



creos[™] was launched in

2014

creos[™] xenoprotect

2016

creos™ xenogain creos™ xenogain collagen

2018

creos™ mucogain

2021

creos[™] syntoprotect

2022

creos[™] syntogain creos[™] xenoform

2023

creos[™] syntostitch creos[™] xenofill creos[™] screw fixation creos[™] xenofirm

2024

creos™ syntoprotect mesh



The trusted regenerative partner for you and your patients

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Indication-based product overview

See article lists (p commonly used pr	. 24–31) for most		Ridge pre With primary closure	servation Without primary closure	Horizontal ridge augmentation	Vertical ridge augmentation	Peri-implant defect	Sinus augmentation	Periodontal defects	Soft tissue aug- mentation (around teeth or implants)
	creos xenogain*	Xenogenic bone graft substitute	0.25-0.5 g	0.25-0.5 g	0.25-0.5 g	0.5–2 g	0.25-0.5 g	1–2 g	0.25 g	
	creos xenogain collagen	creos xenogain + 10% porcine collagen type I	0.1-0.25 g	0.1–0.5 g	0.25-0.5 g		0.15-0.25 g	0.25-0.5 g	0.1-0.25 g	
Bone grafts	creos xenoform*	Xenogenic bone graft substitute	0.25-0.5 g	0.25-0.5 g	0.25-0.5 g	0.5–2 g	0.25-0.5 g	1–2 g	0.25 g	
•	creos syntogain*	Synthetic bone graft	0.5–1 g	0.5–1 g	0.5-1 g	1g	0.5 g	1 g	0.5 g	
	creos xenoprotect	Resorbable collagen membrane	15 x 20 mm		15 x 20 mm 25 x 30 mm	25 x 30 mm 30 x 40 mm	15 x 20 mm	15 x 20 mm 25 x 30 mm	15 x 20 mm	
	creos xenofirm	Resorbable, firm collagen membrane	15 x 20 mm		15 x 20 mm 20 x 30 mm	20 x 30 mm 30 x 40 mm	15 x 20 mm	15 x 20 mm 20 x 30 mm	15 x 20 mm	
Membranes	creos syntoprotect	Non-resorbable high-density PTFE membrane		12 x 24 mm 12 x 30 mm 25 x 30 mm			12 x 24 mm 12 x 30 mm 25 x 30 mm			
	creos syntoprotect Ti-reinforced	Non-resorbable titanium-reinforced high-density PTFE membrane		Shapes 1 and 2	Shapes depending on defect	Shapes depending on defect	Shapes depending on defect			
Mesh	creos syntoprotect mesh	Reinforced PTFE mesh			Shapes depending on defect	Shapes depending on defect	Shapes depending on defect			
Matrices	creos mucogain	Absorbable collagen matrix								15 x 20 mm 25 x 30 mm
Wound dessings	creos xenofill	Absorbable wound dressing		Plug (fully intact sockets only)						Foam, Tape (for donor site)
Sutures	creos syntostitch	Non-absorbable PTFE suture-monofilament	All sizes	All sizes	All sizes	All sizes	All sizes	All sizes	All sizes	4-0; 5-0
Fixation system	creos screw fixation	Self-drilling titanium fixation screws			All types	All types	Membrane fixation screws; Tenting screws			

Note See Instructions For Use for full prescribing information, including indications, contraindications, warnings and precautions. Volumes and sizes listed are to be used as approximations and may vary depending on the defect/patient.

creosTM xenogain

Xenogenic bone graft used for guided bone regeneration and guided tissue regeneration

Three different methods of application:







Similar to human bone

Easy handling

Solid foundation for dental implant treatment







creos™ xenogain collagen









Scaffold for successful regeneration

Preserved natural features of bone through optimized manufacturing process.2

Chemical composition

With a calcium phosphate ratio that reflects the composition in human bone and a structure with low crystallinity, the body accepts creos xenogain as a suitable framework for bone formation.1

Particle size

- Homogenous particle size1
- Maintains space for bone regeneration⁴

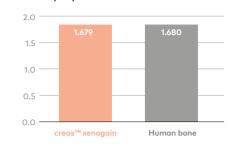
Preserved nanostructure

Nanostructure preserved thanks to treatment at comparatively low temperature (600°C) and no sintering.²

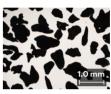
Macro and micro-structure

Interconnected macropores allow cells to invade bone grafts and micropores contribute to capillary liquid uptake (hydrophilicity).^{10,11}

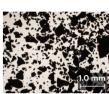
Calcium phosphate ratio



Photographic micrograph of creos xenoggin and reference product







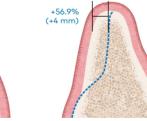
Reference product (0.25-1.0 mm)

Solid foundation for implant placement

The graft integrates with the newly formed bone, building a basis for successful implant placement.4

