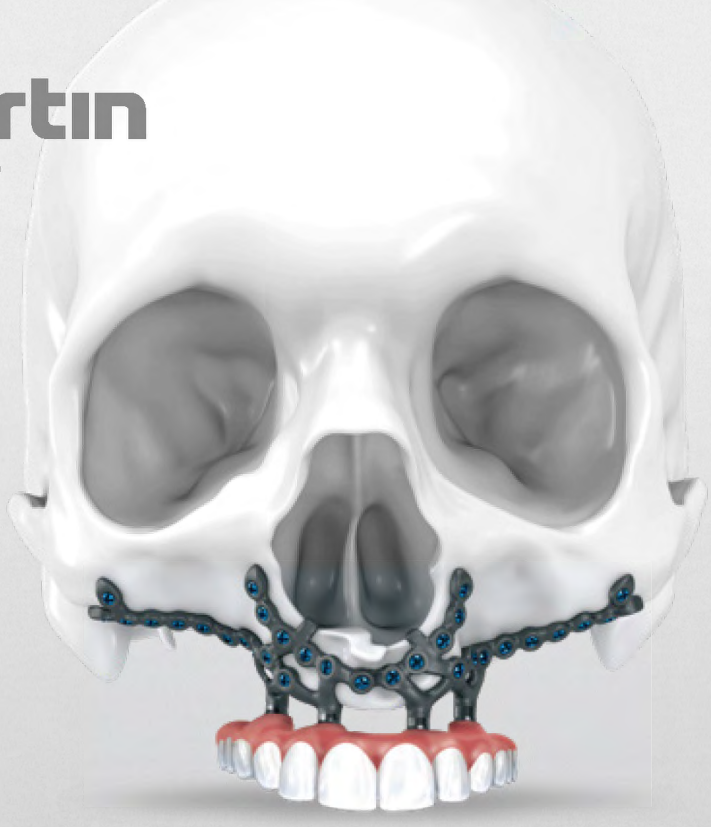
KLS martin GROUP



IPS Preprosthetic

Technique Guide

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Every one is unique

Table of Contents

Conventional dental implants are traditionally used for treatment when the patient presents with adequate bone stock.

However, when adequate bone stock may not be present due to various reasons an alternative treatment to traditional osseous integrated dental implants is required.

We introduce KLS Martin's IPS Preprosthetic implant system. The system is compromised of a well fixated individualized implant with either an integrated multi-unit abutment (MUA) or removable option. Allowing the delivery of a temporary and eventually a permanent prosthesis obtained through a dedicated dental lab.

Thorough clinical and radiographic observation should be performed by the attending surgeon prior to design of the IPS Preprosthetic implant and surgery. Patient's qualifying for IPS Preprosthetic may exhibit inadequate prosthesis retention related to failed restorations from previous surgery [1]. If the patient does not present the need for a resection, radiographic evidence will display arch atrophy of the mandible or maxilla. Patient's requiring a resection of a maxillary mass that do not desire fibula free flap surgery may also be treated with the IPS Preprosthetic device following adequate healing of a soft tissue flap.

IPS Preprosthetic has been designed with multi-directional endosseous anchorage around the underlying bone allowing application of the device when the quantity and quality of the existing bone stock and soft tissue do not match the requirements for conventional dental implants [2].

Indications for Use

The KLS Martin IPS Preprosthetic Implant is a subperiosteal implant composed of titanium intended to construct patient specific prosthetic devices which are surgically implanted into the lower or upper jaw between the periosteum (connective tissue covering the bone) and supporting bony structures. The device is intended to provide support for multi-unit prostheses, such as dentures.

