

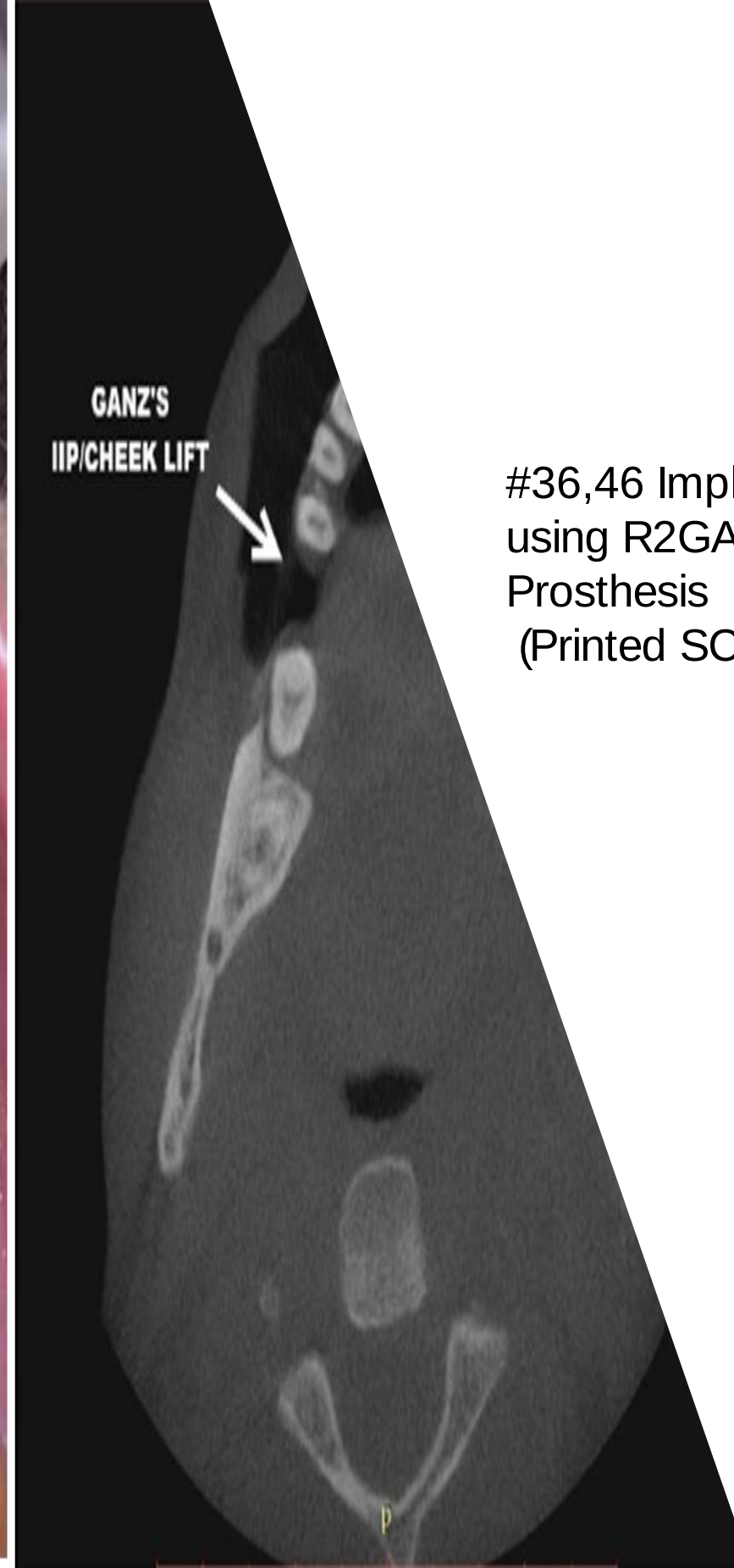


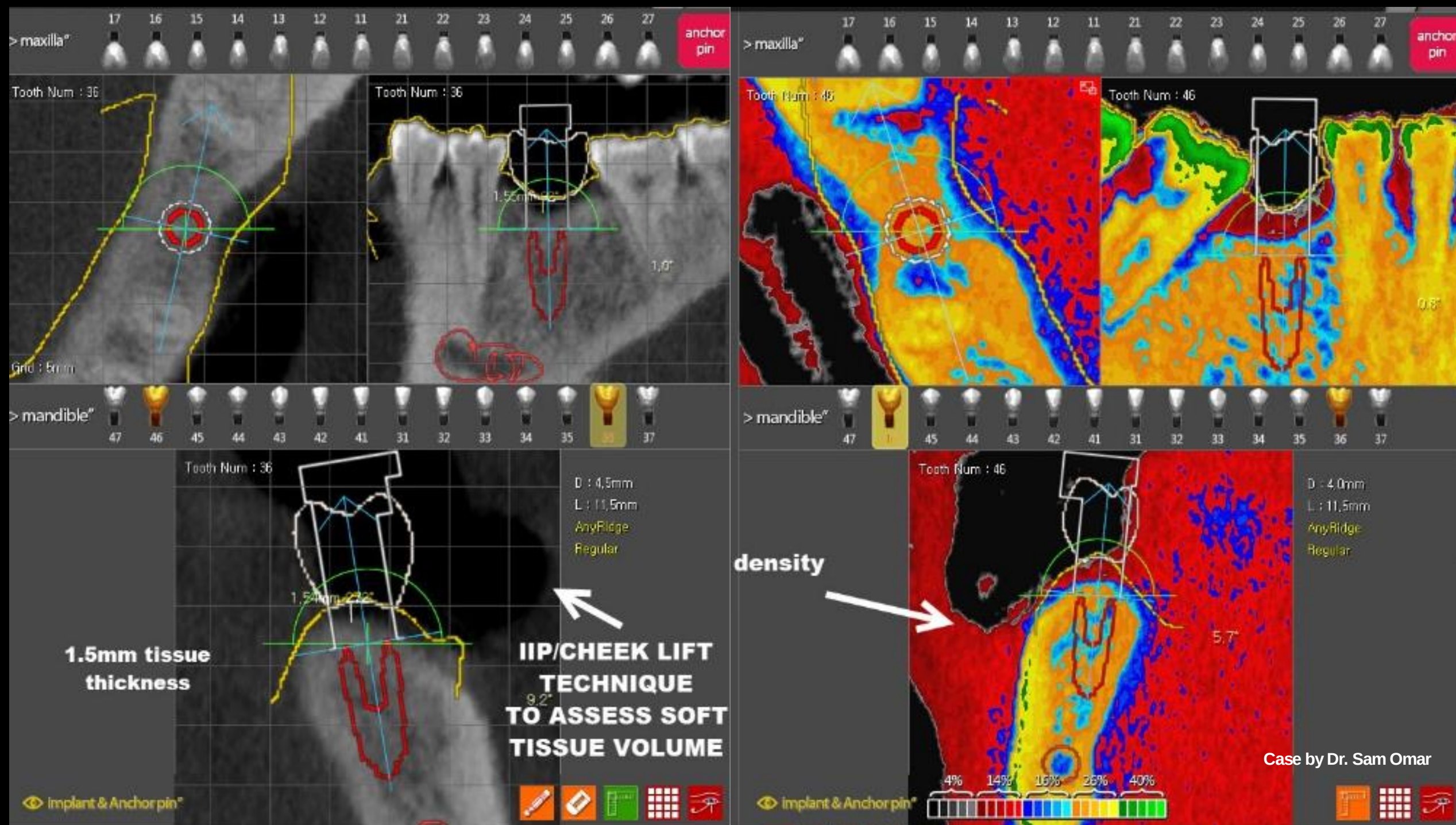
GANZ'S
IIP/CHEEK LIFT



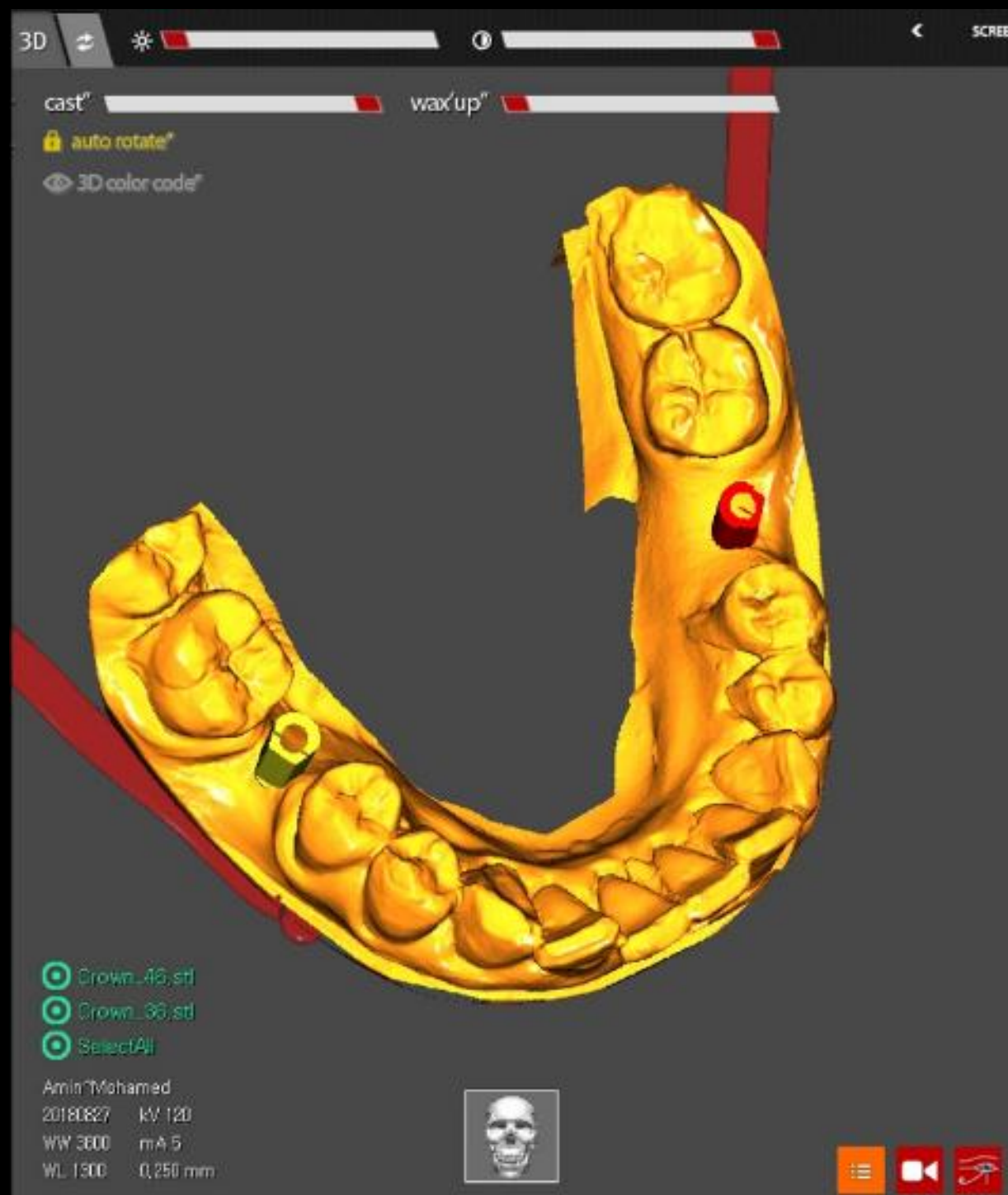
#36,46 Implant placement Case, Surgery
using R2GATE Guide and ONE-DAY
Prosthesis
(Printed SCRP TYPE Crown)

Dr. Sam Omar





Clinical Case: Planning 2 implants with R2GATE software, a plan to use AnyRidge implants. 1.5mm thin biotype tissue planned for a flap. Bone density assessment with digital eye feature of R2GATE software shows high density bone D1 (yellow & light blue)



Case by Dr. Sam Omar

Clinical Case: Exporting digital models with scan bodies from the software to design and print/mill prefabricated provisional crowns.



Case by Dr. Sam Omar

Clinical Case: Surgical guide , digital models and Prefabricated printed provisional resin crowns.