Schematic showing the defect and bone size prior to and after GBR





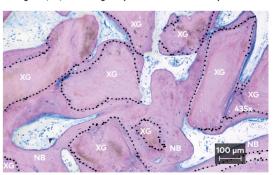
Initial situation before GBR

8 months post-surgery

In a multicenter clinical study involving 46 patients, bone increase after 8 months was 4.0 mm (+56.9 % gain) and 4.7 mm (51.0% gain) at 1 and 3 mm from the top of the crest, respectively.6

GBR led to robust bone regeneration during the 8 months of healing, enabling successful placement of 91 implants in 43 patients, with an average insertion torque of 37.8 ± 5.1 Ncm.6

Histological cross section of the cellular components: new bone (NB),



Histological assessment of the trephine cores showed 37.3 % of new bone, 39.1 % of graft material, and 23.6 % of soft tissue (n = 6 cores, 3 patients).6



creosTM xenoform

Xenogenic bone graft used for guided bone regeneration and guided tissue regeneration

Cancellous bovine bone sourced from Australia with two application types and two granule sizes





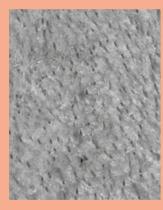






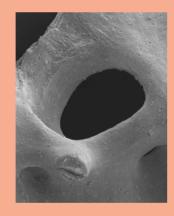
Multiporosity structure

- Made from 100% cancellous bone
- Innovative pulverizing technique allowing multiporous structure
- → Maximizing blood vessel ingrowth



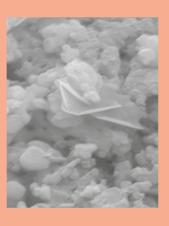
Natural surface topography

- Low-temperature processing technique
- → Stimulating osteoblast activity



Large pore size

- creos xenoform has a relatively large pore size (300-400 µm) compared to other world-leading products
- → Favorable for blood vessel access and development^{1,2}

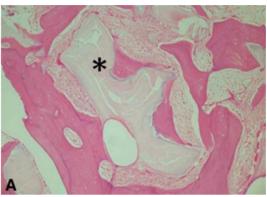


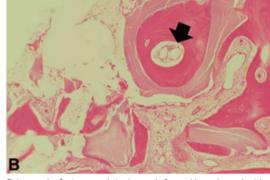
Octacalcium phosphate crystals

- Found on the surface
- → Enhancing bone regeneration and formation1

Histology: New bone formation of the grafted creos xenoform in the human maxillary sinus cavity³

- Sinus graft procedures were conducted in 10 patients
- 6 specimens used for histomorphometric analysis
 - → 23.5% new bone and 15.4% residual graft material 6 months after bone graft surgery
 - → More newly formed bone than residual graft material



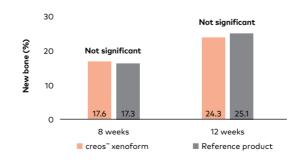


A. Residual graft material (*) circumscribed by newly formed bone.

B. Ingrowth of microvessels in the newly formed bone (arrow) with lacunge in the bone lamellae

High percentage of newly regenerated bone

- Patient biopsies show 23.5±0.1% new bone vs 15.4±0.06 residual bone graft 6-8 months post sinus lift.3
- In an in-vivo model to evaluate the bone healing effect of biomaterials, the percentage of the newly formed bone with creos xenoform and the reference product were comparable (differences were statistically non-significant). No infections or complications observed after surgery.1



Long-term success in clinical setting

In the last 10+ years, creos xenoform has been used by dental surgeons around the world and in challenging clinical.

Long-term results

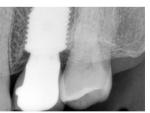


Image courtesy of Myung Ho Lee, DDS, Republic of Korea



creos syntogain

Non-animal-based bone graft substitute for efficient regeneration

Unique composition of the material^{1,2,3}

Microscopic surface made of nanocrystals^{1,4}

Bone stability^{1,10}





And even more:



Advanced manufacturing process¹

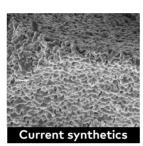
creos syntogain is the latest generation of synthetic bone graft. Its manufacturing process in an aqueous environment and at low temperature enables a bone graft with a unique composition, round granule shapes, a high surface area and a nano-/microporosity similar to natural bone.

