OSTEOGENICS

BIOMEDICAL

Regeneration Products Catalog

osteogenics.com

Ordering

Our customer service professionals are available from 7 AM to 7 PM CST, Monday through Thursday, and 7 AM to 5 PM CST on Fridays. Orders may be placed by the following methods:

TOLL-FREE	1.888.796.1923 (US & Canada only)
INTERNATIONAL	+1 806.796.1923
FAX	806.796.0059
EMAIL	sales@osteogenics.com
WEBSITE	www.osteogenics.com
ADDRESS	Osteogenics Biomedical, Inc. 4620 71st Street | Building 78-79 Lubbock, TX 79424

Shipping

Orders placed by 5 PM CST will be shipped the same day unless specified otherwise by your customer service professional. Standard shipping is 2nd Day delivery with UPS. Due to our volume discounts with UPS, our 2nd Day rate is usually less than standard ground shipping and assures better tracking and customer support. Overnight delivery is available at discounted rates as well.

Payment

We make it easy for you. We accept all major credit cards, or domestic orders may choose payment terms of Net 15. All payments are in US Dollars.

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• New Items Available

Pricing

Prices are subject to change. However, we will make every effort to notify you in advance of a change. We offer the following discounts on bulk purchases:

Buy 5, Get 1 FREE* on all products except Cytoplast™ PTFE Suture.
Buy 10 Boxes, Get 1 FREE on Cytoplast™ PTFE Suture.

*Mixing and matching different products is permitted; the least expensive product will be credited as free.

Availability

We know how frustrating back-orders are, so we carry enough inventory to ensure that, statistically, we have your product on hand 99% of the time. In the event of a back-order, we will notify you at the time of your order and give you an estimated ship date.

Satisfaction Assurance

If you are not completely satisfied with our products, call us and we will arrange for a replacement, exchange, or refund. Unopened boxes may be returned within 30 days from the invoice date for a full refund. Opened boxes may be returned for product exchange within 90 days of the invoice date. Call customer service at 1.888.796.1923 for return authorizations.

Unique Features of enCore® 70|30 Combination Allograft

A synergistic combination

· Combines the synergistic characteristics of slowly resorbing, space-maintaining mineralized cortical bone with osteoinductive demineralized matrix to provide an optimized environment for the regeneration of vital bone

Chair-side efficiency

· 70/30 combination graft is pre-mixed to reduce inventory and reduce chair-side preparation

· Double-sterile packaged for aseptic presentation in the surgical field

Tested twice to ensure its osteoinductivity

· Pre-sterilization *in vitro* BMP-2 assay
Prior to packaging and terminal sterilization, every lot is tested for a minimum threshold of BMP-2
All lots that fail to meet the threshold are discarded.

· Post-sterilization *in vivo* osteoinductivity verification
Every lot undergoes a final *in vivo* post-sterilization test to verify its osteoinductive potential

Best practices in safety

· Tissue processed by Allotech, an FDA-registered and AATB accredited tissue bank

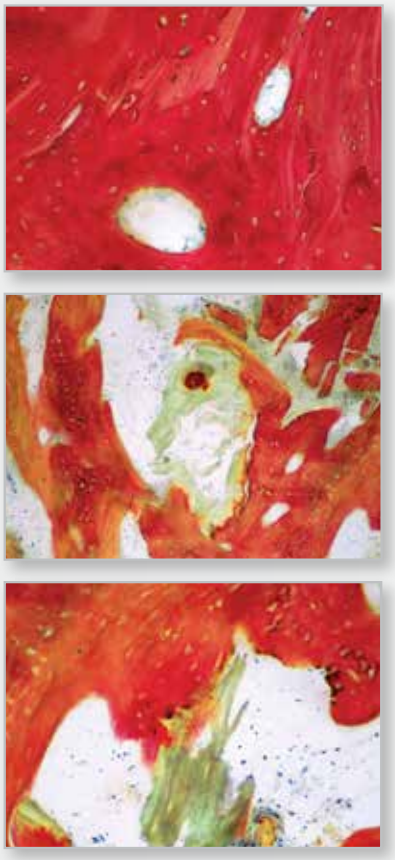
· Single donor per lot

· Terminally sterilized by low-dose e-beam irradiation to a sterility assurance level of 10^{-6}

Representative histology taken at 6 months from a case using combination allograft

86% vital bone
14% residual graft
51% bone, 49% Marrow

Histology by Michael Rohrer, DDS, MS
University of Minnesota



enCore® 70|30 Combination Allograft (FDBA & DFDBA)

70% Mineralized Cortical Allograft and 30% Demineralized Allograft

.25 mm - 1.0 mm Particle Size

C73050	0.5 cc
C73100	1.0 cc
C73150	1.5 cc
C73250	2.5 cc

enCore® 50|50 Cortical & Cancellous Allograft

50% Mineralized Cortical Allograft and 50% Mineralized Cancellous Allograft

0.5 mm - 1.25 mm Particle Size

CM55050	0.5 cc
CM55100	1.0 cc
CM55150	1.5 cc
CM55250	2.5 cc

enCore® OD 30|70 Cortical & Cancellous Allograft

30% Mineralized Cortical Allograft and 70% Mineralized Cancellous Allograft

0.25 mm - 1.0 mm Particle Size

OD37050	0.5 cc
OD37100	1.0 cc
OD37250	2.5 cc

enCore® Mineralized Cortical Allograft

100% Mineralized Cortical Allograft

.25 mm - 1.0 mm Particle Size

SMIN050	0.5 cc
SMIN100	1.0 cc
SMIN150	1.5 cc
SMIN250	2.5 cc

1.0 mm - 2.0 mm Particle Size

MIN050	0.5 cc
MIN100	1.0 cc

Zcore™ Porcine Xenograft Particulate

.25 mm - 1.0 mm Particle Size

ZS050	0.5 cc
ZS100	1.0 cc
ZS200	2.0 cc
ZS400	4.0 cc

Zcore™ Porcine Xenograft Particulate

1.0 mm - 2.0 mm Particle Size

ZL100	1.0 cc
ZL200	2.0 cc

Zcore™ Porcine Xenograft Particulate in Syringe

.25 mm - 1.0 mm Particle Size

ZY025	0.25 cc
ZY050	0.5 cc

not actual size.

Features & Benefits of Zcore™

Zcore™ is an osteoconductive, porous, anorganic bone mineral with a carbonate apatite structure derived from porcine cancellous bone.

