



Protocol and Procedure for Placement of the OCO Biomedical 3.0 mm I-Mini™ One-Piece Implant System

Case Selections

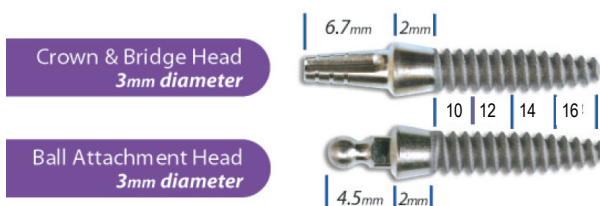
Patient's health history is extremely important for proper treatment planning. The patient must be willing to maintain good oral hygiene to ensure a successful outcome. Patients with the following health conditions are not good candidates for this procedure.

- Diabetes (uncontrolled)
- Chemotherapy / Radiation
- Heavy Smokers - averaging more than 10 cigarettes per day

Indications

- As an artificial root structure for single tooth replacement of mandibular central and lateral incisors and maxillary lateral incisors. The implant may be immediately restored with a temporary prosthesis that is not in functional occlusion.
- When splinted together as an artificial root structure for multiple tooth replacement of mandibular incisors. The implants may be restored after a period of time or placed in immediate function.
- For denture stabilization using multiple implants in the anterior mandible and maxilla. The implants may be restored after a period of time or placed in immediate function when good primary stability is achieved and with appropriate occlusal loading.

NOTE: For questions on I-Mini™ implant placement and restorative techniques please visit www.ocobiomedical.com, call 800-228-0477 (+505-293-0025 international) or email sales@ocobiomedical.com.



CATALOG #	DESCRIPTION	LENGTH
I-MINI 3010-CB	Crown & Bridge Head	10 mm
I-MINI 3012-CB	Crown & Bridge Head	12 mm
I-MINI 3014-CB	Crown & Bridge Head	14 mm
I-MINI 3016-CB	Crown & Bridge Head	16 mm
I-MINI 3010-IOT	O-Ball Head	10 mm
I-MINI 3012-IOT	O-Ball Head	12 mm
I-MINI 3014-IOT	O-Ball Head	14 mm
I-MINI 3016-IOT	O-Ball Head	16 mm

Laboratory

Study models are prepared for a diagnostic wax-up in the area of the desired final restoration. From the model, a vacuum formed clear tooth matrix is made. This will aid in placing the I-Mini™ implant(s) and in positioning them relative to adjacent natural teeth or implants previously placed.

WARNING - VERY IMPORTANT



Implants should be absolutely stable after being placed. There must not be any mobility. If so, there is an error in placement. If the bone is dense enough and the body of the implant has not penetrated the cortical bone encasement, remove and use the next larger diameter implant.

Proper Drill Sequence

I-Mini 3.0 mm Dental Implant

- #8 High-speed Surgical Bur (Catalog: #8 HS)
- Pilot Drill 1.8 mm (Catalog: 0180)
- 3.25 mm Tissue Punch (Catalog: 0062)
- 3.25 mm Countersink Drill (Catalog: 3.25 CS)
- 2.4 mm Final Drill (Catalog: 0240T)
- Insert Tool/Driver: I-Mini C&B Driver (Catalog: 0083N & 0083NS) or I-Mini O-Ball Driver Catalog: 0076 & 0076S) & Thumb Wrench
- For Dense Bone: Ratchet (Catalog: RW) and/or Gear Reduced Hand-piece (Catalog: 0097)

I-Mini™ One-Piece Dental Implant System

-  1.8 mm Pilot Drill
-  3.25 mm Tissue Punch
-  3.25 mm Countersink Drill
-  2.4 mm Final Drill
-  I-Mini C&B Driver (long & short available)
-  I-Mini O-Ball Driver (long & short available)

Protocol & Procedure for Placement: OCO Biomedical I-Mini™ One-Piece Implant System

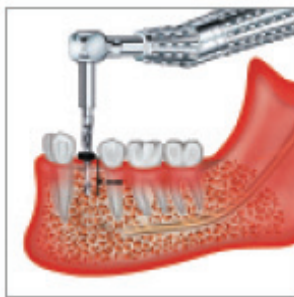
IMPORTANT - This product is sterile and ready for use when enclosed and sealed in original packaging. Re-sterilization is not recommended by OCO Biomedical, Inc. If packaging is damaged or open upon receipt of product, please call OCO Biomedical at 800-228-0477 (or 505-293-0025) for a replacement product.



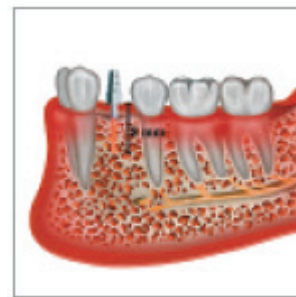
1 - The good implant candidate must have a healthy pre-operative condition.



