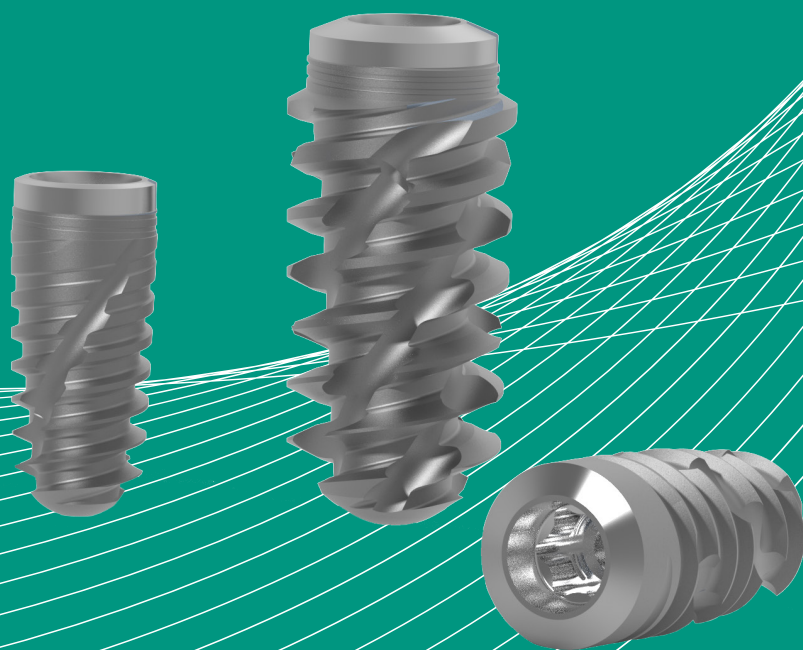


SANATSMILE

PROTINUS AND NEXUS-D

BASIC SURGICAL INFORMATION

BONE LEVEL IMPLANT SYSTEM
- SURGICAL DESCRIPTION AND
TECHNICAL HANDLING INFORMATION



SCOPE OF THIS DOCUMENT

This document describes the surgical workflow for Sanat Smile Protinus and Nexus-D bone level implants.

The surgical procedure must only be performed by a suitably qualified healthcare professional with experience in implant dentistry, in accordance with the current instructions for use and institutional protocols.

CONTENTS

SCOPE OF THIS DOCUMENT	2
1. SYSTEM OVERVIEW	4
1.1 Common system features	4
1.2 Implant range and technical specifications	4
1.3 Internal connection – Bone Level	6
2. SURGICAL INSTRUMENTS	6
2.1 Depth markings and actual drilling depth	6
2.2 Drill sequence	6
2.3 Protinus profile drills	7
2.4 Implant drivers	7
2.5 Direction indicators, depth gauges and torque control	7
3. SURGICAL PROCEDURE	8
3.1. Preoperative planning	8
3.1.1 Minimum guidelines for implant placement	8
3.1.2 Radiographic planning	8
3.2 Implant site preparation	9
3.2.1 Assessment of bone quality	9
3.2.2 General drilling guidelines	9
3.3 Protinus implant site preparation	9
3.3.1 Immediate implantation in a fresh extraction socket – Protinus	10
3.4 Nexus-D implant site preparation	10
3.4.1 Immediate implantation in a fresh extraction socket – Nexus-D	10
3.5 Implant pick-up and placement	11
3.5.1 Selection of the implant driver	11
3.5.2 Implant pick-up from the sterile packaging	11
3.5.3 Insertion and final positioning	12
3.5.4 Management of high insertion resistance	12
3.5.5 Final coronapical position	12
3.6 Primary closure and healing phase	13
3.6.1 Placement of the cover screw	13
3.6.2 Healing phase	13
4. BONE LEVEL CONNECTION AND SOFT TISSUE MANAGEMENT	13
4.1 Selection of the healing abutment	14
4.2 Submucosal healing	14
4.3 Transmucosal healing	15
5. APPENDICES – INSTRUMENT TRAY AND ACCESSORIES	15
5.1 Recommended layout of the freehand surgical tray	15
5.2 Drill stops – depth control	16
5.3 Ratchet and torque control	16
5.4 External irrigation when using a drill extension	17
5.5 Implant depth gauge	17
6. ITEMIZED PRODUCT AND INSTRUMENT LIST	18
6.1 Surgical and prosthetic drivers	18
6.2 Surgical drill sequence	18
6.3 Impression components	19
6.4 Bone Level and Multi-Base prosthetic components	19
6.5 Nexus-D implant range	21
6.6 Protinus implant range	22

1. SYSTEM OVERVIEW

The Sanat Smile Bone Level system comprises two families of bone level implants with different macrogeometries: Protinus and Nexus-D. Both families share surgical instrumentation and a standardized internal prosthetic connection, simplifying the surgical and prosthetic workflow.

