitable for treating both horizontal and vertical bone defects.



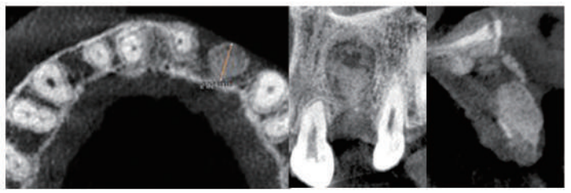

Example: Terheyden classification of 2/4, 3/4, and 4/4 bone defects.

## Operation Process

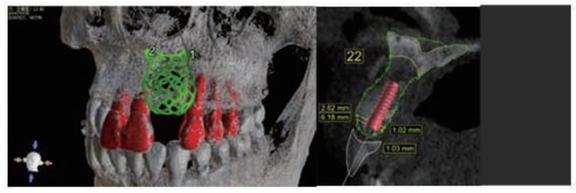
1. Open full-thickness flap
2. Decorticate and open the bone marrow cavity
3. Trial fit of individualized titanium mesh to confirm position
4. Screw fixing of the mesh
5. Implantation of bone augmentation material
6. Covering of the mesh with a bioresorbable collagen membrane
7. Tension reduction sutures to ensure tension-free closure of the wound



# Clinical Case (Implantation)

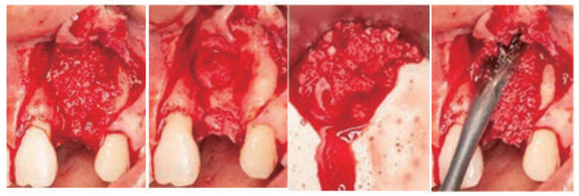


A 45-year-old female patient had three failed bone augmentation treatments.

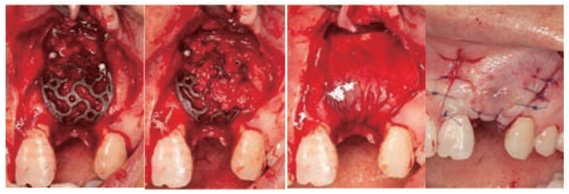


Design the individualized titanium mesh according to bone defects.

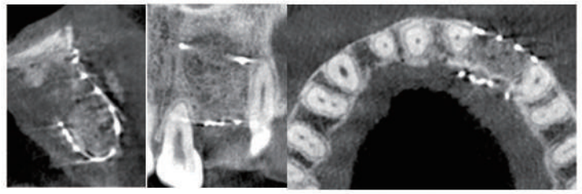
Try on Individualized titanium mesh and use an osteotomy drill to obtain granulated autogenous bone.



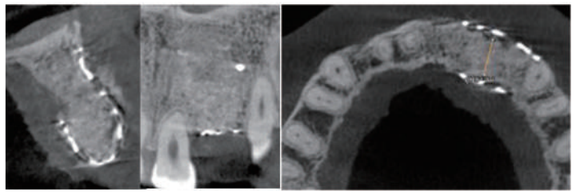
Bone augmentation material filled with a 1:1 mixture of granulated autogenous bone and deproteinized bovine bone mineral were compacted.



Fixed the titanium mesh, and bone augmentation material was filled through the foramen. After completion, the surface of the titanium mesh was covered with a double layer of collagen membrane, and finally the mucoperiosteal flap was performed to the tension-free closure of the wound.



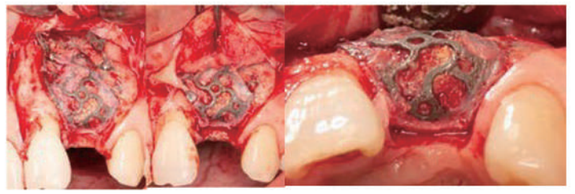
Immediate postoperative CBCT showed that the titanium mesh was densely packed, the bone defect area had been filled with bone augmentation material, and the bone density image resembled cancellous bone.



