VICTORY®

by Visy

Victory secures...

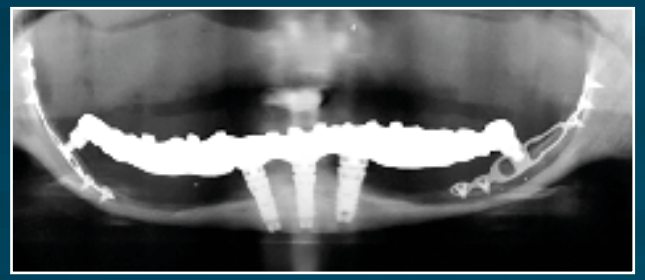
Innovation at its best for over 35 years

Victory secures... With anatomical-physiological implants

Victory secures

Victory's philosophy is to develop anatomical-physiological implants allowing in order to :

- avoid the need for major surgery
- perform bone grafts not desired by the patients
- facilitate implant anchorage in the available bone mass
- manage «extreme» clinical cases

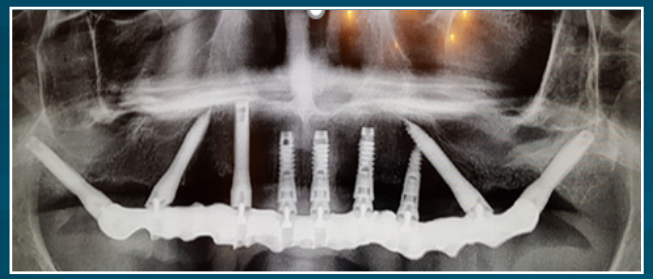


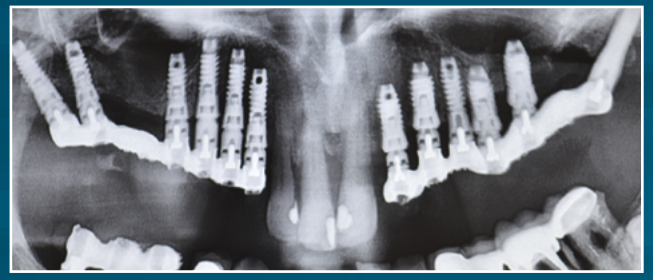
What is anatomical-physiological implantology?

It is the placement of different bioforms of implants adapted to the multiple variations of the recipient bed, without requiring prior bone grafting.

Bone grafts are performed after implant placement whenever there is a need for bone volume increase.

The physiological and biomechanical synergy allows for transcortical anchors that provide better mechanical resistance under masticatory efforts thanks to their smooth surface.

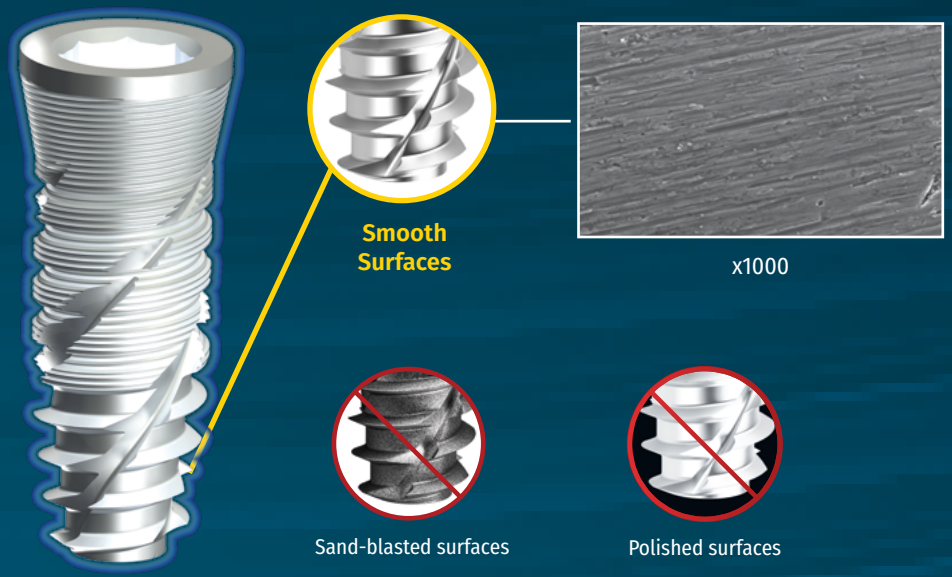




Victory provides effective strategies to find a lasting anatomical-physiological balance for the benefit of the patient.

Victory secures... With smooth surfaces

V.M.S.S : Victory Machined Smooth Surface



V.M.S.S: Non-rough, smooth surface :

- Surfaces in contact with bone: roughness Sa < 0.8 µm
- Implant neck: roughness Sa < 0.4 µm
- Controlled surface passivation with acids
  - Surface decontamination and formation of a layer of TiO2
  - Creation of a nano-structure
  - Increased wettability
  - Stimulation of osteoconduction

The studies conducted at the University of Nantes, France reveal the value of smooth surfaces (such as V.M.S.S.) compared to rough, sand-blasted surfaces that can be a source of peri-implantitis.

Peri-implantitis and Implant Body Roughness :

A Systematic Review of Literature

*Jordana et al, Implant Dentistry, Vol. 27 Num. 6 - déc. 2018 - p. 672

Their review of over 7000 implants found that smooth surfaces significantly reduce the rate of peri-implantitis compared to rough surfaces.