IMPLANT FAMILY	DESIGN	MAIN CLINICAL APPLICATION	IMAGE
Protinus	Tapered body with controlled thread geometry	For a broad range of bone level implant indications in healed sites and, within the approved indications for use, fresh extraction sockets. Particularly advantageous in cases requiring controlled implant site preparation, predictable implant positioning and high primary stability.	
Nexus-D	Self-tapping macrogeometry optimized for high primary stability	Primarily intended for immediate implant placement and immediate or early loading protocols, including fresh extraction sockets, implant sites with bone defects and areas of reduced bone quality. The more aggressive thread geometry supports high primary stability and intraoperative correction of the insertion trajectory.	

1.1 COMMON SYSTEM FEATURES

- Bone level implant positioning and flexible subcrestal placement adapted to the anatomical conditions.
- Standardized internal Torx-conical connection with six indexing positions and distinct tactile feedback.
- The same implant driver can be used across the full range of implant diameters, where confirmed by the approved product configuration.
- Colour-coded drills and auxiliary instruments for rapid identification of diameters.
- Coordinated emergence profiles of healing, provisional and definitive components for predictable soft tissue shaping.

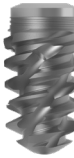
1.2 IMPLANT RANGE AND TECHNICAL SPECIFICATIONS

PROTINUS IMPLANTS

IMAGE	NOMINAL Ø [mm]	AVAILABLE LENGTHS [mm]
	3.3	10, 12, 14, 16
	3.75	10, 12, 14, 16

IMAGE	NOMINAL Ø [mm]	AVAILABLE LENGTHS [mm]
	4.2	8, 10, 12, 14, 16
	4.7	8, 10, 12, 14, 16
	5.5	8, 10, 12, 14, 16

NEXUS-D IMPLANTS

IMAGE	NOMINAL Ø [mm]	AVAILABLE LENGTHS [mm]
	3.3	8, 10, 12, 14, 16
	3.75	8, 10, 12, 14, 16
	4.2	8, 10, 12, 14, 16
	4.7	8, 10, 12, 14, 16
	5.5	8, 10, 12, 14

1.3 INTERNAL CONNECTION – BONE LEVEL

FUNCTIONAL FEATURES OF THE INTERNAL TORX–CONICAL CONNECTION

- Six indexing positions for orienting the prosthetic components.
- A conical load-bearing surface to support mechanical stability and stress distribution.
- Machined shoulder and sealing surfaces for precise seating of healing and provisional components.
- A simplified range of prosthetic components and a common driver where the same internal geometry is used.

2. SURGICAL INSTRUMENTS

Placement of Protinus and Nexus-D implants requires the dedicated, colour-coded surgical instrument set. The condition, cleanliness, functionality and sterility of the instruments must be checked before every procedure.

2.1 DEPTH MARKINGS AND ACTUAL DRILLING DEPTH

The depth markings on the drills correspond to implant lengths in 2 mm increments. The lower and upper edges of the wide bands may indicate two adjacent depths.

WARNING: The cutting tip of the drill may extend up to 0.5 mm beyond the nominal implant placement depth. This must be taken into account when determining safety distances and the available bone height. The drilling protocol is provided in the Sanat Smile IFU.

2.2 DRILL SEQUENCE

FEATURE	NEEDLE DRILL	INITIAL TWIST DRILL	FINAL DRILL	FINAL DRILL	FINAL DRILL	FINAL DRILL	FINAL DRILL	FINAL DRILL	FINAL DRILL
IMAGE									
Diameter [mm]		2.2	2.8	3.2	3.5	3.7	4.2	4.7	5.2
Working length [mm]	16	16	16	16	16	16	16	16	16
Item code	492096069	492096020	492096228	492096232	492096235	492096237	492096242	492096247	492096252

2.3 PROTINUS PROFILE DRILLS

Where hard cortical bone is present at the alveolar crest, profiling of the implant site using the Protinus profile drill corresponding to the nominal implant diameter is recommended, irrespective of the overall bone quality. Each profile drill must only be used with its designated implant family and diameter.