Contraindications

1. Obvious infections.
2. Hypersensitivity to foreign bodies.
3. Suspected sensitivity to the implant material
4. Circulatory problems, systemic diseases, and metabolic disorders.
5. Insufficient or inadequate bone tissue.
6. Secondary diseases such as degenerative processes that may negatively influence the healing process.
7. Interventions carried out in a non-sterile environment (e.g. paranasal sinuses).
8. Regions exposed to inappropriate forces or excessive weight loads.
9. Patients unwilling or unable to follow instructions during the postoperative phase due to their mental, neurological, or physical condition.
10. Osteoporosis or osteomalacia or other severe structural bone damage preventing the stable fixation of implant components.
11. Bone tumors located in the implant base region.
12. Obvious drug or alcohol abuse.
13. Failure to locate a primary nerve in the lower jaw
14. Uncontrolled Type II diabetes
15. Oral or intraavenous biophosphanates
16. Bruxism (tooth grinding or clenching)
17. Smoking

MRI Safety Information

MR Conditional

A patient with this device can be scanned safely in an MR system under the following conditions:

Warning: The patient may only be imaged by landmarking at least 30 cm from the implant. The RF safety of the device has not been tested.

Device Name	**KLS Martin IPS Preprosthetic Implant**
Static Magnetic Field Strength (B_0)	1.5T or 3.0T (cylindrical bore magnets)
Maximum Spatial Field Gradient	30 T/m (3,000 gauss/cm)
RF Excitation	Circularly Polarized (CP)
RF Transmit Coil Type	All transmit coils excluding Head T/R coil
Operating Mode	Normal Operating Mode in the allowed imaging zone
Maximum Whole-Body SAR	2 W/kg (Normal Operating Mode)
Maximum Head SAR	Not tested for head landmark
Scan Duration	No specific constraints due to implant heating

IPS Data Upload Instructions

IPS Data Upload Instructions

IPS Gate

- Data upload takes place via KLS Martin's secure cloud-based platform, IPS Gate.
- A username and password is required for access.
    - o If the user does not have access, please navigate to https://ips.klsmartin.com/ and follow the 'Not a Member Yet?' link.
- IPS Gate features an iOS App, digital plan approval and a chat function integrated with each of the users allowing seamless communication with the engineering team working on the case.

For Dual Scan instructions, please see IFU 91-600-02-57 IPS Dual Scan Protocol.

IPS Planning

Through the use of previously cleared IPS Planning software and services an implant is designed by a KLS Martin Engineer, approved by the surgeon and produced for the surgical case.

Exposure

Using the surgeon's preferred methods the surgical site is exposed and analyzed to be anatomically accurate with what was surgically planned.

Placement of device

After the implantation site is exposed, fit of the individualized implant should be confirmed.

After seating the drilling guide or implant in its anatomically planned location, drill holes are prepared with the twist drill corresponding to the screw diameter using the recommended RPM's.

Using previously cleared methods of fixation, the implant is placed at the site of the defect with the corresponding screwdriver handle and blade.

Soft Tissue Preparation

The soft tissue is prepared in order to allow the dental implant posts to pass through. This will allow for placement of the screw retained temporary prosthesis.

Soft Tissue Closure

The soft tissue is closed according to the surgeon's preferences.

Delivery of Temporary Prosthesis

Integrated MUA Design

The temporary prosthesis is fixated utilizing an M1.4 screw and driver with 15N-cm max torque.

Removable MUA Design

A MUA with 2.0mm thread is fixated using torque driver set at a max of 35N-cm.

*Recommended MUA's be applied prior to procedure.

The prosthesis is fixated using an M1.4 screw and driver with max torque of 15N-cm.

**Temporary prosthesis can be provided or obtained though a dental lab of the physicians choosing.

Permanent Prosthesis Placement

At a date determined by the attending surgeon (recommended no earlier than 4 months) a permanent prosthesis is applied.

***A removable prosthesis is recommended for final restoration.*

**Permanent prosthesis obtained through lab of the physicians choosing.

Postoperative Care

The absence of teeth leads to problems related to esthethics, chewing, and speech which results in a decrease in OHRQoL (Oral Health-Related Quality of Life). Therefore, immediate dental rehabilitation with a temporary prosthesis after implant placement is of utmost importance to maintain the well-being of patients [7]. The IPS Preprosthetic implant is fixated with multi-directional locking screws anchored in the medial and lateral midfacial buttresses [1]. This fixation protocol allows for rigid fixation without biomechanical limitations at the time of implantation [4]. Therefore, once clinical stability has been confirmed, the IPS Preprosthetic implant may be loaded immediately postoperatively, this benefit distinguishes the IPS Preprosthetic implant from soft tissue anchored subperiosteal implants used in the past or similar techniques [8,9].

