# Zinic®mt

Conical implants with internal hex connection







Conical implants with internal hex connection





# Important information

Please read carefully before using Ziacom® products

#### General information

This document contains basic information on the use of original Ziacom® dental implant systems, hereafter referred to as Ziacom® dental implants or simply Ziacom® products. This document has been created as quick guide for clinicians responsible for treatment, hereafter the "user", and, therefore, is neither an alternative nor a substitute for specialized training or professional clinical experience.

Ziacom® products must be used according to a suitable treatment plan and adhering strictly to the surgical and prosthetic protocols established by the manufacturer. Read the product-specific surgical and prosthetic protocols as well as the instructions for use and maintenance before using each Ziacom® product. You can find this information on our website, www.ziacom.com, or request it from your nearest authorised Ziacom® distributor.

#### Liability, safety and guarantee.

The instructions for the use and handling of Ziacom® products are based on internationally published literature, current clinical standards and our clinical experience, so they should be understood as general guiding information. The handling and use of Ziacom® products is the sole responsibility of the user as it is outside the control of Ziacom Medical SL. Ziacom Medical SL, their affiliates and/ or their authorised distributors disclaim all responsibility, whether explicit or implicit, total or partial, for possible damage or injury caused by poor handling of the product or any other situation not considered in their protocols and manuals for the correct use of their products.

The user must ensure that the Ziacom<sup>®</sup> product is appropriate for the intended procedure and end purpose. Neither these instructions for use nor the work or handling protocols for the products release the user from this obligation. Ziacom<sup>®</sup> products must be used, handled and applied by professionals with the appropriate training and qualifications required according to current legislation in each country.

The total or partial use, handling and/or application of Ziacom® products at any stage of their implementation by personnel who are unqualified or lack the necessary training will automatically void any type of warranty and may cause severe damage to the patient's health.

Ziacom® products are part of their own system, with their own design characteristics and work protocols, including dental implants, abutments or prosthetic components and surgical or prosthetic instruments. The use of Ziacom® products in combination with elements or components from other manufacturers could result in treatment failure, damage to tissues or bone structures, inadequate aesthetic outcomes and severe damage to the patient's health. Therefore, only original Ziacom® products should be used.

The clinician in charge of the treatment is solely responsible for ensuring the use of original Ziacom<sup>®</sup> products and that they are used according to the corresponding instructions for use and handling protocols throughout the implant procedure. The use of any other non-original Ziacom<sup>®</sup> components, instruments or products, whether alone or in combination with any original Ziacom<sup>®</sup> products, will immediately void the warranty of the original Ziacom<sup>®</sup> products.

See the Ziacom Medical SL. Warranty Programme (available on the website or by contacting Ziacom Medical SL, their affiliates or authorised distributors).

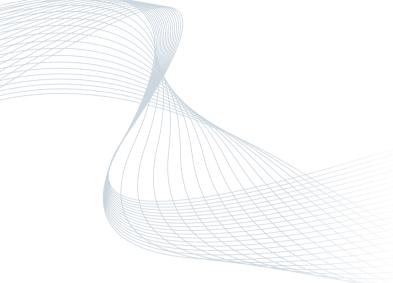
Warning. Not all Ziacom<sup>®</sup> products are available in all counties. Check availability in your country.

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# Together for | Z



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# The Company

### Together for **health**

Ziacom<sup>®</sup> has been working for more than 15 years to improve the **oral health** and well-being of patients around the world by **designing and manufacturing innovative**, high-quality dental implant, prosthetic component, surgical instrument and biomaterial solutions.

The company was founded in 2004 with **100% Spanish capital** and began its activity as a manufacturer of dental implants and attachments for several European companies before launching its own **brand of implant systems** in 2006.

In 2015, Ziacom<sup>®</sup> introduced its **diversification strategy** with the development of **new business lines** and new product lines and the launch of a **new portfolio**, which helped the company achieve a **15% share of the Spanish market** in 2016 with the sale of more than 230,000 implants.

In 2022, the company started up on an **ambitious growth plan** with new goals of **international expansion**, broadening and **diversification** of its portfolio **of products and services** and a Corporate Identity restyle.

### Ziacom<sup>®</sup> quality

Commitment to **quality and innovation** has been part of the values and the essence of Ziacom<sup>®</sup> since the beginning.

The reason why we used state-of-the-art technology in **every stage** of our products' production cycle, from design and manufacture to quality assurance, cleaning and packaging. All of our products are also manufactured using only high-quality raw materials after applying strict controls to select our main suppliers.

Ziacom Medical SL is a **licensed manufacturer of medical devices** and an AEMPS (Spanish Agency for Medicines and Medical Devices) 6425-PS **marketing authorisation holder**. Our **quality management system**  **is certified** in accordance with the requirements of ISO standards 9001:2015 and 13485:2018, and is also GMP 21 CFR 820 compliant.



Thanks to our ceaseless endeavours to offer our clients an unsurpassable quality, all our implants have a **lifetime guarantee**.

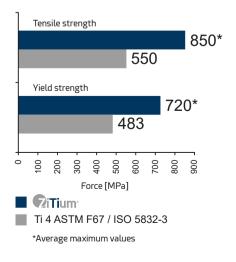
See the General Conditions for Accessing the Guarantee for Ziacom® products.

### Zitium<sup>®</sup> titanium

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Ziacom<sup>®</sup> Zinic<sup>®</sup> MT implants are manufactured using extra-highstrength grade 4 Zitium<sup>®</sup> titanium which gives them considerably improved yield strength and mechanical properties.

### Properties of Zitium® titanium



Thanks to **Zitium**<sup>®</sup> titanium, our implants meet the requirements of ASTM F67 and ISO 5832-3 and are certified in accordance with Council Directive 93/42/EEC and its amendment Directive 2007/47/EC by notified body 0051.



Ziacom<sup>®</sup> implants are all sterilised using beta ray radiation at 25 kGy, apart from the DSQ orthodontic implants, which are supplied **unsterilised**.

**IMPORTANT** All the products (except dental implants) listed in this Ziacom<sup>®</sup> catalogue are supplied unsterilised and must be sterilised before use.





### Investment in innovation and training

In order to always offer the very best solutions for the **well-being of every patient**, and thanks to the experience and dedication of our **highly-qualified professionals** and **innovative Technological Centre**, our R&D&I team works incessantly in the field of **research and innovation** to **improve** our products and develop **new solutions** to meet the demands and needs of both patients and dentists.

We also invest in **research** and **ongoing training** as a way of providing **scientific support to the sector** and we firmly believe in training **young professionals** to ensure the best **advances in dentistry field**.

We therefore work closely with **training centres**, **universities and scientific bodies** to create a practical and specialised teaching environment to promote and strengthen their knowledge, abilities and professional growth.

In order to enhance our investment in the training and **development** of dental professionals, we have specific areas at our facilities for hands-on training and practicals, state-of-the-art training equipment and also a **physical and virtual showroom** where professionals can see all our dental solutions first hand.

### Ziacom<sup>®</sup> around the world

We are committed to making oral health available to patients all over the world and have a solid **internal growth and expansion plan** to increase the company's **international presence** in those **areas where we our products are already available** and to add **new growth areas**.

In order to achieve this, we offer our **international associates** a **trusting and collaborative** partnership by adapting to their **local needs** and providing solutions that are specific to each market.

As part of our commitment to meet the specific **quality**, **regulatory and legal requirements of each country**, for both the registration and distribution of our products, we have **specific certifications** from each of the countries in which we trade.

### **Regional headquarter**

### Ziacom Medical SL

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Please see the up-to-date list of Ziacom® distributors at www.ziacom.com or email us at export@ziacom.com









# Zinic<sup>®</sup> implants

### Characteristics

### CONNECTION

- Internal hex connection.
- 1.5 mm deep prosthesis hex: improves distribution of lengthinal forces.
- Conical bevel: reduces infiltration.
- Conical friction: reduces micromovements.
- Platform switching: soft tissue modelling and emergence profile shaping.

### CORTICAL ZONE

- 0.4 mm machined ring: allows the prosthetic gap to be raised with respect to the bone crest in average/thick biotypes; avoids exposing the treated surface of irregular crests.
- Microthread design: preserves marginal bone.
- Microthread extension: improves load distribution.
- Macrodesign: optimal cortical compression.

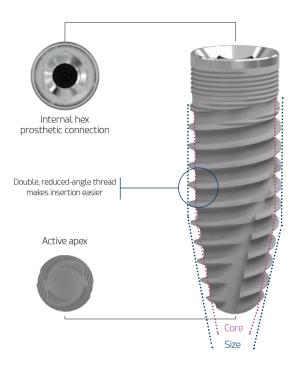
### BODY

- Reduced-angle active threads: improve stability during insertion and increase BIC (bone-to-implant contact).
- Double threaded: quick insertion and shorter surgical time.
- Self-tapping active apex: facilitates insertion with undersized drilling technique.
- Transverse apical windows: collect remnants of bone during insertion.
- · Optimised morphology: high primary stability.
- Atraumatic apex: no damage to anatomical structures.

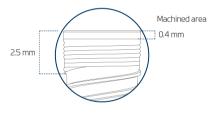
### CONICAL DESIGN

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- Facilitates shaping in low density bone.
- · Indicated for immediate loading.
- Indicated for cases of apical convergence and/or collapse.



#### Dimensions of the implant's neck/collar





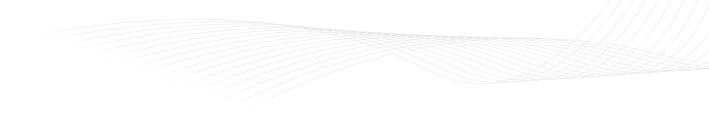
### Diameters and lengths

					LENGTH (L)			
ØDIAMETER	Ø PLATFORM	6	7	8.5	10	11.5	13	14.5
<b>NP 3.30</b>	3.20							
<b>RP 3.60</b>								
<b>RP 4.00</b>	3.50							
<b>RP 4.40</b>								
<b>W</b> P 4.80	4.50							

Dimensions in mm.

New product. Check availability.

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# Zinic<sup>MT</sup> implants

### Surface treatments

### Titansure surface

Implants inserted following surface treatment are known to benefit from improved osseointegration by increasing the bone-to-implant contact area. This is partly due to the implant's chemical composition and topographical characteristics.

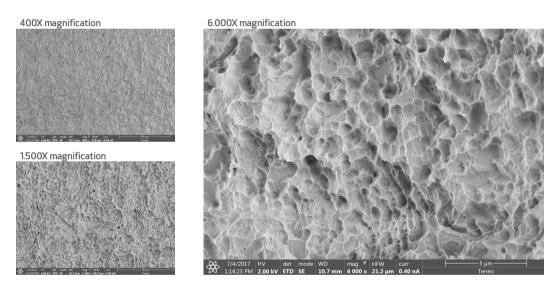
With our **Tibansure** surface treatment, at Ziacom Medical we have obtained a contaminant-free surface topography and optimal average macroand microporosity values, which are key specifications for achieving prompt and proper osseointegration and, in turn, extremely reliable and predictable implants.

### TITANSURE SURFACE ANALYSIS

**Titansure** is an SLA surface treatment created through a subtraction process involving sandblasting with white aluminium oxide and double acid etching with hydrofluoric acid and a sulphuric/phosphoric acid mix.

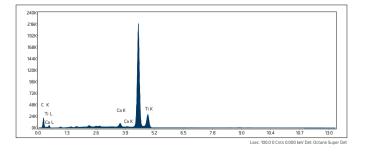
### Surface morphology analysis

With the aid of a scanning electron microscope (FEI TENEO, Thermo Fisher Scientific Inc., Waltham, MA, USA), we can see the rough, porous surface creating numerous cavities with thin, sharp edges.



### Surface elemental analysis

We used an energy-dispersive X-ray spectrometer (Octane Super, Edax-Ametek, Mahwah, NJ, USA) to analyse the chemical composition at the surface.



Compositional analysis of implant surface

ELEMENT	WEIGHT (%)
CK	9.32 (10.23)
AI K	-
Ti K	89.53 (11.77)
	AL 1 1 1 1 1 1 1

No aluminum was detected

Results are expressed as the mean and standard deviation of the mass percentage (WEIGHT (%)).