1. Unique composition^{1,2,3}

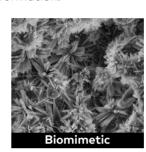
- 80% CDHA (carbonated calcium deficient hydroxyapatite)
- 20% B-tricalcium phosphate.

creos syntogain CDHA crystallinity resembles that of human bone.^{1,2,3}

The closer a material resembles human bone, the better it is for bone formation.¹⁵



Traditional calcium phosphate (HA / B-TCP) synthetics High-temperature manufacturing process: passivates materials and reduces the potential of the host

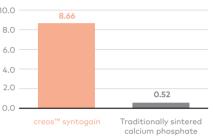


phosphate (CDHA / B-TCP) Low-temperature manufacturing process: hydroxyapatite crystals grow slowly to mimic the structure

2. High specific surface area^{1,5,6}

Thanks to the biomimetic manufacturina process, hydroxyapatite crystals arow on the surface of the granules. This increases the surface area and enables the cells to attach for bone generation.16

N₂ adsorption



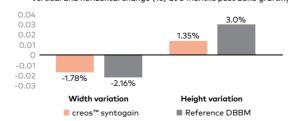
The specific surface area was measured by nitrogen adsorption

Clinical outcomes¹⁷

In one of the largest randomized clinical trials performed in dental bone regeneration with 102 patients in need of a bone augmentation, creos syntogain showed non-inferiority with the reference deproteinized bovine bone matrix (DBBM): no statistically significant difference in the vertical and buccolingual dimensional change was observed.

Six months post-grafting, the mean bone change in width and height was respectively -1.78% and 1.35% for creos syntogain (n=42) and -2.16% and 2.99% for the reference DBBM (n=41). The differences between the two materials were not statistically significant.

Vertical and horizontal change (%) at 6 months post bone grafting



The mean implant insertion torque was 36.2 Ncm at sites regenerated with creos syntogain and 35.1 Ncm at sites regenerated with the reference DBBM. For creos syntogain, 71.1% of the implants were placed with an insertion torque above 35 Ncm and 62.8% for the reference DBBM.

	creos™ syntogain n=45	Reference DBBM	t-test
Insertion Torque (Ncm ⁻¹)	36.2	35.1	0.676
StDev	12.4	13.6	
ISQ	70.2	70.8	0.770
StDev	12.0	9.8	
	•		•



creosTM xenoprotect

Nobel Biocare's highest selling resorbable collagen membrane



Easy handling^{1,2}

- Does not stick to instruments
- Repositioning in-situ possible
- Low surface expansion when hydrated
- Both sides can face the defect

High mechanical strength^{2,3,4}

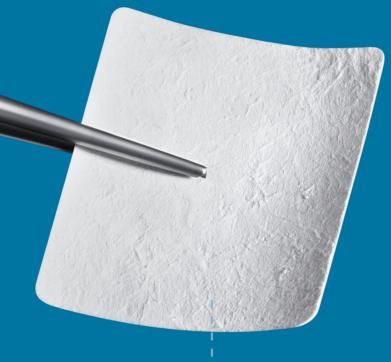
- High suture retention 1,4,9
- Highly tear-resistant

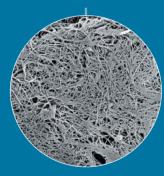
Natural collagen membrane

- Non-chemically cross-linked¹⁴
- Made from porcine collagen

Facilitates bone gain^{2,3,5,6,7,8}

- Tested and approved biocompatibility^{7,10}
- Beneficial clinical results^{7,10}







"What I like is that the handling is very easy. The mechanical stability is very high and when it is rehydrated it adapts very well to the underlying bone"

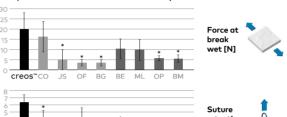
Dr. Bastian Wessing, Germany

High mechanical strength

In an in vitro study aiming to compare the mechanical strength of commonly used native non-chemically cross-linked and chemically cross-linked collagen membranes4

- creos xenoprotect demonstrated the highest force at break, wet (21.2 N).
- creos xenoprotect had the highest suture retention when hydrated (6.1 N).

Comparison of commercial membranes in a hydrated state



Non-cross-linked collagen membranes (NXL) – CX: creos™ xenoprotect [Nobel Biocare]; CO: Copios [Zimmer]; JS: Jason [botiss]; OF: Osseoguard Flex [3i]: BG: Bio-Gide [Geistlich]

Cross-linked collagen membranes (XL) - BE: BioMend Extend [Zimmer];

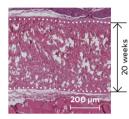
*Statistically significant

Provides a physical barrier to contain the bone graft material at the defect site^{1,2,3,5,6,11,12,13}

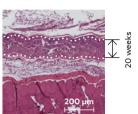
Prevents ingrowth of surrounding tissue for a period of time that is long enough to allow bone regeneration to take place.

In an animal model, after 20 weeks, the thickness of xenoprotect decreased only slightly, whereas the reference membrane showed a thickness loss of around 50%, confirming the higher stability of xenoprotect against biodegradation in vivo.3

Representative histological images at 20 weeks implantation in a rat model.



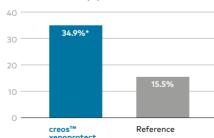




Reference membrane

Facilitates new bone formation^{2,3,5,6,7,8}

New bone formation (%)



In a comparative in vivo study, creos xenoprotect demonstrated significantly higher new bone formation in the central portion of the defect.