Following implantation of an IPS Preprosthetic device all patients should be included in a postoperative follow-up program to assess possible clinical complications, as well as implant or prosthodontic failure. At each visit, patients should be examined by an oral maxillofacial surgeon or prosthodontic specialist. Biocompatability (how patients tolerated both implant material and surgery) should be assessed in combination with a variety of clinical follow-up parameters, including i) soft tissue (soft tissue coverage, soft tissue quality, and exposure of parts of the implant); ii) hard tissue (mandibular/maxillary fracture, osteolysis or bone loss), iii) implant and screws (screw loosening, screw or implant fracture, and clinical stability of the IPS Preprosthetic implant); iv) prosthodontics (temporary prosthesis in function and observe for signs of fracture); and v) other (signs of infection/fistula, pain or discomfort and diet (soft, normal, liquid)) [5].

Manufacturer's recommendations regarding shelf-life of the temporary prosthesis should be followed. After 3-4 months of successful post-operative rehabilitation, adequate healing has taken place and patients are ready for permanent prosthesis application [5].

Clinical articles and human histology have demonstrated that when primary implant stability is achieved, immediate loading of an implant or prosthesis is just as successful, if not more than delayed loading and often leads to greater patient satisfaction [6].

The primary surgical consideration with immediately loading a jaw restoration, primarily an edentulous arch, should be achieving a balanced occlusion. When occlusal forces are balanced, the load is spread evenly amongst the implants reducing the risk of fracture. Balanced occlusion implies bilateral simultaneous anterior and posterior contact in centric and eccentric positions [6,10].

Additionally, one should not over-compress the soft tissue when applying a prosthesis that will be immediately loaded. During the initial phase of healing, swelling of the soft tissue can be expected. This generally results in minor recession of the tissue and can be corrected when applying the permanent prosthesis with use of soft tissue grafts, if necessary. Care should be taken to avoid complications during the initial healing stage. Careful maintenance, follow-up, and hygiene, as recommended by the attending physician are necessary for long-term success of the restoration [6].

Citations

Managing the severely atrophic maxilla: Farewell to zygomatic implants and extensive augmentations?

1. P. Korn, N.-C. Gellrich, S. Spalthoff et al., Managing the severely atrophic maxilla: Farewell to zygomatic implants and extensive augmentations?, Journal of Stomatology oral and Maxillofacial Surgery (2021).

A new concept for implant-borne dental rehabilitation; how to overcome the biological weak spot of conventional dental implants

2. N.-C. Gellrich, B. Rahlf, R. Zimmerer, P.-C. Pott, M. Rana. A new concept for implant-borne dental rehabilitation; how to overcome the biological weak spot of conventional dental implants?, Head & Face Medicine (2017) 13:17.

Comparison of conventional and digital workflow for dental rehabilitation with a novel patient-specific framework implant system: an experimental dataset evaluation

3. S. Spalthoff, M. Borrmann, P. Jehn, B. Rahlf, N.-C. Gellrich, P. Korn. Comparison of conventional and digital workflow for dental rehabilitation with a novel patient-specific framework implant system: an experimental dataset evaluation. International Journal of Implant Dentistry (2022) 8:4.

Novel approach for treating challenging implant-borne maxillary dental rehabilitation cases of cleft lip and palate: a retrospective study

4. R. Bjorn, P. Korn, A.-N. Zeller, S. Spalthoff, P. Jehn, F. Lentge, N.-C. Gellrich. Novel approach for treating challenging implant-borne maxillary dental rehabilitation cases of cleft lip and palate: a retrospective study. International Journal of Implant Dentistry (2022) 8:6.