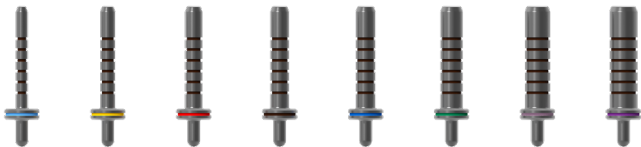
IMAGE / COLOUR	Ø3.35	Ø3.8	Ø4.05	Ø4.55	Ø5.05	Ø5.55
Profile drill						
Item code	492096280	492096281	492096282	492096283	492096284	492096285

2.4 IMPLANT DRIVERS

TYPE	VERSION / SIZE	ITEM CODE	IMAGE
Mechanical drive	21.5 mm	491096630	
Mechanical drive	26.5 mm	491096631	
Mechanical drive	31.5 mm	491096632	
Ratchet for implant	21.5 mm	492096005	
Ratchet for implant	26.5 mm	492096006	
Ratchet for implant	31.5 mm	492096007	
Prosthetics ratchet driver for handpiece	26 mm	492096091	
Prosthetics ratchet driver	21 mm	492096081	

CAUTION: The available intraoral space must be considered when selecting the driver. Avoid excessive tightening and bone compression during manual insertion.

2.5 DIRECTION INDICATORS, DEPTH GAUGES AND TORQUE CONTROL

INSTRUMENT	IMAGE	FUNCTION
Depth gauges		Verification of osteotomy depth and diameter.

3. SURGICAL PROCEDURE

SAFETY PRINCIPLE: The treatment plan, implant selection and drilling protocol must be determined on the basis of the patient’s anatomy, bone quality, general health and the approved indications. This surgical description does not replace clinical judgement.

3.1 PREOPERATIVE PLANNING

Prosthetically driven planning is recommended. Close collaboration between the patient, treating clinician, surgeon and dental technician is required to achieve the desired aesthetic and functional outcomes. The anatomical relationships, implant axis and type of restoration must be determined using a diagnostic wax-up/set-up, a diagnostic model, 2D or 3D imaging and, where necessary, a surgical guide.

- Whenever possible, align the long axis of the implant with the anticipated direction of occlusal loading.
- Avoid excessive cusp height and non-axial loading.
- When placing multiple implants, the available mesiodistal bone and the space required for the restoration jointly determine implant diameters and spacing.

3.1.1 MINIMUM GUIDELINES FOR IMPLANT PLACEMENT

RULE	MINIMUM VALUE	CLINICAL INTERPRETATION
1. Implant-tooth distance	≥ 1.5 mm	Between the outer surface of the implant at its maximum diameter and the adjacent tooth, mesially and distally.
2. Interimplant distance	≥ 3.0 mm	Between the outer surfaces of two adjacent implants at their maximum diameters, measured mesiodistally.
3. Facial/palatal bone plate thickness	≥ 1.5 mm	To support stable hard and soft tissue conditions; augmentation should be considered where bone thickness is insufficient.

WARNING: If the oral or facial bone plate is less than 1.5 mm thick, or a bone defect is present on one or more aspects, an augmentation procedure may be indicated. Such procedures must only be performed by clinicians with appropriate experience in bone augmentation.

3.1.2 RADIOGRAPHIC PLANNING

The available vertical bone height determines the maximum implant length that can be placed. A safe distance must be maintained between the implant apex and critical anatomical structures, particularly the mandibular canal, mental foramen, maxillary sinus and adjacent tooth roots.

- Maintain a safety distance of at least 2 mm between the inferior alveolar nerve and the implant apex, taking drill tip overlength into account.
- A radiographic reference sphere with a diameter of 5 mm and a calibrated reference template may be used to determine the magnification factor.
- When using CBCT, plan the implant position in three dimensions according to the intended restoration.

CALCULATION OF EFFECTIVE AVAILABLE BONE HEIGHT

Effective available bone height =
$$\frac{(5 \text{ mm} \times \text{bone height measured on the radiograph})}{\text{reference sphere diameter measured on the radiograph}}$$

Safety distances and drill tip overlength must be deducted separately after this calculation.

3.2 IMPLANT SITE PREPARATION

3.2.1 ASSESSMENT OF BONE QUALITY

BONE TYPE	SIMPLIFIED CATEGORY	CHARACTERISTIC STRUCTURE
Type I	Hard	Thick cortical bone with a narrow medullary space.
Types II–III	Medium	A thinner cortical layer with dense trabecular bone providing adequate load-bearing capacity.
Type IV	Soft	A very thin cortical layer with low-density trabecular bone.

3.2.2 GENERAL DRILLING GUIDELINES

- Select the drilling protocol according to bone quality, the anatomical situation, implant diameter and implant length.
- Perform pilot drilling with the Ø2.2 mm initial twist drill to the full planned implant length, unless otherwise specified in the approved IFU.
- Perform all drilling at a maximum speed of 800 rpm, with continuous, copious irrigation using sterile physiological saline.
- Use an intermittent drilling technique; withdraw the drill regularly to remove bone chips and improve cooling.
- After each critical step, check the osteotomy axis and depth and the surrounding anatomical structures.
- Worn or damaged drills, or drills with inadequate cutting efficiency, may cause thermal injury; instrument replacement criteria specified in the IFU.