This increase in bone formation was associated with significantly increased expression of the growth factor Bmp2, which has a strong role in osteogenesis.⁷

In a randomized controlled clinical trial, 24 patients were treated with creos xenoprotect and 25 with a reference membrane. In the creos xenoprotect group, the defect height reduced at 6-month re-entry by 81%.

In the reference membrane group, the defect height reduced at 6-month re-entry by 62%.5

Schematic showing the defect height prior to treatment and 6 months after GBR









creos[™] xenoprotect





*Statistically significant

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* As shown in an animal model (rat, subcutaneous)

creos[™] xenofirm

Resorbable, firm, and long-lasting collagen membrane

Optimized flexibility

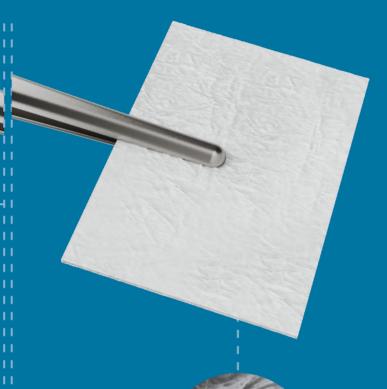
- Stiff enough for easy placement, yet easily drapes over ridge

Long predictable resorption time

- Resorption time 26-30 weeks

High tensile strength

- Suture or tack the membrane in place without tearing



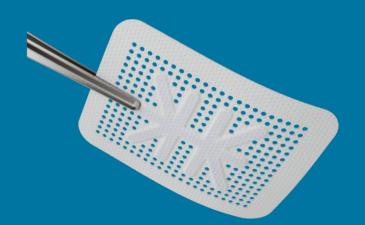
Manufactured from highly purified Type 1 bovine Achilles tendon

Reconsituted fiber construction allows tissue integration while preventing direct passage of epithelial cells.



creosTM syntoprotect mesh

Non-resorbable reinforced PTFE mesh for the stabilization and support of bone grafts in horizontal and vertical ridge augmentations



Adaptability of a membrane with porosity of a mesh

Maintains space essential for horizontal and vertical ridge augmentations, but with the benefits of easier trimming and adaptation.

Handling options

15 shapes adapted to treat different indications.

Unique macroporous design

Direct contact between bone graft and periosteum allows naturally occurring revascularization and infiltration of cells into the bone graft.

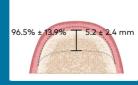


Vertical bone augmentation using a reinforced PTFE mesh¹

A study published by Urban et al. that included 57 patients (65 defects) found that the mean absolute bone gain after vertical bone augmentation with a reinforced PTFE mesh was 5.2 ± 2.4 mm, with a relative gain of $96.5 \pm 13.9\%$. Overall, 89.2% of cases showed complete regeneration.









"The creos PTFE mesh allows the vascularization you get from a mesh, but with the softness of a membrane that remains kind to soft tissues. With the mesh, and the bone quality I see at seven months, I am able to shorten time to implants by about two months."

Istvan Urban DMD, MD, PhD



creos portfolio brochure

creosTM syntoprotect

Non-resorbable dense PTFE membrane for extraction socket management, ridge augmentations, and grafting of large defects



Purposely leave the membrane exposed

Preserves soft tissue architecture and keratinized mucosa

Non-resorbable

Will not resorb prematurely - you dictate healing time

syntoprotect PTFE membrane

100% dense (non-expanded) PTFE

Impervious to bacteria – pore size less than 0.3 µm

Soft tissue attaches, but doesn't grow through the membrane

Exposed membrane allows for non-surgical removal; no anesthesia required





syntoprotect Ti-reinforced PTFE membrane

Delicate, lightweight framework

Easy to trim and compliant with the overlying soft tissues

Less is more

Less titanium bulk allows for greater versatility in shaping and placement, providing additional stability in large, non-spacemaking osseous defects

Handling options

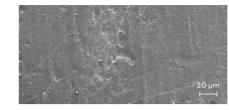
Broad portfolio with 15 shapes in two thicknesses

Traditional frame design

Incorporating delicate and strategically-placed titanium "struts" with more than 25 years of clinical history and successful use in GBR

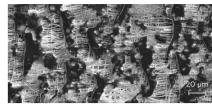
Unique properties of dense PTFE membranes

Dense PTFE



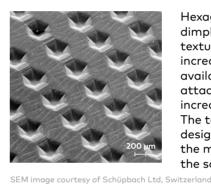
SEM image courtesy of Schüpbach Ltd, Switzerland.

Expanded PTFE

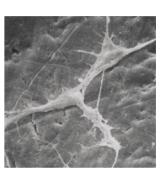


Dense PTFE was designed to withstand exposure in the oral environment, which represents an improvement to earlier versions of expanded PTFE in applications such as ridge preservation where deliberate membrane exposure offers several advantages.