A customized digitally engineered solution for fixed dental rehabilitation in severe bone deficiency: A new innovative line extension in implant dentistry

5. N.-C. Gellrich, R. Zimmerer, S. Spalthoff, P. Jehn, P.-C. Pott, M. Rana, R. Bjorn. A customized digitally engineered solution for fixed dental rehabilitation in severe bone deficiency: A new innovative line extension in implant dentistry. Journal of Cranio-Maxillo-Facial Surgery 45 (2017) 1632-1638.

Immediate loading in partially and completely edentulous jaws: a review of the literature with clinical guidelines

6. H. De Bruyn, S. Raes, P.-O. Ostman, J. Cosyn. Immediate loading in partially and completely edentulous jaws: a review of the literature with clinical guidelines. Periodontology 2000, Vol. 66, 2014, 153-187.

Effect of implant therapy on oral health-related quality of life (OHIP -49), health status (SF 36), and satisfaction of patients with several agenetic teeth: prospective cohort study

7. Filius MAP, Vissink A, Cune MS, Raghoebar GM, Visser A. Effect of implant therapy on oral health-related quality of life (OHIP -49), health status (SF 36), and satisfaction of patients with several agenetic teeth: prospective cohort study. Clin Implant Dent Relat Res. 2018;20:592–7

A 41-year history of a mandibular subperiosteal implant

8. Schou S, Pallesen L, Hjorting-Hansen E, Pederson CS, Fibaek B. A 41-year history of a mandibular subperiosteal implant. Clin Oral Implants Res 2000;11:171-8.

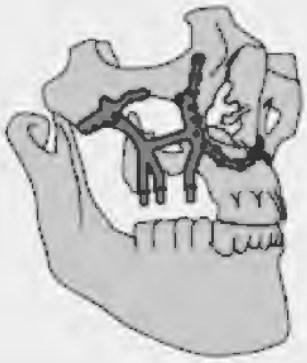
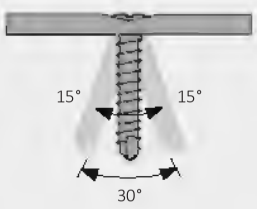
Additively manufactured sub-periosteal jaw implants

9. Mommaerts MY. Additively manufactured sub-periosteal jaw implants. Int J Oral Maxillofac Surg 2017;46:938-40.

In vivo forces on implants influenced by occlusal scheme and food consistency

10. Morneburg TR, Proschel PA. In vivo forces on implants influenced by occlusal scheme and food consistency. Int J Prosthodont 2003: 16: 481–486.

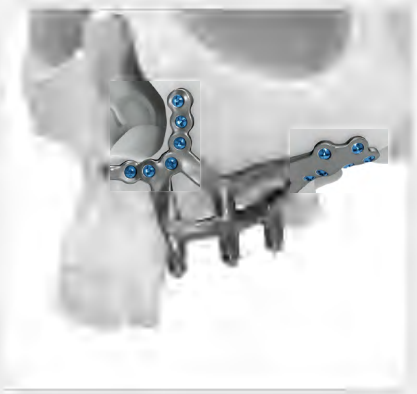
IPS Implant Preprosthetic

	Features and Functions	Benefits
Planning Process 	• Planning of the IPS Preprosthetic implant is conducted by a KLS Martin engineer in conjunction with the surgeon	• Well qualified engineers make for an efficient planning call
	• Planning, design and manufacturing is all conducted by qualified KLS Martin personnel	• Efficiency is maximized by all operations taking place under one roof
	• Flexibility in implant sizes and screw diameters	• Allows for optimal flexibility of the system
Implant 	• IPS Preprosthetic implants are produced through the means of additive manufacturing	• Allows complex anatomy and curvatures to be addressed without compromising the strength of the implant
	• Ti-6Al-4V titanium alloy is the material used to make the IPS Preprosthetic implant	• Very strong, rigid material
	• A digital check of the implant is performed, as well as physical check, when mating it to the accompanying patient-specific anatomical model	• Ensures optimal patient fit without the need for cutting and bending
Implant anchoring 	• Milled locking holes allow screws to have variable angulation within a cone of 30 degrees	• Allows the user to place screws in the best possible bone and avoid certain anatomy when necessary

