

3.1 mmD Eztetic[™] Dental Implant System

Beauty Now And Beyond



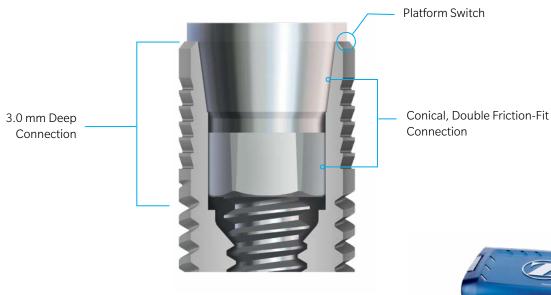
Experience The Strength, Primary Stability & New Connection

At Zimmer Biomet Dental, we take pride in developing high quality products that are based on the Voice of Customer and clinical research findings. The stability, strength and precision of the implant-abutment connection are the significant factors in achieving clinical success, particularly in the anterior zone.

The 3.1 mmD Eztetic Implant is a strong¹, aesthetic solution for narrow anterior sites. By combining an innovative implant design, Conical, Double Friction-Fit[™] Connection and surgical protocol, the 3.1 mmD Eztetic Implant can deliver beautiful smiles that last.

Three Principles In One Connection

For the first time, a conical, Double Friction-Fit Connection and platform switch have been combined to create a state-of-the-art connection. The 3.0 mm connection depth is designed to distribute stresses deeper into the implant and further away from crestal bone than conventional conical designs.



A Single Kit For Multiple Surgical Procedures

A Surgical Module for the 3.1 mmD Eztetic Implant conveniently snaps into the Tapered Screw-Vent[®] Surgical Kit (TSVKIT) for placement alongside Trabecular Metal[™] or Tapered Screw-Vent Implants.









Restorative Profile For Aesthetic Emergence:

Implant-abutment connection along with a contour abutment profile are designed to provide space for soft tissue and aesthetic emergence of the restoration

Primary Stability¹ For Immediate Aesthetics:

Tapered implant geometry combined with dedicated soft and dense bone surgical protocols are designed for high primary stability in all types of bone¹

MTX Surface For Increased Bone Apposition:

The MTX Microtextured Surface has been documented to achieve high levels of bone-to-implant contact and successful clinical results under conditions of immediate loading^{2,3}

Zimmer MTX*

Microtexture at 2000x magnification

Strength¹ For Long-Lasting Aesthetics:

Implant with a conical, Double Friction-Fit Connection designed for exceptional strength, reduced micromovement and microleakage

Coronal Options For Bone Level Maintenance:

The coronal microgrooves are designed to preserve crestal bone.⁴ Two coronal surface configurations are available:

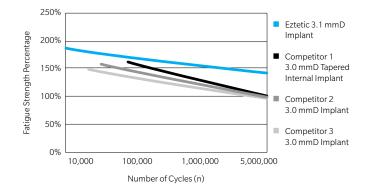
- Full MTX Microtexturing with MTX Crestal Microgrooves (Model CT)
- 0.5 mm Machined Collar with MTX Crestal Microgrooves (Model CM)



Implant Fatigue Strength¹

The 3.1 mmD Eztetic Implants achieved 43% higher fatigue strength compared to selected competitive implants of similar diameters.¹

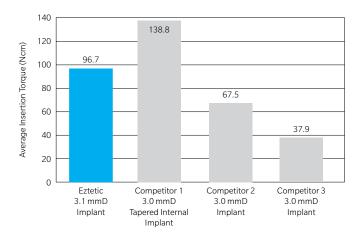
All products were tested in increments of 5.

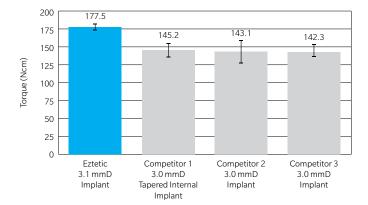


Insertion Torque¹

The 3.1 mmD Eztetic Implants achieved high insertion torque.¹

Benchtop engineering test utilizing a dense bone substrate.¹





Torsional Yield Strength¹

The 3.1 mmD Eztetic Implant interface withstood higher torsional forces than the selected competitors.¹

Benchtop engineering test utilizing the implants and their corresponding drivers.¹

Eztetic Approach To Restorative Simplicity And Versatility

An extensive range of user-friendly restorative options are available for your prosthetic needs:



Tissue Healing, Impression Transfer and Provisional Restorations





CAD/CAM Abutments From The Zimmer Biomet Milling Center: A fitting solution for your patients

Quality & Precision • Productivity & Profitability • Patient Specific

Eztetic products are manufactured and distributed by Zimmer Dental, Inc.

References

- 2. Trisi P, Marcato C, Todisco M. Bone-to-implant apposition with machined and MTX microtextured implant surfaces in human sinus grafts. Int | Periodontics Restorative Dent. 2003;23(5):427-437.
- 3. Todisco M, Trisi P. Histomorphometric evaluation of six dental implant surfaces after early loading in augmented human sinuses. J Oral Implantol. 2006;32(4):153-166.
- 4. Shin SY, Han DH. Influence of a microgrooved collar design on soft and hard tissue healing of immediate implantation in fresh extraction sites in dogs. Clin Oral Implants Res. 2010;21:804-814.



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