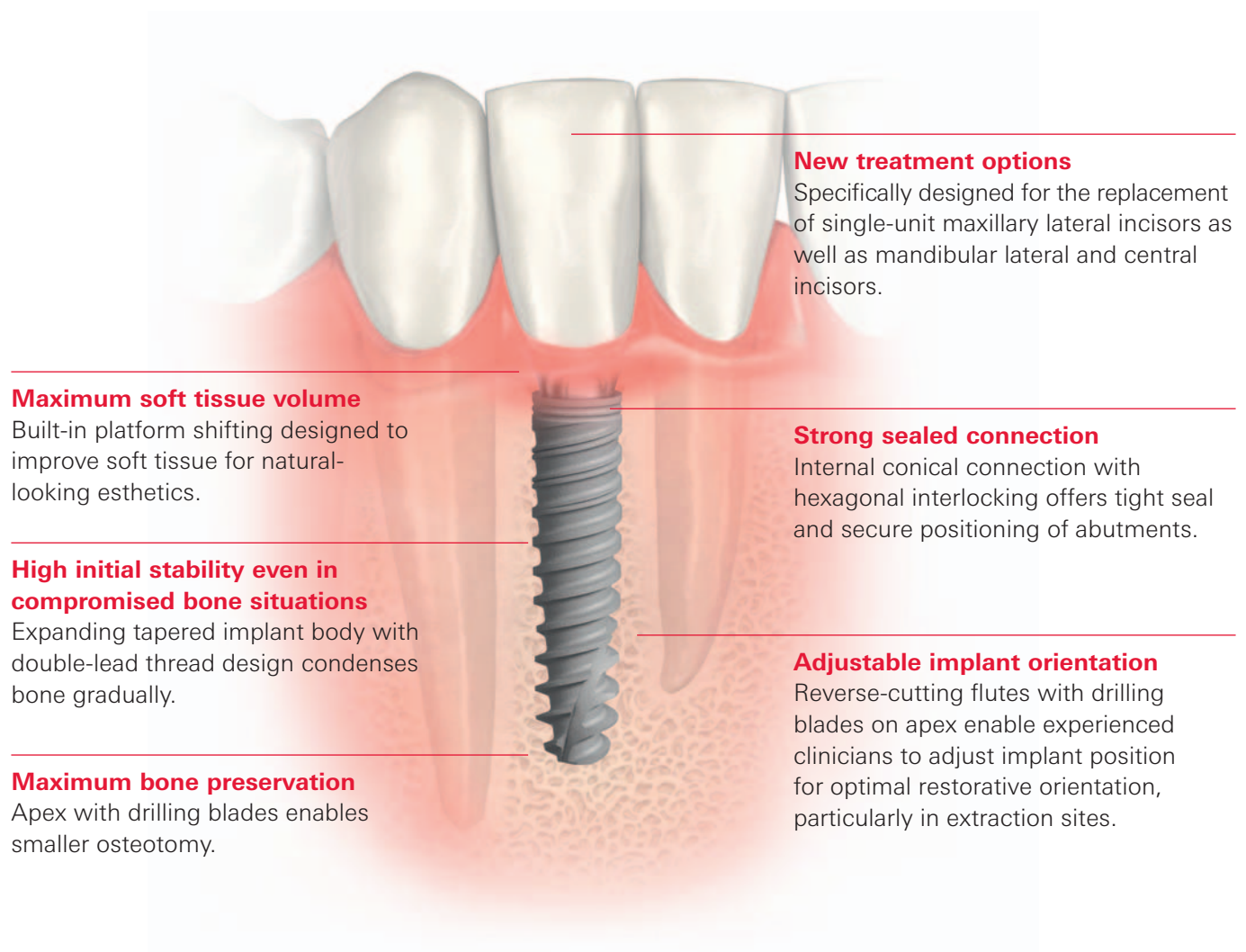


# Smaller and stronger.

NobelActive™ 3.0 for safe implant placement  
in areas with limited space



#### **New treatment options**

Specifically designed for the replacement of single-unit maxillary lateral incisors as well as mandibular lateral and central incisors.

#### **Maximum soft tissue volume**

Built-in platform shifting designed to improve soft tissue for natural-looking esthetics.

#### **Strong sealed connection**

Internal conical connection with hexagonal interlocking offers tight seal and secure positioning of abutments.

#### **High initial stability even in compromised bone situations**

Expanding tapered implant body with double-lead thread design condenses bone gradually.

#### **Adjustable implant orientation**

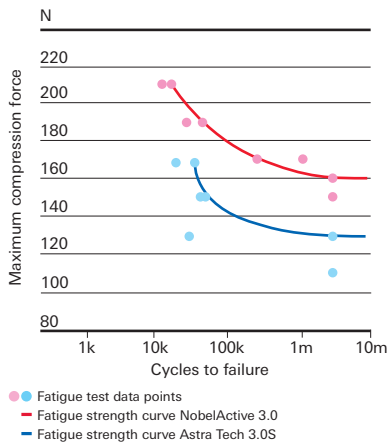
Reverse-cutting flutes with drilling blades on apex enable experienced clinicians to adjust implant position for optimal restorative orientation, particularly in extraction sites.