	Features and Functions	Benefits
Implant pillars 	• Pillars feature a polished surface and implants can be designed with a minimum of two (2) transgingival pillars • Pillars are offered in a straight configuration (0 degrees to the occlusal plane) and have a diameter of 4 mm in lengths up to 20 mm. • Integrated pillars feature a (MUA) connection with an M1.4 inner diameter thread. • Removable MUA pillars feature a 2.0 mm thread diameter to accept a removable multi-unit abutment. Allows for a connection with a M1.4 diameter thread for a prosthesis.	• Allows for straightforward placement of the prosthesis • The patient has the ability to chew and present a natural smile • Allows adaptation of a dental prosthesis when otherwise not possible due to bone loss. • Allows for maximum flexibility in temporary and permanent prosthesis placement. A removable permanent prosthesis is recommended • Removable MUA design allows for MUA's to be interchangeable as needed
Treatment 	• With all functions under one roof KLS has the ability to deliver IPS Preprosthetic implants in a timely manner	• Allows the patient to return to normal function as quickly as possible

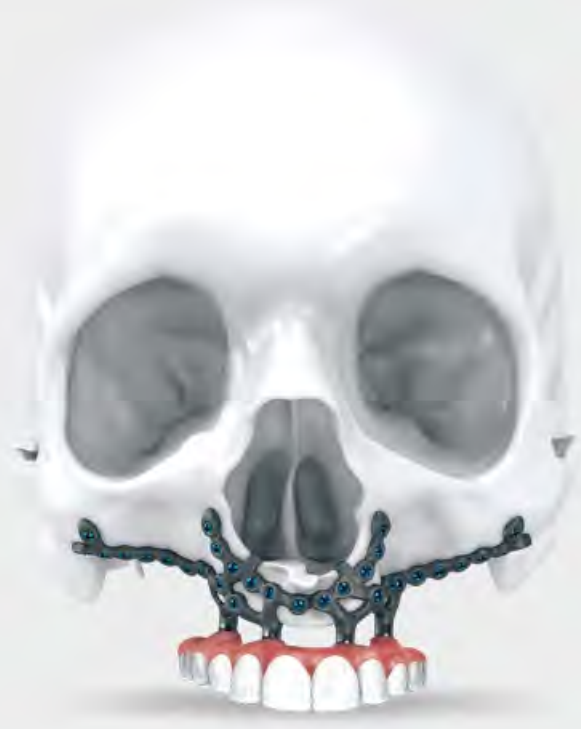
IPS Preprosthetic Product

IPS Preprosthetic Integrated MUA Design	
With Temporary and Final Prosthesis	
60-004-43-09-LP	IPS, IMPLANT, 1 QUADRANT, PREPROSTHETIC, MUA, LP, TI-6AL-4V
60-004-44-09-LP	IPS, IMPLANT, 2 QUADRANT, PREPROSTHETIC, MUA, LP, TI-6AL-4V
60-004-45-09-LP	IPS, IMPLANT, PREPROSTHETIC, SUPPLEMENTAL, MUA, LP, TI-6AL-4V
60-004-54-09-LP	IPS, IMPLANT, 1 QUADRANT, PREPROSTHETIC, MUA, LOCKING, LP, TI-6AL-4V
60-004-55-09-LP	IPS, IMPLANT, 2 QUADRANT, PREPROSTHETIC, MUA, LOCKING, LP, TI-6AL-4V
60-004-56-09-LP	IPS, IMPLANT, PREPROSTHETIC, SUPPLEMENTAL, MUA, LOCKING, LP, TI-6AL-4V
60-011-28-09-LP	IPS, IMPLANT, SUPPLEMENTAL PILLAR, LP, TI-6AL-4V
Without Final Prosthesis	
60-011-19-09-LP	IPS, IMPLANT, 1 QUADRANT, PREPROSTHETIC, MUA, W/OUT FINAL, LP, TI-6AL-4V
60-011-20-09-LP	IPS, IMPLANT, 2 QUADRANT, PREPROSTHETIC, MUA, W/OUT FINAL, LP, TI-6AL-4V
60-004-45-09-LP	IPS, IMPLANT, PREPROSTHETIC, SUPPLEMENTAL, MUA, LP, TI-6AL-4V
60-011-21-09-LP	IPS, IMPLANT, 1 QUADRANT, PREPROSTHETIC, MUA, W/OUT FINAL, LOCKING, LP, TI-6AL-4V
60-011-22-09-LP	IPS, IMPLANT, 2 QUADRANT, PREPROSTHETIC, MUA, W/OUT FINAL, LOCKING, LP, TI-6AL-4V
60-004-56-09-LP	IPS, IMPLANT, PREPROSTHETIC, SUPPLEMENTAL, MUA, LOCKING, LP, TI-6AL-4V