The rate of peri-implantitis changes unfavorably with increasing implant roughness :

Roughness Sa between 0.5 and 1 µm: rate 0.57%	**Victory**
Roughness Sa between 1 and 2 µm: rate 3.43%	Other brands
Roughness Sa between 2 and 3 µm: rate 12.86%	Other brands

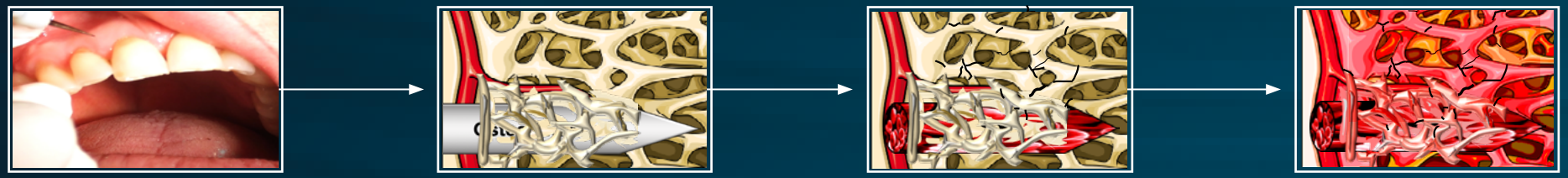
The roughness of a sand-blasted surface is usually greater than 3 µm and the rate of peri-implantitis can be as high as 20%.

Victory secures

Victory secures ... with Osteogenic Activation

Victory secures

Osteotensor : applied biology for better treatment



Advantages

Complex cases can now be considered with more predictability in many cases without the need for heavy procedures (grafting, nerve displacement) prior to implant placement.

Principle

Bone density modification by osteogenic activation thanks to recruitment of the patient's own stem cells both locally and at a distance

Selection of Osteotensor® type

Begin with a manual Osteotensor. As soon as any resistance is met during bone penetration, switch to a rotary Osteotensor (20,000 rpm, with profuse irrigation to avoid thermal damage).

- maxilla : manual Osteotensor® only
- mandible : manual Osteotensor first, then rotary version if dense bone
  * ridge ≤ 8 mm: small diameter rotary Osteotensor
  * ridge ≥ 8 mm: large diameter rotary Osteotensor

Number of impacts

Always respect a minimum interval of 2 mm between two impacts. Disinfect the Osteotensor® after each impact.

- Manual Osteotensor® : the number of impacts depends on the therapeutic objective (≤ 5 par dent); number of impacts not limited in low density bone (D4).
- Rotating Osteotensor® : 1 impact per tooth for implant placement
- Extraction of difficult teeth and/or roots: 4 vertical rotary impacts are sufficient, always parallel to the root (mesio-distal, vestibular, lingual or palatal).

The Osteotensor® is applied transgingivally, after antisepsis of the operating field and anesthesia of the surface impact area (prefer a weak adrenaline 1/200 000) without opening the flap and under antibiotic coverage.

Do not penetrate the alveolar-dental ligament (stay at 1 mm), unless you plan to extract the tooth 21 days later (ankylosed tooth).

If there is resistance to penetration with a manual Osteotensor®, move the impact site to a softer area or switch to a rotary device. Never force.

Waiting period after osteogenic activation

Augmentation of bone density: wait 45 days minimum, then recheck the density. Repeat the procedure if necessary. Reduction of bone density: wait 18 to 21 days before carrying out the desired surgical procedure.

Osteotensor kit ref. BOTM designed to hold :

- 4 rotary Osteotensors® Ø0.8 - Ø1.2 (short and long)
- 2 manual Osteotensors®

MADE IN FRANCE

Fractal Plus FPO implants for all bone types

Anatomo-physiological cylindro-conical profile - emergence Ø 4.5 mm
A single range of prosthetic parts for all 4 implant diameters: 3.75, 4.75, 5, 6 mm

Smooth : 0.5 mm high implant neck to preserve the soft tissues (machined “smooth surface” Ra < 0.4 µm)

Micro-threads : on the conical implant body increase the implant surfaces for improved bone contact (more than the increase obtained with rough surfaces which are a potential source of peri-implantitis).

- The asymmetry created by the micro-thread on the upper flank of the macro-thread allows bone condensation.
- Activation of cellular reconstruction and osteoadaptation
- Optimization of primary retention
- Homogeneous distribution of masticatory forces
- • Optimized stabilization of the cortical and crestal bone

Macro-thread :

- Strong primary retention
- Reinforces apical anchorage

Composition : grade 5 medical titanium

3 for insertion’s channels for implant rotational locking :

- Ensures self-tapping or decompression, depending on the quality of the bone

Apical opening :

- For evacuation of the hydraulic pressure at completion of implant installation

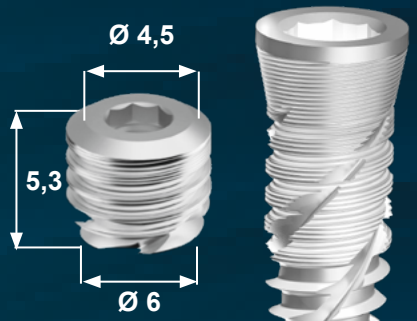
Specific apex design :

- Flat, rounded profile for improved stability in D3 and D4 bone
- Thread origin at the apex for greater self-tapping capacity
- Improved control of the desired axis of insertion

Fractal Plus FPO 5 and 6 extra short, height 5.3

Simplified protocols without need for bone grafting. Indicated for reinforcement of rehabilitations

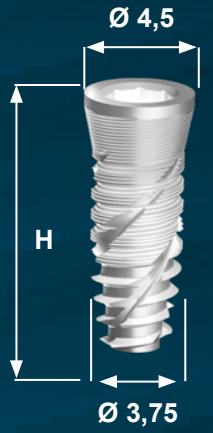
OI
Internal Octagon



Fractal® Plus FPO

Ø Implant	Ø Emergence	Height H (mm)	Reference
3,75	4,50	8	3.75H8-FPO
3,75	4,50	11	3.75H11-FPO
3,75	4,50	13	3.75H13-FPO
4,75	5,50 / 4,50	8	4.75H8-FPO
4,75	5,50 / 4,50	11	4.75H11-FPO
5*	4,50	5,3	5H5.3-FPO
6*	4,50	5,3	6H5.3-FPO

T4 2022



Fractal OF implants for the Fractal® Lift technique

Internal Octagon

This minimally invasive technique is performed with a Fractal® implant. The Fractal® profile allows a lifting of the sinus floor after osteogenic activation.

