



ROXOLID® FOR ALL

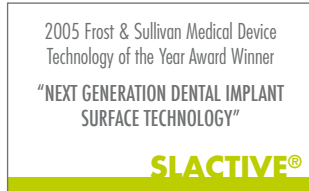
THREE INNOVATIONS ■ ALL DIAMETERS ■ AWARD WINNING TECHNOLOGIES



COMMITTED TO
SIMPLY DOING MORESM
FOR DENTAL PROFESSIONALS

AN **AWARD WINNING COMBINATION** WITH SIMPLIFIED HANDLING

The **FROST & SULLIVAN MEDICAL DEVICE TECHNOLOGY OF THE YEAR AWARD** recognizes excellence in technological innovation.



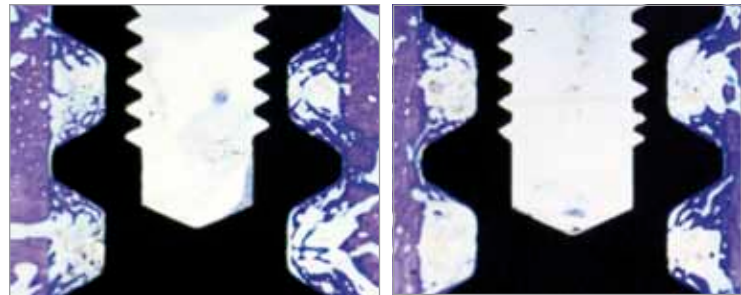
SURFACE – SLACTIVE® TECHNOLOGY

- Faster osseointegration¹
- Reduced healing times from 6-8 weeks to 3-4 weeks²
- Increase predictability in stability-critical protocols
- Scientifically supported in 14 preclinical and 8 clinical studies³



STRENGTH – ROXOLID® MATERIAL

- First Titanium-Zirconium (TiZr) alloy material designed specifically for dental implants
- High tensile strength⁴
- Demonstrated improved osseointegration over Straumann's Titanium SLActive® implants⁵



Roxolid

Titanium SLActive®

Histological analysis showing Roxolid (left) and titanium (right). They have shown a better bone in-growth behavior as measured by BATA (bone area to total area) with Roxolid compared to Straumann's titanium⁵

SIMPLICITY – LOXIM™ TRANSFER PIECE

- Pre-mounted, self-retained with shorter height (5 mm less than previous design)
- Clockwise and counter-clockwise rotations for one step implant insertion
- No holding key required to remove the transfer piece



¹ Compared to SLA in an animal model

² Compared to SLA

³ Straumann SLActive Scientific Overview (USLIT196). Data on file.

⁴ Norm ASTM F67 (states min. tensile strength of annealed titanium); data on file

⁵ Gottlow J, et al. Evaluation of a New Titanium-Zirconium Dental Implant: A Biomechanical and Histological Comparative Study in the Mini Pig. Clin Implant Dent Relat Res. 2010 Jun 25. Epub ahead of print.

A SOLUTION FOR THE ENTIRE IMPLANT TEAM – YOUR SUCCESS IS OUR BUSINESS

HOW MANY PATIENTS DO YOU HAVE WHO:

- Refuse implants due to grafting procedures, time and cost?
- Are more readily accepting implant treatment and would benefit from today's advanced technology?



Fig. 1: Healthy 18 year old female with congenitally missing lateral incisor. Orthodontics was necessary to correct severe root convergence of adjacent teeth.



Fig. 2: Temporary abutment and provisional restoration in place 6 weeks after implant placement for "provisional guided tissue conditioning".



Fig. 3: Esthetic evaluation of provisional restoration 3 weeks after insertion.

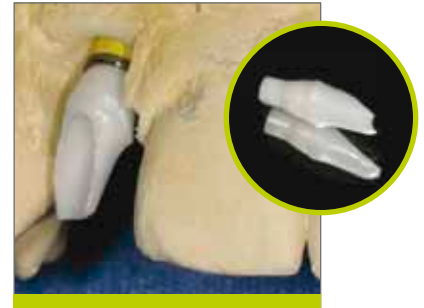


Fig. 4a/4b: Straumann® CAD/CAM Zirconia abutment for Bone Level Ø3.3 mm Roxolid® Implant.



Fig. 5: Abutment and lithium disilicate (IPS e.max®) crown ready for delivery shown on Bone Level NC (Narrow CrossFit®) analog.



Fig. 6: Delivery of final abutment to 35Ncm.



Fig. 7: Final Restoration in place.



Fig. 8: 26 month post-op radiograph noting no change in bone levels and stable implant/abutment connection.

Case courtesy of Dr. Robert C. Vogel

ROXOLID® FOR ALL IS DESIGNED TO ALLOW FOR:

- Treatment of more patients through the options available
- Less complex treatment plans, fewer procedures and shorter treatment times
- A higher rate of patient case acceptance
- Increased confidence of the entire implant team – surgeon, restorative doctor, auxiliary and lab

ROXOLID® FOR ALL

FOR THE SURGEON ■ FOR THE RESTORING DOCTOR ■ FOR THE PATIENT

"With Roxolid® available in all implant diameters, I am now able to treat more patients with implant therapy and to offer them more **efficient treatment options**. This has been a wonderful benefit to me, my restorative partners and especially to the patients. I applaud Straumann's **commitment to innovations** that enhance the treatment experience for all parties involved in implant treatment."

– Dr. Robert Miller, FL

"The Roxolid® material provides additional treatment options for my patients with increased confidence, security and less aggressive surgical procedures. The design of the CrossFit® connection for Bone Level Implants allows me **total prosthetic flexibility** for fixed and removable restorations with outstanding strength and reliability. I also commend Straumann on their **ongoing commitment to simplicity** in that the new implants do not require any additional impression components, abutments or instruments from what I am already using." – Dr. Robert C. Vogel, FL

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