Case by Dr. Sam Omar

Clinical Case: Flap opened based on planning



Case by Dr. Sam Omar

Clinical Case: Using the r2gate keyless guides surgical kit directly through the guide



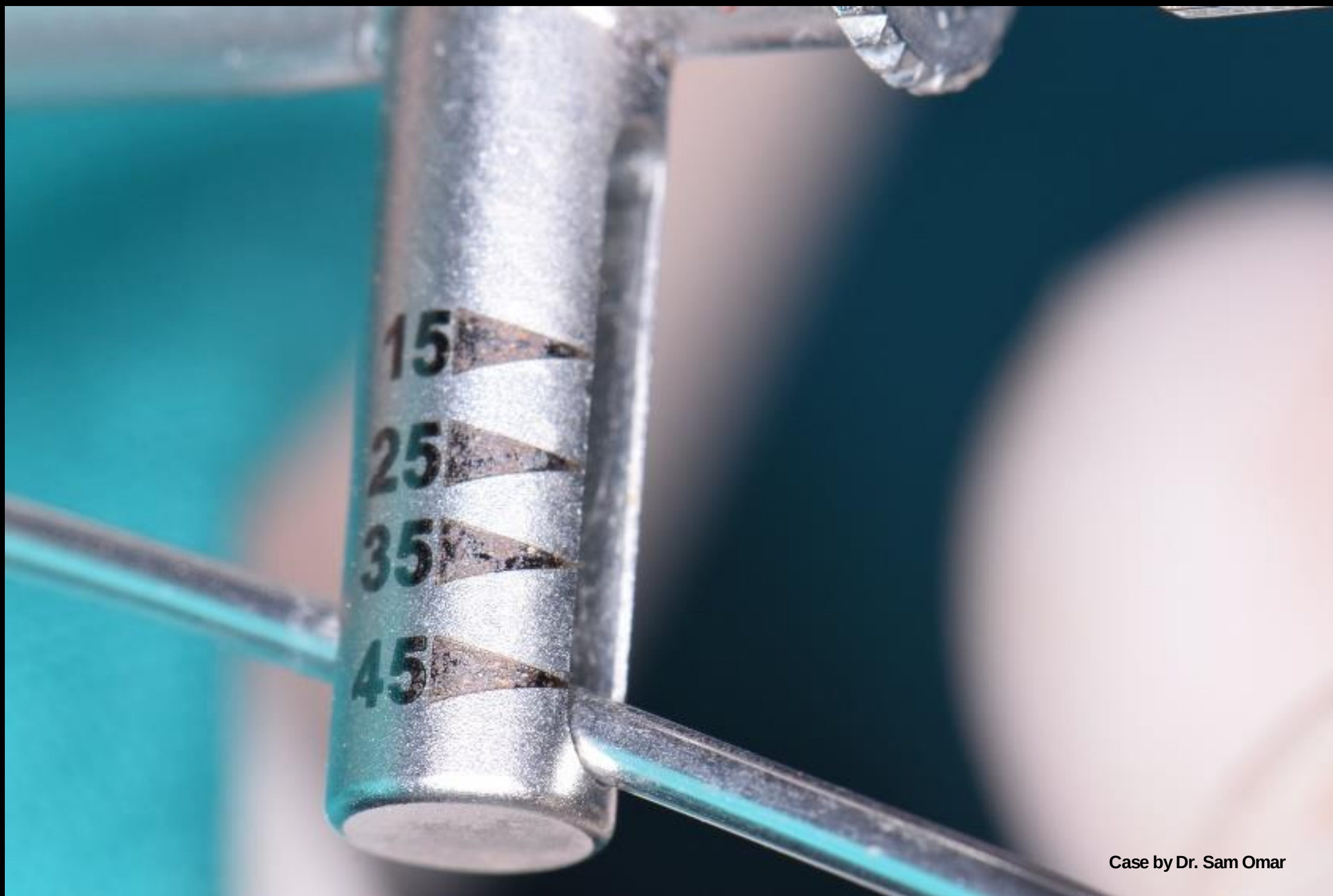
Case by Dr. Sam Omar

Clinical Case: Using the r2gate keyless guides surgical kit cortical bone drills for D1 bone cases