WARNING: The drill tip may extend up to 0.5 mm beyond the nominal implant placement depth. The actual drilling depth must always be planned in relation to critical anatomical structures.

3.3 PROTINUS IMPLANT SITE PREPARATION

The Protinus drilling protocol uses sequential osteotomy preparation adapted to bone quality.

In the presence of hard cortical bone, use of the profile drill corresponding to the implant neck is recommended, irrespective of the quality of the deeper bone.

- Profile drilling: use the profile drill designated P, corresponding to the nominal implant diameter, at a maximum speed of 300 rpm.
- Subcrestal placement: the planned final position must be taken into account when determining the drilling depth; pilot drilling must not be shortened.
- For implants with a diameter of Ø4.7 mm or greater, drilling with the Ø3.2 mm drill must also extend to the planned final depth.

RECOMMENDED PROTINUS DRILLING SEQUENCE

IMPLANT Ø	SOFT BONE	MEDIUM BONE	HARD BONE
Ø3.3	Pilot Ø2.2	Pilot Ø2.2 → Ø2.8 + P	Pilot Ø2.2 → Ø3.2 + P
Ø3.75	Pilot Ø2.2 → Ø2.8	Pilot Ø2.2 → Ø2.8 → Ø3.2 + P	Pilot Ø2.2 → Ø2.8 → Ø3.5 + P
Ø4.2	Pilot Ø2.2 → Ø2.8	Pilot Ø2.2 → Ø2.8 → Ø3.5 + P	Pilot Ø2.2 → Ø2.8 → Ø3.2 → Ø3.7 + P
Ø4.7	Pilot Ø2.2 → Ø3.2	Pilot Ø2.2 → Ø3.2 → Ø3.7 + P	Pilot Ø2.2 → Ø3.2 → Ø3.7 → Ø4.2 + P
Ø5.5	Pilot Ø2.2 → Ø3.2 → Ø4.2	Pilot Ø2.2 → Ø3.2 → Ø4.2 → Ø4.7 + P	Pilot Ø2.2 → Ø3.2 → Ø4.2 → Ø5.2 + P

3.3.1 IMMEDIATE IMPLANTATION IN A FRESH EXTRACTION SOCKET – PROTINUS

IMPLANT Ø	FINAL DRILL FOR MEDIUM BONE	FINAL DRILL FOR A FRESH EXTRACTION SOCKET
Ø3.3	Ø2.8	Ø2.2
Ø3.75	Ø3.2	Ø2.8
Ø4.7	Ø3.7	Ø3.5
Ø5.5	Ø4.7	Ø4.2

3.4 NEXUS-D IMPLANT SITE PREPARATION

The drilling sequence is adapted to bone quality to accommodate the self-tapping macrogeometry of the Nexus-D implant, which is optimized for high primary stability. In the presence of a hard cortical layer, coronal enlargement, designated C, may reduce the risk of excessive insertion torque and crestal compression.

- Cortical enlargement: to a depth of 4 mm for implants 8 mm in length, and to a depth of 6 mm for implants 10–16 mm in length.
- In hard bone, if a crestal gap develops around an implant with deep threads, minor autogenous bone grafting around the implant neck may be considered.
- For subcrestal placement, pilot drilling must extend to the full depth of the planned final position; for implants with a diameter of Ø4.7 mm or greater, drilling with the Ø3.2 mm drill must not be shortened either.

RECOMMENDED NEXUS-D DRILLING SEQUENCE

IMPLANT Ø	SOFT BONE	MEDIUM BONE	HARD BONE
Ø3.3	Pilot Ø2.2 → Ø2.8	Pilot Ø2.2 → Ø2.8 → Ø3.5 (C)	Pilot Ø2.2 → Ø3.2 → Ø3.5 (C)
Ø3.75	Pilot Ø2.2 → Ø2.8	Pilot Ø2.2 → Ø2.8 → Ø3.2 → Ø3.7 (C)	Pilot Ø2.2 → Ø2.8 → Ø3.5 → Ø3.7 (C)
Ø4.2	Pilot Ø2.2 → Ø2.8	Pilot Ø2.2 → Ø2.8 → Ø3.5 → Ø3.7 (C)	Pilot Ø2.2 → Ø2.8 → Ø3.2 → Ø3.7
Ø4.7	Pilot Ø2.2 → Ø2.8	Pilot Ø2.2 → Ø3.2 → Ø3.7	Pilot Ø2.2 → Ø3.2 → Ø3.7 → Ø4.2
Ø5.5	Pilot Ø2.2 → Ø3.2	Pilot Ø2.2 → Ø3.2 → Ø4.2 → Ø4.7	Pilot Ø2.2 → Ø3.2 → Ø4.2 → Ø5.2

LEGEND: C = cortical enlargement to a limited depth using the indicated drill. The C step does not represent full-depth drilling.