#### **Maximum bone preservation**

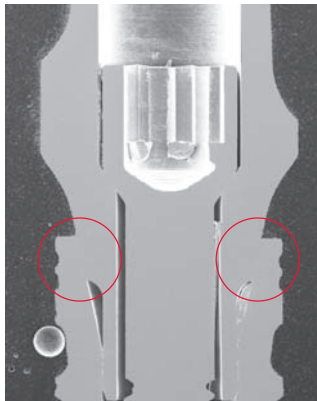
Apex with drilling blades enables smaller osteotomy.

# Safe implant placement in areas with limited space.

**Figure 1: Fatigue strength testing**



**Figure 2: Precision of fit of conical connection**



SEM image of NobelActive 3.0 with Esthetic Abutment (Dr. h. c. Robert Mathys Stiftung, Switzerland)

1 Data on file, tests according to ISO 14801 (5 mio survival cycles in air, 15Hz)

2 Kielbassa AM, Martinez-de Fuentes R, Goldstein M, Arnhart C, Barlattani A, Jackowski J, Knauf M, Lorenzoni M, Maiorana C, Mericske-Stern R, Rompen E, Sanz M. Randomized controlled trial comparing a variable-thread novel tapered and a standard tapered implant: interim one-year results. *J Prosthet Dent.* 2009 May;101(5):293-305

3 Martinez-de Fuentes R, Arnhart C, Barlattani A, Goldstein M, Jackowski J, Kielbassa AM, Lorenzoni M, Maiorana C, Mericske-Stern R, Rompen E, Sanz M, Strub JR. Two-year Follow-up of NobelActive, a Variable-Thread Novel Tapered Implant. *J Dent Res* 2010;89(Spec Iss B):4704

4 Clinical evaluation of NobelActive. Ongoing study in 12 centers. Clinical Research Department, Nobel Biocare. Three-year follow-up data on file

## Maximum material strength

NobelActive 3.0 is made of Nobel Biocare's strongest type of proprietary, commercially pure cold-worked Grade 4 Titanium. Together with the unique oxidized TiUnite surface with grooves (Groovy), which increases implant stability through faster bone formation, this results in maximum strength and stability.

## High fatigue strength

The fatigue strength of NobelActive 3.0 with an Esthetic Abutment has been tested according to ISO Standard 14801:2007, with an achieved strength of 160N (see figure 1). As reference, the Brånemark System NP implant, which has been in clinical use since 1996 with very low complication rates, has a corresponding strength of 178N. As NobelActive 3.0 has restricted indications compared to Brånemark System, it will be subjected to lower loads. As comparison, the same test was also carried out with an Astra Tech OsseoSpeed 3.0S implant with a straight TiDesign titanium abutment, which revealed fractures at much lower load levels.<sup>1</sup>

## High torque strength

NobelActive 3.0 is designed to withstand more than twice the recommended maximum insertion torque of 45Ncm. Tests with a torque above 100Ncm have resulted in damages neither to implant, interface nor driver.

## Strong sealed connection

The internal conical connection was designed for compact size, high strength, and a very tight fit. The gap between implant and abutment, measured at various locations of the conical connection, is between 0.04 and 0.09  $\mu\text{m}$  (see figure 2).

This is an exceptionally tight fit, which may be beneficial in preventing inflammatory bacteria from propagating in the interface between abutment and implant. In addition, it effectively eliminates any potential for micro-movement.

## Stable bone and soft tissue levels after three years

NobelActive is the implant of choice for clinicians looking for excellent esthetics, especially in challenging indications. Three-year data from an ongoing five-year study demonstrates continued positive trends consistent with the one- and two-year results.<sup>2,3,4</sup> Bone remodeling occurred during the first three months of the study, followed by increasing or stable bone levels. Soft tissue variables have been stable throughout the study.

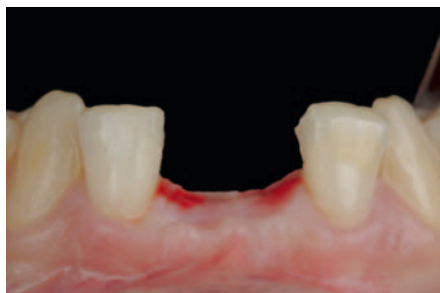
## Safe clinical solution

Narrow diameter implants ( $\varnothing < 3.5\text{mm}$ ) allow for safely and predictably treating situations where traditional diameter implants would increase clinical risk, such as indications with minimal hard tissue and with limited space. The clinical performance of narrow implants has been validated in several prospective and retrospective studies with follow-ups of up to 7 years. Results show an overall survival rate of 97.3% after 5 years, which proves that narrow implants present a safe clinical solution.