Interconnecting pores

Interconnecting macroscopic and microscopic porous structure supports the formation and ingrowth of new bone

88% to 95% void space

88% to 95% Void Space: hyper-porosity of porcine cancellous matrix and intra-particle space facilitated by rough particle morphology reduce bulk density of the graft, allowing greater empty space for new bone growth*

Porcine cancellous bone

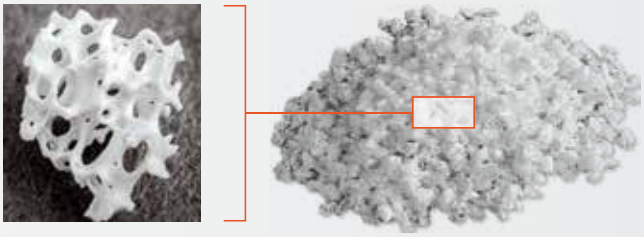
Derived from porcine cancellous bone, eliminating risk of BSE transmission

Processed using minimal heat

Heat treated to an optimal temperature that ensures a degree of crystallinity[1] consistent with native bone mineral to allow for remodeling of the healing bone

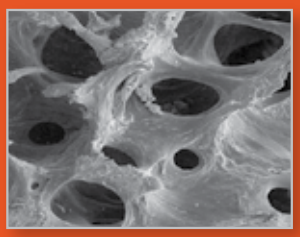
*0.25 mm – 1.0 mm particle size = 88% void space, 1.0 mm – 2.0 mm = 95% void space

1. Li ST, Chen HC, Yuen D. Isolation and Characterization of a Porous Carbonate Apatite From Porcine Cancellous Bone. Science, Technology, Innovation, Aug. 2014: 1–13.



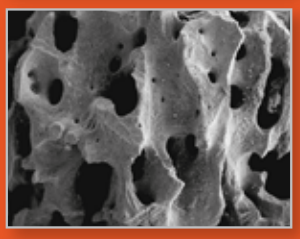
SEM of Processed Human Bone

Magnification x50



SEM of Zcore™ Porcine Xenograft Particulate

Magnification x50



NovaBone® Dental Putty & NovaBone® Morsels

The synthetic solution to bone regeneration

NovaBone® Putty in Cartridges

Cartridges

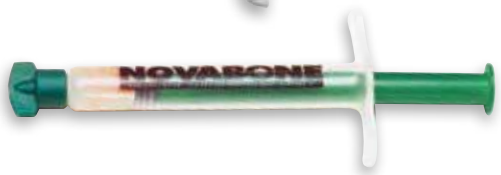
NA4640	0.25 cc	*(4 per box)*
NA3620	0.5 cc	*(2 per box)*
NA3660	0.5 cc	*(6 per box)*

Cartridge Applicator Gun

NA4600	*(Fits all cartridges)*

NovaBone® Putty in Syringes

NA1610	0.5 cc
NA1611	1.0 cc
NA1612	2.0 cc



NovaBone® Morsels in Trays

NovaBone® Morsels is a particulate product made up of a crystalline composite calcium phosphosilicate (CPS). The particle size ranges from 0.5 mm – 1.0 mm with pore sizes ranging from 0.05 mm – 0.10 mm. The pore size results in slow and sustained resorption that is completed over a 12–18 month period. The morsels have an "osteostimulative" effect similar to NovaBone® Dental Putty.

EU0820	1.3 cc	*(2 per box)*
EU0822	4.0 cc	*(2 per box)*

not actual size.

Overview of NovaBone® Dental Putty

Unique Formulation of NovaBone® Dental Putty

NovaBone® Putty is 100% synthetic and fully resorbable. It is composed of calcium phosphosilicate (CPS) particles in a bimodal size distribution combined with a polyethylene glycol and glycerine binder. The binder improves handling and aids in maintaining the space between the particles, which facilitates revascularization after implantation. The bioactive CPS component makes up 70% of the putty by volume. Upon implantation, the water soluble binder is absorbed within 24 to 72 hours, creating a 3-dimensional porous scaffold that facilitates diffusion of blood and tissue fluids through the matrix. The smaller CPS particles (32-125 µm) are more rapidly resorbed, providing the initial burst of Ca and P ions. Subsequently, the larger particles (90-710 µm) react, and being more resistant to resorption, continue the process of bone regeneration.

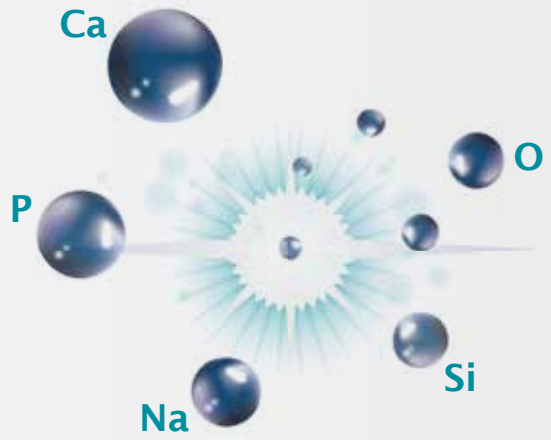
Osteostimulative & Osteoconductive

Unlike most synthetic grafts that are only osteoconductive, bioactive NovaBone® Putty also has an "osteostimulative" effect. After implantation, surface reactions result in absorption of the graft material, a controlled release of Si, Ca, and P ions, and concurrent new bone formation. These surface reactions result in an osteostimulative effect, defined as the stimulation of osteoblast proliferation *in vitro* as evidenced by increased DNA content and elevated osteocalcin and alkaline phosphatase levels. *In vitro* gene array analysis has confirmed that when human primary osteoblasts are exposed to extracts of CPS, upregulation of several gene families occurs.

Superior Delivery System & Handling

NovaBone® Putty is available in multiple delivery options: trays, pre-filled syringes, and a unique industry-first cartridge delivery system. NovaBone® is the only graft material in the world that is available in disposable uni-dose cartridges. The cartridges simplify dispensing of the graft, especially in hard-to-reach areas, thus facilitating minimally invasive techniques (and hard-to-access defects such as gaps in immediate implant placement and crestal-approach sinus lifts). Cartridges are available in various sizes and are used in conjunction with NovaBone®'s cartridge delivery system; each cartridge holds 0.25 to 0.5 cc's of putty.

NovaBone® Putty significantly simplifies bone graft handling and delivery. It is ready to use and extremely user friendly. It is pre-mixed, cohesive, moldable, and adaptable. NovaBone® Putty is stable at room temperature, does not require refrigeration, has a 4-year shelf-life, and appears radiodense on radiographs.



Cytoplast™ RTM Collagen

Type I bovine collagen membrane

shown actual size.

15 mm x 20 mm

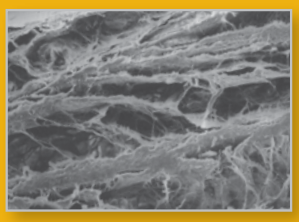
RTM1520 (2 membranes per box)

20 mm x 30 mm

RTM2030 (2 membranes per box)

30 mm x 40 mm

RTM3040 (2 membranes per box)



Reconstituted fiber construction allows tissue integration, while preventing direct passage of epithelial cells.

"...I am impressed with its *handling*, but most importantly, I am impressed with its *results*."

Jerald Rosenberg, DMD; Periodontist

Features & Benefits

Manufactured from highly purified type I bovine achilles tendon

Safe for the patient

26 – 38 week resorption time

Long predictable resorption time limits the risk of particle loss due to premature resorption

High tensile strength

You can suture or tack the membrane in place without tearing

Cell occlusive

Prevents epithelial down growth

Optimized flexibility

Stiff enough for easy placement, yet easily drapes over ridge

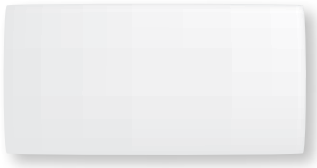
Cytoplast™ RTMPlug, RTMFoam, & RTMTape

Absorbable Wound Dressing | Type I & Type III bovine collagen

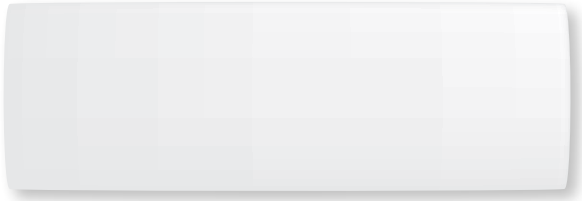
shown actual size.