3.4.1 IMMEDIATE IMPLANTATION IN A FRESH EXTRACTION SOCKET – NEXUS-D

If primary implant anchorage is achieved predominantly in the apical portion, the medium bone protocol is recommended, with the final osteotomy prepared using a drill one diameter smaller. Cortical profile drilling is generally not recommended in fresh extraction sockets.

IMPLANT Ø	FINAL DRILL FOR MEDIUM BONE	FINAL DRILL FOR A FRESH EXTRACTION SOCKET
Ø3.3	Ø2.8	Ø2.2
Ø3.75	Ø3.2	Ø2.8
Ø4.7	Ø3.7	Ø3.5
Ø5.5	Ø4.7	Ø4.2

3.5 IMPLANT PICK-UP AND PLACEMENT

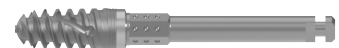
3.5.1 SELECTION OF THE IMPLANT DRIVER

Select the appropriate driver length and type according to the implant pick-up method, available intraoral space and planned final positioning. The maximum speed for motor-driven insertion is 15 rpm.

CAUTION: In limited intraoral space, long and extra-long drivers may be subjected to increased lateral loading and carry a greater risk of instrument damage; their use is primarily recommended in the anterior region.

3.5.2 IMPLANT PICK-UP FROM THE STERILE PACKAGING

1	OPENING THE STERILE PACKAGING Open the outer packaging, then remove the blister seal immediately before implant placement. Check the patient label, product identifier, implant size and sterility indicator.
2	OPENING THE IMPLANT HOLDER Open the implant holder in the indicated direction and lift out the cap together with the implant. Avoid touching the implant surface.
3	CONNECTING THE DRIVER Seat the implant driver, mounted in the handpiece or manual handle, axially into the implant. Correct engagement may be indicated by audible or tactile feedback. Apply gentle traction to verify secure retention.
4	REMOVING THE IMPLANT Release the implant from the holder with a slight clockwise rotation, then transfer it to the osteotomy without contamination.

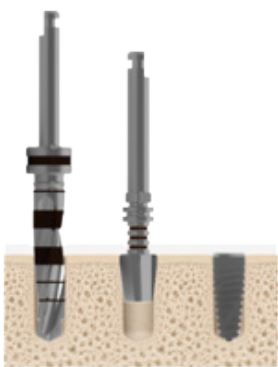
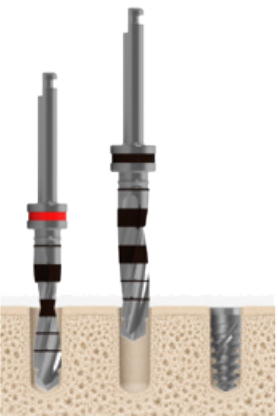


WARNING: Do not use a driver that is worn or does not engage securely. An implant that has been dropped, contaminated or whose packaging integrity has been compromised must not be placed.

3.5.3 INSERTION AND FINAL POSITIONING

1	INITIATING IMPLANT INSERTION Position the implant axially in the prepared osteotomy, then begin clockwise insertion at a maximum speed of 15 rpm.
2	FINAL POSITIONING Advance the implant to its final position using a ratchet and a torque control device, with controlled manual rotation. Observe the 1 mm markings indicating the position of the implant shoulder.
3	VERIFICATION OF POSITION AND STABILITY Check the coronoapical position, implant axis, surrounding bone walls and primary stability. Intraoperative radiography or implant stability quotient (ISQ) measurement may be used if required.

3.5.4 MANAGEMENT OF HIGH INSERTION RESISTANCE

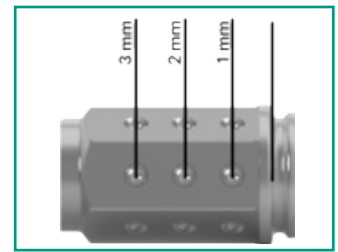
IMPLANT	ACTION	IMAGE
Protinus	If high resistance is encountered, remove the implant, return it to its sterile holder and enlarge the osteotomy according to the drilling protocol. Do not force the implant into its final position.	
Nexus-D	If excessive resistance is encountered before the implant reaches its final position, reverse the implant by a few turns, then resume insertion. Repeat this cycle as required. If high resistance persists, remove the implant, maintain it under sterile conditions and enlarge the osteotomy.	

3.5.5 FINAL CORONOAPICAL POSITION

Protinus and Nexus-D Bone Level implants allow flexibility in coronoapical positioning according to anatomical, restorative and soft tissue considerations. As a general guideline, placement 0.5–1.0 mm subcrestally may be considered in healed implant sites, provided that this is permitted by the approved product documentation and the clinical situation.

