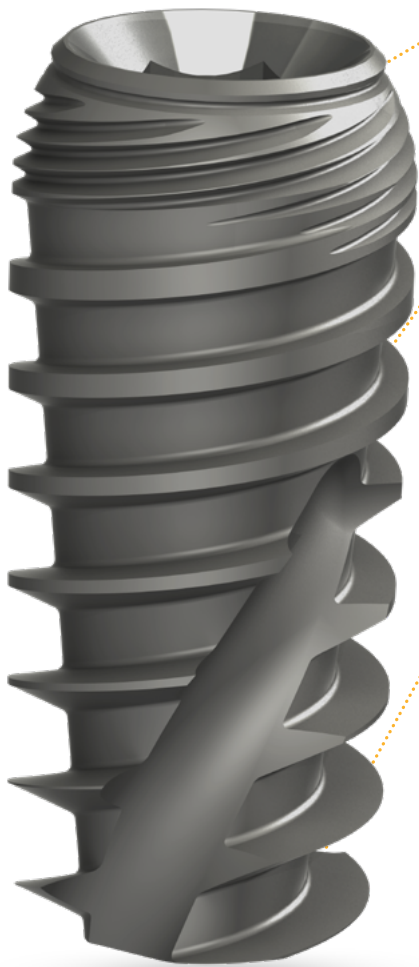


Tuff TT Implant

Share the same three-thread zone concept as Tuff implants. The taper top converging coronal shape allows platform switch technology to prevent crestal bone loss.



The micro thread at the upper zone adds stability and prevents crestal bone loss




The middle zone square type thread is used for compressing cancellous bone and helps achievement of maximum BIC

The lower V-shape thread zone enables self-tapping

Benefits

- Wide dimensions range, from diameters of 4.2-6mm to lengths of 6-20mm
- Unified prosthetic platform for all implants
- Excellent retention for immediate loading
- Two starts for main thread

Tuff TT Implant

implants	Ø D (mm)	Ø D0 (mm)	Ø D1 (mm)	L (mm)	Item
	4.2	2.1	3.5	6	NM-F4306
				8	NM-F4308
				10	NM-F4310
				11.5	NM-F4311
				13	NM-F4313
				16	NM-F4316
				18	NM-F4318
				20	NM-F4320
	5.0	2.7	4.2	6	NM-F5106
				8	NM-F5108
				10	NM-F5110
				11.5	NM-F5111
				13	NM-F5113
				16	NM-F5116
	6.0	3.7	5.0	6	NM-F6106
				8	NM-F6108
				10	NM-F6110
				11.5	NM-F6111
				13	NM-F6113

Cover Screw Included with all implants



NM-S5023

Tuff TT Implant

With their three thread zones, Tuff implants have been uniquely designed according to the anatomy of the bone structure. The lower V-shape thread zone enables self-tapping. The middle zone square type thread is used for compressing cancellous bone and helping achieve maximum BIC. The micro thread on

the upper zone adds stability and prevents crestal bone loss.

Available in two neck textures versions: Machined surface or RBM treated surface.

Material: Titanium (Ti6Al4V ELI)

Treatment: RBM

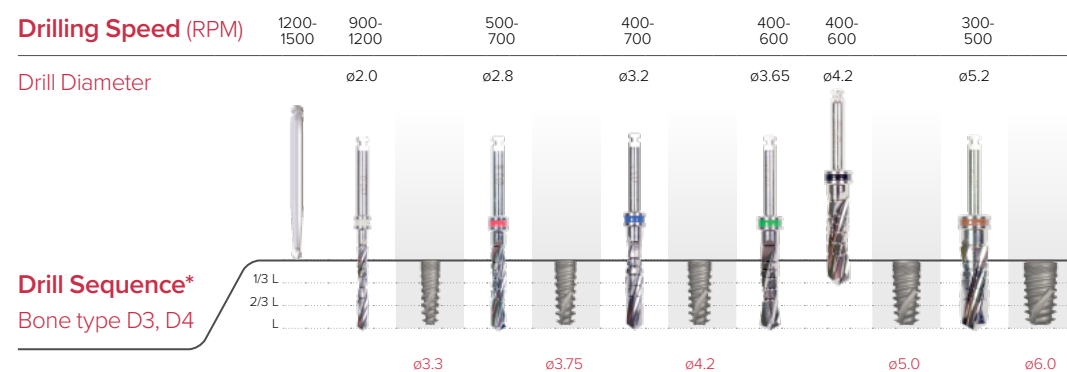
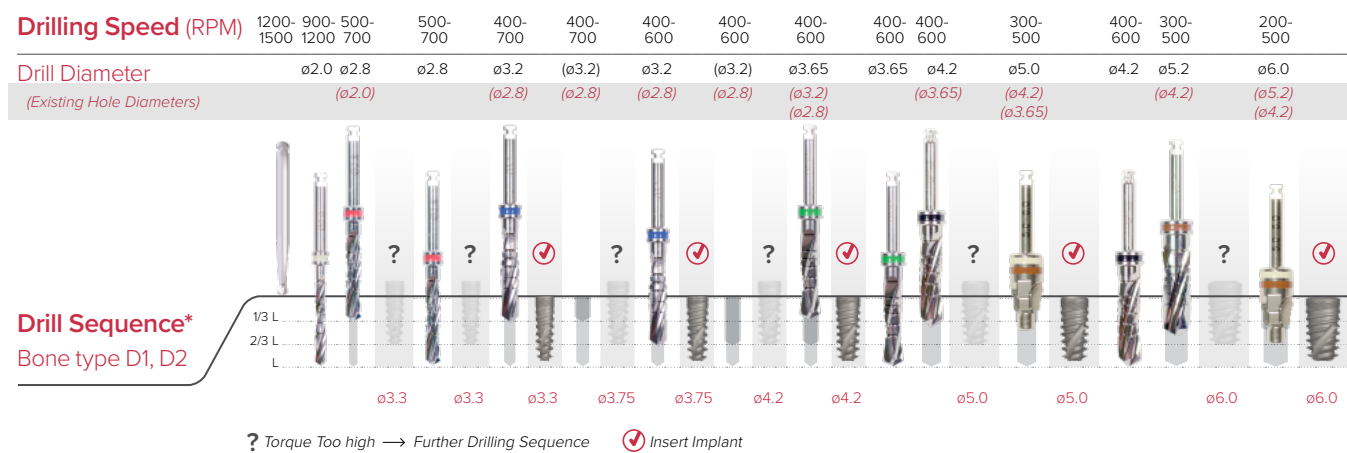
Features

- The micro threads at the upper zone adds stability and prevents crestal bone loss
- The middle zone square type thread is used for compressing cancellous bone and helps achievement of maximum BIC.
- The lower V-shape thread zone enables self-tapping.

Clinical Challenge

Can be a solution for all bone types.

Surgical Drilling Protocol



* The proposed procedure is only a recommendation and should not replace the doctor's judgment.
 The implants may be placed in immediate function when good primary stability (above 35 Ncm) has been achieved and with appropriate occlusal loading.

* **Implant Carrier removal** After the osteotomy preparation, the implant should be inserted with the aid of the implant carrier. The implant should be initially stabilized by a few threads and then the carrier should be removed. Farther insertion of the implant will be done with appropriate tool.

* **Implant hexagon** During implant insertion, the hexagon of the implant, should be located with a straight part of the hexagon toward the angulation needed, in order to provide adequate rehabilitation.



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