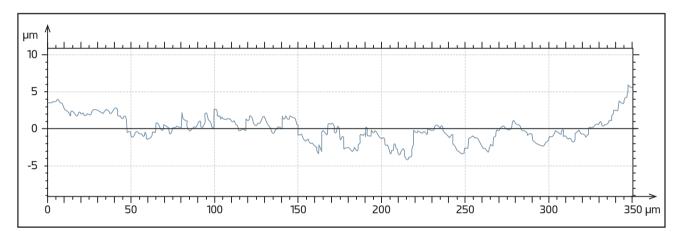
### Surface roughness analysis

The roughness study was conducted with a Sensofar S NEOX interferometric-confocal microscope (Sensofar Medical, Terrasa, Spain) and SensoMAP Premium 7.4 software. The quantitative roughness profile parameters applied were: average roughness (Ra), root-mean-square roughness (Rq), maximum profile peak height roughness (Rp) and maximum profile valley depth roughness (Rv).

Ra (µm) (SD)	Rq (µm) (SD)	Rp (µm) (SD)	Rv (µm) (SD)
0.82 (0.10)	0.97 (0.08)	1.84 (0.04)	2.21 (0.01)

The 3D surface roughness (Sa), 3D root mean square height (Sq), maximum 3D peak height (Sp) and maximum 3D pit depth of the selected area (Sv) were also recorded.

Sa (μm) (SD)	Sq (µm) (SD)	Sp (µm) (SD)	Sv (µm) (SD)
0.76 (0.01)	0.97 (0.01)	4.20 (0.12)	4.62 (0.20)



#### The data were extracted from:

Rizo-Gorrita, M.; Fernandez-Asian, I.; Garcia-de-Frenza, A.; Vazquez-Pachon, C.; Serrera-Figallo, M.; Torres-Lagares, D.; Gutierrez-Perez, J. Influence of Three Dental Implant Surfaces on Cell Viability and Bone Behavior. An In Vitro and a Histometric Study in a Rabbit Model. Appl. Sci. 2020. 10(14), 4790

### OPTIMAL OSSEOINTEGRATION

The **Titansure** surface has a three-dimensional surface structure with high peaks and broad troughs, which is known to be highly effective at promoting the coagulation cascade and the release of growth factors through platelet activation [Kim, H.; Choi, S.H.; Ryu, J.J.; Koh, S.Y.; Park, J.H.; Lee, I.S. The biocompatibility of SLA-treated titanium implants. Biomed. Mater. 2008. 3. 025011.].

This type of surface may have an osteogenic effect thanks to its different topographical features at a micrometer and nanometer level, which has a very similar morphology to the osteoclastic bone resorption cavities [Le Guehennec, L.; Goyenvalle, E.; Lopez-Heredia, M.A.; Weiss, P.; Amouriq, Y.; Layrolle, P. Histomorphometric analysis of the osseointegration of four different implant surfaces in the femoral epiphyses of rabbits. Clin. Oral Implants Res. 2008. 19. 1103–1110].



# Zinic<sup>®</sup> implants

### Surface treatments

### Titansure Active surface treatment

Ziacom<sup>®</sup> presents the **Titansure Active** surface treatment with bone bioactive liquid (BBL) as the latest innovation for the presentation of our dental implants. The **Titansure Active** surface treatment is a combination of **Titansure** with BBL technology (Bone Bioactive Liquid), a patent acquired by Ziacom<sup>®</sup> and developed by the Biointelligence Systems research group led by Professor Maher Al-Atari Abou-Asi.

"BBL technology consists of a saline solution containing calcium chloride (CaCl2) and magnesium chloride (MgCl2.6H2O) with a net negative charge and creates the ideal conditions for post-implant cell adhesion in the region with bone damage. What is more, surface treatment with BBL provides a significant increase in the density of hydroxyl groups on the surface of implants, thus improving their hydration considerably compared with other surfaces. This hydrophilic implant surface is precisely what enables active ion interaction with blood plasma and bone-forming cells long before the first steam cells can attach to the surface. Finally, this yields improved intercellular communication and a greater final bone-to-implant contact area in a significantly shorter time, thereby markedly reducing the postoperative inflammatory process."

Dr. Prof. Maher Al Atari

### SURFACE STUDIES OF BBL-TREATED IMPLANTS

#### In vitro research

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Dental pulp pluripotent-like stem cell (DPPSC) and dental pulp mesenchymal stem cell (DPMSC) cultures were prepared on titanium discs sandblasted with aluminium oxide and acid etched in an osteoblast differentiation medium.

The samples were divided into two treatment groups:

- Group A. Titanium discs Traditional, untreated surface.
- Group B. Titanium discs BBL-treated surface.

The surfaces were examined using energy-dispersive X-ray microanalysis (EDXMA) to determine the composition of surface elements.

Comparison of different elements in the two groups				
	Untreated surface	Treated surface <b>Titansure Active</b>		
Carbon	32.22 ± 5.89	32.89 ± 1.76		
Oxygen	14.34 ± 1.23	13.97 ± 1.45		
Phosphorus	3.96 ± 2.8	3.89 ± 1.87		
Calcium	5.86 ± 3.8	9.53 ± 4.04		
Titanium	39.76 ± 1.65	41.34 ± 1.89		
Ca/P	1.678	2.347		

#### In vivo research

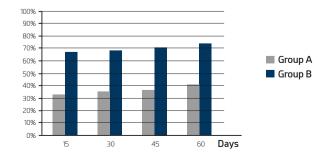
A study was conducted in the tibiae of 10 adult New Zealand rabbits after inserting four implants per rabbit (two in each tibia).

The subjects were assigned to two treatment groups with implants:

- Group A. Implants with a traditional, untreated surface.
- Group B. Implants with a traditional, BBL-treated surface.

In general, group B had higher BIC (bone-to-implant contact) values than group A.

Histomorph	nometric analysis - Bone-to	o-implant contact (BIC)
Time of measurement	Group A Untreated surface (Control) mean + SD	Group B Treated surface <b>Tibansure Active</b> mean + SD
15 days	33.7 ± 2.3%	68.92 ± 0.3%
30 days	35.8 ± 1.8%	69.35 ± 2.2%
45 days	37.9 ± 1.2%	70.34 ± 1.1%
60 days	41.2 ± 0.8%	73.89 ± 1.9%



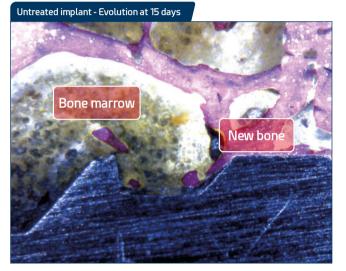


#### Conclusions

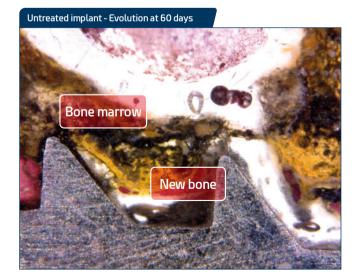
Within the scope of this study, the histomorphometric analysis demonstrated that the group B implants achieved quicker and more effective osseointegration than control group A. Nevertheless, an assessment of bone growth in the medullary portion of the subjects' tibiae revealed the new surface's potential for osteoinduction.

As explained by Dr. Sérgio Alexandre Gehrke, the histologist in charge of the study: "Within the study's limits, data from the histomorphometric analysis of the implants with a BBL-treated surface (78.92 + 0.3%) highlighted a much quicker and more effective osseointegration compared to the control group (53.8 + 2.3% of BIC). Assessment of bone growth in the medullary portion of the rabbits' tibiae showed the new test surface's potential for osteoinduction."

### EVOLUTION OF OSSEOINTEGRATION











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**NOTE** The images are of Ziacom® implants manufactured specifically for use in the study of BBL-treated implants.

# Zinic<sup>®</sup> implants

### Product presentation

### Packaging tailored to the type of surface

Ziacom® offers two different types of product packaging depending on the type of implant surface:

#### **Blister packaging**

Available for implants with **Titansure** surface treatment. The blisters are heat-sealed and include identification labels for product traceability and a flap for easy opening in the clinic but while preventing accidental opening.

#### Bottle packaging

Available for implants with **Titansure Active** surface treatment. The sealed bottle contains bone bioactive liquid (BBL) to ensure the perfect preservation of the implant's properties. The bottles include identification labels for product traceability.



#### IMPORTANT

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Do not open the sterile container until just before inserting the implant.



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TTA Active

For full details on the product presentation and

instructions for use (IFU) see www.ziacom.com/ifus

or scan the QR code on the box.

New product. Check availability.

Do not use if the packaging is damaged

Consult the instructions for use

Expiry date of the product

Non-reusable product

Date of manufacture

Product manufacturer

without prescription

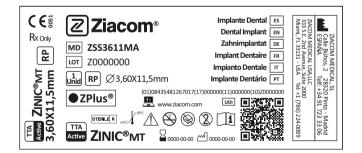
Titansure surface treatment

Titansure Active surface treatment

RxOnly Caution: federal law prohibits dispensing

### Outer identification label

Ziacom<sup>®</sup> implants are supplied in a sealed cardboard box that includes a product identification label with a description of their main characteristics.



#### Description of the symbology used

CE MDD CE certification and notified body

- MD Name of the medical device
- LOT Number of product batch
- Patient information website
- UDI Unique device identification
- Sterilised using radiation
   Temperature restriction
- •
- Caution, consult accompanying documents
- 🛞 Do not resterilise



### ZPlus Mount option

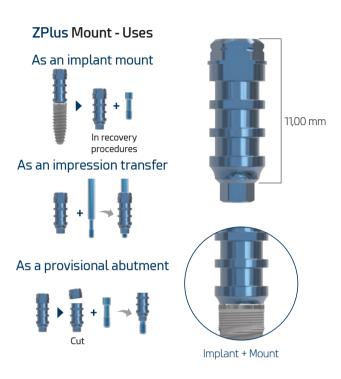
Options for the Zinic® MT include the **ZPlus** mount, a multi-functional abutment made in grade 5 ELI titanium (sanitary grade), which allows easy handling of the implant during the procedure. Additionally, the **ZPlus** mount concept is based on reducing treatment costs, as it works equally well as an implant mount, impression abutment, or provisional abutment for cement-screwed.

The **ZPlus** mount is available for the following implant ranges Zinic®, Zinic® MT, ZM4. ZM4 MT and ZM1.

As we said, the **ZPlus** mount may be used as a provisional abutment, in which case it should be sculpted extra-orally and adjusted on an analogue, preferably a lab model or clamp. Check also the structural integrity of the mount and screw, to ensure that they have not suffered any deformation or damage due to excessive insertion torque or forced removal manoeuvre. Additionally, verify on an analogue that the **ZPlus** fixing screw is well fitted and that the connection is secure.

#### IMPORTANT

Always follow the surgical protocol when inserting the implant. This will protect the mount and screw from possible damage which could prevent it being used later as an impression abutment and/or provisional abutment. Use each **ZPlus** only with the implant to which it belongs. To avoid mix-ups, keep the **ZPlus** and screw with the patient's ID, detailing the corresponding reference and batch number. The **ZPlus** has 3 flat sides. After finishing the implant procedure, ensure that one of the flat sides faces into the vestibular cavity.

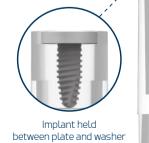


### Ziacom<sup>®</sup> No Mount option

Zinic® MT implants are supplied in Ziacom® No Mount vials; the implants are held vertically inside a plastic vial between a plate below and a washer above (both made from titanium), thus preventing any movements or unwanted contacts.

This packaging means that the pressure is applied directly to the connection so the implant can be safely and easily withdrawn from the vial and transferred to the surgical site.

Therefore, Ziacom<sup>®</sup> No Mount implants eliminate the risk of reducing the primary stability caused by over instrumentation, squash the need to handle the implant when removing it from the mount, and simplify implant insertion in posterior areas with limited access.