For a comprehensive overview of technical and clinical data, visit [www.nobelbiocare.com/active3](http://www.nobelbiocare.com/active3)

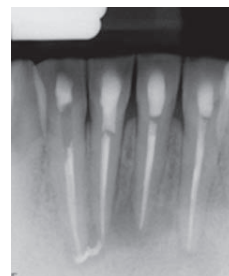
## Narrow space restoration

22-year-old woman, good oral hygiene, non-smoker, no parafunctional habits

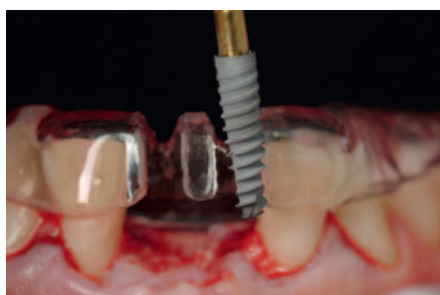


### Diagnosis

Extraction of both lower central incisors needed due to extensive root infection and fractured teeth. Highly limited space conditions.

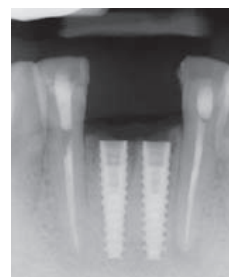


Pre-operative x-ray showing failed endodontic treatment



### Implant placement

Placement of two NobelActive 3.0×13mm implants with immediate function protocol, including a connective tissue graft to increase soft tissue volume. A surgical guide was used to ensure optimal implant direction.



NobelActive 3.0 implants in place



### Provisional restoration

Development of an esthetic emergence profile three months after connective tissue graft maturation.

«The narrow profile of NobelActive 3.0 maintains the high initial stability and strength associated with the original NobelActive, making it an implant I trust for treating narrow space cases.»



### Final restoration

Two NobelProcera Zirconia Crowns cemented on NobelProcera Abutments seven months after surgery.

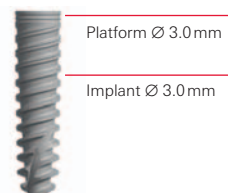


Dr Iñaki Gamborena  
San Sebastián, Spain

# Choose NobelActive™ 3.0 today.

## 3.0 NobelActive™ 3.0

Lengths	10 mm	11.5 mm	13 mm	15 mm
	36769	36770	36771	36772



On all Nobel Biocare implants including prefabricated prosthetic components.

### Surgical components

Implant Driver CC 3.0 28 mm	36773	Bone Mill with Guide CC 3.0	36807
Implant Driver CC 3.0 37 mm	36774	Bone Mill Guide CC 3.0	36808

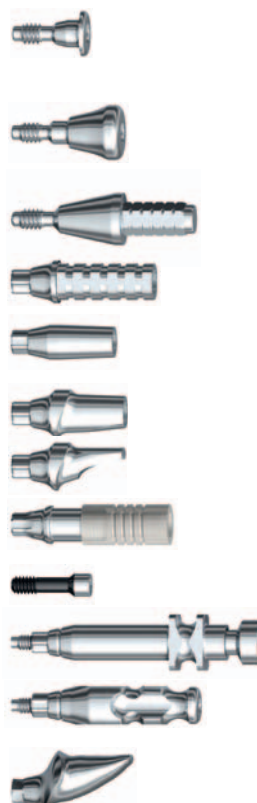


Screw Tap NobelActive 3.0	36816
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### Prosthetic components

Cover Screw CC 3.0	36775		
		<b>Ø 3.2</b>	<b>Ø 3.8</b>
Healing Abutment CC 3.0 3 mm	36794		36797
Healing Abutment CC 3.0 5 mm	36795		36798
Healing Abutment CC 3.0 7 mm	36796		36799
		<b>1.5 mm</b>	<b>3.0 mm</b>
Immediate Temporary Abutment CC 3.0	36777		36778
Temporary Abutment Engaging CC 3.0	36779		
		<b>7 mm</b>	<b>9 mm</b>
Narrow Profile Abutment CC 3.0	36781		36780
		<b>Straight</b>	<b>15°</b>
Esthetic Abutment CC 3.0 1.5 mm	36782		36784
Esthetic Abutment CC 3.0 3.0 mm	36783		36785
Esthetic Abutment CC 3.0 4.5 mm	36814		36815
GoldAdapt™ Engaging CC 3.0	36790		
Abutment Screw CC 3.0	36776		
		<b>3.2×14 mm</b>	<b>3.8×14 mm</b>
Impression Coping Open Tray CC 3.0	36800		36802
		<b>3.3×13 mm</b>	<b>3.8×13 mm</b>
Impression Coping Closed Tray CC 3.0	36801		36803
NobelProcera™ Abutment		Individualized CAD/CAM abutments in titanium, both for cement- and screw-retained restorations	



### Laboratory components

Implant Replica CC 3.0	36791	Guide Pin Implant Level CC 3.0 20 mm	36792
Lab Screw Implant Level CC 3.0	36805	Protection Analog CC 3.0 5/pkg	36804

CC = conical connection

[www.nobelbiocare.com/active3](http://www.nobelbiocare.com/active3)