IPS Preprosthetic Removable MUA Design	
With Temporary and Final Prosthesis	
60-002-45-09-LP	IPS, IMPLANT, 1 QUADRANT, PREPROSTHETIC, REMOVABLE MUA, LP, TI-6AL-4V
60-002-46-09-LP	IPS, IMPLANT, 2 QUADRANT, PREPROSTHETIC, REMOVABLE MUA, LP, TI-6AL-4V
60-002-47-09-LP	IPS, IMPLANT, PREPROSTHETIC, SUPPLEMENTAL, REMOVABLE MUA, LP, TI-6AL-4V
60-004-51-09-LP	IPS, IMPLANT, 1 QUADRANT, PREPROSTHETIC, LOCKING, REMOVABLE MUA LP, TI-6AL-4V
60-004-52-09-LP	IPS, IMPLANT, 2 QUADRANT, PREPROSTHETIC, LOCKING, REMOVABLE MUA, LP, TI-6AL-4V
60-004-53-09-LP	IPS, IMPLANT, PREPROSTHETIC, SUPPLEMENTAL, LOCKING, REMOVABLE MUA, LP, TI-6AL-4V
60-011-27-09-LP	IPS, IMPLANT, SUPPLEMENTAL PILLAR, REMOVABLE MUA, LP, TI-6AL-4V
Without Final Prosthesis	
60-011-23-09-LP	IPS, IMPLANT, 1 QUADRANT, PREPROSTHETIC, REMOVABLE MUA, W/OUT FINAL, LP, TI-6AL-4V
60-011-24-09-LP	IPS, IMPLANT, 2 QUADRANT, PREPROSTHETIC, REMOVABLE MUA, W/OUT FINAL, LP, TI-6AL-4V
60-002-47-09-LP	IPS, IMPLANT, PREPROSTHETIC, SUPPLEMENTAL, REMOVABLE MUA, LP, TI-6AL-4V
60-011-25-09-LP	IPS, IMPLANT, 1 QUADRANT, PREPROSTHETIC, LOCKING, REMOVABLE MUA, W/OUT FINAL, LP, TI-6AL-4V
60-011-26-09-LP	IPS, IMPLANT, 2 QUADRANT, PREPROSTHETIC, LOCKING, REMOVABLE MUA, W/OUT FINAL, LP, TI-6AL-4V
60-004-53-09-LP	IPS, IMPLANT, PREPROSTHETIC, SUPPLEMENTAL, LOCKING, REMOVABLE MUA, LP, TI-6AL-4V