Zinic® insertion key

No Mount



# Zinic<sup>®</sup> implants

### Zinic<sup>®</sup> MT references

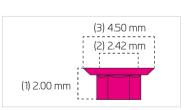
### ■ Zinic<sup>®</sup> MT with ZPlus - Titansure / Titansure Active references

			IMPL	ANT					
	Ø (mm)	Ø Core (mm)	Length (mm)	Ref. Titansure	Ref. Titansure Active				
_			8.5	ZSS3385M	ZSS3385MA				
Ξ			10.0	ZSS3310M	ZSS3310MA				
<u>.</u>	3.30	2.80/1.70	11.5	ZSS3311M	ZSS3311MA				
Zinicm			13.0	ZSS3313M	ZSS3313MA	重			
N			14.5	ZSS3314M	ZSS3314MA				
			8.5	ZSS3685M	ZSS3685MA	turner (			
			10.0	ZSS3610M	ZSS3610MA				
	Э.60	3.10/1.80	11.5	ZSS3611M	ZSS3611MA				
			13.0	ZSS3613M	ZSS3613MA	-			
			14.5	ZSS3614M	ZSS3614MA				
ĺ			6.0	ZSS4006M	ZSS4006MA				
			7.0	ZSS4007M	ZSS4007MA	weeks	Metric		
			8.5	ZSS4085M	ZSS4085MA		Metric	$\frown$	
	4.00	3.40/2.10	10.0	ZSS4010M	ZSS4010MA				
			11.5	ZSS4011M	ZSS4011MA		(M1,60)	(M1,80)	
			13.0	ZSS4013M	ZSS4013MA		Metrics 160	) (NP) and 1.80 (RP	/W/P)
			14.5	ZSS4014M	ZSS4014MA				
			6.0	ZSS4406M	ZSS4406MA		Cover sc	rew*	
			7.0	ZSS4407M	ZSS4407MA	land			
			8.5	ZSS4485M	ZSS4485MA				
	4.40	3.80/2.30	10.0	ZSS4410M	ZSS4410MA	-			L [] 🗍
			11.5	ZSS4411M	ZSS4411MA				
			13.0	ZSS4413M	ZSS4413MA		Platf.	Length (L)	Reference
			14.5	ZSS4414M	ZSS4414MA			4.20	ZNPT
			6.0	ZSS4806M	ZSS4806MA			4.20	ZRPT
			7.0	ZSS4807M	ZSS4807MA			4.20	ZWPT
	4.00	410/2 40	8.5	ZSS4885M	ZSS4885MA		Anodised	NP 🗖 RP 🗖 WP	
	4.80	4.10/2.40	10.0	ZSS4810M	ZSS4810MA	-			Grade 5
			11.5	ZSS4811M	ZSS4811MA		ROT	1,25mm M1,60	
l			13.0	ZSS4813M	ZSS4813MA		* Screw incl	uded with each imp	olant.

### Platform

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(1) Internal hex depth. (2) Distance between faces of the internal hex. (3) Diameter of working platform.



(3) 4.50 mm

(2) 2.42 mm

(1) 2.00 mm

			IMPI	LANT			
	Ø (mm)	Ø Core (mm)	Length (mm)	Ref. Titansure	Ref. Titansure Active		
-			8.5	ZSS3385MF	ZSS3385MFA		
ا ک <sub>ھ</sub>			10.0	ZSS3310MF	ZSS3310MFA		
Ŭ	3.30	2.80/1.70	11.5	ZSS3311MF	ZSS3311MFA		
Ż			13.0	ZSS3313MF	ZSS3313MFA		
Zinicm			14.5	ZSS3314MF	ZSS3314MFA		
			8.5	ZSS3685MF	ZSS3685MFA	tumo d	
			10.0	ZSS3610MF	ZSS3610MFA		
	3.60	3.10/1.80	11.5	ZSS3611MF	ZSS3611MFA		
			13.0	ZSS3613MF	ZSS3613MFA	<b>T</b>	
			14.5	ZSS3614MF	ZSS3614MFA		
			6.0	ZSS4006MF	ZSS4006MFA		
			7.0	ZSS4007MF	ZSS4007MFA	Metric	
			8.5	ZSS4085MF	ZSS4085MFA		
	4.00	3.40/2.10	10.0	ZSS4010MF	ZSS4010MFA		
			11.5	ZSS4011MF	ZSS4011MFA	(M1,60) (M1,80)	
			13.0	ZSS4013MF	ZSS4013MFA	Metrics 1.60 (NP) and 1.80 (RP/WP).	
			14.5	ZSS4014MF	ZSS4014MFA		
			6.0	ZSS4406MF	ZSS4406MFA	Cover screw*	
			7.0	ZSS4407MF	ZSS4407MFA	100f	
			8.5	ZSS4485MF	ZSS4485MFA		ī
	4.40	3.80/2.30	10.0	ZSS4410MF	ZSS4410MFA	1 🗑 🔰 👘 L. 🖲	ł
			11.5	ZSS4411MF	ZSS4411MFA	•	
			13.0	ZSS4413MF	ZSS4413MFA	Platf. Length (L) Reference	
			14.5	ZSS4414MF	ZSS4414MFA	- 4.20 ZNPT	
			6.0	ZSS4806MF	ZSS4806MFA	• 4.20 ZRPT	
			7.0	ZSS4807MF	ZSS4807MFA	4.20 ZWPT	
	4.80	4.10/2.40	8.5	ZSS4885MF	ZSS4885MFA	Anodised NP RP WP	
	4.00	4.10/2.40	10.0	ZSS4810MF	ZSS4810MFA		Grade ELI itaniu
			11.5	ZSS4811MF	ZSS4811MFA	KOT (1,25mm) (M1,60) (M1,80) (X) (T	taniu
			13.0	ZSS4813MF	ZSS4813MFA	* Screw included with each implant.	

### ■ Zinic<sup>®</sup> MT with Ziacom<sup>®</sup> No Mount - Titansure / Titansure Active references

### Platform





# Zinic<sup>®</sup> implants

### Recommendations for use

All implant treatments must respect the natural biomechanical stability of the oral cavity and allow the natural emergence of the dental crown through the soft tissue. The implantologist must assess the quantity and quality of bone currently in the implant area and consider the need for prior or simultaneous bone regeneration, as appropriate.

Ziacom<sup>®</sup> has a wide range of implants available to cover every reconstruction possibility. The circles on the periodontal chart represent the implant diameters and platforms recommended for each tooth position.

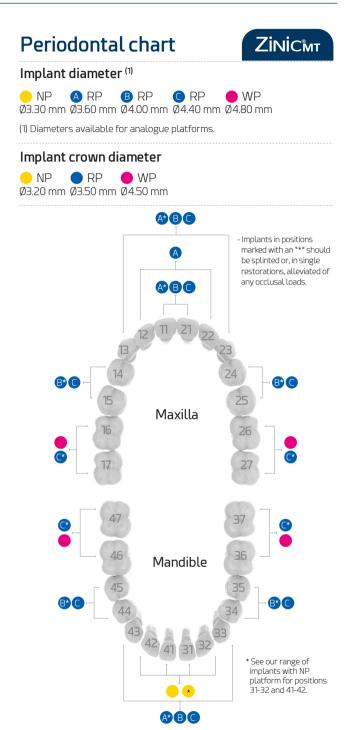
These recommendations are valid for the replacement of teeth with single restorations, bridges, hybrid work or overdentures.

Remember to maintain minimum distances between adjacent implants and between implants and teeth in order to preserve interdental papilla, bone vascularisation and natural emergence profiles.

Selection of the appropriate implant for each case is the sole responsibility of the implantologist. Ziacom® advises all clinicians to take into account the warnings based on scientific evidence which can be found in the product catalogues and our website.

### ■ CLARIFICATIONS ON DRILLING MEASUREMENTS AND TECHNIQUES

- IMPLANT SIZE: identifies the diameter and length of the implant.
- IMPLANT BODY: diameter of the implant core.
- DRILL SIZE: diameter and length of the drill bit.
- DRILLING TECHNIQUE: we have developed various drilling protocols to enable you to deal with different situations that arise in a schematic way when performing implant surgery.



#### IMPORTANT

Short, 6.00 and 7.00 mm implants are ONLY recommended for splinted use in combination with normal length implants ( $\geq$  10.00 mm).

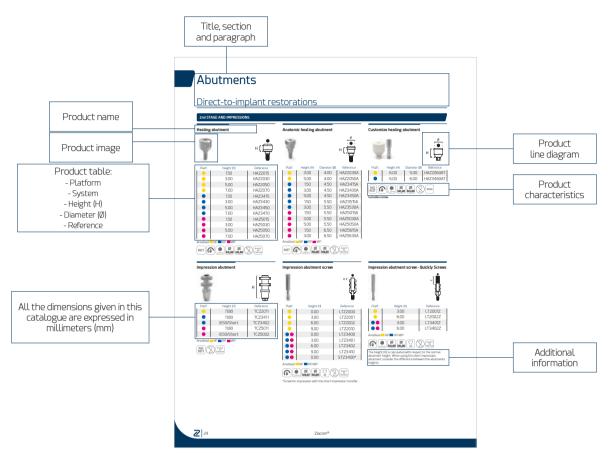
For more information on implant size selection see the literature available at www.ziacom.com/biblioteca



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# How to use this catalogue

### Product sheet



### Symbology

Symbol	Meaning	Symbol	Meaning	Symbol	Meaning
ROT	Rotatory element		Tx30 connection	Co-Cr +castable	Made from cobalt chromium + castable plastic
NOROT	Non-rotatory element	MX,XX	Size in millimeters	Cobalt Chromium	Made from cobalt chromium
	Use with manual torque (see table on page 41)		45° screw support	PEEK	Made from PEEK
XXX	Maximum operating torque	90°	90° screw support	Full	Made from castable plastic
Ncm 10 20 50 40 50 50 70	Ratchet torque range	$\Diamond$	Use in rotation with a CA	Plastic	Made from plastic
Galaxy	Galaxy connection	Rpm	Maximum rotation speed	XX° SSS	Recommended sterilisation temperature
1,25mm	Screw connection	USES	Maximum number of uses	Non sterile	Unsterilised product
Kirator	Kirator connection	(	Single-use product		Use with abundant irrigation
Basic	Basic connection	Grade 5 ELI Titanium	Made from grade 5 ELI (extra-low interstitial) titanium	( XX.)	Maximum angle
<b>O</b> XDrive	XDrive connection	Stainless Steel	Made from stainless steel		









### Direct-to-implant restorations

### 2nd STAGE AND IMPRESSIONS

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1	٩	2	5
	and a lot of the lot o		

Healing abutment

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н	
	`\



Platf.	Height (H)	Diameter (Ø)	Reference
•	3.00	4.00	HAZ2030A
•	5.00	4.00	HAZ2050A
	1.50	4.50	HAZ3415A
	3.00	4.50	HAZ3430A
	5.00	4.50	HAZ3450A
	1.50	5.50	HAZ3515A
	3.00	5.50	HAZ3530A
	1.50	5.50	HAZ5015A
	3.00	5.50	HAZ5030A
	5.00	5.50	HAZ5050A
	1.50	6.50	HAZ5615A
	3.00	6.50	HAZ5630A
Anodised	NP 🗖 RP 🗖 V	VP	
ROT RT LISSTAN			

Anatomic healing abutment

Customize healing abutment



Includes screw.

### Impression abutment





Platf.	Height (H)	Reference
	11.80	TCZ2011
	11.80	TCZ3411
	8.50/Short	TCZ3402
	11.80	TCZ5011
	8.50/Short	TCZ5002
Anodised	NP 🔜 RP 🔜 WP	

NO ROT

Platf.	Height (H)	Reference
•	0.00	LTZ2000
•	3.00	LTZ2001
•	6.00	LTZ2002
•	9.00	LTZ2010
	0.00	LTZ3400
	3.00	LTZ3401
	6.00	LTZ3402
	9.00	LTZ3410

Impression abutment screw

100

нс			
eference	Platf.	Height (H)	
FZ2000	•	Э.00	

Platr.	Height (H)	Reference
	3.00	LT2001Z
	6.00	LT2002Z
	3.00	LT3401Z
	6.00	LT3402Z
Anodised – NP – RP/WP		
(↓) (1,25mm) (↓) (↓) (↓) (↓) (↓) (↓) (↓) (↓) (↓) (↓		

Impression abutment screw - Quickly Screws

The height (H) is calculated with respect to the normal abutment height. When using the short impression abutment consider the difference between the abutments heights.



0.00

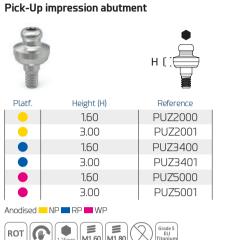
NP 🗖 RP/WP

Anodised

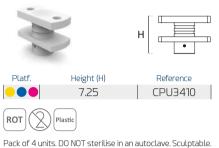
\*Screw for impression with the short impression transfer.