DEPTH MARKINGS ON THE DRIVER

The circumferential markings indicate the distance from the implant shoulder in 1 mm increments: 0 mm (Bone Level), 1 mm, 2 mm, 3 mm and 4 mm. Always interpret the markings in relation to the anatomical reference and the planned restoration.



WARNING: Immediate function may only be used where adequate primary stability is achieved and an approved clinical indication exists. The source protocol specifies a minimum final insertion torque of 35 Ncm. Excessive torque may lead to bone resorption and mechanical damage.

3.6 PRIMARY CLOSURE AND HEALING PHASE

3.6.1 PLACEMENT OF THE COVER SCREW

Before placing the cover screw, thoroughly clean the internal connection and shoulder of the implant with sterile physiological saline. Remove any blood clots, soft tissue, bone chips and bone graft particles that could prevent complete seating of the component.

- Hand-tighten the cover screw using the dedicated screwdriver.
- Verify correct seating visually and, if necessary, radiographically.
- Tissue or particles trapped between the component and the implant may cause a microgap, loosening and an increased risk of inflammation.

IMAGE	COMPATIBILITY	TIGHTENING
	Protinus and Nexus-D; compatibility according to the approved product specification	Hand-tightening

3.6.2 HEALING PHASE

The healing period is determined by the combined effects of bone quality, implant diameter and length, primary stability, implant surface, augmentation, bone-to-implant contact and the loading plan.

4. BONE LEVEL CONNECTION AND SOFT TISSUE MANAGEMENT

The development of an appropriate soft tissue contour and emergence profile begins during the surgical phase. Selection of the healing abutment determines the emergence profile of the provisional and definitive restorative components that can subsequently be used. The implant diameter and platform, together with the diameter and gingival height of the selected healing abutment, must be documented and communicated to the team providing the prosthetic treatment.



4.1 SELECTION OF THE HEALING ABUTMENT

TYPE	IMAGE	RECOMMENDED RESTORATION	KEY GEOMETRIC PARAMETER	NOTE
Narrow profile for a single crown		Single crown; limited mesiodistal space	GH: 1.5–3.5 mm; AH: low or high	Verify protection of the outer implant shoulder according to the selected platform.
Bridge/bar profile		Multi-unit, non-indexed restoration	Dedicated B/B marking or local equivalent	The seating area for the subsequent bridge/bar component must be protected during healing.

CAUTION: An inappropriate healing profile may allow bone or soft tissue to cover the implant shoulder, preventing complete seating of the definitive abutment.

4.2 SUBMUCOSAL HEALING

Submucosal healing beneath a closed mucoperiosteal flap may be recommended for aesthetic indications, when simultaneous bone augmentation or membrane techniques are used, or when the clinical situation warrants a two-stage protocol.

1	PLACEMENT OF THE COVER SCREW Clean and dry the internal connection of the implant. Hand-tighten the sterile cover screw using the dedicated screwdriver, then verify complete seating.	
	WOUND CLOSURE Adapt the mucoperiosteal flaps without tension and close them with interrupted sutures or another suturing technique appropriate to the clinical situation. Ensure complete soft tissue coverage.	
	SECOND-STAGE SURGERY – IMPLANT UNCOVERING After the healing period, locate the implant, perform minimal crestal exposure and remove the cover screw.	
	PLACEMENT OF THE HEALING ABUTMENT Irrigate the connection with sterile saline, insert the selected healing abutment and adapt the soft tissue around it without tension.	

4.3 TRANSMUCOSAL HEALING

In a transmucosal protocol, the healing abutment is placed at the time of implant insertion and remains exposed to the oral cavity, allowing progressive soft tissue shaping.

1

PLACEMENT OF THE HEALING ABUTMENT

Clean the internal connection of the implant and remove any blood. Insert the sterile healing abutment using the dedicated screwdriver and hand-tighten. Verify complete seating.



2

WOUND CLOSURE AROUND THE ABUTMENT

Adapt the soft tissue around the abutment without tension and secure it with sutures. Avoid excessive compression and ischaemia.