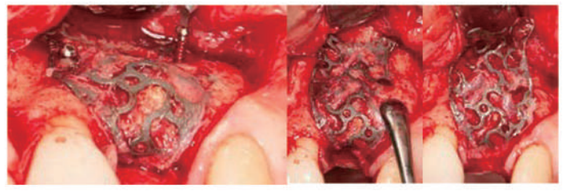
The 9-month postoperative CBCT scan revealed new bone filling the osteogenic space created by the titanium mesh, with ideal bone density significantly higher than that observed in the immediate postoperative scan.

In frontal and gross views, the labial fullness was ideal, the contour was in harmony with the neighboring teeth, and there was no exposure of the titanium mesh. The wound healed well, with an inconspicuous incisional healing linear scar.

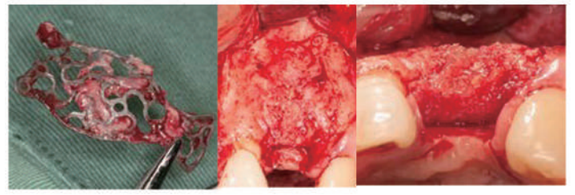
# Clinical Case (Removal)



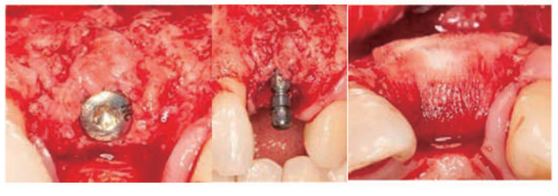
The mucoperiosteal flap was performed following the incision of the previous surgery. Satisfactory osteogenic volume and quality in the osteogenic space maintained by the titanium mesh could be seen, and the pseudoperiosteum was thin.



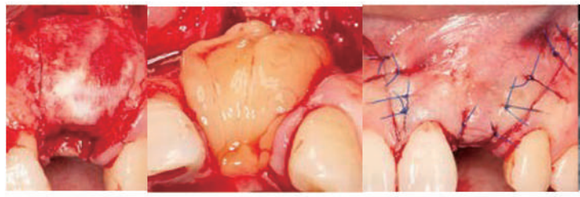
The two microscrews were screwed out. New bone that had grown onto the surface of the titanium mesh was removed with a peeler, and the titanium mesh was peeled away from the bone surface.



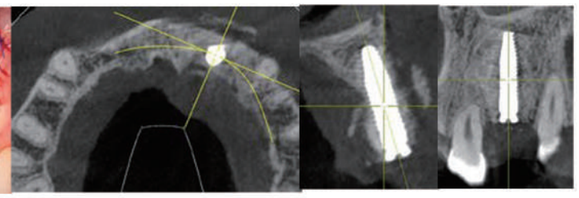
In the frontal labial and gross views after the removal of the titanium mesh, the height of the available bone in the edentulous area was restored to a more ideal state, and the thickness of the available bone was ideal.



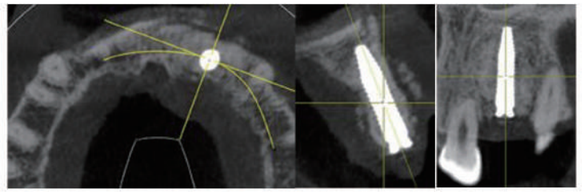
The implant socket was prepared and a bone level tapered cylindrical implant was inserted. A 2mm high healing cap was placed and covered a double layer of bioabsorbable collagen membrane.



The surface of the collagen membrane was covered with a membrane sheet of concentrated growth factor (CGF). The mucoperiosteal flap was adequately reduced tension, closed with interrupted sutures and a tension-free wound was closed.



Immediate post-implant CBCT examination showed the implant fully surrounded by bone, with a safe distance from both the proximal and distal neighbors, and over 1.5 mm of bone thickness on the labial side.



Three months post-implant surgery, prior to the second stage, CBCT examination showed increased bone density around the implant, with ideal bone quality and stable bone contour. The labial bone thickness remained around 1.5 mm or more.