Accessories distributed by KLS-Martin L.P.	
DS-MUA-001	ABUTMENT, MULTIUNIT, 1 MM COLLAR HEIGHT, TITANIUM
DS-MUA-002	ABUTMENT, MULTIUNIT, 2 MM COLLAR HEIGHT, TITANIUM
DS-MUA-003	ABUTMENT, MULTIUNIT, 3 MM COLLAR HEIGHT, TITANIUM
DS-MUA-004	ABUTMENT, MULTIUNIT, 4 MM COLLAR HEIGHT, TITANIUM
DS-MUA-005	ABUTMENT, MULTIUNIT, 5 MM COLLAR HEIGHT, TITANIUM
DS-BOX	BOX, MULTI-USE
DS-TW-001	TORQUE WRENCH, NOBEL TYPE, 8 MM
DS-D-001	DRIVER, MULTIUNIT (RP)
DS-D-LOC	DRIVER, DESSLOC
DS-D-H127	DRIVER, LATCH STYLE, .050/1.27 MM HEX, 30 MM
DS-SCREW	SCREW, ABUTMENT, .050 HEX, M1.4, TITANIUM
DS-ADA-001	ADAPTER, TORQUE WRENCH TO SQUARE, NOBEL
DS-ADA-002	ADAPTER, TORQUE WRENCH TO LATCH, NOBEL
OA-VER-BRIDGE2	DENTAL PROSTHESIS, TEMP W/FINAL
OA-VER-BRIDGE3	DENTAL PROSTHESIS, SCREW RETAINED PMMA W/PINK COMPOSITE, W/OUT FINAL



Additional Product For **IPS**

maxDrive

Micro Screws — self-retaining

	5	1
1.5 x 4 mm	25-875-04-09	25-875-04-91
1.5 x 5 mm	25-875-05-09	25-875-05-91
1.5 x 7 mm	25-875-07-09	25-875-07-91
1.5 x 9 mm	25-875-09-09	25-875-09-91

Emergency Screws — self-retaining

	5	1
1.8 x 4 mm	25-876-04-09	25-876-04-91
1.8 x 5 mm	25-876-05-09	25-876-05-91
1.8 x 7 mm	25-876-07-09	25-876-07-91

Drill-Free® Screws — self-retaining

1.5 x 4 mm	25-878-04-09	25-878-04-91
1.5 x 5 mm	25-878-05-09	25-878-05-91
1.5 x 7 mm	25-878-07-09	25-878-07-91

25-650-02-04
Measuring clip for screw length, green

25-651-01-04
Measuring clip for screw diameter

Explanation of icons

- 1.5 mm System
- Titanium
- Stainless Steel
- Cross-Drive
- Locking
- Packaging units
- maxDrive®
- J-Notch
- Dental Notch

Cross-Drive

Non-Locking screws

	Ø 2.0 mm	Ø 2.3 mm
5 mm	25-672-05-91	25-673-05-91
8 mm		
19 mm	25-672-19-91	25-673-19-91
22 mm		

Cross-Drive Drill-Free

Non-Locking screws self retaining

	Ø 2.0 mm	Ø 2.3 mm
5 mm	25-679-05-91	25-673-05-91

Cross-Drive

Locking screws self retaining

	Ø 2.0 mm	Ø 2.3 mm
5 mm	25-772-05-91	25-773-05-91
7 mm		
17 mm		
20 mm	25-772-20-91	
21 mm		25-773-21-91

Cross-Drive Emergency

Non-Locking screws self retaining

	Ø 2.5 mm	Ø 2.3 mm
16 mm		
17 mm	25-772-20-91	
20 mm	25-772-20-91	
21 mm		25-773-21-91

Additional Product

For **IPS**

maxDrive Emergency

Ti 1

Locking screws self retaining

	Ø 2.5 mm	Ø 2.3 mm
17 mm	25-772-20-91	
20 mm	25-772-20-91	
21 mm		25-773-21-91

maxDrive Drill-Free

Ti 1

Non-Locking screws

	Ø 2.0 mm	Ø 2.3 mm
5 mm	25-879-05-91	25-873-05-91

maxDrive

Ti 1

Non-Locking screws

	Ø 2.0 mm	Ø 2.3 mm
5 mm	25-872-05-91	25-873-05-91
6 mm		
17 mm		
19 mm		
21 mm	25-872-21-91	25-873-21-91

maxDrive

Ti 1

Locking screws self retaining

	Ø 2.0 mm	Ø 2.3 mm	Ø 2.5 mm
5 mm	25-882-05-91	25-883-05-91	25-885-05-91
7 mm	25-882-07-91	25-883-07-91	
9 mm	25-882-09-91	25-883-09-91	25-885-09-91
11 mm	25-882-11-91	25-883-11-91	
13 mm	25-882-13-91	25-883-13-91	25-885-13-91
15 mm	25-882-15-91	25-883-15-91	
17 mm	25-882-17-91	25-883-17-91	
19 mm	25-882-19-91	25-883-19-91	
21 mm	25-882-21-91	25-883-21-91	