RTMPlug
1 cm x 2 cm
RTMPLUG10 (10 per box)

RTMFoam
2 cm x 4 cm (3 mm thick)
RTMFOAM10 (10 per box)



RTMTape
2.5 cm x 7.5 cm (1 mm thick)
RTMTAPE10 (10 per box)



Wound dressings will be essentially resorbed within 30 days

Applications:

Surgical wounds
Periodontal surgical wounds
Extraction sites
Dental sores
Oral ulcers (non-infected or viral)
Suture sites
Burns
Traumatic wounds

Vitala®

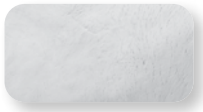
Porcine pericardium collagen membrane | Substantially resorbed in 26 weeks

shown actual size.

10 mm x 10 mm
VIT1010

vitala mini

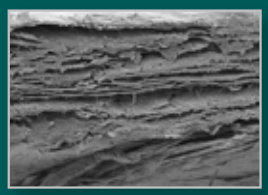
15 mm x 20 mm
VIT1520



13 mm x 25 mm
VIT1325

20 mm x 30 mm
VIT2030

30 mm x 40 mm
VIT3040



1000x magnification

Excellent tensile strength

Supple and flexible

Features & Benefits

Natural

Manufactured using a proprietary protocol designed to maintain the natural, microporous, 3-layered architecture of the tissue without the need for cross-linking chemicals and agents

Durable

Designed to resist tearing during placement, Vitala® is naturally strong

Adaptable

The natural collagen structure provides a unique combination of supple handling and ideal defect adaptability. Because both sides are smooth, either side may be placed against the defect

Zmatrix™

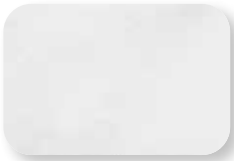
Porcine peritoneum collagen membrane

A perfectly soft consistency that drapes without the usual self-adherence experienced with other natural collagen membranes

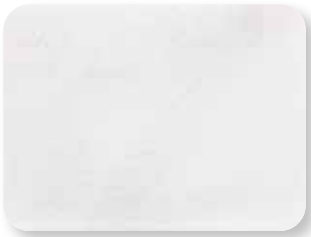
shown actual size.

15 mm x 20 mm
ZM1520

20 mm x 30 mm
ZM2030



30 mm x 40 mm
ZM3040



Features

Extracellular Components
Processed to preserve extracellular components including laminin, fibronectin, elastin, and glycosaminoglycans*

Easy to Handle
Designed to drape without adhering to itself

Elastic
Natural peritoneum collagen structure allows for elasticity

Natural, Native Collagen Membrane

*Zmatrix™ is a natural, native collagen membrane; cross-linking chemicals and agents are unnecessary. Proprietary processing technology allows preservation of collagen as well as extracellular components including laminin, fibronectin, elastin, and glycosaminoglycans.**

*Hoganson DM, Owens GE, O'Doherty EM, Bowley CM, Goldman SM, Harilal DO, Neville CM, Kronengold RT, Vacanti JP. Preserved extracellular matrix components and retained biological activity in decellularized porcine mesothelium. Biomaterials. 2010, 27: 6934–6940.

Cytoplast™ Technique

Ridge preservation without primary closure | U.S. Patent # 6,019,764

Ridge Preservation Kit: Cytoplast™ Technique

KITRPCT

(1) 0.5 cc enCore® 70/30 Combination Allograft

(1) Cytoplast™ TXT-200 Single dPTFE membrane

(1) Cytoplast™ PTFE suture: USP 3/0; 16 mm RC needle

1. Preoperative view. To maximize the result of ridge preservation procedures, techniques designed to minimize trauma to the alveolar bone, such as the use of periotomes and surgical sectioning of ankylosed roots should be considered.

2. All soft tissue remnants should be removed with sharp curettage. Special care should be taken to remove all soft tissue at the apical extent of the socket of endodontically treated teeth. Bleeding points should be noted on the cortical plate. If necessary, decortication of the socket wall should be done with a #2 round burr to improve blood supply.

3. A subperiosteal pocket is created with a micro periosteal elevator or small curette, extending 3-5 mm beyond the socket margins on the palatal and the facial aspect of the socket. In the esthetic zone, rather than incising and elevating the interdental papilla, it is left intact and undermined in a similar fashion. The Cytoplast™ high-density PTFE membrane will be tucked into this subperiosteal pocket.

4. Particulate graft material can be placed into the socket with a syringe or with a curette. Ensure that the material is evenly distributed throughout the socket. However, the particles should not be densely packed to preserve ample space for blood vessel ingrowth.

5. The Cytoplast™ high-density PTFE membrane is trimmed to extend 3-5 mm beyond the socket walls and then tucked subperiosteally under the palatal flap, the facial flap and underneath the interdental papilla with a curette. The membrane should rest on bone 360° around the socket margins, if possible. Note that minimal flap reflection is necessary to stabilize the membrane.

6. Ensure that there are no folds or wrinkles in the membrane and that it lies passively over the socket. To prevent bacterial leakage under the membrane, take care to avoid puncturing the membrane, and do not overlap two adjacent pieces of membrane material.

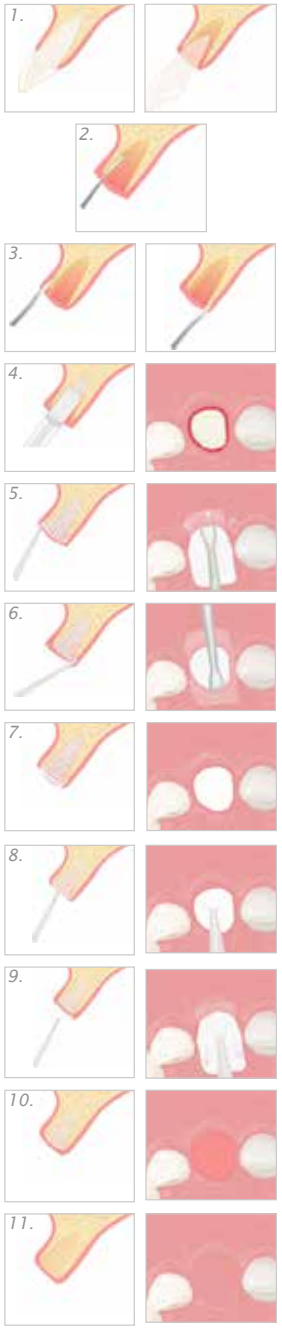
7. The membrane is further stabilized with a criss-cross Cytoplast™ PTFE suture. Alternatively, interrupted sutures may be placed. The PTFE sutures, which cause minimal inflammatory response, are left in place for 10 to 14 days.