Designed to aid in membrane stabilization



Hexagonal surface dimples provide a textured surface that increases the area available for cellular attachment without increasing porosity. The textured surface is designed to help stabilize the membrane and the soft tissue flap.



Although PTFE is inherently a non-stick material, cells attach to the outside of the dense PTFE membranes. Cellular adhesion is important to create a seal around the edges of exposed dense PTFE membranes or to support primary closure in larger graft applications.

Clinical evidence

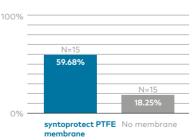
Efficacy

Bone loss 1-year post-extraction¹



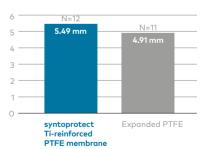
Vertical bone loss measured at crest. Horizontal measured from stent to buccal plate.

Soft tissue regeneration 90 days post-extraction²



Measured as reduction of the occlusal distance between buccal and lingual gingival margins

Vertical ridge augmentation around implants³



Mean vertical bone regeneration

Predictability

In two separate studies treating a total of 696 extraction sites using dense PTFE membranes in an exposed technique, there were no reported infections.^{4,5}



creosTM mucogain

Collagen matrix designed to promote soft tissue regeneration

Substitutes the need for a second surgical site^{1,2,3}



Patented manufacturing method

- Open interconnecting porous structure.
- Designed to promote soft tissue regeneration through the migration of cells and blood vessels into the matrix. 4,5,6

Variety of choices

- A choice of different sizes and thicknesses.

Excellent handling

- Easy to use⁷
- High suture retention and stress resistance⁷
- Memory effect after hydration and cycling loading in vitro4
- Trim to precisely fit surgical site⁷

Clinically effective

- Shown to promote soft tissue health and maintain adequate soft tissue thickness in a clinical study. 23,24,25,26





"It felt like an autogenous tissue graft and the mechanical stability is amazing"

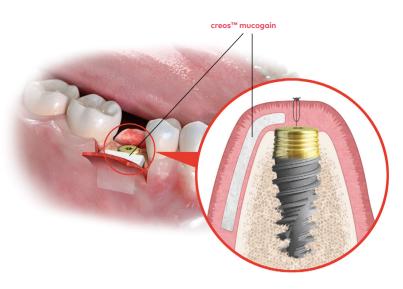
Dr. Miguel González Menéndez, Spair



Use straight out of the box

creos mucogain is intended to be used for soft tissue augmentation indications in the oral cavity around teeth or implants:

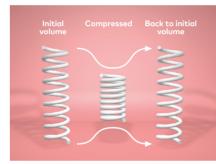
- Guided tissue regeneration (GTR) procedures in recession defects for root coverage.
- Localized gingival augmentation to increase keratinized tissue around teeth and implants.



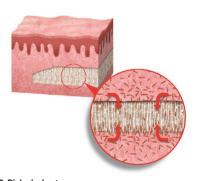
Unique oriented porous structure



Interconnecting porous structure produced by a patented process.4,5,6



After hydration and compression in 49 cycles in vitro. the graft regains its initial volume.⁴



3. Biological outcomeDesigned to promote soft tissue regeneration through the migration of cells and blood vessels into

Clinically effective^{7,8,9,10}

Clinically effective for soft tissue regeneration in combination with immediate implant placement and bone grafting procedure.^{7,8}

A retrospective analysis including 45 patients with a follow-up of up to 4.5 years (mean of 1.8 ± 1.3 years) demonstrated that creos mucogain promotes soft tissue health and maintains adequate soft tissue thickness when used simultaneously with implant placement.9

Clinical case

Buccal view prior to surgery (left) and 8 months after surgery (right) on





Cirillo F. (March 2020). Periodontal plastic surgery: gingival recession coverage with a xenogenic collagen matrix. The Foundation for Oral Rehabilitation (FOR.org): https://bit.ly/2TkLsgu (Images reprinted with permission of



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20 creos portfolio brochure creos portfolio brochure 21

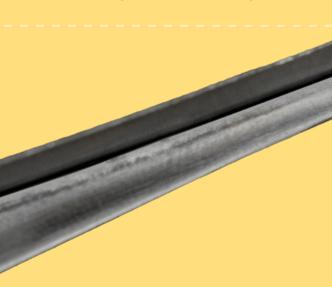
creosTM xenofill

Absorbable wound dressings to protect wound beds and aid in wound healing

Available in 3 shapes and sizes

Made from purified collagen derived from bovine tissue

Essentially resorbs in 30 days



Applications:

- Surgical wounds
- Periodontal surgical wounds
- Extraction sites
- Dental sores
- Oral ulcers (non-infected or viral)
- Burns
- Traumatic wounds





2.5 cm x 7.5 cm x 1 mm (thick)