*instruments not to scale

Explanation of icons

- 1.5 mm System
- Titanium
- Stainless Steel
- Cross-Drive
- Locking
- Packaging units
- maxDrive®
- J-Notch
- Dental Notch

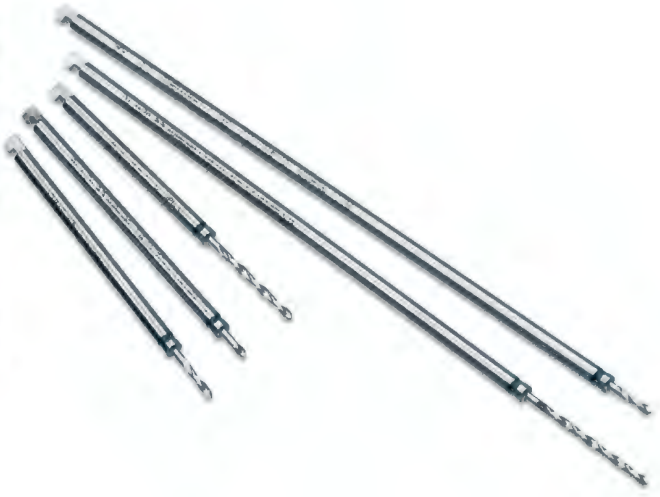
Twist Drills

J-Notch

Ø x L (mm)	Stop (mm)	1
1.1 x 50	-	25-452-00-91
1.1 x 50	5	25-452-05-91
1.1 x 50	7	25-452-07-91
1.1 x 50	9	25-452-09-91
1.1 x 50	15	25-452-15-91
1.1 x 105	7	25-452-57-07
1.1 x 105	21	25-452-61-07

Dental attachment

Ø x L (mm)	Stop (mm)	1
1.1 x 30	17	50-920-00-07
1.1 x 20	7	50-920-07-07



Additional Product

For **IPS**

*instruments not to scale

Twist Drills

St 1

J-Notch

Ø x L (mm)	Stop (mm)	
1.5 x 50	5	25-449-05-91
1.5 x 50	20	25-449-16-91
1.5 x 115	-	25-468-11-04
1.9 x 70	7	25-460-07-07
1.9 x 70	9	25-460-09-07
1.9 x 115	7	50-519-21-07
2.0 x 105	—	50-026-04-07
2.2 x 85	—	50-522-40-91
2.2 x 115	27	25-472-81-07
2.2 x 115	86	50-828-40-07

Morrison Twist Drills

St 1

J-Notch

Ø x L (mm)	Stop (mm)	
1.5 x 105	—	25-473-70-07
1.9 x 100	—	25-472-80-07
1.9 x 105	—	25-473-80-07
2.0 x 105	—	25-473-85-07

Explanation of icons

St Stainless Steel

1 Packaging unit

J-Notch

Dental Notch

50-501-25-07 St 1
Ø1.5 mm
5.5 cm / 2 ¼”
Drill guide

50-501-22-07 St 1
Ø 2.0/2.3 mm
5.5 cm / 2 ¼”
Drill guide

50-501-23-07 St 1
Ø2.7 mm
5.5 cm / 2 ¼”
Drill guide

50-501-27-07 St 1
Ø 2.7 mm
5.5 cm / 2 ¼”
Drill guide

50-815-20-07 1
Ø 2.0/2.3 mm
S/D blade, X/D, 40 mm
BOS driver

50-815-27-07 1
Ø2.7 mm
S/D blade, X/D, 40 mm
BOS driver

50-800-01-07
BOS handle
w/o battery pack

50-800-03-07
BOD handle
w/o battery pack

25-410-00-07
S/D handle, ratchet style
2.0/2.3/2.7 systems

50-502-00-07
Transbuccal system, complete

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