STZ3400\*





### Pick-Up impression transfer



Z2Plus Snap-On impression abutment

M1,60 M1,80



Anodised RP 🗖 WP



#### IMPORTANT

Use the laboratory screw to tighten this impression abutment.

### Z2Plus Snap-On impression transfer



Plastic

Pack of 4 units. DO NOT sterilise in an autoclave. Sculptable.







### 3D implant analogue





### FIXING ELEMENTS

### **Clinical screw**

Ì		
Platf.	Length (L)	Reference
	8.00	DSZ2000
	7.85	DSZ3400
Anodised <mark> </mark>	NP RP/WP	
(30) (1,25mm) (■,60) (■,160) (↓,25mm) (Grade 5) (↓,125mm) ( ↓,125mm) (↓,125mm) ( ↓,125mm) ( \downarrow,125mm) (		

Kiran clinical screw



### For abutments and Ti-Base ZiaCam Tx30

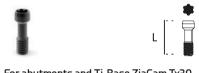


Special Kiran screw with surface treatment.

#### Laboratory screw



Kiran Tx30 clinical screw



### For abutments and Ti-Base ZiaCam Tx30



Special Kiran Tx30 screw with surface treatment.

Use only with Tx30 screwdrivers.

### PROVISIONAL

### **Provisional abutment**





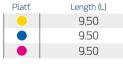
Reference

RUZT2010

RUZT3410

RUZT5010

Rotatory



Anodised 📃 NP 🔜 RP 🔜 WP



### Non-rotatory

Platf.	Length (L)	Reference
•	9.50	NUZT2010
	9.50	NUZT3410
	9.50	NUZT5010
Anodised NP 🔤 RP 📕 WP		

### NO ROT

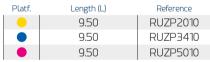
26

Abutments for aesthetic and immediate loading



# L

### Rotatory





### Non-rotatory

Platf.	Length (L)	Reference
•	9.50	NUZP2010
	9.50	NUZP3410
	9.50	NUZP5010





#### SCREWED UCLA MECHANISED BASE UCLA Mechanised base abutment UCLA + Castable abutment L Rotatory Rotatory Platf. Length (L) Reference 10.70 RUZ2000 Platf. Length (L) Reference 10.70 RUZ3400 10.60 BRUZ20 10.70 RUZ5000 10.60 BRUZ34 10.60 BRUZ50 Full ROT Co-Cr ROT Non-rotatory Platf. Length (L) Reference Non-rotatory • 10.70 NUZ2000 Platf. Length (L) Reference 10.70 NUZ3400 10.60 BNUZ20 10.70 NUZ5000 10.60 BNUZ34 10.60 BNUZ50 Full castable



### SCREWED

Rotatory

28

### Tx30 VARIABLE ROTATION ABUTMENT

### Tx30 mechanised base abutment

+ 2 castable abutments (15° and 20°)





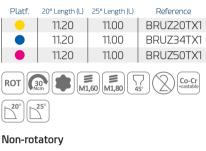


Tx30 mechanised base abutment

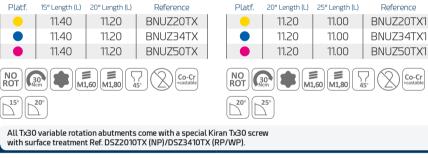
+ 2 castable abutments (15° and 20°)

### Rotatory









### TX30 VARIABLE ROTATION ABUTMENT

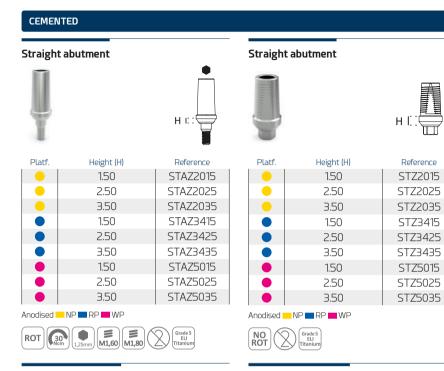
The Tx30 variable rotation abutment comprises a Cr-Co mechanised base that accepts 15°, 20° or 25° angled castable abutments and a Kiran clinical screw with a special Tx30 connection.

The Cr-Co base ensures a perfect fit and seal with the implant connection and the different angles of the castable abutments can be used to choose the best position for the correct emergence of the restoration screw access channel.



Ziacom®





### 15° angled abutment







Reference

A1Z2015

A2Z2015

A1Z3415

A2Z3415

A1Z5015

A2Z5015



25° angled abutment

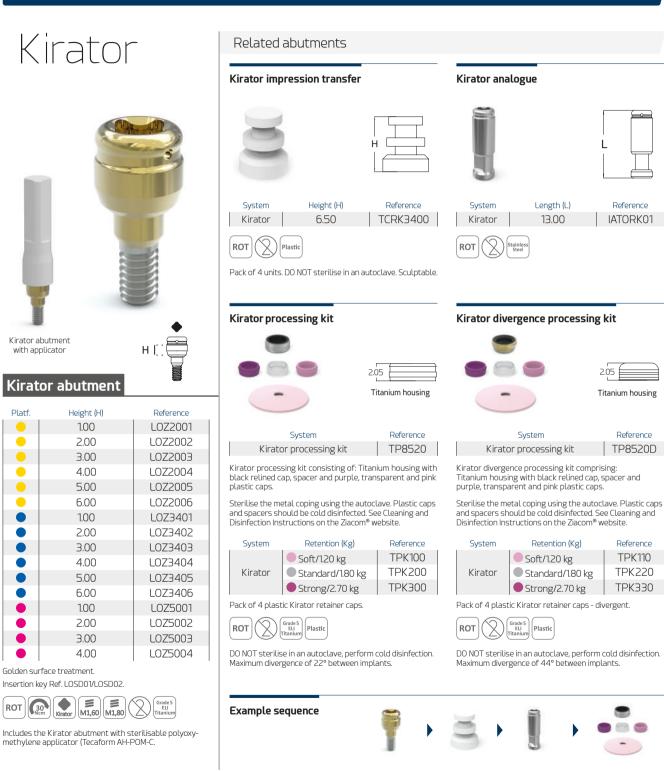
н	I.:

Platf.	Height (H)	Reference
•	1.50	A1Z2025
•	2.50	A2Z2025
	1.50	A1Z3425
	2.50	A2Z3425
	1.50	A1Z5025
	2.50	A2Z5025
Anodised 🔜 NP 🔜 RP 🔤 WP		
ROT Grade 5 ELI Titanium		



### Direct-to-implant restorations

### OVERDENTURE



www.ziacom.com

Kirator divergent processing pack references TPK110/ TPK220/TPK330 are subject to availability.



# ZM-Equator



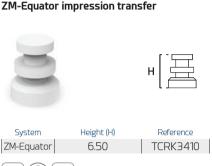
	1.00	ZMZ3401
	2.00	ZMZ3402
	3.00	ZMZ3403
	4.00	ZMZ3404
	5.00	ZMZ3405
	6.00	ZMZ3406
	1.00	ZMZ5001
	2.00	ZMZ5002
	З.00	ZMZ5003
•	4.00	ZMZ5004

Golden surface treatment.



Includes the ZM-Equator abutment with sterilisable polyoxymethylene applicator (Tecaform AH-POM-C).

### Related abutments



Pack of 4 units. DO NOT sterilise in an autoclave. Sculptable.



ZM-Equator analogue

Reference

IAZM01

### ZM-Equator processing kit

Plastic

ROT



Reference System ZM8520 ZM-Equator processing kit

2.00

Titanium housing

ZM-Equator processing kit consisting of: Titanium housing with black relined cap, spacer and purple, transparent and pink plastic caps.

Sterilise the metal coping using the autoclave. Plastic caps and spacers should be cold disinfected. See Cleaning and Disinfection Instructions on the Ziacom® website.

System	Retention (Kg)	Reference
	Soft/1.20 kg	TZM100
ZM-Equator	Standard/1.80 kg	TZM200
	Strong/2.70 kg	TZM300

Pack of 4 plastic ZM-Equator retainer caps.



DO NOT sterilise in an autoclave, perform cold disinfection. Maximum divergence of 22° between implants.

Example sequence

### ZM-Equator divergence processing kit



ZM8520D ZM-Equator processing kit ZM-Equator divergence processing kit comprising: Titanium housing with black relined cap, spacer and purple, transparent and pink plastic caps.

Sterilise the metal coping using the autoclave. Plastic caps and spacers should be cold disinfected. See Cleaning and Disinfection Instructions on the Ziacom® website.

System	Retention (Kg)	Reference
ZM-Equator	Soft/1.20 kg	TZM100
	Standard/1.80 kg	TZM200
	Strong/2.70 kg	TZM300

Pack of 4 plastic ZM-Equator retainer caps - divergent.



DO NOT sterilise in an autoclave, perform cold disinfection. Maximum divergence of 44° between implants.



### DIGITAL CAD-CAM

#### ZiaCam scanbody to implant





PEEK ELI

For more information on the recommendations for the use of interfaces in zirconia restorations see the literature available at www.ziacom.com/biblioteca or the use of abutments see the "Prosthetic procedure manual.



### Indicated for the clinic.

NO ROT

Anodised NP 🔤 RP 🗰 WP

۲ 

All ZiaCam to implant scanbodies include a screw Ref. LBZ2000 (NP)/LBZ3400 (RP/WP).

M1,60

8.00

#### ZiaCam Ti-Base





#### Rotatory

Platf.	Height (Hg/Ht)	Reference
•	0.50/5.00	FRUZ201
•	1.50/6.00	FRUZ202
	0.50/5.00	FRUZ341
	1.50/6.00	FRUZ342
	0.50/5.00	FRUZ501
	1.50/6.00	FRUZ502
ROT (125mm) (1		

#### Non-rotatory

2 32

Platf.	Height (Hg/Ht)	Reference
•	0.50/5.00	FNUZ201
	1.50/6.00	FNUZ202
	0.50/5.00	FNUZ341
	1.50/6.00	FNUZ342
	0.50/5.00	FNUZ501
	1.50/6.00	FNUZ502
NO ROT L25mm AL60 H1,80 C C C C C C C C C C C C C C C C C C C		

...... with a special matter come with a special Kiran screw with surface treatment Ref. DSZ2010 (NP)/DSZ3410 (RP/WP).

### Tx30 ZiaCam Ti-Base



### Rotatory

πυτατυί	У	
Platf.	Height (Hg/Ht)	Reference
•	0.50/6.00	FRUZ20TX1
•	1.50/7.00	FRUZ20TX2 (1)
	0.50/6.00	FRUZ34TX1
	1.50/7.00	FRUZ34TX2 (1)
	0.50/6.00	FRUZ50TX1
	1.50/7.00	FRUZ50TX2 <sup>(1)</sup>
ROT Grade S M1,600 M1,800 A5' C Grade S UTTanium		
(1)		

#### Non-rotatory

 $\square$ 



All Ti-Base ZiaCam Tx30 abutments come with a special Kiran Tx30 screw with surface treatment Ref. DSZ2010TX (NP)/DSZ3410TX (RP/WP).

(1) Gingival heights of 1.50 mm have a maximum angle of 20° (all other heights have a maximum of 30°).

### Kirator abutment.Toolbar







Platf. Height (H) Universal 1.80

#### Reference LOTB100

Gold-coloured surface treatment.