Case by Dr. Sam Omar

Clinical Case: Implant placement through the guide / Implant placement control (IPC)

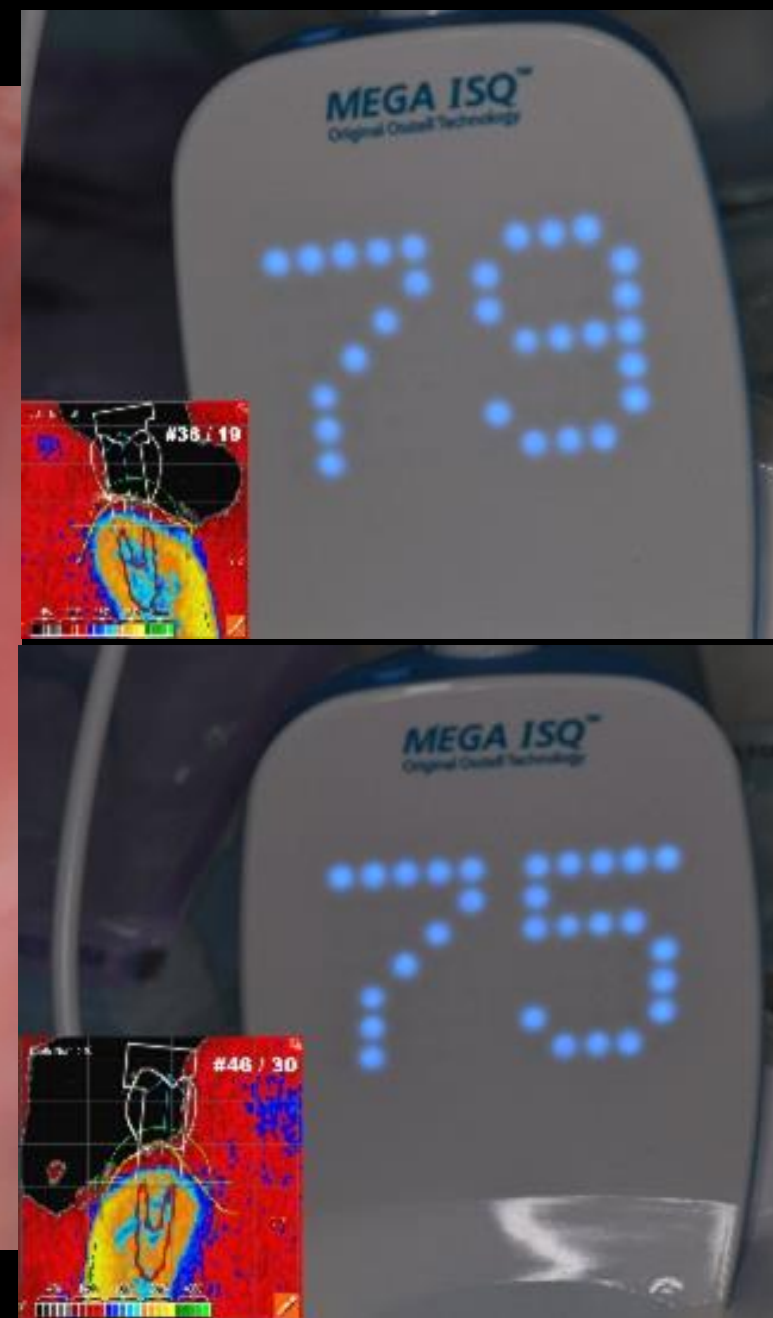


Case by Dr. Sam Omar

Clinical Case: 45 NCm of torque



Case by Dr. Sam Omar



Clinical Case: Measuring ISQ adequate for immediate loading (75 recommended)

Loading Protocol

In a four-year follow-up data of AnyRidge, the average ISQ value was around 71. This value proposed as a threshold value (not a safe value) for immediate loading of AnyRidge.

Now, we suggest a predictable loading protocol of AnyRidge for each individual situation. We decided to call this the "**XPEED Loading Protocol**".