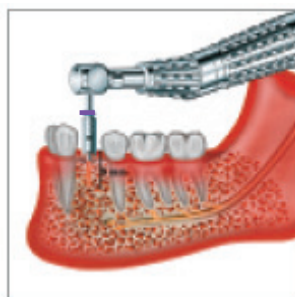
2 - A #8 HS surgical bur and high-speed handpiece mark the spot for placement and drills through into the cortical bone.



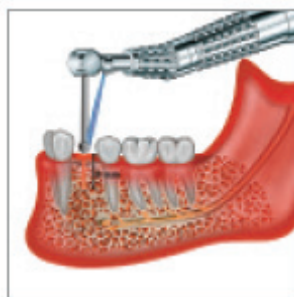
3 - Use a low-speed handpiece, pilot drill, and guide ring to penetrate 8-10 mm into soft tissue and bone. Align with adjacent teeth or implants.



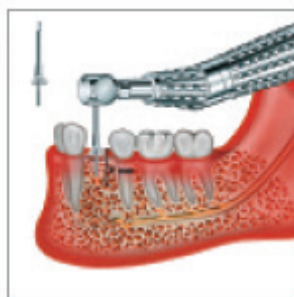
4 - A paralleling pin (shaped like the abutment) checks alignment. Re-drill and recheck if misaligned.



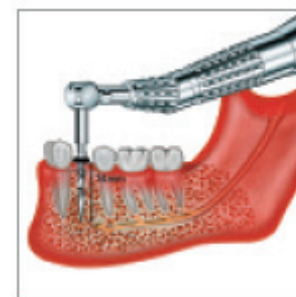
5 - With the tissue punch with center guide pin, drill down through the gingiva and into the bone through the periosteum.



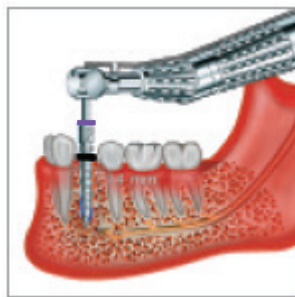
6 - With a curette or a handpiece and a #8 HS surgical bur, remove the tissue plug and tags.



7 - Use the countersink drill to countersink the implant collar when there is a thin band of attached gingiva - assuring collar is below gingival crest.



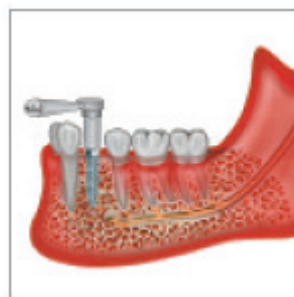
8 - With the depth ring 2-mm higher than the implant length, drill down the pilot hole for the final depth.



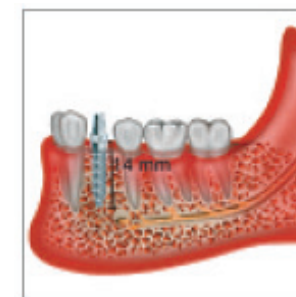
9 - The final drill is designed to stop at the final depth established by the pilot drill (w/ depth ring set 2-mm higher than the implant length).



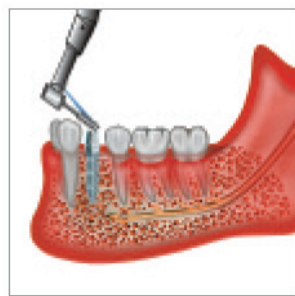
10 - Place the implant - a thumb wrench (or ratchet) and I-Mini O-Ball Driver or C&B Driver are used to screw the implant to its final seating depth.



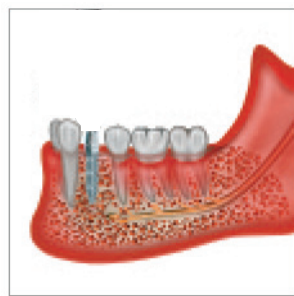
11 - Use ratchet/torque wrench and I-Mini driver to firmly seat implant; turn additionally up to 30 n/cm (maxilla) or 40 n/cm (mandible) to condense bone.



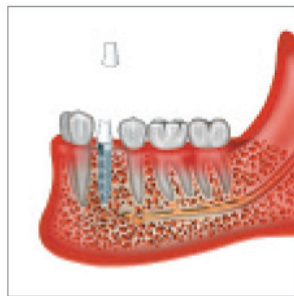
12 - The I-Mini One-Piece Implant is now fully seated and ready for restorative impressions.



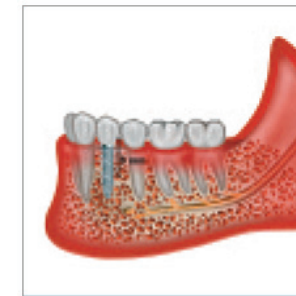
13 - If needed, modify the C&B abutment for a crown with a #557 carbide bur in a high-speed handpiece (use irrigation).



14 - The implant with modified head is ready for a temporary crown.



15 - Place acrylic coping on implant. Fill temporary crown with acrylic & place over coping. When set, remove & trim it. Cement to place w/ temp cement.



16 - Temporary crown in place in light occlusion.