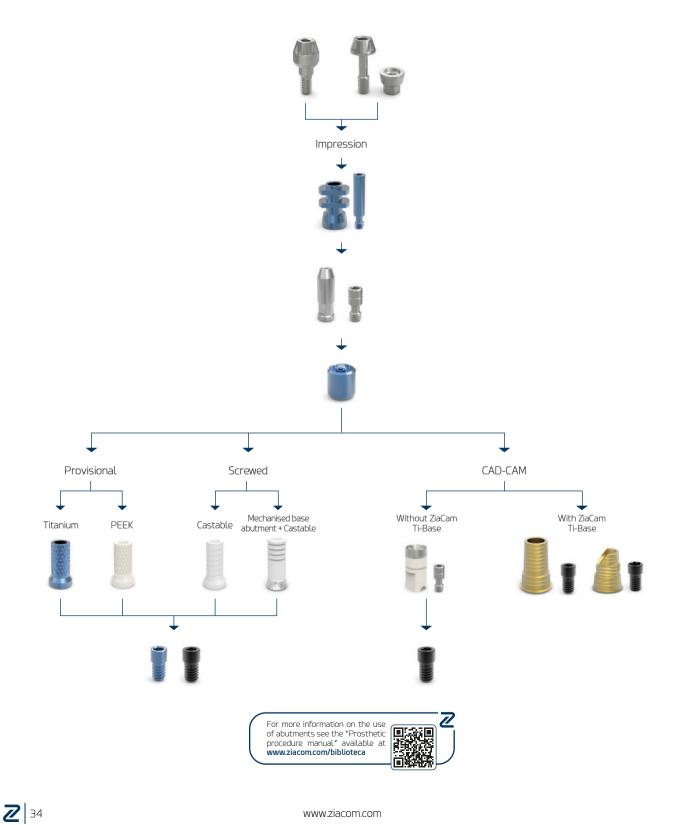
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# Abutments Restorations using transepithelials

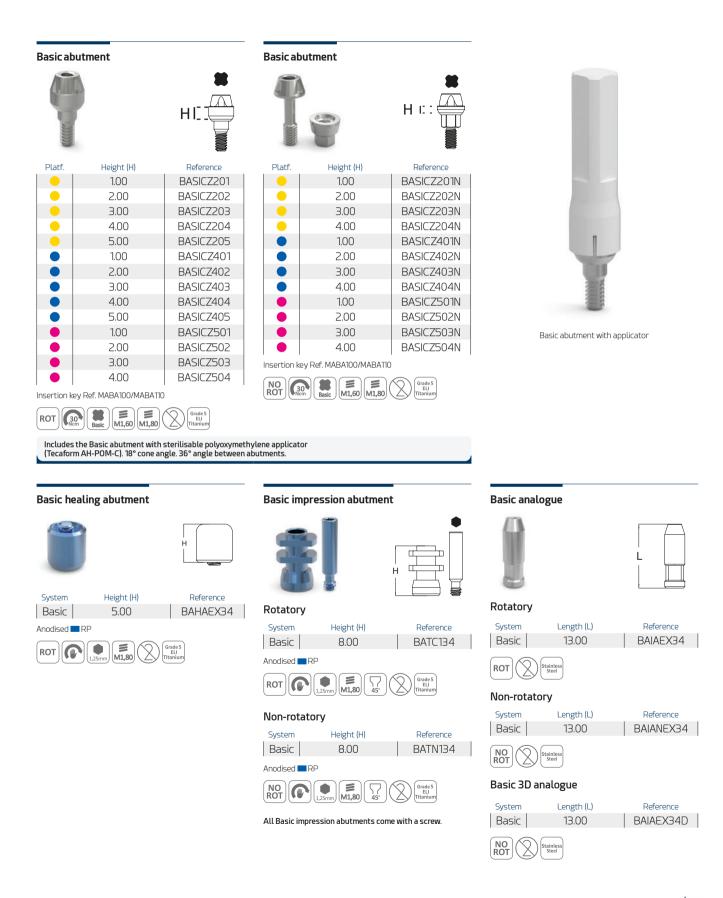


### Restorations using transepithelials

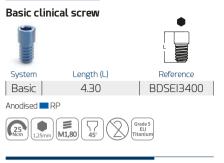
### Basic | Demonstrative sequence of use







## **Abutments**



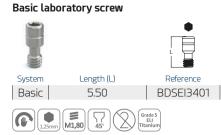
### Kiran Tx30 Basic clinical screw



Kiran Basic clinical screw



Special Kiran screw with surface treatment.



NOT apt for use as the final clinical screw.

Special Kiran Tx30 screw with surface treatment.

### **Basic provisional abutment**

assessed in		
System	Length (L)	Reference
Basic	8.50	BARUT10
Anodised R	Grade 5 ELI Titanium	

### **Basic provisional abutment**





Rotatory

# Т

Reference

Reference

BANUP34

BARUP34

System Length (L) Basic

8.50



### Non-rotatory

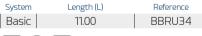


Abutment base mec. Basic + Abutment calcinable





Rotatory





### Non-rotatory



Reference BBNU34



Length (L)

9.00

Reference

BARUEX34

UCLA Basic

System

2 36



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### DIGITAL CAD-CAM

#### ZiaCam scanbody to Basic abutment



#### Rotatory





Indicated for clinical use.

All ZiaCam scanbody to Basic abutments include a screw Ref. BDSEI3401.

#### ZiaCam to Basic Ti-Base





### Rotatory



#### Non-rotatory



All ZiaCam to Basic Ti-Bases come with a Kiran special screw with surface treatment Ref. BDSEI3410.

### ZiaCam Tx30 to Basic Ti-Base



### Rotatory





### Non-rotatory

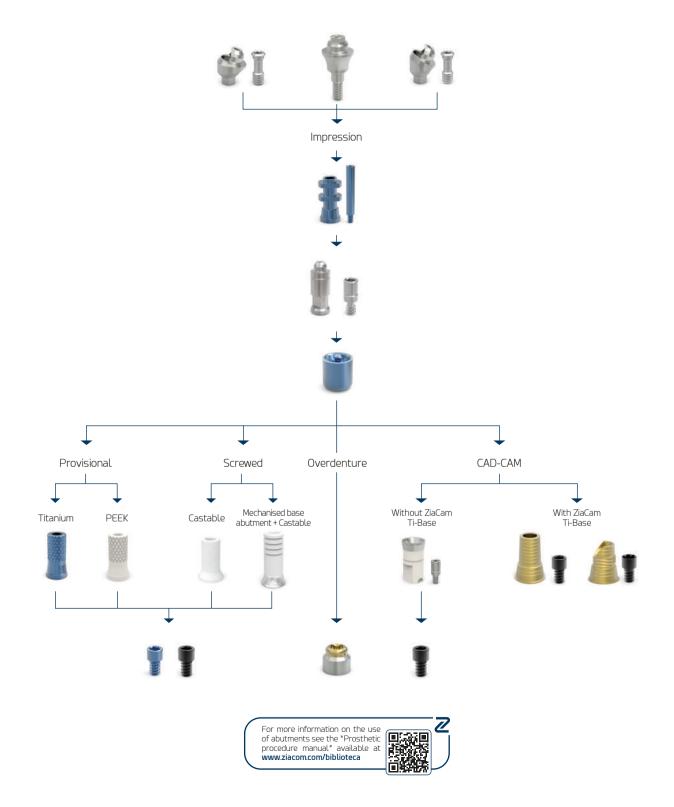
System	Height (Hg/Ht)	Reference
Basic	0.30/5.70	BFNU341TX
NO ROT		Grade 5 ELI Titanium

All ZiaCam Tx30 to Basic Ti-Bases come with a Kiran Tx30 special screw with surface treatment Ref. BDSEI34TX.

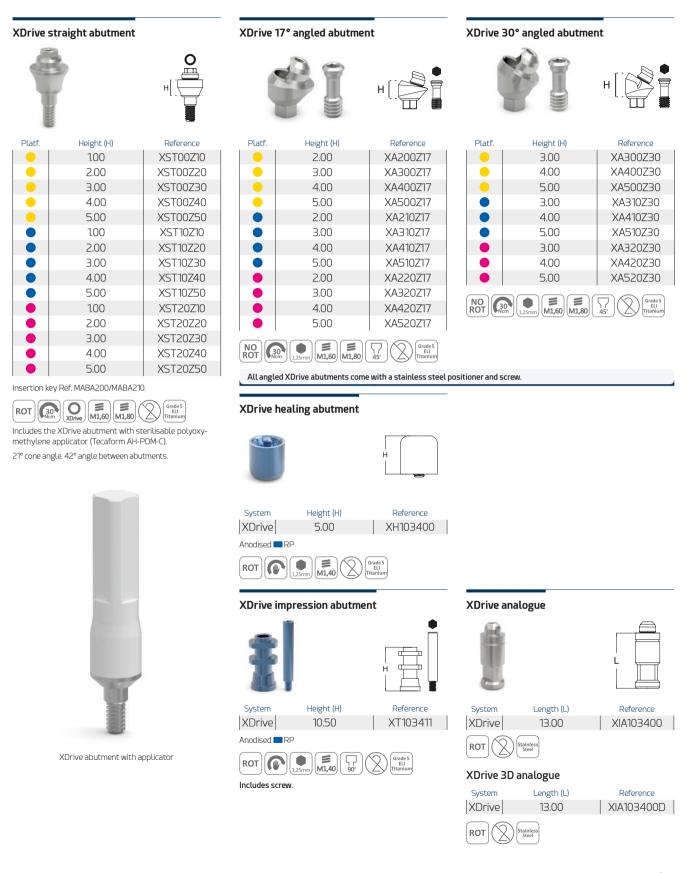
## Abutments

## Restorations using transepithelials

### • XDrive | Demonstrative sequence of use







## Abutments

2 40





### DIGITAL CAD-CAM

#### ZiaCam scanbody to XDrive abutment



Indicated for clinical use.

All ZiaCam scanbody to XDrive abutments include a screw Ref. XLB103410.

### ZiaCam XDrive Ti-Base



System	Height (Hg/Ht)	Reference
XDrive	0.15/6.70	XFRU341
ROT	■ 1,25mm ■ 1,25mm	Grade 5 ELI Titanium

ZiaCam Tx30 XDrive Ti-Base



 System
 Height (Hg/Ht)
 Reference

 XDrive
 0.15/5.70
 XFRU341TX

 ROT
 Image: Comparison of the system of the

Includes Kiran Tx30 special screw with surface treatmen-Ref. XDS3411TX.

Includes Kiran special screw with surface treatment Ref. XDS103411.

### Table of abutment torques

Element/Abutment	Instrument/Tool	Torque
Cover screws/Healing abutments	Hex screwdriver 1.25 mm	Manual
Impression abutment screws	Hex screwdriver 1.25 mm	Manual
Laboratory screws	Hex screwdriver 1.25 mm	Manual
Direct-to-implant clinical screws	Hex screwdriver 1.25 mm	30 Ncm
Direct-to-implant Kiran clinical screws	Hex screwdriver 1.25 mm	30 Ncm
Basic/XDrive abutments	Insertion keys: MABA100/MABA110/MABA200/MABA210	30 Ncm
Clinical screws on Basic	Hex screwdriver 1.25 mm	25 Ncm
Kiran clinical screws on Basic	Hex screwdriver 1.25 mm	25 Ncm
Clinical screws on XDrive	Hex screwdriver 1.25 mm	20 Ncm
Kiran clinical screws on XDrive	Hex screwdriver 1.25 mm	20 Ncm
ZiaCam scanbody + screw	Hex screwdriver 1.25 mm	Manual
Kirator abutments	Insertion keys: LOSD01/LOSD02	30 Ncm
ZM-Equator abutments	Hex screwdriver 1.25 mm	30 Ncm
Tx30 abutment/screw (Variable Rotation)	Tx30 Torx screwdriver	30 Ncm

#### ATTENTION

Exceeding the recommended tightening torque for screws and abutments compromises the prosthetic restoration and could damage the implant structure.

For immediate loading: DO NOT tighten manually, attach with the final torque.

When using a screwdriver or adaptor for a contra-angle handpiece (CA), do not exceed a maximum speed of 25 rpm.

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## Surgical instruments

## Zinic<sup>®</sup> MT surgical box



### Contents of Zinic<sup>®</sup> MT boxes available

Platf.	Contents	Reference
	Empty	BOX441
	Basic manual/CA. Surgical ratchet	BOX410ZSM
	Basic manual/CA. Torque wrench	BOX410ZSMK
	Complete. Surgical ratchet	BOX410ZCM
	Complete. Torque wrench	BOX410ZCMK

<sup>134°</sup> \$\$\$

#### Material: radel.

Ensure boxes do not touch the walls of the autoclave to avoid damage.