1 cm x 2 cm



2 cm x 4 cm x 3 mm (thick)





creosTM syntostitch

Non-absorbable monofilament **PTFE** sutures

Smooth monofilament rod



creos[™] syntostitch 350x magnification



PTFE competitor 350x magnification

100% medical-grade PTFE Biologically inert

Monofilament Does not wick bacteria

Soft (not stiff) Comfortable for patients

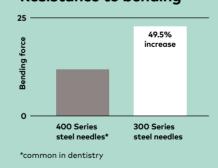
Little to no package memory Excellent handling, knots securely

Non-resorbable Keeps the surgical site reliably closed

Advantages of the 300 series

- Gold standard material for suture needles
- Increased needle strength and needle sharpness
- Less force to penetrate

Resistance to bending



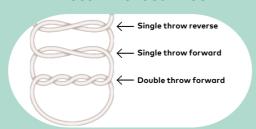
Needle shapes



Thread diameters



Recommended knot¹



creos[™] screw fixation

Instruments and screws for fast and easy placement of membrane, bone block, and tenting screws



One kit for three types of screws

- bone fixation, and tenting screws
- Instruments designed to work universally with all creos screw fixation screw types

Self-drilling screws

Stable and secure fixation

Easy pick-up, solid stability of the screw during transfer to the surgical site, and easy placement make membrane fixation fast and easy



Membrane fixation screws



Tenting screws

Maintain space under



Bone fixation screws

Stabilize, fixate, and support bone block grafts



Contra-angle blade (optional)

Designed for posterior and lingual screw placement. it attaches to latch type motorized hand pieces

Products

creos™ xenogain

Xenogenic bone graft substitute

Weight	Granule size	Volume	Vial	Bowl	Syringe
0.25 g	Small (0.2–1.0 mm)	0.36 cc	N1110	N1110-B	N1210
	Large (1.0–2.0 mm)	0.54 cc	N1111	N1111-B	N1211
0.5	Small (0.2–1.0 mm)	0.82 cc	N1120	N1120-B	N1220
0.5 g	Large (1.0–2.0 mm)	1.27 cc	N1121	N1121-B	N1221
	Small (0.2–1.0 mm)	1.71 cc	N1130	N1130-B	
1.00 g	Large (1.0–2.0 mm)	2.69 cc	N1131	N1131-B	
2.00 g	Small (0.2–1.0 mm)	3.64 cc	N1140	N1140-B	
	Large (1.0–2.0 mm)	5.74 cc	N1141	N1141-B	









creos™ xenogain collagen

creos™ xenogain + 10% porcine collagen type I

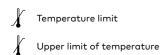
Block size	Article no.
6 × 6 × 6 mm	N1320
7 × 8 × 9 mm	N1330
9 × 10 × 11 mm	N1340
	6 × 6 × 6 mm 7 × 8 × 9 mm



Weight	Syringe size	Article no.
0.25 g	4.6 × 40 mm	N1410
0.5 g	5.6 × 45 mm	N1420



Symbol glossary



Most commonly sold articles

creos[™] xenoform

Xenogenic bone graft substitute

Weight	Granule size	Volume	Vial (Granules)	Syringe
0.25 g		0.5 cc	CHY25-0210	CHYS25-0210
0.5 g		1.1 cc	CHY05-0210	CHYS05-0210
1.0 g	0.2–1.0 mm	2.1 cc	CHY10-0210	
2.0 g		4.1 cc	CHY20-0210	
0.25 g	0.5–1.2 mm	0.6 cc	CHY25-0512	CHYS25-0512
0.5 g		1.2 cc	CHY05-0512	CHYS05-0512
1.0 g		2.3 cc	CHY10-0512	
2.0 g		4.5 cc	CHY20-0512	



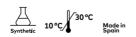




creos™ syntogain

Synthetic bone graft

Weight	Granule size	Volume	Vial
0.5 g	Small (0.2–1.0 mm)	0.50 cc	S1110
1.0 g	Small (0.2–1.0 mm)	1.00 cc	S1120
0.5 g	Large (1.0–2.0 mm)	0.50 cc	S1111
1.0 g	Large (1.0–2.0 mm)	1.00 cc	S1121





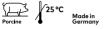
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creos[™] xenoprotect

Nobel Biocare's highest selling resorbable collagen membrane

Size	Article no.
15 × 20 mm	E1520
25 × 30 mm	E2530
30 × 40 mm	E3040





creos™ xenofirm

Resorbable, firm, collagen membrane

Size	Units/box	Article no.
15 × 20 mm	2	CLMCM1520
20 × 30 mm	2	CLMCM2030
30 × 40 mm	2	CLMCM3040