8. The membrane is removed, non-surgically, in 21 to 28 days. Sockets with missing walls may benefit from the longer time frame. Topical anesthetic is applied, then the membrane is grasped with a tissue forcep and removed with a gentle tug.

9. Studies have shown that by 21-28 days there is a dense, vascular connective tissue matrix in the socket and early osteogenesis is observed in the apical 2/3 of the socket.

10. Immediately following membrane removal, a dense, highly vascular, osteoid matrix is observed. The natural position of the gingival margin has been left intact because primary closure was not necessary. The dense PTFE membrane has contained the graft material and prevented epithelial migration into the socket.

11. The socket at 6 weeks. Keratinized gingiva is beginning to form over the grafted socket. The natural soft tissue architecture is preserved, including the interdental papillae. New bone is beginning to form in the socket. Over the next 6 to 10 weeks, increasing thickness of trabeculae and mineralization will result in load bearing bone suitable for implant placement.



Cytoplast™ TXT-200 & TXT-200 Singles

Micro-textured, high-density PTFE membrane

Most popular membrane for socket grafting

TXT-200 Singles

12 mm x 24 mm

TXT1224-1 (1 membrane per box)

TXT1224 (10 membranes per box)

shown actual size.

TXT-200

25 mm x 30 mm

TXT2530-1 (1 membrane per box)

TXT2530 (4 membranes per box)

Features & Benefits

Non-Resorbable

Won't resorb prematurely – you dictate healing time

100% Dense (non-expanded) PTFE

Impervious to bacteria (pore size less than 0.3 µm)

Data on file

Purposely leave the membrane exposed

Preservation of the soft tissue architecture and keratinized mucosa

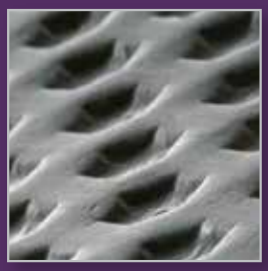
Soft tissue attaches, but doesn't grow through the membrane

Exposed membrane allows for non-surgical removal; no anesthesia required

Hexagonal dimples increase surface area

Designed to increase membrane stabilization

The patented Regentex™ surface helps stabilize the membrane and the soft tissue flap. Hexagonal surface dimples provide a textured surface that increases the area available for cellular attachment without increasing porosity. U.S. Patent # 5,957,690



"I always know, *in advance*, the results of my bone grafting when I use Cytoplast™ TXT-200 as a membrane. *Why bother with other membranes?*"

Mark Cohen, DDS; Periodontist

Cytoplast™ Titanium-Reinforced

Titanium-reinforced, high-density PTFE membrane

	Ti-250 (250 µm thick)	Ti-150 (150 µm thick)	
ANL 12 mm x 24 mm Designed for narrow single-tooth extraction sites, especially where one bony wall is missing	*Ti250ANL-1*	*Ti150ANL-1*	*(1 membrane per box)*
	Ti250ANL-2	*Ti150ANL-2*	*(2 membranes per box)*
ANL30 12 mm x 30 mm Designed for narrow single-tooth extraction sites, especially where one bony wall is missing	*Ti250ANL30-1*		*(1 membrane per box)*
	Ti250ANL30-2		*(2 membranes per box)*
PS 20 mm x 25 mm Designed for large extraction sites and limited ridge augmentation	*Ti250PS-1*	*Ti150PS-1*	*(1 membrane per box)*
	Ti250PS-2	*Ti150PS-2*	*(2 membranes per box)*
PL 25 mm x 30 mm Designed for large bony defects, including ridge augmentation	*Ti250PL-1*	*Ti150PL-1*	*(1 membrane per box)*
	Ti250PL-2	*Ti150PL-2*	*(2 membranes per box)*

Versatile Rectangular Shapes

These configurations can be trimmed to fit a variety of defects.

Shown actual size.

**Ti-150 membranes are 40% thinner than Ti-250 membranes, providing clinicians another handling option in Cytoplast™ Titanium-Reinforced Membranes.*

	Ti-250 (250 µm thick)	Ti-150 (150 µm thick)	
XL 30 mm x 40 mm Designed for very large bony defects, including ridge augmentation	Ti250XL-1	Ti150XL-1	(1 membrane per box)
	Ti250XL-2	Ti150XL-2	(2 membranes per box)
XLK 30 mm x 40 mm Designed for very large bony defects, including ridge augmentation	Ti250XLK-1	Ti150XLK-1	(1 membrane per box)
	Ti250XLK-2	Ti150XLK-2	(2 membranes per box)
K2 40 mm x 50 mm Designed for the largest bony defects, including ridge augmentation	Ti250K2-1	Ti150K2-1	(1 membrane per box)
	Ti250K2-2	Ti150K2-2	(2 membranes per box)

Versatile Rectangular Shapes

These configurations can be trimmed to fit a variety of defects.

Shown actual size.

Cytoplast™ Titanium-Reinforced

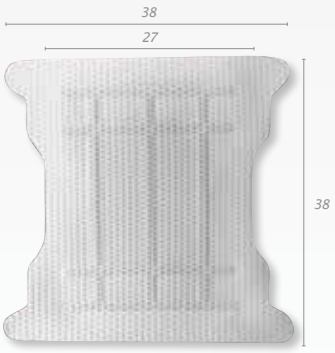
Titanium-reinforced, high-density PTFE membrane

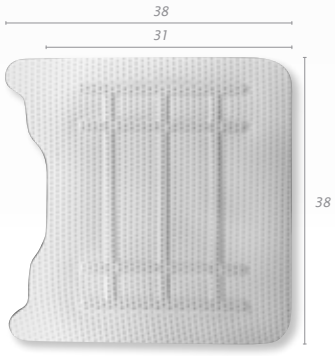
	Ti-250 (250 µm thick)	Ti-150 (150 µm thick)	
AS 14 mm x 24 mm Designed for single-tooth extraction sites, especially where one or more bony walls are missing	Ti250AS-1	Ti150AS-1	(1 membranes per box)
	Ti250AS-2	Ti150AS-2	(2 membranes per box)
ATC 24 mm x 38 mm Designed for large extraction sites, including ridge augmentation	Ti250ATC-1	Ti150ATC-1	(1 membranes per box)
	Ti250ATC-2	Ti150ATC-2	(2 membranes per box)
PTC 38 mm x 38 mm Designed for large bony defects, including ridge augmentation	Ti250PTC-1	Ti150PTC-1	(1 membranes per box)
	Ti250PTC-2	Ti150PTC-2	(2 membranes per box)
PD 38 mm x 38 mm Designed for large bony defects, including distal extension of the posterior ridge	Ti250PD-1	Ti150PD-1	(1 membranes per box)
	Ti250PD-2	Ti150PD-2	(2 membranes per box)

Interproximal Shapes

These configurations are designed to fit between existing teeth.

Dimensional measurements shown in mm Width measurements noted at widest point and narrowest point. Shown actual size.