### Contents of surgical boxes

REF		BOX410ZSM	BOX410ZSMK	BOX410ZCM	BOX410ZCMK
	Description		_	_	
SID001M	Lance drill Ø2.00 mm. Millimeter. CA	•	•		
OSPD20M	Pilot drill. Ø1.60/2.00 mm. Millimeter. CA.	•	•		
OSTD28M	Stepped surgical drill. Ø2.00/2.50/2.80 mm. Millimeter. CA.	•	•		•
OSTD31M	Stepped surgical drill. Ø2.20/2.70/3.10 mm. Millimeter. CA.	•			
OSTD34M	Stepped surgical drill. Ø2.40/2.90/3.40 mm. Millimeter. CA.	•			
OSTD38M	Stepped surgical drill. Ø2.60/3.30/3.80 mm. Millimeter. CA.	•	•		
OSTD41M OTD01CZ	Stepped surgical drill. Ø2.70/3.50/4.10 mm. Millimeter. CA.	•			
	Cortical drill. Ø3.30 mm CA.	•			
OTD01ST	Cortical drill. Ø3.60/Ø4.00 mm. CA.	•	•		
OTD02ST	Cortical drill. Ø4.80 mm CA.	•	•		
CLD34	Crestal surgical drill. Ø4.10 mm. CA.				
CLD50	Crestal surgical drill, Ø5.10 mm. CA.				
PMT1	Paralleling pins. Manual. Grade 5 ELI titanium				
PMT2	Paralleling pins. Manual. Grade 5 ELI titanium				
ZMPD160	Calibrated drill stop. 1. H6 mm. Grade 5 ELI titanium				
ZMPD170	Calibrated drill stop. 1. H7 mm. Grade 5 ELI titanium				
ZMPD185	Calibrated drill stop. 1. H8.5 mm. Grade 5 ELI titanium				
ZMPD110 ZMPD115	Calibrated drill stop. 1. H10 mm. Grade 5 ELI titanium				
	Calibrated drill stop. 1. H11.5 mm. Grade 5 ELI titanium				
ZMPD113	Calibrated drill stop. 1. H13 mm. Grade 5 ELI titanium				
ZMPD114	Calibrated drill stop. 1. H14.5 mm. Grade 5 ELI titanium				
ZMPD260	Calibrated drill stop. 2. H6 mm. Grade 5 ELI titanium		_		
ZMPD270	Calibrated drill stop. 2. H7 mm. Grade 5 ELI titanium				
ZMPD285	Calibrated drill stop. 2. H8.5 mm. Grade 5 ELI titanium				
ZMPD210	Calibrated drill stop. 2. H10 mm. Grade 5 ELI titanium				
ZMPD215	Calibrated drill stop. 2. H11.5 mm. Grade 5 ELI titanium				
ZMPD213	Calibrated drill stop. 2. H13 mm. Grade 5 ELI titanium				
ZMPD214	Calibrated drill stop. 2. H14.5 mm. Grade 5 ELI titanium				
	Surgical tap. Ø3.30 mm Millimeter. Ratchet	•	•		
	Surgical tap. Ø3.60 mm. Millimeter. Ratchet	•	•		
	Surgical tap. Ø4.00 mm. Millimeter. Ratchet	•	•		
	Surgical tap. Ø4.40 mm. Millimeter. Ratchet	•			
	Surgical tap. Ø4.80 mm Millimeter. Ratchet	•	•		
MUR10MT MUR20MT	Probe/Paralleling pin. Ø1.60/2.00 mm. Millimeter. Manual. Grade 5 ELI titanium				
	Probe/Paralleling pin. Ø 180/2.50 mm. Millimeter. Manual. Grade 5 ELI titanium				
MUR30MT	Probe/Paralleling pin. Ø2.15/3.30 mm. Millimeter. Manual. Grade 5 ELI titanium				
MUR40MT	Probe/Paralleling pin. Ø2.50/3.70 mm. Millimeter. Manual. Grade 5 ELI titanium				
TSMIN	ZPlus insertion key. Short. Ratchet	•	•		
TLMIN	ZPlus insertion key. Long. Ratchet	•	•		
D1MMIN	ZPlus insertion key. Short. CA.	•	-		
LMZ	Zinic® insertion key. Long. Ratchet	•			
5MZ1	Zinic® insertion key. Short. Ratchet	•	•		
MMZ	Zinic® insertion key. Short. CA.	•	•		
MMZ1	Zinic® insertion key. Short. CA.	•			
DEXT10	Drill extender	•	•		
MESD	Ø125 mm screwdriver tip. CA	•			
LMSD	Surgical screwdriver, Ø 1.25 mm, Long. Manual	•	•		
SMSD	Surgical screwdriver, Ø 1.25 mm, Short. Manual	•	•		
D1MOHW	ZPlus Block key Manual	•	•		
RATC50 TORK50	Implant ratchet. Manual Adjustable torque wrench. 10/20/30/40/50/60/70 Ncm	•	•		•

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## Surgical instruments

Zinic® MT · ZM1 surgical box



### Contents of Zinic® MT · ZM1 boxes available

Platf.	Contents	Reference
	Empty	B0X421
	Basic manual/CA. Surgical ratchet	BOX411SM
	Basic manual/CA. Torque wrench	BOX411SMK
	Complete. Surgical ratchet	BOX411CM
	Complete. Torque wrench	BOX411CMK

134° \$\$\$

2 46

Material: radel.

Ensure boxes do not touch the walls of the autoclave to avoid damage.



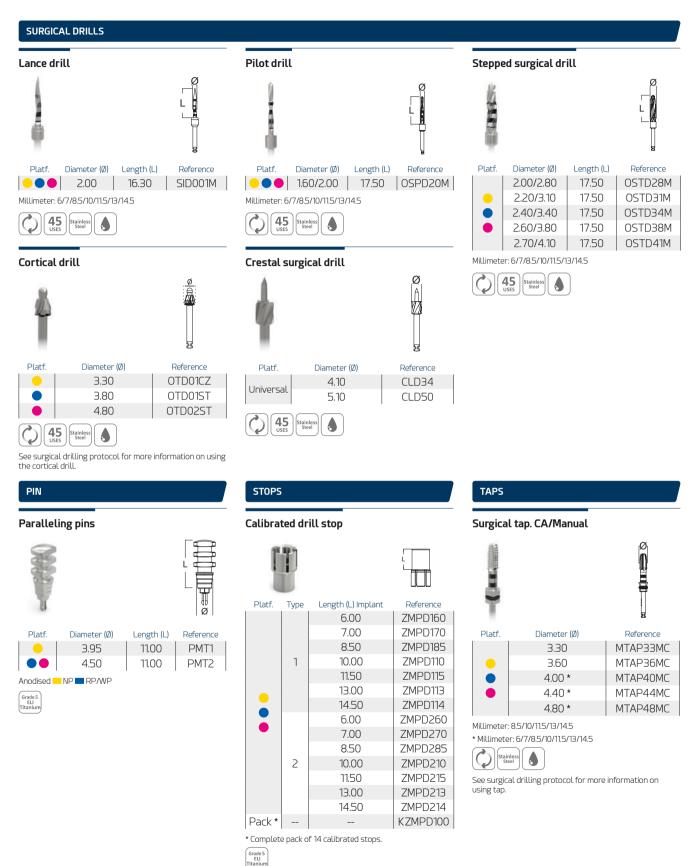


### Contents of surgical boxes

	of surgical boxes	BOX411SM	BOX411SMK	BOX411CM	BOX411CMK
EF	Description				_
ID001M	Lance drill. Millimeter. CA.	•	•		
SPD20M	Pilot drill. Ø1.60/2.00 mm. Millimeter. CA. Stepped surgical drill. Ø2.00/2.50/2.80 mm. Millimeter. CA.	•	•		
STD28M		•	•		
STD31M	Stepped surgical drill. Ø2.20/2.70/3.10 mm. Millimeter. CA.	•	•		
STD34M	Stepped surgical drill. Ø2.40/2.90/3.40 mm. Millimeter. CA.	•	•		
STD38M	Stepped surgical drill. Ø2.60/3.30/3.80 mm. Millimeter. CA.	•	•		
STD41M	Stepped surgical drill. Ø2.70/3.50/4.10 mm. Millimeter. CA.	•	•		
TD01CZ	Cortical drill. Ø3.30 mm CA.	•	•		
TD01ST	Cortical drill. Ø3.60/Ø4.00 mm. CA.	•	•		
TD02ST	Cortical drill. Ø4.80 mm CA.	•	•		
ITD20	Cortical drill. Ø3.30 mm CA.	•	•		
TD01CA	Cortical drill. Ø3.60/Ø4.00 mm. CA.	•	•		
TD02CA	Cortical drill. Ø4.40 mm. CA.	•	•		
TD03CA	Cortical drill. Ø4.80 mm CA.	•	•		
LD34	Crestal surgical drill. Ø4.10 mm. CA.				
LD50	Crestal surgical drill. Ø5.10 mm. CA.				
MT1	Paralleling pins. Manual. Grade 5 ELI titanium				
MT2	Paralleling pins. Manual. Grade 5 ELI titanium				
MPD160	Calibrated drill stop. 1. H6 mm. Grade 5 ELI titanium				
MPD170	Calibrated drill stop. 1. H7 mm. Grade 5 ELI titanium				
MPD185	Calibrated drill stop. 1. H8.5 mm. Grade 5 ELI titanium				
MPD110	Calibrated drill stop. 1. H10 mm. Grade 5 ELI titanium				
MPD115	Calibrated drill stop. 1. H11.5 mm. Grade 5 ELI titanium				
MPD113	Calibrated drill stop. 1. H13 mm. Grade 5 ELI titanium				
MPD114	Calibrated drill stop. 1. H14.5 mm. Grade 5 ELI titanium				
MPD260	Calibrated drill stop. 2. H6 mm. Grade 5 ELI titanium				
MPD270	Calibrated drill stop. 2. H7 mm. Grade 5 ELI titanium				
MPD285	Calibrated drill stop. 2. H8.5 mm. Grade 5 ELI titanium				
MPD210	Calibrated drill stop. 2. H10 mm. Grade 5 ELI titanium				
MPD215	Calibrated drill stop. 2. H11.5 mm. Grade 5 ELI titanium				
MPD213	Calibrated drill stop. 2. H13 mm. Grade 5 ELI titanium				
MPD214	Calibrated drill stop. 2. H14.5 mm. Grade 5 ELI titanium				
ТАРЗЗМС	Surgical tap. Ø3.30 mm Millimeter. Ratchet	•			
ІТАРЗ6МС	Surgical tap. Ø3.60 mm. Millimeter. Ratchet	•			
ITAP40MC	Surgical tap. Ø4.00 mm. Millimeter. Ratchet	•			
	Surgical tap. Ø4.40 mm. Millimeter. Ratchet	•	•		
	Surgical tap. Ø4.80 mm Millimeter. Ratchet	•			
IUR10MT	Probe/Paralleling pin. Ø1.60/2.00 mm. Millimeter. Manual. Grade 5 ELI titanium				
	Probe/Paralleling pin. Ø 1.80/2.50 mm. Millimeter. Manual. Grade 5 ELI titanium				
IUR30MT	Probe/Paralleling pin. Ø2.15/3.30 mm. Millimeter. Manual. Grade 5 ELI titanium				
IUR40MT	Probe/Paralleling pin. Ø2.50/3.70 mm. Millimeter. Manual. Grade 5 ELI titanium				
SMIN	ZPlus insertion key. Short. Ratchet	•	•	•	
LMIN	ZPlus insertion key. Long. Ratchet	•	·	•	
1MMIN	ZPlus insertion key. Short. CA.	•	•	•	
MZ	Zinic <sup>®</sup> insertion key. Long. Ratchet	•	•	•	
MZ1	Zinic "insertion key. Short. Ratchet	•	•	•	
IMZ	Zinic® insertion key. Short. CA.	•	•	•	
IMZ1	Zinic" insertion key. Short. CA.	•	•	•	
		-			-
MEX20	ZM4 insertion key. Ratchet	•	•		
MEX34	ZM4 insertion key. Ratchet	•	-		
MEX50	ZM4 Insertion key. Ratchet	•	•		
MEX20	ZM4 insertion key. CA.	•	•		
MEX34	ZM4 insertion key. CA.	•	•		
MEX50	ZM4 insertion key. CA.	•	•		
EXT10	Drill extender	•	•		
ESD	Ø1.25 mm screwdriver tip. CA.	•	•		
MSD	Surgical screwdriver, Ø 1.25 mm, Long. Manual	•			1
MSD	Surgical screwdriver, Ø 1.25 mm, Short. Manual	•			(
1MOHW	ZPlus block key. Manual	•			
11-101111					

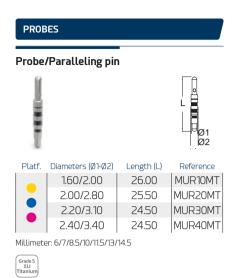
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## Surgical instruments



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### KEYS

ZPlus

Stainles Steel

ZPlus insertion key. Ratchet



Length (L)	Reference	
3.10/Mini	XSMIN *	
5.60/Short	TSMIN	

TLMIN

ZPlus ins	ertion key. CA
Platf.	Length (L)
	15 00



L



\* Ref. 02MMIN, is NOT included in the surgical box.