The passage of a single drill with bone-collecting stages makes a controlled breakthrough of the sinus floor. This breakthrough of the floor is essential because the rounded, non-aggressive apex of the Fractal® implant alone cannot pass through this anatomical element.

For the Fractal® Lift technique, an initial bone height ≥ 4 mm at t = 0 is required. A manual Osteotensor® is essential 45 days before implant placement. This osteogenic stimulation activates the endosteal and periosteal cell pool (optimization of bone density). Penetration of the sinus membrane results in the formation of a bone callus after the membrane is closed (the cells of the sinus respiratory mucosa have a rapid healing potential in absence of pathology).

During implant placement, the sinus floor is selectively «distracted» vertically along the implant. The rounded apex of the implant pushes the neoformed bone mass laterally and forward together with the sinus membrane, protecting it against the risk of tearing and/or perforation.

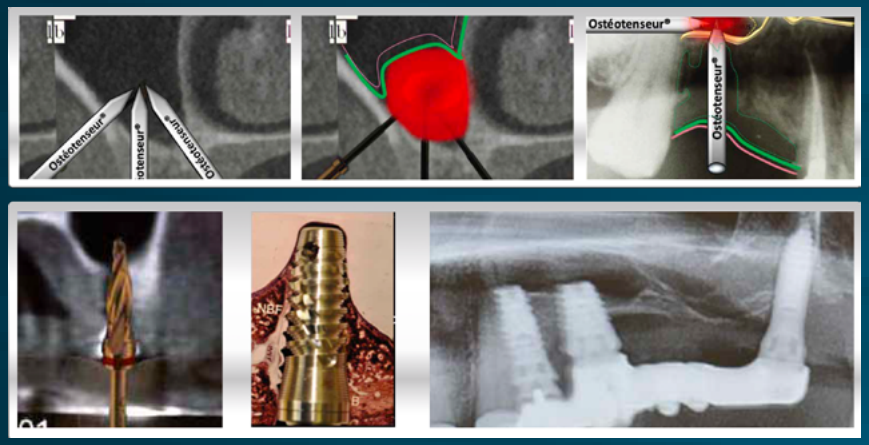
The self-tapping body of the Fractal® implant facilitates the progression with minimal effort. The reverse concave macrothreads, which are also micro-threaded, gently slow and control the implant's progression.

For difficult clinical cases, when several implants are planned, do not place them at the same; prefer to place them in stages, 45 days apart, in order to preserve the vascularization.

The crestal region of the implant is wider than the body. This crestal stop blocks the implant avoid intra sinus progression.

The local anesthesia is followed by a gingivectomy with a diamond wheel bur, mounted on a turbine and under spray, to flatten the bone crest.

Fractal Lift technique with the osteotensor®



The recommended implant sizes for the Fractal Lift technique are 3.75 x 8 / 11 or 4.75 x 8 /11

Ø Implant	Ø Emergence	Height (mm)	Reference
3,75	4,50	8	3.75H8-OF1
3,75	4,50	11	3.75H11-OF1
3,75	4,50	13	3.75H13-OF1
4,75	5,50 / 4,50	8	4.75H8-OF1
4,75	5,50 / 4,50	11	4.75H11-OF1

Fratex® implants: for thin ridges

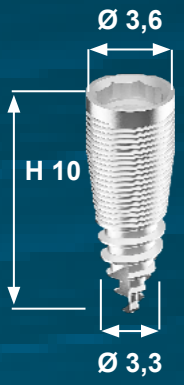
3.3 mm narrow implant - double-cone profile
A single range of prosthetic parts for both emergence diameters: 3.6 and 4.5
Anatomo-physiological implant for crest expansion

- **Smooth :** 0.5 mm high implant neck to preserve the soft tissues (machined “smooth surface” Ra < 0.4 µm)
- **Micro-threads** : on the conical implant body increase the implant surfaces for improved bone contact
  - The conical micro-thread allows the expansion of narrow ridges by progressive condensation of the bone.
  - Activation of cellular reconstruction and osteoadaptation
  - Optimization of primary retention
  - Homogeneous distribution of masticatory forces
  - Optimized stabilization of the cortical and crestal bone
- **Macro-thread profiled like an osteosynthesis screw :**
  - Self-drilling and self-tapping
  - Excellent management of different bone densities
  - Strong primary retention
- **Pointed apex :**
  - Facilitates anchorage in the opposing cortical bone
  - 2 self-tapping flutes provide angular locking
- **Composition :** grade 5 medical titanium

The 3.3h16-OFX implant is indicated for wider crests with several successive layers of bone of different densities (dense crestal bone, low density cancellous bone, dense basal cortical bone)

OI
Internal Octagon

Ø Implant	Ø Emergence	Height (mm)	Reference
3,3	3,60	10	3.3H10-OFX
3,3	3,60	12	3.3H12-OFX
3,3	4,50	16	3.3H16-OFX