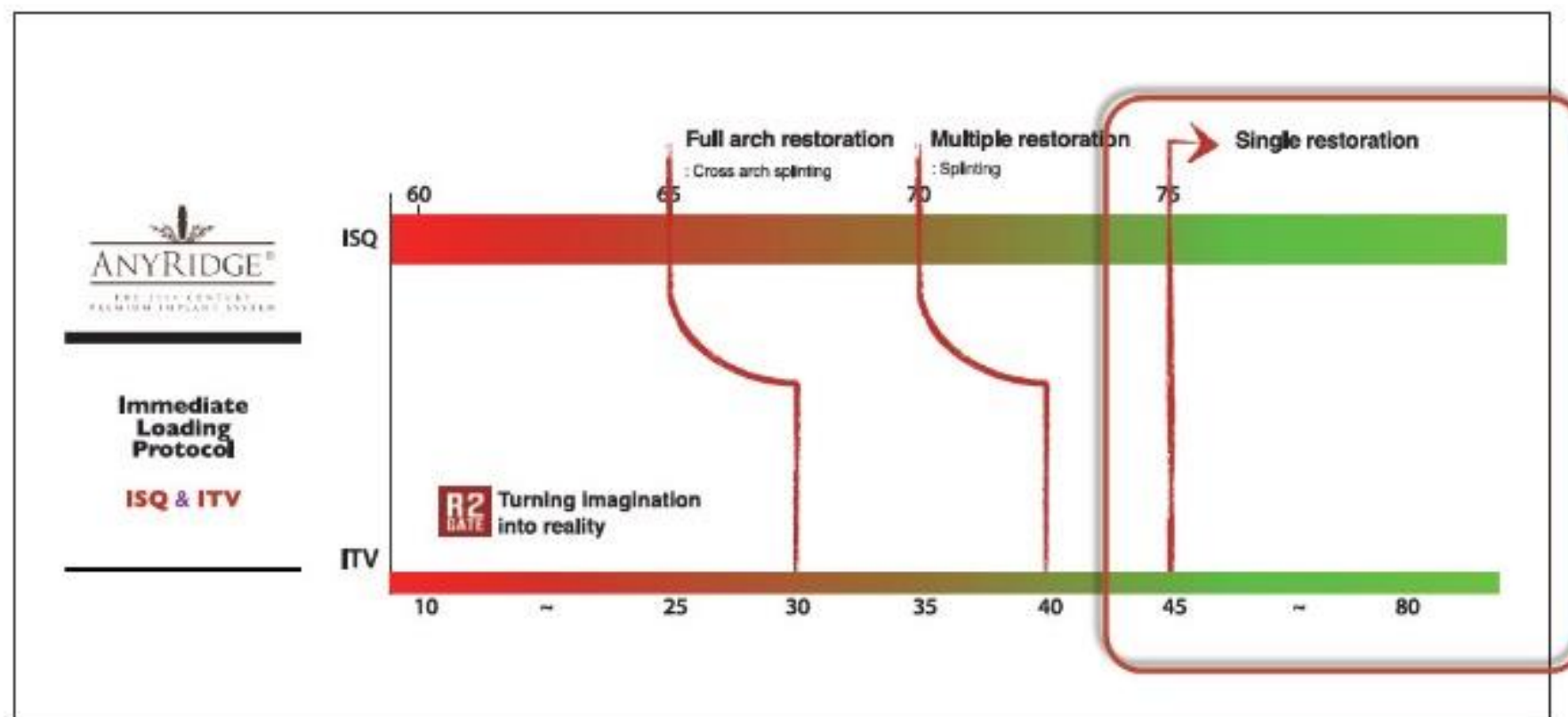


Fig 10. Immediate loading protocol was introduced at MegeGen European Scientific Meeting, June 6th, 2014 at Zurich, Switzerland.

Clinical Case: Scientific Immediate loading criteria for Anyridge (ESM 2014, Zurich)



Case by Dr. Sam Omar

Clinical Case: Temporary crowns #36 & #46



Case by Dr. Sam Omar

Clinical Case: Final restoration in place and occlusion check