\* Ref. SMZ/LMZ1. are NOT included in the surgical box.

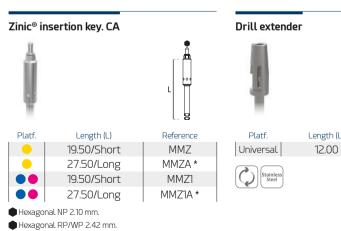
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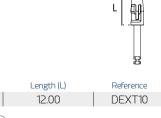
itainles Steel

\* Ref. XSMIN, is NOT included in the surgical box.

10.60/Long

🛑 Hexagonal 2.4 mm / 📕 Square 4x4 mm



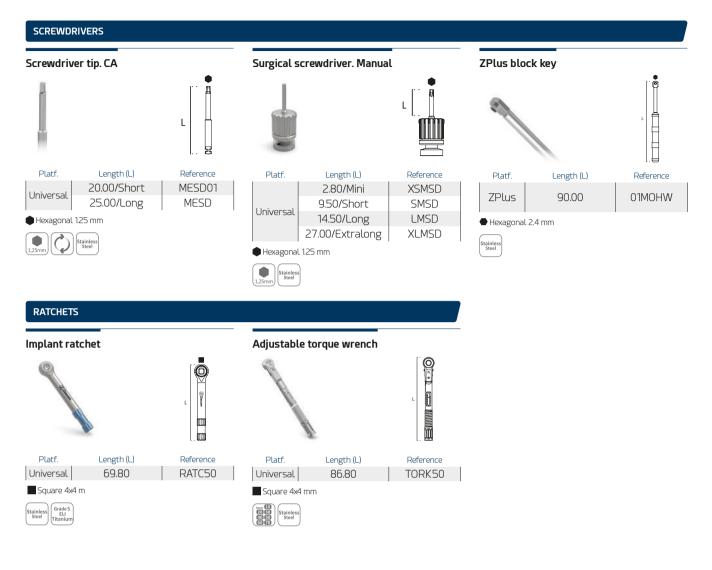


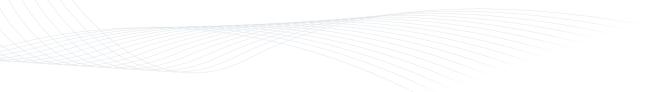




\* Ref. MMZA/MMZ1A, are NOT included in the surgical box.

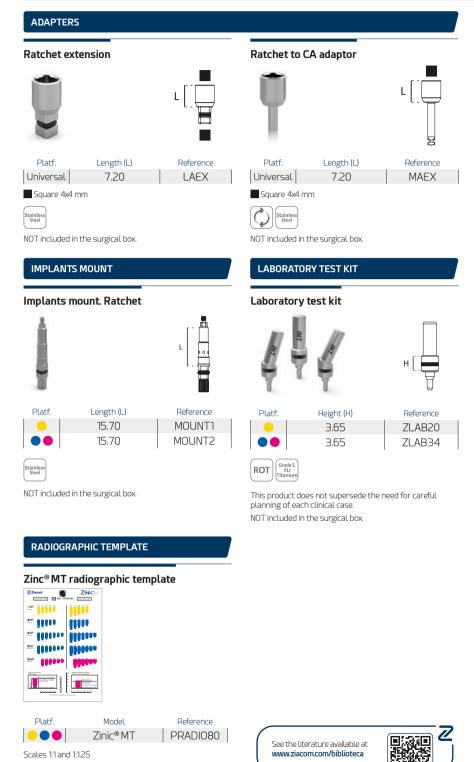
## Surgical instruments







## Complementary instruments



Material: transparent acetate. Non-sterilisable material.

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## Prosthetic instruments

## Prosthetic box



#### Contents of prosthetic boxes available

Contents	Reference
Empty	BOXPN
Basic	BOXPSN
Complete	BOXPCN

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Material: Radel.

Ensure boxes do not touch the walls of the autoclave to avoid damage.



### Contents of prosthetic boxes

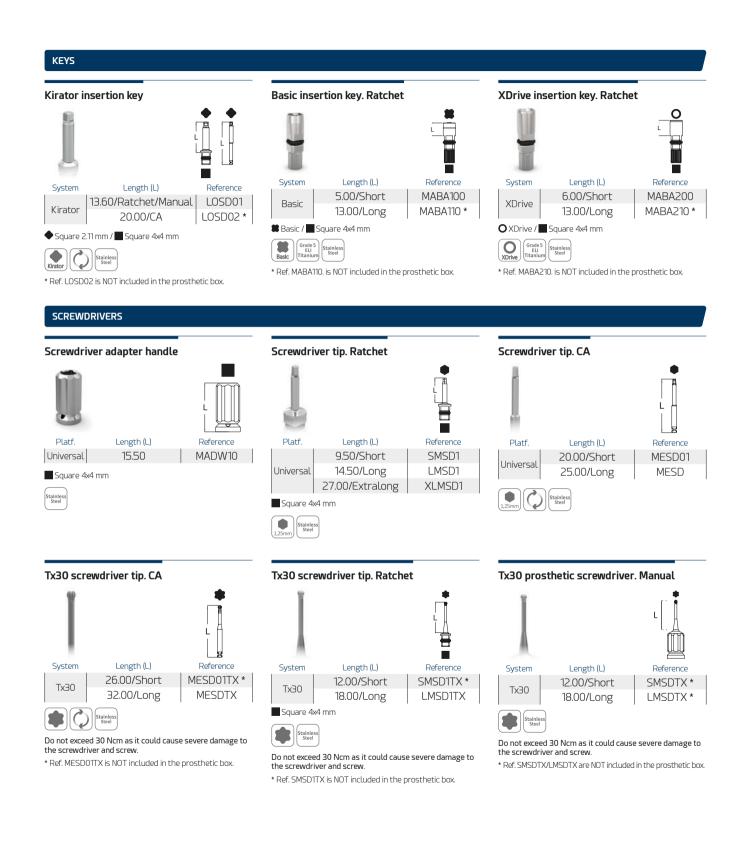
DEE	Description	BOXP	BOXP(
REF LOSD01	Description		<u> </u>
LUSDUI	Kirator insert key. Ratchet	-	
MABA100	Basic insert key. Short. Ratchet. Grade 5 ELI titanium		
MABA200	XDrive insert key. Short. Ratchet. Grade 5 ELI titanium		
MADW10	Screwdriver adapter handle. 4x4. Manual		
SMSD1	Screwdriver tip. Ø1.25 mm. Short. Ratchet	٠	
LMSD1	Screwdriver tip. Ø1.25 mm. Long. Ratchet		
XLMSD1	Screwdriver tip. Ø1.25 mm. Extralong. Ratchet		
MESD	Screwdriver tip. Ø1.25 mm. Long. CA.		
MESD01	Screwdriver tip. Ø1.25 mm. Short. CA.	٠	
MESDTX	Tx30 screwdriver tip. Long. CA.		
LMSD1TX	Tx30 screwdriver tip. Long. Ratchet	٠	
EDSZ20 *	ZPlus extractor screw. Zinic®. NP. Grade 5 ELI titanium		
EDSZ34 *	ZPlus extractor screw. Zinic®. RP/WP. Grade 5 ELI titanium		
EDSG34	Abutment extractor screw. Galaxy/ZV2. RP. Grade 5 ELI titanium		
EDSG50 *	Abutment extractor screw. ZV2. WP. Grade 5 ELI titanium		
TORK50	Regulable torque wrench. 10/20/30/40/50/60/70 Ncm		

S S

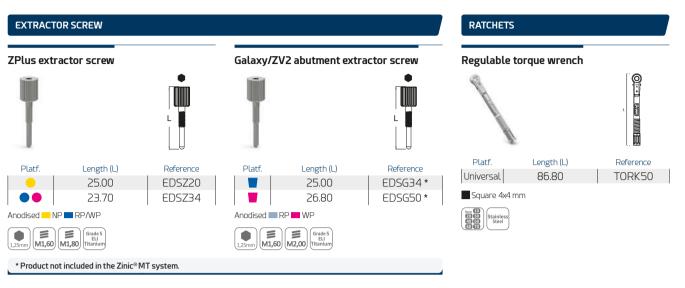
\* Product not included in the Zinic<sup>®</sup> MT system.



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## Prosthetic instruments



## Complementary instruments



12.00

Reference

MC10Z



 Platf.
 A Length (L)
 B Length (L)
 Reference

 Kirator
 81.50
 110,40
 MBEI3610

 ZM-Equator
 110,40
 MBEI3610
 110,40



NOT included in the prosthetic box.

### Retainer inserter



Platf.	Length (L)	Reference
Kirator	32.00	MBEI3602
ZM-Equator	32.00	MBEI3603



в

Kirator / ZM-Equator plastic coping insertion tool. NOT included in the prosthetic box.

### **Retentive joints instruments**

NOT included in the prosthetic box.



Platf.	Measure	Reference
Universal	2x1	RREI0030

Pack of 10 units.

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Universal

Stainles: Steel

Square 4x4 mm

# Simplified surgical protocol



## Simplified surgical protocol

## Characteristics of the Zinic® MT drilling system

### ■ Ziacom<sup>®</sup> drill system

Ziacom® implant system drills are made from stainless steel. A laser marking on the bur's shank identifies its inner and outer diameters and its length, while the horizontal laser marked bands on the active section corresponds to the different lengths of the implants (drills graduated in mm). The bur tip is 0.5 mm long and is not included in the laser marked measurements.

### 17 mm 14.5 mm 13 mm 11.5 mm - 10 mm - 8,5 mm 7.0 mm - 6.0 mm 0 mm 0,5 mm

### Ziacom<sup>®</sup> taps

Taps are available for contra-angle handpieces. The laser marking on the tap's shank identifies its diameter, while the horizontal laser marked bands on the active section corresponds to the different lengths.



### Probe

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Check the depth of the surgical site, especially when not using drill stops. To check the surgical bed axis, the paralleling pins are available in different diameters according to the drilling sequence.



### Short and long insertion tools for ratchets and contra-angle handpieces

The insertion tool for contra-angle handpieces or ratchets has been designed for transporting implants from their No Mount vial to the surgical site ready for insertion.



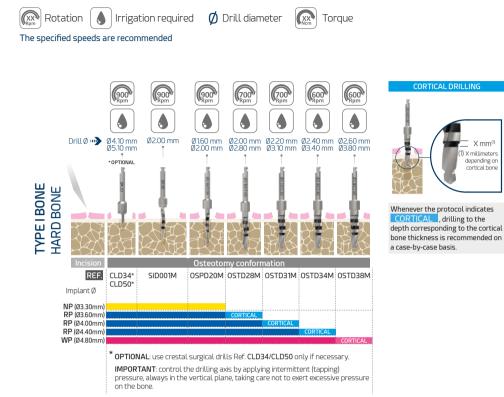
Zinic®

ZPlus





### Drilling protocol - ZPlus / Ziacom® No Mount



9 Drill Ø 🕩 Ø4.10 mm Ø5.10 mm Ø2.00 mm Ø1.60 mm Ø2.00 mm Ø2.00 mm Ø2.20 mm Ø2.40 mm Ø2,60 mm Ø2,70 mm Ø2.80 mm Ø3.10 mm Ø3.40 mm Ø3.80 mm Ø4.10 mm **TYPE II & III BONE** \* OPTIONAL **NORMAL BONE** Cortical otomy co REF. CLD34\* CLD50\* SID001M OSPD20M OSTD28M OSTD31M OSTD34M OSTD38M OSTD41M Implant Ø NP (Ø3.30mm) CORTICAL 0TD01CZ RP (Ø3.60mm) RP (Ø4.00mm) OTD015 OTD01ST RP (Ø4.40mm) WP (Ø4.80mm) \* OPTIONAL: use crestal surgical drills Ref. CLD34/CLD50 only if necessary. Consider increasing the drilling speed by 200 Rpm with respect to those indicated in the graph above.

IMPORTANT: control the drilling axis by applying intermittent (tapping) pressure, always in

the vertical plane, taking care not to exert excessive pressure on the bone



X mm<sup>(1</sup> X millimotor depending or cortical bone

> the protocol and will depend on bone type.