Implants

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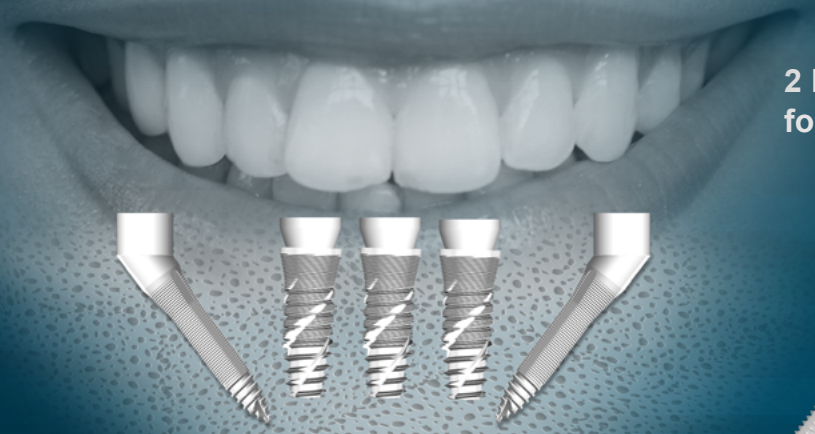
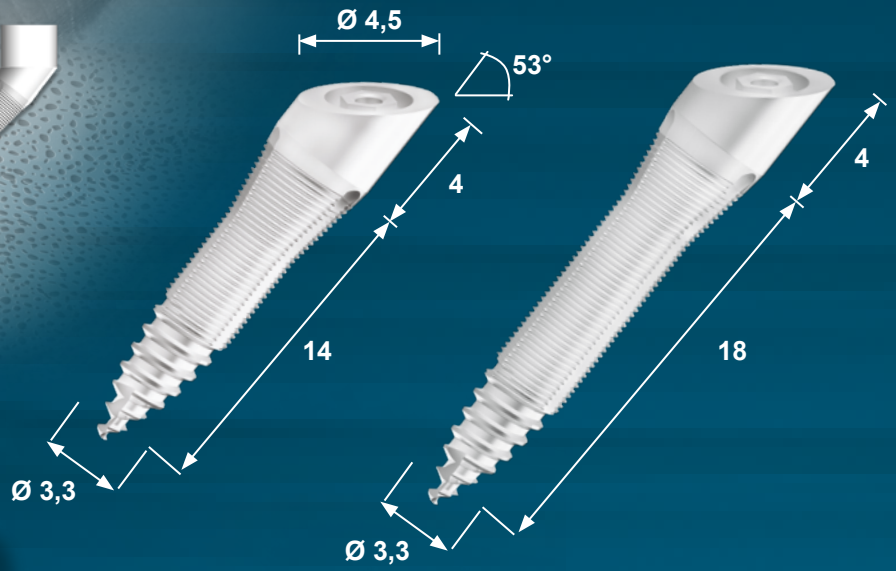
Fratex Oblik® patent : the implant that avoids bone grafts

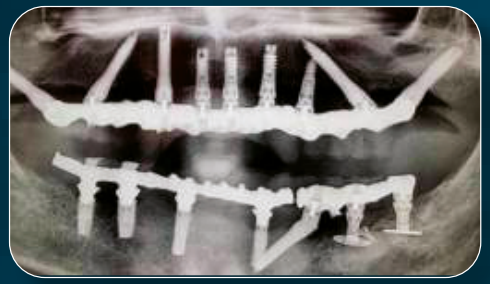
The Fratex Oblik® implant makes it possible to obtain excellent anchorage in zones of good quality bone.

Monobloc connection



2 heights of Fratex Oblik® , 14 and 18 mm for better respond to all clinical cases.



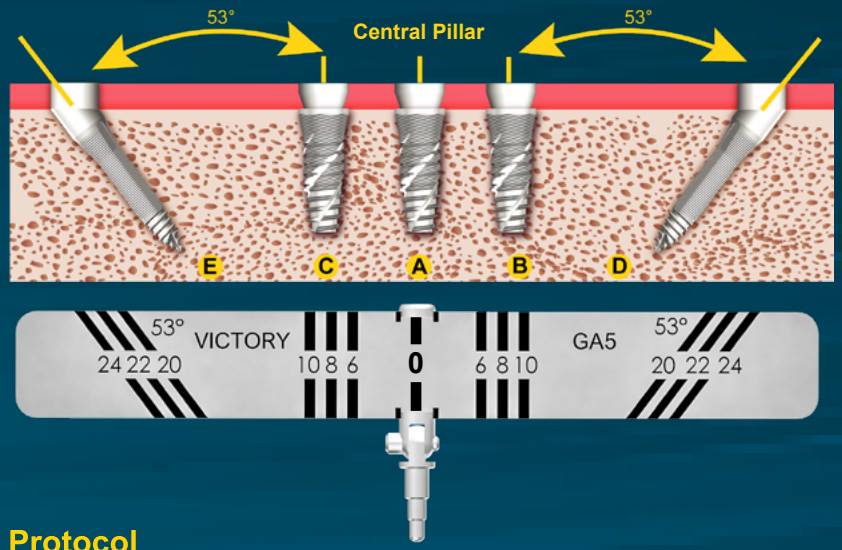


Thread M1.4
Angled emergence 53°
Implant 3.3 mm
Height 18 – Ref. 3.3H18-MFX
Height 14 – Ref. 3.3H14-MFX

- **For the mandible and the maxilla**
- **Ideal for the All-on-Five technique**
- **Monobloc® emergence profile** (flat connection with hexagon)

New All-on-Five technique: Fratex Oblik®

All-on-Five - the technique for improved stability and mechanical strength of full-arch rehabilitations