Cytoplast™ Titanium-Reinforced

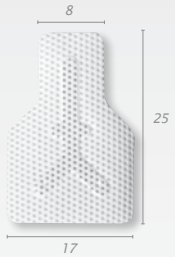
Titanium-reinforced, high-density PTFE membrane

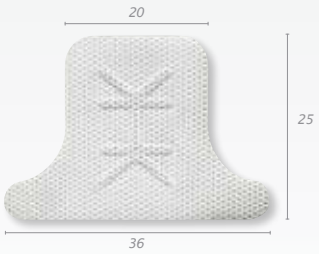
	Ti-250 (250 µm thick)	Ti-150 (150 µm thick)	
BL 17 mm x 25 mm Designed for large buccal defects	Ti250BL-1	Ti150BL-1	(1 membranes per box)
	Ti250BL-2	Ti150BL-2	(2 membranes per box)
PST 36 mm x 25 mm Designed for large extraction sites and limited ridge augmentation in the anterior maxilla	Ti250PST-1	Ti150PST-1	(1 membranes per box)
	Ti250PST-2	Ti150PST-2	(2 membranes per box)
PLT 41 mm x 30 mm Designed for large bony defects, including ridge augmentation in the anterior maxilla	Ti250PLT-1	Ti150PLT-1	(1 membranes per box)
	Ti250PLT-2	Ti150PLT-2	(2 membranes per box)

Shapes with Fixation Points

These configurations are designed with fixation points outside of the defect area.

Dimensional measurements shown in mm Width measurements noted at widest point and narrowest point. Shown actual size.



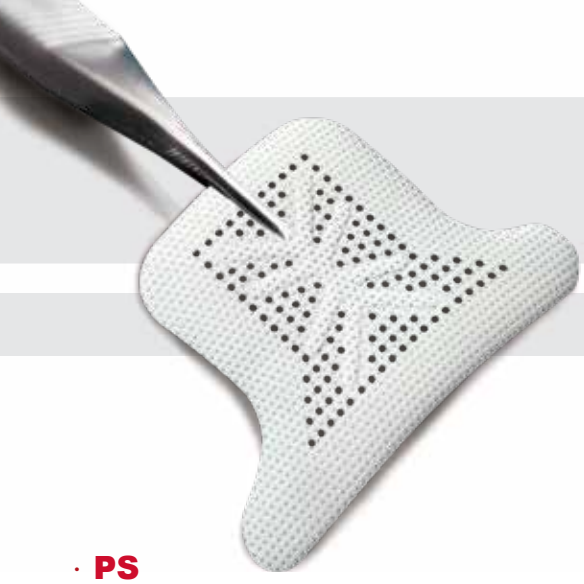


	Ti-250 (250 µm thick)	
AP 13 mm x 19 mm Designed for periodontal defects in the anterior	Ti250AP-1	(1 membranes per box)
	Ti250AP-2	(2 membranes per box)
PP 13 mm x 18 mm Designed for periodontal defects in the posterior	Ti250PP-1	(1 membranes per box)
	Ti250PP-2	(2 membranes per box)

Perio Shapes

These configurations are designed for grafting perio defects.

Shown actual size.



RPM™

Reinforced PTFE mesh

NEW

Versatile Rectangular Shapes

These configurations can be trimmed to fit a variety of defects.

Shown actual size.

- **PS**
  20 mm x 25 mm
  Designed for large extraction sites and limited ridge augmentation
  RPM250PS

- **PL**
  25 mm x 30 mm
  Designed for large bony defects, including ridge augmentation
  RPM250PL

- **XL**
  30 mm x 40 mm
  Designed for very large bony defects, including ridge augmentation
  RPM250XL

- **XLK**
  30 mm x 40 mm
  Designed for very large bony defects, including ridge augmentation
  RPM250XLK

- **XLKM** (mandible)
  30 mm x 40 mm
  Designed for very large bony defects, including mandibular ridge augmentation *NOTE: Non-perforated region is designed for lingual aspect*
  RPM250XLKM

RPM's unique circular macroporous design allows for direct contact between the bone graft and periosteum, allowing naturally occurring revascularization and infiltration of cells into the bone graft.

Versatile Rectangular Shapes

- **K2**
  40 mm x 50 mm
  Designed for the largest bony defects, including ridge augmentation

  RPM250K2

Shapes with Fixation Points

These configurations are designed with fixation points outside of the defect area.

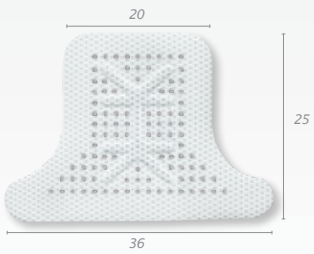
Dimensional measurements shown in mm Width measurements noted at widest point and narrowest point. Shown actual size.

- **BL**
  17 mm x 25 mm
  Designed for large buccal defects

  RPM250BL

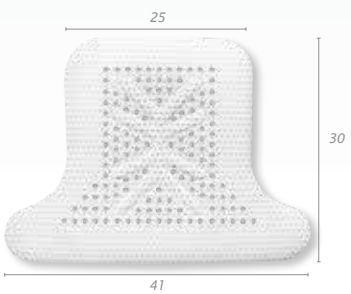
- **PST**
  36 mm x 25 mm
  Designed for large extraction sites and limited ridge augmentation in the anterior maxilla

  RPM250PST



- **PLT**
  41 mm x 30 mm
  Designed for large bony defects, including ridge augmentation in the anterior maxilla

  RPM250PLT



NEW

RPM™

Reinforced PTFE mesh

Interproximal Shapes

These configurations are designed to fit between existing teeth.

Dimensional measurements shown in mm Width measurements noted at widest point and narrowest point. Shown actual size.

- **ATC**
  24 mm x 38 mm
  Designed for large extraction sites, including ridge augmentation

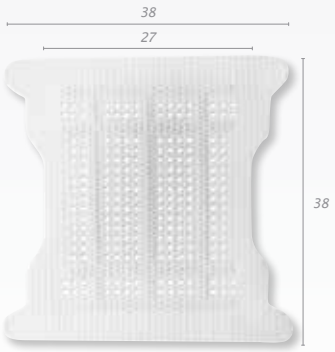
RPM250ATC

- **ATCM** (mandible)
  24 mm x 38 mm
  Designed for large extraction sites, including mandibular ridge augmentation
  NOTE: Non-perforated region is designed for lingual aspect

RPM250ATCM

- **PTC**
  38 mm x 38 mm
  Designed for large bony defects, including ridge augmentation

RPM250PTC



- **PTCM** (mandible)
  38 mm x 38 mm
  Designed for large bony defects, including mandibular ridge augmentation
  NOTE: Non-perforated region is designed for lingual aspect

RPM250PTCM

RPM™

Reinforced PTFE mesh

NEW

Interproximal Shapes

These configurations are designed to fit between existing teeth.

Dimensional measurements shown in mm Width measurements noted at widest point and narrowest point. Shown actual size.