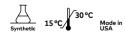


creos[™] syntoprotect PTFE membrane

Non-resorbable, high-density PTFE membrane

Shape	Picture	Size	Thickness	Article no.	Units/box	Description
. "		12 × 24 mm	200 µm	N161224-1	1	
Small	omali		200 µm	N161224-10	10	Designed specifically for extraction
Medium		12 × 30 mm	200 µm	N161230-10	10	site grafting and augmentation procedures where
		25 22	200 µm	N162530-1	1	exposure to the oral cavity is common
Large		25 × 30 mm	200 μm	N162530-4	4	,



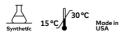


creos portfolio brochure 27

creos™ syntoprotect Ti-reinforced PTFE membrane

Non-resorbable, titanium reinforced, high-density PTFE membrane

Shape	Picture	Size	Thickness	1 unit per box	2 units per box	Description
N. 1		12 2/	150 µm	N1615TI-01-1	N1615TI-01-2	
No. 1		12 × 24 mm	250 µm	N1625TI-01-1	N1625TI-01-2	Designed for narrow single-
No. 1,			150 µm	n/a	n/a	tooth extraction sites, especially where one bony wall is missing
30 mm		12 × 30 mm	250 µm	N1625TI-01-30-1	N1625TI-01-30-2	
	N. 1		150 µm	N1615TI-02-1	N1615TI-02-2	Designed for single-tooth
No. 2		14 × 24 mm	250 µm	N1625TI-02-1	N1625TI-02-2	extraction sites, especially where one or more bony walls are missing
M- 2		17 25	150 µm	N1615TI-03-1	N1615TI-03-2	
No. 3		17 × 25 mm	250 µm	N1625TI-03-1	N1625TI-03-2	
No. 3,		17 20	150 µm	N1615TI-03L-1	N1615TI-03L-2	- Designed for large buccal defects
30 mm		17 × 30 mm	250 µm	N1625TI-03L-1	N1625TI-03L-2	
1- 1	VV	20 25	150 µm	N1615TI-04-1	N1615TI-04-2	Designed for large extraction sites
No. 4		20 × 25 mm	250 µm	N1625TI-04-1	N1625TI-04-2	and limited ridge augmentation
ı. F		2/ 25	150 µm	N1615TI-05-1	N1615TI-05-2	Designed for large extraction sites
No. 5		36 × 25 mm	250 µm	N1625TI-05-1	N1625TI-05-2	and limited ridge augmentation in the anterior maxilla
. ,		25 20	150 µm	N1615TI-06-1	N1615TI-06-2	Designed for large bony defects,
No. 6		25 × 30 mm	250 µm	N1625TI-06-1	N1625TI-06-2	including ridge augmentation
	¥	20 /4	150 µm	N1615TI-07-1	N1615TI-07-2	Designed for large bony defects,
No. 7		30 × 41 mm	250 µm	N1625TI-07-1	N1625TI-07-2	including ridge augmentation in the anterior maxilla
	NY	20 /0	150 µm	N1615TI-08-1	N1615TI-08-2	Designed for very large
No. 8		30 × 40 mm	250 µm	N1625TI-08-1	N1625TI-08-2	bony defects, including ridge augmentation
	NV	20 /0	150 µm	N1615TI-09-1	N1615TI-09-2	Designed for very large
No. 9		30 × 40 mm	250 µm	N1625TI-09-1	N1625TI-09-2	- bony defects, including ridge augmentation
		24 22	150 µm	N1615TI-10-1	N1615TI-10-2	Designed for large extraction sites,
lo. 10		24 × 38 mm	250 µm	N1625TI-10-1	N1625TI-10-2	including ridge augmentation
	<u> </u>	20 22	150 µm	N1615TI-11-1	N1615TI-11-2	Designed for large bony defects,
No. 11		38 × 38 mm	250 µm	N1625TI-11-1	N1625TI-11-2	including ridge augmentation
	1-11-1		150 µm	N1615TI-12-1	N1615TI-12-2	Designed for large bony defects,
No. 12		38 × 38 mm	250 µm	N1625TI-12-1	N1625TI-12-2	including distal extension of the posterior ridge
	VII/		150 µm	N1615TI-13-1	N1615TI-13-2	Designed for the largest
No. 13		40 × 50 mm	250 µm	N1625TI-13-1	N1625TI-13-2	bony defects, including ridge augmentation