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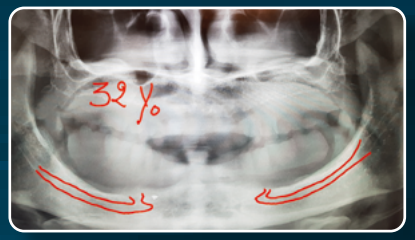

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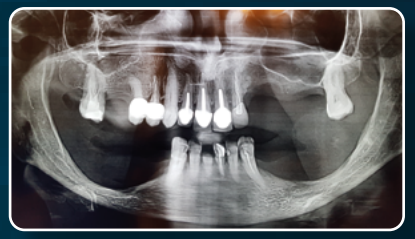

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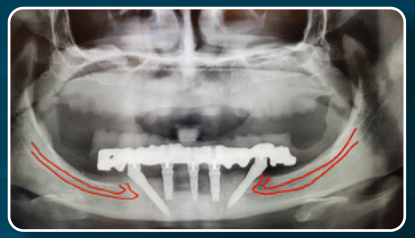

AFTER

Monobloc connection

Protocol

1. Pilot drill FPM-32 used to drill position A
2. Guide GA-5 put in position A
3. Pilot drill FPM-32 used to drill positions B et C
4. Pilot drill FPM-32 used to drill positions D et E
5. Radiographic verification of positions D and E with the drill left in place
6. Fractal protocol for implant placement in positions A B C
7. When necessary, axis correction of positions D and E with drill FX12-C
8. If required, repeat radiographic check of the axis of positions D and E with drill FX-12C left in place
9. Drill FPIL-10 used to prepare the recipient bone site; enlargement of the cortical entrance with drill FR3.75-C
10. Implants installed in positions D and E. Implant angulation is adjusted once screwed into place.

Guide ref. GA-5

facilitates the All-on-Five protocol

T2 2022

Implants

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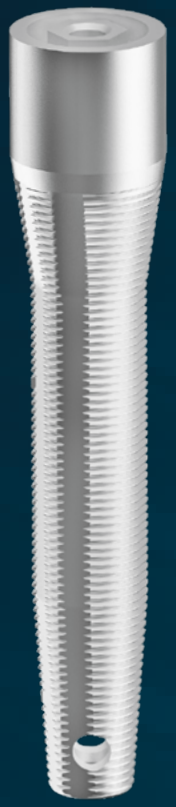
Basal implantology: Pterygoid implants

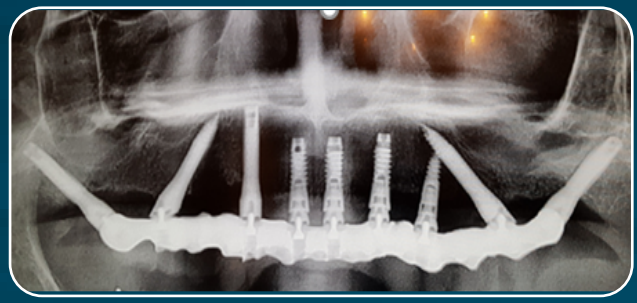
Management of complex clinical cases without prior bone grafting

Monobloc connection



Installation of a pterygoid implant is a technical procedure.

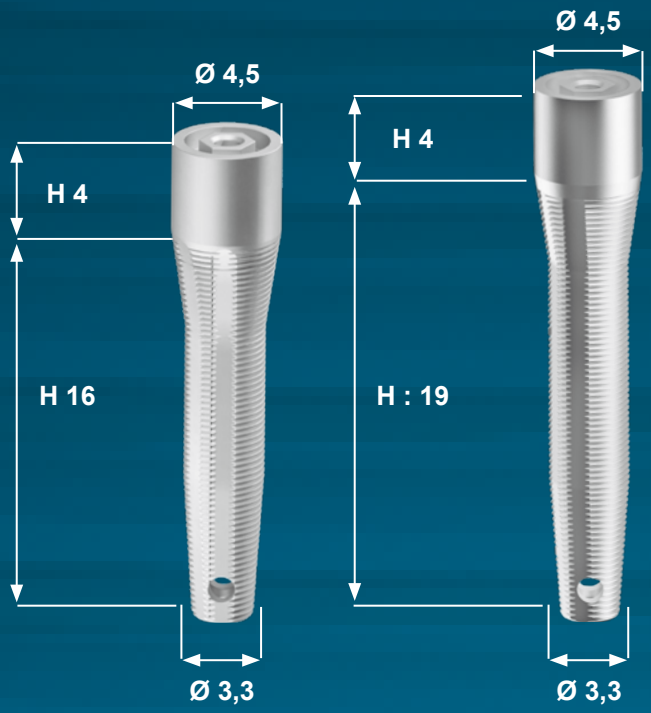
These long cylindro-conical implants (16 & 19 mm) provide solid anchorage in cortical bone.



Pterygo-palato-tuberosity implants :

- avoid the need for filling materials
- render surgery faster, less invasive, and less costly
- make it possible to provide antagonist teeth for mandibular molars
- are compatible with immediate loading.