- **PD**
  38 mm x 38 mm
  Designed for large bony defects, including distal extension of the posterior ridge

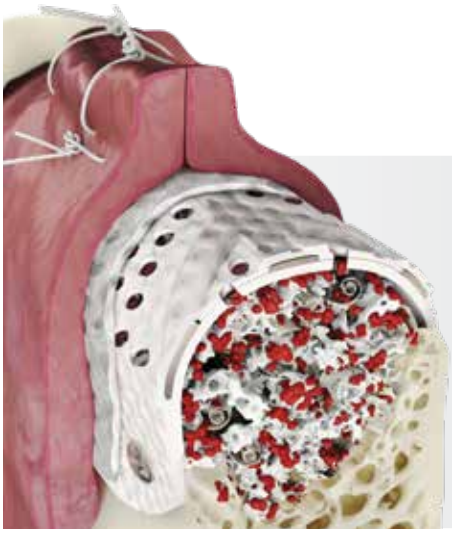
  RPM250PD

- **PDMR** (mandible right)
  38 mm x 38 mm
  Designed for large bony defects, including distal extension of the right posterior mandibular ridge
  NOTE: Non-perforated region is designed for lingual aspect

  RPM250PDMR

- **PDML** (mandible left)
  38 mm x 38 mm
  Designed for large bony defects, including distal extension of the left posterior mandibular ridge
  NOTE: Non-perforated region is designed for lingual aspect

  RPM250PDML



Circular Macropores *allow direct contact between bone graft and periosteum, allowing naturally occurring revascularization and infiltration of cells into the bone graft*

Titanium Frame *maintains space essential for horizontal and vertical ridge augmentation*

PTFE Mesh *easily conforms to tissue contours*

Osteo-Mesh™ TM-300

Titanium nitride-coated mesh

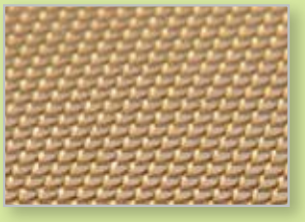
25 mm x 34 mm

TM2534 (provided non-sterile)

45 mm x 45 mm

TM4545 (provided non-sterile)

shown actual size.



Pore size of 0.5 mm contains graft material while allowing tissue ingrowth.

Features & Benefits

Ultra-thin; 0.2 mm thick

Easier to get primary closure

0.5 mm pore size

Contains most graft materials

Safe, highly inert, non-reactive, non-stick nitride coating

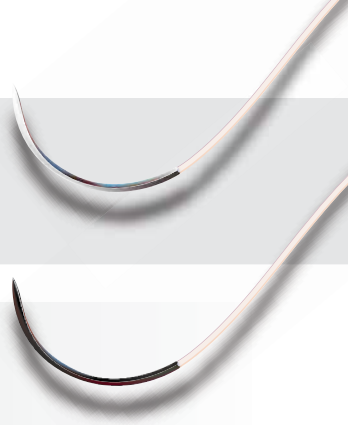
- Improves tissue release upon removal
- High coating density with no pores to hold contaminants
- Will not stain or corrode
- Withstands acids, bases, solvents, and high temperatures
- Outstanding wear resistance

Repeatedly sterilized by autoclave

Unused portions are not wasted

Cytoplast™ PTFE Suture

The soft monofilament suture



300 Series Stainless Steel Needles

All Cytoplast™ PTFE Sutures now have 300 series stainless steel needles, the gold standard material for suture needles. Tests comparing the new needles to previous needles show a substantial increase in needle strength, initial needle sharpness, and sustained needle sharpness. Tests show that the new 300 series needles are less likely to bend, require less force to penetrate, and maintain sharpness longer. Additionally, all silver needles now have longer and geometrically finer precision cutting edges. Data on file

Cytoplast™ undyed 19 mm precision RC 2/0 USP	*CS0418*
Cytoplast™ undyed 16 mm precision RC 3/0 USP	*CS0518*
Cytoplast™ undyed 19 mm precision RC 3/0 USP	*CS051819*
Cytoplast™ undyed 16 mm RC black needle 3/0 USP	*CS0518BK*
Cytoplast™ undyed 19 mm RC black needle 3/0 USP	*CS051819BK*
Cytoplast™ undyed 13 mm TP 4/0 USP	*CS0618PERIO*
Cytoplast™ undyed 13 mm precision RC 4/0 USP	*CS0618PREM*
Cytoplast™ undyed 16 mm precision RC 4/0 USP	*CS0618RC*
• Cytoplast™ undyed 13 mm precision RC 5/0 USP	*CS071813*
• Cytoplast™ undyed 16 mm precision RC 5/0 USP	*CS071816*

NEW

Features & Benefits

100% Medical Grade PTFE
Biologically inert

Monofilament
Doesn't wick bacteria

Soft (not stiff)
Comfortable for patients

Little to no package memory
Excellent handling, knots securely

Non-resorbable
Keeps the surgical site reliably closed

Needle Code Detail

RC 3/8 Circle Reverse Cutting

TP 1/2 Circle Round-Bodied

Resorba® Glycolon™

Absorbable, Monofilament

Glycolon™ is Resorba's® top selling suture material world-wide and is comprised of polyglycolic acid (PGA) and polycaprolactone (PCL). The monofilament structure provides excellent handling properties, does not wick bacteria, and allows for atraumatic passage through the tissue. Glycolon™ maintains 50% of its tensile strength for 11-13 days. In Vivo data on file

Glycolon™ violet HRT18 4/0 USP	*OD01101*
Glycolon™ violet DSM16 4/0 USP	*OD01201*
Glycolon™ violet DSM18 4/0 USP	*OD01203*
Glycolon™ violet DSM16 black needle 5/0 USP	*OD01211*
Glycolon™ violet DSM13 black needle 5/0 USP	*OD01210*
Glycolon™ violet DSM18 black needle 5/0 USP	*OD01212*
Glycolon™ violet GR22 black needle 5/0 USP	*OD01300*
Glycolon™ violet HRT16 5/0 USP	*OD01100*
Glycolon™ undyed DSM18 5/0 USP	*OD01202*
Glycolon™ undyed DSM13 6/0 USP	*OD01200*
Glycolon™ violet DSM13 6/0 USP	*OD01213*

Micro Sutures:

Glycolon™ violet HRT10 6/0 USP	*OD01102*

Needle Code Detail

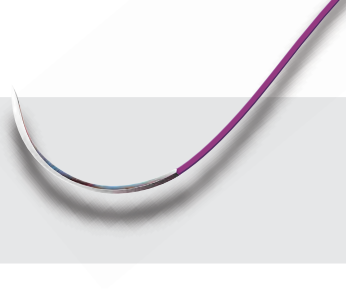
DSM 3/8 Circle Premium Reverse Cutting

HRT 1/2 Circle Round-Bodied Cutting

GR Straight Round-Bodied

Resorba® PGA Resorba™

Absorbable, Multifilament



PGA Resorba™ is an absorbable suture made of precision-braided filaments of polyglycolic acid coated with a special resolactone coating to reduce surface friction when passing through tissue. The composition of PGA Resorba™ ensures predictable and moderately rapid resorption in tissue. PGA Resorba™ maintains 50% tensile strength for up to 21 days. In Vivo data on file

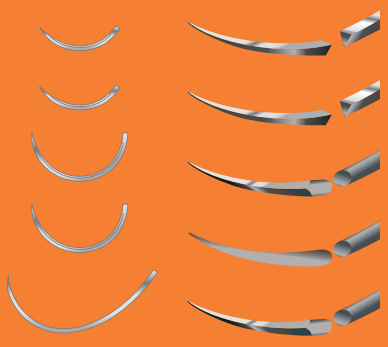
PGA Resorba™ violet HRT18 4/0 USP	*OD03100*
PGA Resorba™ violet DSM18 4/0 USP	*OD03202*
PGA Resorba™ violet ART25 4/0 USP	*OD03600*
PGA Resorba™ violet HR17 5/0 USP	*OD03500*
PGA Resorba™ violet DS18 5/0 USP	*OD03400*
PGA Resorba™ violet DSM13 5/0 USP	*OD03201*
PGA Resorba™ violet DSM13 6/0 USP	*OD03200*