5. APPENDICES – INSTRUMENT TRAY AND ACCESSORIES

5.1 RECOMMENDED LAYOUT OF THE FREEHAND SURGICAL TRAY

ITEM CODE	DESCRIPTION	SIZE
491096630	Mechanical drive	21.5 mm
491096631	Mechanical drive	26.5 mm
491096632	Mechanical drive	31.5 mm
492096005	Ratchet for implant	21.5 mm
492096006	Ratchet for implant	26.5 mm
492096007	Ratchet for implant	31.5 mm
492096020	Initial twist drill	2.2x16 mm
492096069	Needle Drill	
492096076	Round burr	2.3 mm
492096081	Prosthetics ratchet driver	21 mm
492096091	Prosthetics ratchet driver for handpiece	26 mm

ITEM CODE	DESCRIPTION	SIZE
492096228	Final drill	2.8x16 mm
492096232	Final drill	3.2x16 mm
492096235	Final drill	3.5x16 mm
492096237	Final drill	3.7x16 mm
492096242	Final drill	4.2x16 mm
492096247	Final drill	4.7x16 mm
492096252	Final drill	5.2x16 mm
492096261	Depth gauge	2.2 mm
492096262	Depth gauge	2.8 mm
492096263	Depth gauge	3.2 mm
492096264	Depth gauge	3.5 mm
492096265	Depth gauge	3.7 mm
492096266	Depth gauge	4.2 mm
492096267	Depth gauge	4.7 mm
492096268	Depth gauge	5.2 mm
492096280	Profile drill	3.35 mm
492096281	Profile drill	3.8 mm
492096282	Profile drill	4.05 mm
492096283	Profile drill	4.55 mm
492096284	Profile drill	5.05 mm
492096285	Profile drill	5.55 mm
1000701 929990432	Torque wrench	10–70 Ncm

5.2 DRILL STOPS – DEPTH CONTROL

The drill stop mechanically limits drilling depth, particularly in the vicinity of critical anatomical structures. It does not replace preoperative planning or the need to account for drill tip overlength.

5.3 RATCHET AND TORQUE CONTROL

Before every surgical procedure, check correct assembly, the direction-reversing mechanism, screw tightness and the functionality of the torque control mechanism.

INSTRUMENT	IMAGE	INTENDED USE	TORQUE MARKINGS	ITEM NUMBER
Torque wrench		Measurement of insertion torque	[15 / 20 / 40 / 50 / 60 Ncm]	1000701 929990432

5.4 EXTERNAL IRRIGATION WHEN USING A DRILL EXTENSION

The drill extension and stop ring may reduce the effectiveness of the integrated irrigation system. In such cases, supplementary external irrigation must be provided, for example using a sterile syringe, to ensure adequate cooling of the osteotomy throughout drilling.

5.5 IMPLANT DEPTH GAUGE

The implant depth gauge is used for tactile assessment of the actual osteotomy depth and walls. The different tip geometries allow assessment of osteotomies prepared with the pilot drill and with larger-diameter drills.

PARAMETERS TO BE CHECKED

- Total osteotomy depth
- Integrity of the apical wall and floor
- Uniformity of the lateral walls
- Any unintended perforation or fenestration
- Geometric compatibility between the planned implant and the osteotomy

6. ITEMIZED PRODUCT AND INSTRUMENT LIST

6.1 SURGICAL AND PROSTHETIC DRIVERS

ITEM CODE	DESCRIPTION	SIZE
491096630	Mechanical drive	21.5 mm
491096631	Mechanical drive	26.5 mm
491096632	Mechanical drive	31.5 mm
492096005	Ratchet for implant	21.5 mm
492096006	Ratchet for implant	26.5 mm
492096007	Ratchet for implant	31.5 mm
492096080	Prosthetics ratchet driver	15 mm
492096081	Prosthetics ratchet driver	21 mm
492096082	Prosthetics ratchet driver	27 mm
492096090	Prosthetics ratchet driver for handpiece	20 mm
492096091	Prosthetics ratchet driver for handpiece	26 mm
492096092	Prosthetics ratchet driver for handpiece	32 mm

6.2 SURGICAL DRILL SEQUENCE

ITEM CODE	DESCRIPTION	SIZE
492096020	Initial twist drill	2.2x16 mm
492096228	Final drill	2.8x16 mm
492096232	Final drill	3.2x16 mm
492096235	Final drill	3.5x16 mm
492096237	Final drill	3.7x16 mm
492096242	Final drill	4.2x16 mm
492096247	Final drill	4.7x16 mm
492096250	Final drill	5x16 mm
492096252	Final drill	5.2x16 mm

6.3 IMPRESSION COMPONENTS

ITEM CODE	DESCRIPTION
492096050	M-B Impression screw – for closed tray
492096051	M-B Impression screw – for open tray