Pterygoid implant mini-kit ref.TRP



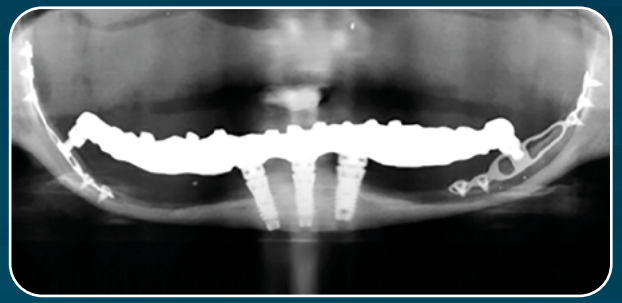
Ref. 3.3H16-MF4

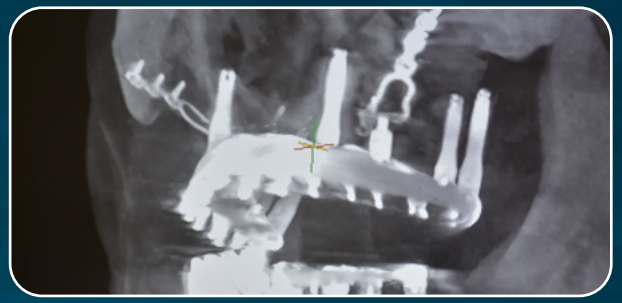
Ref. 3.3H19-MF4

Basal implantology : plate-form

Management of complex clinical cases without prior bone grafting using Diskimplants

More solutions for the mandible and the maxilla thanks to basal implantology





Extra-flat plate-form implants H 2.5

43 X 7/7G0-DP

43 X 7/13G0-DP

43 X 9/7G0-DP

43 X 9/15G0-DP

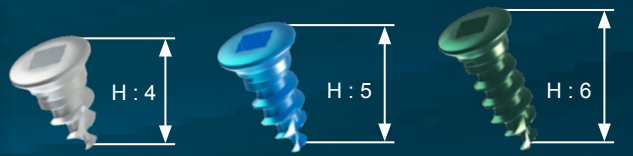
Plate-form implants H 5.5

33 X 9/9G2-DP

43 X 9/9G2-DP

43 X 7/7G2-DP

Osteosynthesis screws & screwdriver



VOAF-4

VOAF-5

VOAF-6

Screwdriver ref. TMC-VO

Implants

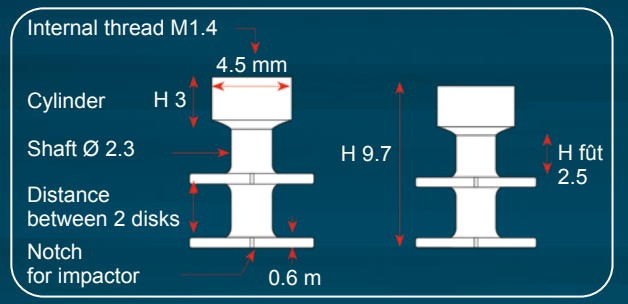
MADE IN FRANCE

VICTORY

Basal implantology : disk implants

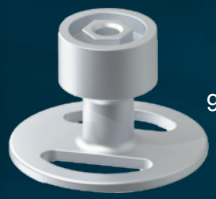
Management of complex clinical cases without prior bone grafting using Diskimplants®

More solutions for the mandible and the maxilla thanks to basal implantology



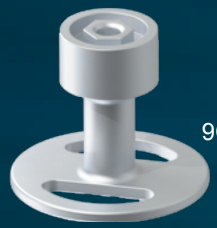
Diskimplants® Simple disk Emergence profile Diam. 4.5

Cylindrical



9G2-DM7

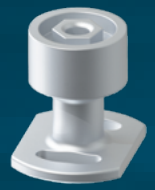
Dia. 9 H 6.1



9G3-DM

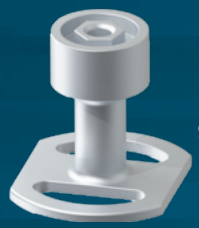
Dia. 9 H 7.6

Asymmetrical



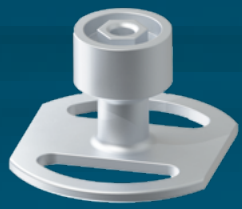
7G2-DM5

Dia. 7 H 6.1



9G3-DM7

Dia. 9 H 7.6



11G2-DM9

Dia. 11 H 6.1

Diskimplants® Double Disk Emergence profile Diam. 4.5

Cylindrical

9G2-DDM

Dia. 9 H 9.7

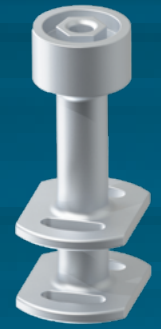
7G5-DDM

Dia. 7 H 13.2

Asymmetrical

7G2-DDM5

Dia. 7 H 9.7



7G5-DDM5

Dia. 7 H 13.2

New kits for safer, methodical surgical procedures

Fractal® FPO, OF1 and Fratex® kit

Optimized organization of the instruments required to manage all bone densities and all implant heights and diameters

- Complete, compact, autoclavable
- Color coded plugs corresponding to implant heights

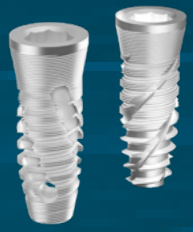
A single kit for 3 implant systems

A new Fractal ® FPO, OF1 kit specifically for Ø 3.75 implants / heights 8 / 11 / 13

A simplified kit for storage of the instruments needed to handle all bone densities and all heights of Fractal® Ø 3.75 implants.