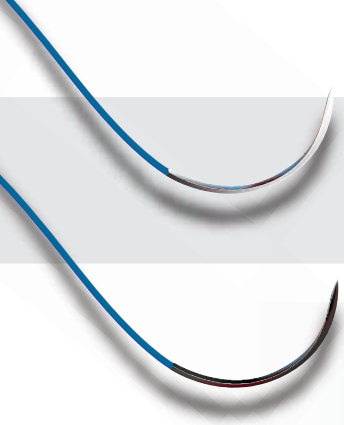
Micro Sutures:

PGA Resorba™ violet DSM11 6/0 USP	*OD03203*
PGA Resorba™ violet HRT10 6/0 USP	*OD03101*
PGA Resorba™ violet DSM7 6/0 USP	*OD03205*
PGA Resorba™ violet HRT7 7/0 USP	*OD03102*
PGA Resorba™ violet DSM7 7/0 USP	*OD03206*
PGA Resorba™ violet DSM11 7/0 USP	*OD03204*

Needle Code Detail

DSM	3/8 Circle Premium Reverse Cutting
DS	3/8 Circle Standard Reverse Cutting
HRT	1/2 Circle Round-Bodied Cutting
HR	1/2 Circle Round-Bodied
ART	Asymptotic Round-Bodied Cutting





Resorba® Resolon™

Non-Absorbable, Monofilament

Resolon™ is initially like traditional nylon sutures until it undergoes a proprietary treatment process that results in a softer and more supple version of a nylon suture. Resolon™ provides clinicians a non-absorbable monofilament suture option that does not wick bacteria and has superior handling characteristics when compared to traditional nylon sutures.

Resolon™ blue DSM16 4/0 USP	*OD13205*
Resolon™ blue DSM13 4/0 USP	*OD13202*
Resolon™ blue DSM18 4/0 USP	*OD13207*
Resolon™ blue DSM16 black needle 4/0 USP	*OD13215*
Resolon™ blue HS18 5/0 USP	*OD13700*
Resolon™ blue DSM16 5/0 USP	*OD13204*
Resolon™ blue DSM18 5/0 USP	*OD13206*
Resolon™ blue DSM13 5/0 USP	*OD13201*
Resolon™ blue DSM16 black needle 5/0 USP	*OD13214*
Resolon™ blue DSM13 black needle 5/0 USP	*OD13213*
Resolon™ blue DSM18 black needle 5/0 USP	*OD13216*
Resolon™ blue DSM13 6/0 USP	*OD13200*
Resolon™ blue DSM16 6/0 USP	*OD13203*
Resolon™ blue ART13 black needle 6/0 USP	*OD13610*
Resolon™ blue DSM13 black needle 6/0 USP	*OD13212*
Micro Sutures:	
Resolon™ blue DSM11 black needle 6/0 USP	*OD13210*
Resolon™ blue DSM13 black needle 7/0 USP	*OD13211*

Needle Code Detail

DSM 3/8 Circle Premium Reverse Cutting

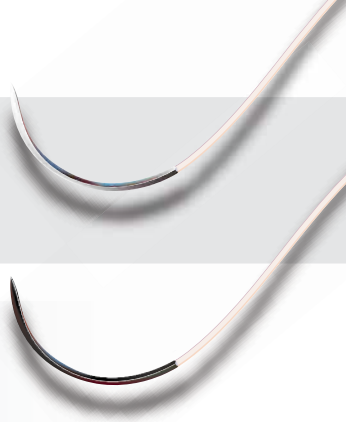
HRT 1/2 Circle Round-Bodied Cutting

HS 1/2 Circle Standard Reverse Cutting

ART Asymptotic Round-Bodied Cutting

Resorba® Resolon Twist™

Non-Absorbable, Pseudo-Monofilament



Resolon Twist™ is a pseudo-monofilament made of braided nylon fibers that are coated with a nylon sheath. The pseudo-monofilament design offers clinicians a non-absorbable suture that handles similarly to a multifilament suture but, due to its outer nylon coating, has the advantage of reduced drag when being pulled through soft tissue.

Resolon Twist™ undyed HRT18 3/0 USP	*OD12100*
Resolon Twist™ undyed HS15 4/0 USP	*OD12700*
Resolon Twist™ undyed DSM18 4/0 USP	*OD12201*
Resolon Twist™ undyed DSM16 4/0 USP	*OD12200*
Resolon Twist™ undyed DSM18 black needle 4/0 USP	*OD12210*

Needle Code Detail

DSM 3/8 Circle Premium Reverse Cutting

HRT 1/2 Circle Round-Bodied Cutting

HS 1/2 Circle Standard Reverse Cutting

Master-Pin-Control

Revolutionary hybrid pin system

The Master-Pin-Control Bone Management® system is used for the fixation of membranes (absorbable and non-absorbable) in order to avoid micro-mobility of the graft. The pins have an extremely sharp tip that allows precise placement into cortical bone. Mini-threads on the pins make them a hybrid of a screw and pin. The threads on the pins increase the surface area of the shaft, resulting in pin stability, while also making removal of the pins possible with the included screwdriver.

Meisinger since 1888

Master-Pin-Control

BMP00

(34) Pins
Master-Pin-Tray
Screw Driver For Pin Removal
Fixation Holder
Initial Bur
Twist Drills
· (2) 0.6 mm twist drills
· (2) 0.8 mm twist drills

Master-Pin-Basic

BMPBA

(10) Pins
Master-Pin-Tray
Screw Driver For Pin Removal
Fixation Holder
Initial Bur
Twist Drills
· (2) 0.6 mm twist drills
· (2) 0.8 mm twist drills

Replacement Pins

10 Pins *MP10*

Decortication Bur

(2) 1.2 mm diameter x 4.0 mm long
decortication burs with drill stop *203S-012-RA*

Pro-Fix™ Membrane Fixation

Precision Fixation System

Pro-fix™ Membrane Fixation Screws are designed as an attractive alternative to using tacks for membrane stabilization. Easy pick-up, solid stability of the screw during transfer to the surgical site, and easy placement make membrane fixation fast and easy.