> > 59 📿

## Simplified surgical protocol

Irrigation required

Rotation

## Drilling protocol - ZPlus / Ziacom® No Mount

Ø Drill diameter

The specified speeds are recommended 25 Rpm (500 Drill Ø 動 Ø4.10 mm Ø5.10 mm Ø2.00 mm Ø2.80 mm Ø2.00 mm Ø2.20 mm Ø3.10 mm Ø2.40 mm Ø3.40 mm Ø2,60 mm Ø3.80 mm Ø1.60 mm Ø2.00 mm Ø2,70 mm Ø4.10 mm ิด 2 TYPE I BONE HARD BONE a case-by-case basis. Cortical Tap Osteotomy conformation REF. CLD34 SID001M OSPD20M OSTD28M OSTD31M OSTD34M OSTD38M OSTD41M CLD50 Implant Ø NP (Ø3 30mm OTD01CZ MTAPROM RP (Ø3.60mm RP (Ø4 00mm RP (Ø4.40mm) WP (Ø4 80mm • OPTIONAL: use crestal surgical drills Ref. CLD34/CLD50 only if necessary. Consider increasing the drilling speed by 200 Rpm with respect to those indicated in the graph above

**IMPORTANT**: control the drilling axis by applying intermittent (tapping) pressure, always in the vertical plane, taking care not to exert excessive pressure on the bone.

XX

Torque

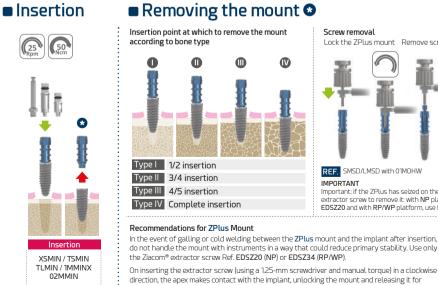
X mm<sup>(1</sup> 1) X millimeter depending or cortical bone

Whenever the protocol indicates , drilling to the depth corresponding to the cortical bone thickness is recommended on

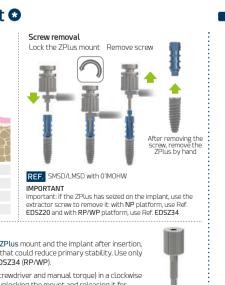


Cortical drill and surgical tap usage will be compulsory whenever this is indicated in the protocol and will depend on bone type.

## Implant insertion - ZPlus



removal



### Direct insertion



2 60



### Implant insertion - Ziacom® No Mount

### About Ziacom<sup>®</sup> No Mount

Ziacom® implants are available without a mount. This blister pack format allows dentists to comfortably remove the implant from the vial and place it in the surgical site using a direct instrument in one single step, thereby saving time during the operation. The No Mount implant facilitates instrumentation in reduced spaces and allows better visibility of the surgical site.

The new direct-to-implant Zinic® insertion keys with Ref. SMZ/LMZ/MMZ/MMZA (NP) and SMZ1/LMZ1/MMZ1/MMZIA (RP/WP) have a centring device on their rotatory part to avoid damaging the connection and a washer on the active end to allow the implant to be quickly and safely moved to the surgical site.



### Direct insertion





### Crestal placement

The Ziacom® implant platform should be placed at bone crest level.

RECOMMENDED subcrestal position



### Bone types

Lekholm and Zarb classification (1985)



TYPE IV BONE - SOFT BONE
• Thin cortical layer surrounding a lowdensity trabecular bone.



TYPE II & III BONE - MEDIUM BONE

- Type II: thick layer of compact bone surrounding a dense trabecular bone.
- Type III: thin cortical layer surrounding a dense trabecular bone.



TYPE I BONE - HARD BONE

 Composed almost entirely of homogeneous compact bone.



## Simplified surgical protocol

### General recommendations

### Consider during intervention



Surgical drills must be inserted into the contra-angle handpiece with the motor stopped, ensuring that they are seated and rotate properly before starting drilling. Treat drills with the utmost care; the slightest damage to the tips could compromise their effective operation.

Each instrument should only be used for the specific use recommended by the manufacturer



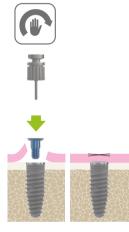
Damaged instruments must be disposed of according to local regulations.



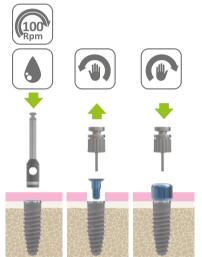
Implantologists should keep one of the identification labels supplied with the product in the patient's file so that it may be traced correctly

#### Handling of cover screw

#### Preparation for second surgical phase



Remove the cover screw from its vial using the hex screwdriver in a counter-clockwise direction. Move the cover screw towards the implant while taking care not to drop it and cause its accidental ingestion. Insert the cover screw into the implant and tighten it using manual torque in a clockwise direction



#### Placement of healing abutment

The healing abutment should correspond to the implant platform, considering the option of applying the platform switch technique with anatomical abutments and be in accordance with the height of the gingival tissue to avoid abutment occlusion. Excessive height could expose the implant to premature loading, compromising the osseointegration process.

### **IMPORTANT WARNINGS**

### About implant insertion

Excessive compression of the bone can lead to failure of implant osseointegration.

Failure to follow the steps described in the surgical sequence may result in:

- Lack of primary stability due to loss of supporting bone
- Difficulties during implant insertion.

Exceeding the torque (50 Ncm) when inserting the implant may result in:

- Irreversible deformation of the implant's internal/external connection.
- Irreversible deformation of the implant insertion instrument.
- Difficulty disassembling the instrument/ implant assembly

#### Maximum insertion torque and speed

The recommended insertion torque ranges from 35 to 50 Ncm, according to each case, and is not limited to a single torque



The implant should be inserted with controlled torque based on the bone density and quality of the implant placement site:

Without partial or complete disassembly of the implant Mount, in type III and IV bone, respectively, with recommended torgue of 35 to 50 Ncm to avoid deformation of the Mount or cold welding between the Mount and the implant

With partial or complete disassembly of the implant Mount and using a direct-to-implant key, in type I and II bone, respectively, with recommended torque of 35 to 50 Ncm to avoid deformation of the connection and excessive bone compression.

Insertion instrument or CA screwdrivers: use a maximum speed of:



Zinic® MT implants

The Ziacom® surgical protocol establishes the crestal position of the implant platform

To avoid cortical stress and deformation of the key and/or implant connection, and also to avoid galling between the implant and the Mount, the recommended maximum speed (**25 Rpm**) and maximum torque (50 Ncm) must be respected when inserting with a contra-angle (CA) handpiece.

When using a ratchet, it is necessary to monitor resistance during insertion. If there is any resistance, the implant should be removed by turning it twice (to release the bone from the tension created and free the thread) and then, after a few seconds, the implant should be inserted again, repeating this process as many times as is necessary.

Always consult the surgical and prosthetic protocols published in this catalogue, as well as the other documents available in the "Reference literature" section of our website www.ziacom.com/biblioteca which explained the procedures, protocols and instructions for use before using the Zinic® MT system by Ziacom®.



# Cleaning, disinfection and sterilisation



## Cleaning, disinfection and sterilisation

The protocols described in this section must only be carried out by personnel qualified to clean, disinfect and sterilise the dental materials specified here in.

## Cleaning and disinfection instructions

Applicable for instruments, surgical and prosthetic boxes and plastic retainer caps.

### Disassembly

- 1. Dismount\* the appropriate instruments, for example manual ratchets, drills or drill stops.
- 2. Remove the various components from the surgical or prosthetic box for correct cleaning.

### Cleaning and disinfection

For disinfecting instruments and surgical boxes:

- 1. Submerge the instruments in a detergent/disinfectant solution\*\* suitable for dental instruments to help eliminate any adhered biological residues. If an ultrasound bath is available\*\*\*, confirm that the detergent/disinfectant solution is indicated for use with this type of equipment.
- 2. Manually remove any biological residues with a non-metallic brush and pH-neutral detergent.
- 3. Rinse with copious water.
- 4. When cleaning the surgical and prosthetic boxes, always use a pH-neutral detergent and non-abrasive utensils to avoid damaging the surface of the boxes.
- 5. Dry the materials with disposable cellulose, lint-free clothes or compressed air.

For disinfecting plastic caps and spacers:

- 1. Submerge in a neat benzalkonium chloride solution for 10 minutes.
- 2. Rinse with distilled water.
- 3. Dry the caps and spacer before use.

### Inspection

- 1. Check that the instruments are perfectly clean; if not, repeat the cleaning and disinfection steps.
- 2. Discard any instruments with imperfections and replace them before the next procedure.
- 3. Check that the instruments and the surgical and prosthetic boxes are perfectly dry before reassembling the parts and proceeding to their sterilisation.
  - \* See the assembly disassembly manuals at www.ziacom.com/biblioteca
  - \*\* Follow the instructions from the disinfectant's manufacturer to determine the correct concentrations and times.
  - \*\*\* Follow the instructions from the ultrasound bath's manufacturer to determine the correct temperature, concentration and times.

### Sterilisation instructions for steam autoclave

Applicable to orthodontic implants, abutments, and surgical and prosthetic instruments and boxes.

- 1. Introduce each material separately in individual sterilisation bags, then seal the bags. For joint sterilisation, place the instruments in their surgical box, introduce the box into a sterilisation bag and seal the bag.
- 2. Place the bags to be sterilised in the autoclave.
- 3. Sterilise in a steam autoclave at 134°C/273°F (max. 137°C/276°F) for 4 min (minimum) and at 2 atm. Torque wrenches must be sterilised in 3 vacuum cycles at 132°C/270°F for a minimum of 1.5 minutes and vacuum-dried for a minimum of 20 minutes.

For the United States only: The validated and recommended sterilisation cycle for the US must be performed in a steam autoclave at 132°C/270°F for at least 15 min and with the drying time of at least 15 - 30 min.

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#### IMPORTANT

Make sure the drying stage is allowed to run to completion, otherwise the products may be damp. Check the sterilisation equipment if the materials or sterilisation bags are damp at the end of the sterilisation cycle. Perform the necessary maintenance actions on the autoclave according to the established periodicity and following the manufacturer's instructions.



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## Storage of Ziacom® products

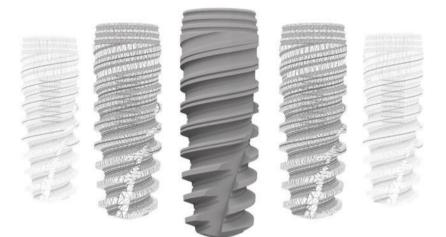
- Store the products in their original packaging and in a clean, dry location until they are used.
- After sterilisation, keep the products in the sealed sterilisation bags and in a clean, dry location.
- Never exceed the use by date indicated by the manufacturer of the sterilisation bags.
- Always follow the indications of the manufacturer of the sterilisation bags.

### General recommendations

- Never use damaged or dirty material; never reuse single-use products. The user is responsible for following the instructions described in this document correctly.
- The attention to piercing or sharp elements. Gloves should be worn when cleaning the materials to avoid accidents during handling.
- Follow the safety instructions indicated by the manufacturer of the disinfectant agent.
- The product's sterility cannot be guaranteed if the sterilisation bag is open, damaged or damp.
- Respect all stages of the sterilisation process. If the materials or sterilisation bags contain traces of water or moisture, check the autoclave and repeat the sterilisation.
- Orthodontic abutments and implants are supplied UNSTERILISED and must always be sterilised before use.
- Instruments and surgical and prosthetic boxes are supplied UNSTERILISED and must always be sterilised before use and cleaned and disinfected after use.
- The sterilisation, cleaning and disinfection processes gradually deteriorate the instruments. Inspect the instruments thoroughly to detect any signs of deterioration.
- Avoid contact between products made from different materials (steel, titanium, etc.) during the cleaning, disinfection and sterilisation processes.
- Ziacom Medical SL recommends these instructions are implemented for the correct maintenance and safety of their products; accordingly, the company refuses any liability for any damage to the products that could arise if the user applies alternative cleaning, disinfection and sterilisation procedures.

See **www.ziacom.com/biblioteca** for the latest version of the cleaning, disinfection and sterilisation instructions.







See the latest version of the general conditions of sale on our website **www.ziacom.com**.

Check the availability of each product in your country.

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