- A single kit for 2 implant systems
- Compact, easy-to-use, autoclavable
- Color coding with plugs according to implant heights

Fratex® Implants
Ø 3.3
heights 10/12/16



Fractal® OF1, FPO, MF1 Implants
Ø 3.75
heights 8/11/13

Fractal OF1, FPO Implants
Ø 4.75
heights 8/11

Fractal® FPO Implants
Ø 5 et Ø 6
heights 5.3

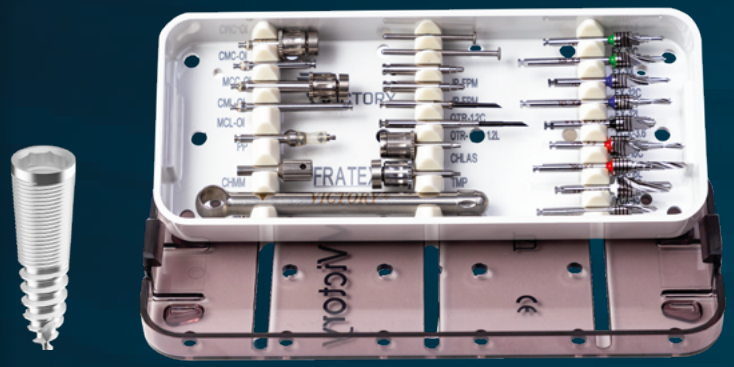
Single-drill implant placement

1 calibrated drill per implant diameter and height and or each bone density (D1 / D2D3 / D4)

Mini Kits for Victory Surgical Techniques

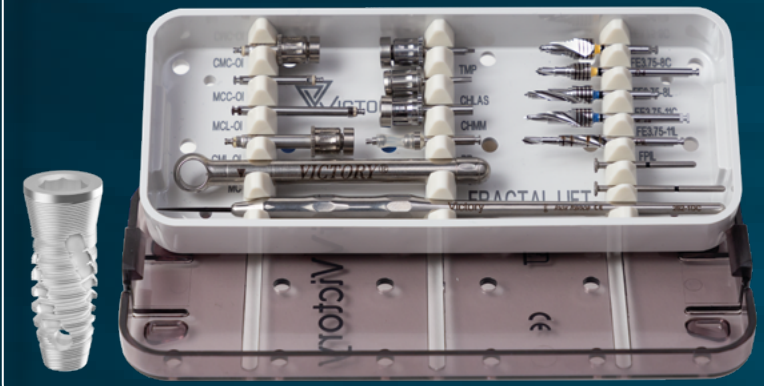
These specialized mini-kits hold all of the instruments needed for the installation of Fratex®, Fratex Oblik®, Fractal® Lift and Pterygoid implants.

For Fratex® implants



For Fratex Oblik® implants

Fractal® Lift technique (implant OF1)

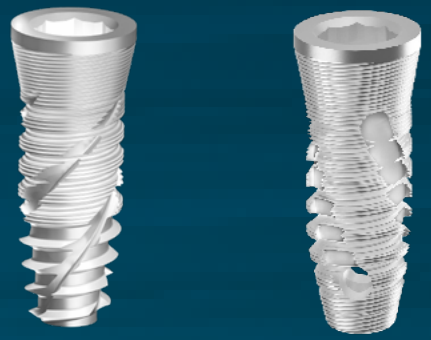


For Pterygoid implants

Compatible with all instruments for hand-pieces (pointing drills, screwdrivers, implant drivers, etc.)