creos[™] syntoprotect mesh

Non-resorbable mesh

Shape	Picture	Size	Thickness	1 unit per box	Description	
No. 3	X+=	17 × 25 mm	200 µm	301871		
No. 3, 30 mm	X	17 × 30 mm	200 μm	301892	Designed for large buccal defects	
No. 4		20 × 25 mm	200 μm	301872	Designed for large extraction sites and limited ridge augmentation	
No. 5		36 × 25 mm	200 μm	301873	Designed for large extraction sites and limited ridge augmentation in the anterior maxilla	
No. 6	> «	25 × 30 mm	200 μm	301874	Designed for large bony defects, including ridge augmentation	
No. 7	X	30 × 41 mm	200 μm	301875	Designed for large bony defects, including ridge augmentation in the anterior maxilla	
No. 8		30 × 40 mm	200 μm	301876	Designed for very large bony defects, including ridge augmentation	
No. 9	米	30 × 40 mm	200 μm	301877	Designed for very large bony defects,	
No. 9M	Ж	30 × 40 mm	200 µm	301878	including ridge augmentation	
No. 10	Н	24 × 38 mm	200 μm	301879	Designed for large extraction sites,	
No. 10M		24 × 38 mm	200 μm	301880	including ridge augmentation	
No. 11		38 × 38 mm	200 μm	301881	Designed for large bony defects,	
No. 11M		38 × 38 mm	200 μm	301882	including ridge augmentation	
No. 12		38 × 38 mm	200 μm	301883	Designed for large bony defects, including distal extension of the posterior ridge	
No. 13	XK	40 × 50 mm	200 μm	301886	Designed for the largest bony defects, including ridge augmentation	

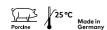


creos™ mucogain

Absorbable collagen matrix

Size	Block size	Article no.
15 × 20 mm	3 mm	MU15203
25 × 30 mm	3 mm	MU25303
15 × 20 mm	5 mm	MU15205
25 × 30 mm	5 mm	MU25305

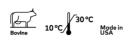




creos™ xenofill

Absorbable wound dressing

Size	Size	Units/box	Article no.
Plug	1 × 2 cm	10	CLMBDDWDP1020
Foam	2 × 4 cm	10	CLMBDDWDF2040
Таре	2.5 × 7.5 cm	10	CLMBDDWDT2575

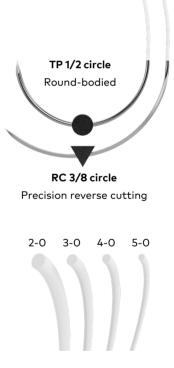




creos[™] syntostitch

Non-absorbable PTFE suture – monofilament

Needle shape	USP	Needle size	Needle color	Suture length 45 cm 12 units per box	Suture length 70 cm 12 units per box
TP 1/2 circle Round-bodied	4-0	13 mm		301815	301816
_	2-0	19 mm		301805	301806
		16 mm		301807	301808
	3-0	19 mm		301809	301810
RC 3/8 circle	3-0	16 mm	black	301811	301812
Precision		19 mm	black	301813	301814
reverse cutting -	4-0	13 mm		301817	301818
	4-0 -	16 mm		301819	301820
_	5-0 -	13 mm		301821	301822
		16 mm		301823	301824

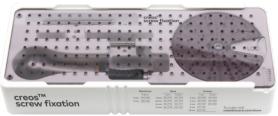




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creos™ screw fixation

Titanium screws for membrane/bone fixation and tenting



Stabilization kit includes

- Storage tray with screw organizer dial
- Stainless steel driver handle
- 76 mm cruciform driver blade
- 56 mm cruciform driver blade

Draduata included

Tenting kit Article 301782

Products included

Self-drilling membrane

Stabilization kit

fixation screw

Products included	Size	QTY
Stabilization kit		1
	1.5 × 3 mm	4
Self-drilling tenting screw	1.5 × 4 mm	4
	1.5 × 5 mm	4

Membrane fixation kit Article 301779

Size

1.5 × 3 mm

QTY

1

20

Contra angle driver blade

Description	Article no.		
24 mm	301802		

Individual components

Description	1 unit per box
Cruciform driver blade, 76 mm	301800
Cruciform driver blade, 56 mm	301801
Stainless steel driver handle	301803
Autoclavable storage tray	301804

Bone fixation kit Article 301791

Products included	Size	QTY
Stabilization kit		1
	1.5 × 8 mm	2
Self-tapping bone	1.5 × 10 mm	4
fixation screw	1.5 × 12 mm	4
	1.5 × 14 mm	2

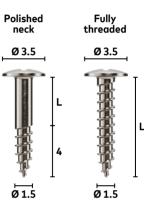
Membrane fixation screws

Size	5 units per box
L.5 × 3 mm	301780
L.5 × 5 mm	301781



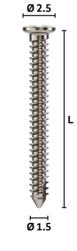
Tenting screws

Size	Special	1 unit per box	5 units per box
1.5 × 3 mm polished neck		301783	301784
1.5 × 4 mm polished neck	+4 mm threaded portion	301785	301786
1.5 × 5 mm polished neck		301787	301788
1.5 × 8 mm	fully threaded	301789	n/a
1.5 × 10 mm	fully threaded	301790	n/a



Bone fixation screws

Size	1 unit per box	5 units per box
1.5 × 8 mm	301792	301793
1.5 × 10 mm	301794	301795
1.5 × 12 mm	301796	301797
1.5 × 14 mm	301798	301799



All measurements



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