6.4 BONE LEVEL AND MULTI-BASE PROSTHETIC COMPONENTS

ITEM CODE	DESCRIPTION	SIZE
492010001	Screw	
492010002	Low-head screw	
492010003	End-cap	Purple
492010004	End-cap	Brown
492031407	Rotation secure straight head	M GH:1.5
492031409	Rotation secure straight head	M GH:2.5
492031411	Rotation secure straight head	M GH:3.5
492034411	Universal head	
492036300	Ball attachment	S GH:1.5
492036302	Ball attachment	S GH:2.5
492036304	Ball attachment	S GH:3.5
492036306	Ball attachment	S GH:4.5
492037402	Anatomic straight head	GH:2.5
492037403	Anatomic straight head	GH:3.5
492038401	Anatomic angle correction head	GH:2.5
492038403	Anatomic angle correction head	GH:3.5
492070401	Straight screw retained head	4.5x1.5 mm
492070402	Straight screw retained head	4.5x2.5 mm
492070403	Straight screw retained head	4.5x3.5 mm
492071401	Rotation secure straight head	4.5x1.5 mm
492071402	Rotation secure straight head	4.5x2.5 mm
492071403	Rotation secure straight head	4.5x3.5 mm
494030001	Screw for Multi-Base head	

ITEM CODE	DESCRIPTION	SIZE
494030003	Multi-Base cap	
494030004	Multi-Base cap - rotation secure	
494030014	Multi-Base gingiva forming head	5x4x2.5
494030023	Multi-Base gingiva forming head	5x2x1.5
494030033	Multi-Base gingiva forming head	5x4x1.5
494030034	Multi-Base gingiva forming head	5x2x2.5
494030035	Multi-Base gingiva forming head	5x2x3.5
494030045	Multi-Base gingiva forming head	5x4x3.5
494030101	Multi-Base temporary head	4.5x1.5 mm
494030102	Multi-Base temporary head	4.5x2.5 mm
494030103	Multi-Base temporary head	4.5x3.5 mm
494031401	Multi-Base Head	4.5x1.5 mm
494031402	Multi-Base Head	4.5x2.5 mm
494031403	Multi-Base Head	4.5x3.5 mm
494032401	Multi-Base Head - angled	17M GH:3.5
494032402	Multi-Base Head - angled	17M GH:4.5
494033401	Multi-Base Head - angled	30M GH:3.5
494033402	Multi-Base Head - angled	30M GH:4.5

6.5 NEXUS-D IMPLANT RANGE

ITEM CODE	DESCRIPTION	SIZE
492063308	Nexus-D dental root	3.3x8 mm
492063310	Nexus-D dental root	3.3x10 mm
492063312	Nexus-D dental root	3.3x12 mm
492063314	Nexus-D dental root	3.3x14 mm
492063316	Nexus-D dental root	3.3x16 mm
492063708	Nexus-D dental root	3.75x8 mm
492063710	Nexus-D dental root	3.75x10 mm
492063712	Nexus-D dental root	3.75x12 mm
492063714	Nexus-D dental root	3.75x14 mm
492063716	Nexus-D dental root	3.75x16 mm
492064208	Nexus-D dental root	4.2x8 mm
492064210	Nexus-D dental root	4.2x10 mm
492064212	Nexus-D dental root	4.2x12 mm
492064214	Nexus-D dental root	4.2x14 mm
492064216	Nexus-D dental root	4.2x16 mm
492064708	Nexus-D dental root	4.7x8 mm
492064710	Nexus-D dental root	4.7x10 mm
492064712	Nexus-D dental root	4.7x12 mm
492064714	Nexus-D dental root	4.7x14 mm
492064716	Nexus-D dental root	4.7x16 mm
492065508	Nexus-D dental root	5.5x8 mm
492065510	Nexus-D dental root	5.5x10 mm
492065512	Nexus-D dental root	5.5x12 mm
492065514	Nexus-D dental root	5.5x14 mm

6.6 PROTINUS IMPLANT RANGE

ITEM CODE	DESCRIPTION	SIZE
494023310	Protinus implant - SLA	3.3x10 mm
494023312	Protinus implant - SLA	3.3x12 mm
494023314	Protinus implant - SLA	3.3x14 mm
494023316	Protinus implant - SLA	3.3x16 mm
494023710	Protinus implant - SLA	3.75x10 mm
494023712	Protinus implant - SLA	3.75x12 mm
494023714	Protinus implant - SLA	3.75x14 mm
494023716	Protinus implant - SLA	3.75x16 mm
494024208	Protinus implant - SLA	4.2x8 mm
494024210	Protinus implant - SLA	4.2x10 mm
494024212	Protinus implant - SLA	4.2x12 mm
494024214	Protinus implant - SLA	4.2x14 mm
494024216	Protinus implant - SLA	4.2x16 mm
494024708	Protinus implant - SLA	4.7x8 mm
494024710	Protinus implant - SLA	4.7x10 mm
494024712	Protinus implant - SLA	4.7x12 mm
494024714	Protinus implant - SLA	4.7x14 mm
494024716	Protinus implant - SLA	4.7x16 mm
494025508	Protinus implant - SLA	5.5x8 mm
494025510	Protinus implant - SLA	5.5x10 mm
494025512	Protinus implant - SLA	5.5x12 mm
494025514	Protinus implant - SLA	5.5x14 mm

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