Tray and organizer dial are designed to store all Pro-fix™ components including up to 100 membrane fixation, tenting, and bone fixation screws

Blades are designed to work universally with all Pro-fix™ membrane fixation, tenting, and bone fixation screws

Membrane Fixation Kit

PFMK20

(1) Autoclavable Tecapro™ storage tray w/ screw organizer dial
(1) Stainless steel driver handle
(1) 76 mm cruciform driver blade
(1) 56 mm cruciform driver blade
(20) 1.5 x 3.0 mm self-drilling membrane fixation screws

Self-Drilling Membrane Fixation Screws

1.5 mm x 3.0 mm *actual size*

5 screws	*PFMF-5*
10 screws	*PFMF-10*
20 screws	*PFMF-20*

Individual Components

Stainless Steel Driver Handle	*PFDH*
76 mm Cruciform Driver Blade	*PFDB*
56 mm Cruciform Driver Blade	*PFDB56*
Contra Angle Blade	*PFDBCA*
(24 mm long; 10 mm exposed distal length)	
1.2 mm diam. Latch Type Pilot Drill	*PFPD*
Autoclavable Tecapro™ storage tray	*PFT*

Tenting Kit

PFTK12

(1) Autoclavable Tecapro™ storage tray w/ screw organizer dial
(1) Stainless steel driver handle
(1) 76 mm cruciform driver blade
(1) 56 mm cruciform driver blade
(4) 1.5 x 3.0 mm self-drilling tenting screws *(7 mm total length: see below)*
(4) 1.5 x 4.0 mm self-drilling tenting screws *(8 mm total length: see below)*
(4) 1.5 x 5.0 mm self-drilling tenting screws *(9 mm total length: see below)*

For individual Pro-Fix™ driver and container components, see page 19.

Pro-fix™ Tenting Screws are designed with a self-drilling tip, polished neck, and broader head to maintain space under resorbable and non-resorbable membranes in horizontal and vertical bone regeneration procedures.

Self-Drilling Tenting Screws

1.5 mm x 3.0 mm

3.0 mm polished neck + 4.0 mm threaded portion = 7 mm total length

1 screw	*PFT3*
5 screws	*PFT3-5*


actual size

1.5 mm x 4.0 mm

4.0 mm polished neck + 4.0 mm threaded portion = 8 mm total length

1 screw	*PFT4*
5 screws	*PFT4-5*


actual size

1.5 mm x 5.0 mm

5.0 mm polished neck + 4.0 mm threaded portion = 9 mm total length

1 screw	*PFT5*
5 screws	*PFT5-5*


actual size

Fully Threaded Tenting Screws

1.5 mm x 8.0 mm

1 screw	*PFT8*


actual size

1.5 mm x 10.0 mm

1 screw	*PFT10*


actual size

Pro-Fix™ Bone Fixation

Precision Fixation System

Bone Fixation Kit

PFBK12

(1) Autoclavable Tecapro™ storage tray w/ screw organizer dial
(1) Stainless steel driver handle
(1) 76 mm cruciform driver blade
(1) 56 mm cruciform driver blade
(1) 1.2 mm diameter latch type pilot drill
(2) 1.5 x 8 mm bone fixation screws
(4) 1.5 x 10 mm bone fixation screws
(4) 1.5 x 12 mm bone fixation screws
(2) 1.5 x 14 mm bone fixation screws

For individual Pro-Fix™ driver and container components, see page 19.

Pro-fix™ Bone Fixation Screws are designed with finer pitched, self-tapping threads that give the screws greater clamping force while using less driver torque. The screws' threads are equipped with a cutting flute that allows for easier insertion into harder bone. The screws are placed into a 1.2 mm pre-drilled pilot hole.

Self-Tapping Bone Fixation Screws

1.5 mm x 8 mm

1 screw	*PFB8*	 *actual size*
5 screws	*PFB8-5*	

1.5 mm x 10 mm

1 screw	*PFB10*	 *actual size*
5 screws	*PFB10-5*	

1.5 mm x 12 mm

1 screw	*PFB12*	 *actual size*
5 screws	*PFB12-5*	

1.5 mm x 14 mm

1 screw	*PFB14*	 *actual size*
5 screws	*PFB14-5*	

Micross

Minimally invasive cortical bone collector

not actual size.

The cannula's 5 mm external diameter allows the Micross to be easily inserted into tissue tunnels.

Holds up to 0.25 cc at a time

4049 (1 sterile scraper per package)

Applications

- Extraction defects
- Periodontal defects
- Sinus lift procedures

Harvesting Sites

- Oblique external line with tunnel
- Lingual bone
- Sinus window
- Palate
- Zygomatic area with tunnel
- Small areas near the defect

Smartscraper

Cortical bone collector and syringe in one

not actual size.

The Smartscraper is opened with a simple movement. The syringe, in which the bone particulate has been collected, can then be used to place graft directly into areas with limited access.

Holds up to 0.3 cc at a time

4890 (3 sterile scrapers per package)

Applications

- Extraction defects
- Periodontal defects
- Sinus lift procedures
- Ridge augmentation

Harvesting Sites

- Oblique external line w/ tunnel
- Ramus
- Mandibular symphysis
- Sinus window
- Lingual bone
- Zygomatic area
- Nasal spine
- Palate
- Small areas near the defect

Safescraper® Twist - Curve Version

Versatile cortical bone collector

Holds up to 2.5 cc at a time

3987 (3 sterile scrapers per package)

not actual size.

Applications

- Extraction defects
- Periodontal defects
- Sinus lift procedures
- Ridge augmentation

Harvesting Sites

- Oblique external line w/ tunnel
- Ramus
- Mandibular symphysis
- Sinus window
- Lingual bone
- Zygomatic area
- Nasal spine
- Palate
- Small areas near the defect

Features & Benefits

Ergonomic design

Cortical bone harvesting is easily achieved from intraoral sites with a minimally invasive approach

2.5 cc collection chamber

Large amounts of bone may be collected at once

Bone is collected with coagulated blood

Graft has high biological plasticity, making it easy to handle and mold

Superior harvesting method

The manual harvesting technique allows graft to r etain cell viability that can be compromised with other harvesting techniques that mill, grind, or potentially overheat bone

Safe

The disposable scraper is sterile and allows clinicians to harvest autogenous bone, which eliminates any chance of disease transmission

A 160° blade allows clinicians to collect bone from any bony surface.

The Safescraper® Twist's transparent chamber holds up to 2.5 cc of bone, which can be used alone or mixed in combination with other graft materials.

"This unit *works really well* and has *nice contours* to use in difficult harvesting sites."

Tom Faerber, DMD; Oral and Maxillofacial Surgeon

Swann-Morton®

Premium Micro-Serrated Blades

15 Blade

01SM15 - Stainless Steel

00SM15 - Carbon Steel

15C Blade

01SM15C - Stainless Steel

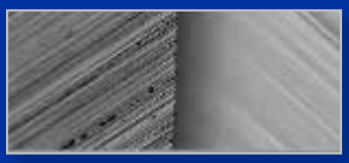
00SM15C - Carbon Steel

12D Blade

01SM12D - Stainless Steel

00SM12D - Carbon Steel

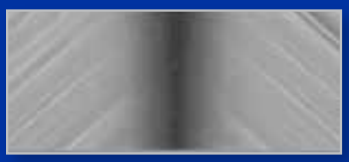
Swann-Morton® Blade Edge Design



Unique cutting-edge design delivers a consistently sharp blade

Micro-Serrated Edge Razor Edge

Competitor Blade Edge Design



While initially sharp, this edge can deteriorate faster

Razor Edge Razor Edge

Features & Benefits

Smooth razor edge supported by a micro-serrated edge

Maintains a consistently sharp blade

Edge design delivers a tactile sensitivity

Improves depth control while providing equal, smooth tissue margins

Selection of Applicable References

Membrane References

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