Fractal® Ø 3.75 et Ø 4.75 Protocol

Easier optimization of primary stability regardless of bone density

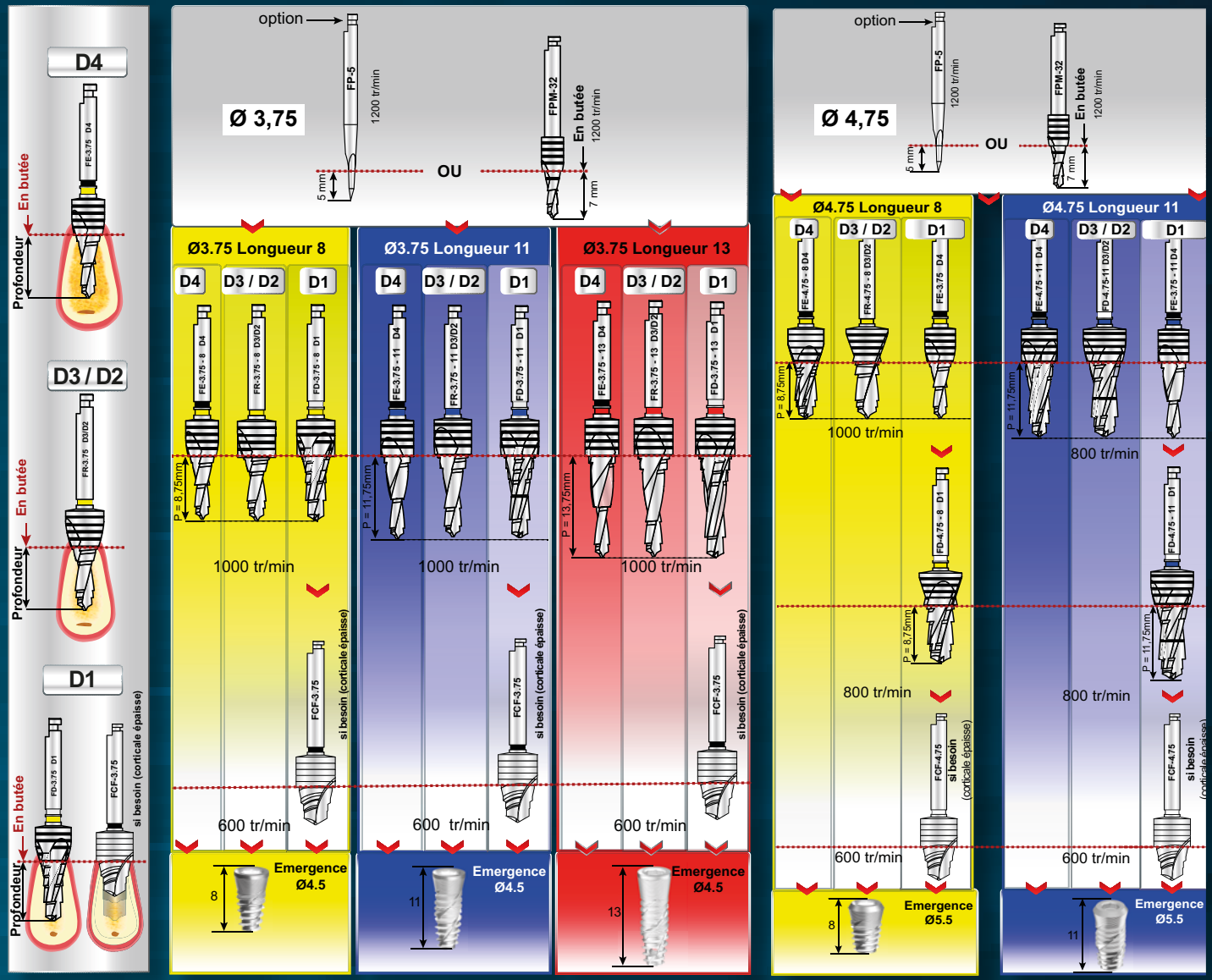


Indications :

- All bone densities
- All sectors, even below the sinuses
- Post-extraction surgery
- Immediate loading

2 types of pointing drills

- **1 color code for each implant height : yellow 8 mm, blue 11 mm, red 13 mm**
- 1 drill per diameter, per implant height, and per bone density (D1, D2/D3, D4)
- 1 short and 1 long version of each drill
- 1 cortical bone drill for Ø 3.75 implants
- Safer protocol with drill stops allowing the bone crest to be leveled off if required



Fratex® protocol

Optimization of reduced bone widths and thin ridges

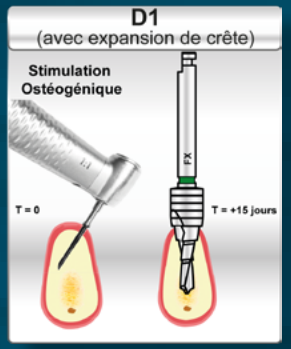
Indications :

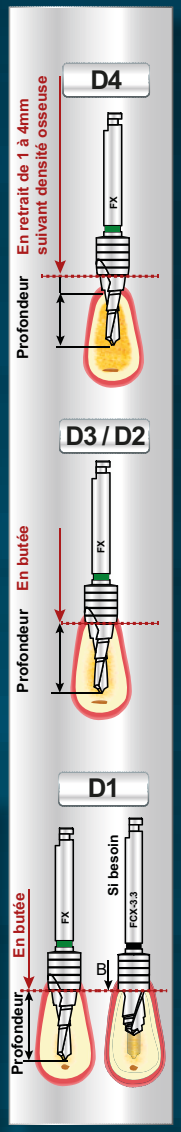
- Ideal for expansion of narrow ridges
- For all zones, and even low density D3, D4 bone
- For narrow spaces and esthetic zones

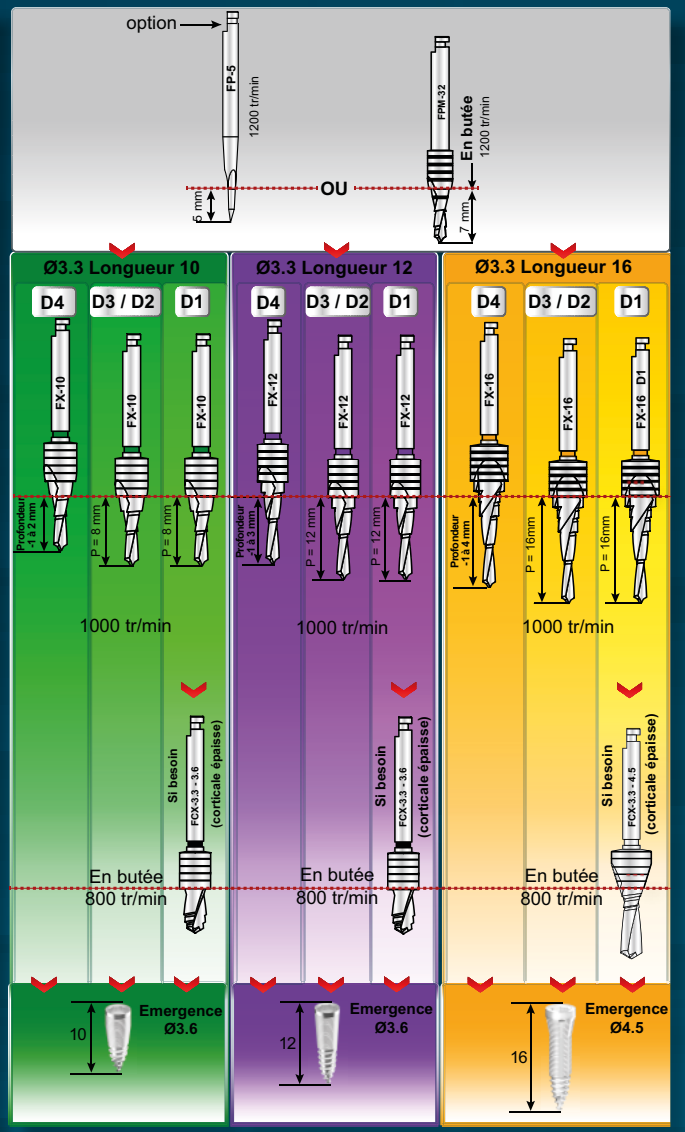
Contraindication : infra-sinus zone

Protocol :

- 1 color code for each implant height:
  green 10 mm, violet 12 mm, orange 16 mm
- 1 drill per implant height for bone densities D1, D2D3, D4
- Bone density management as a function of drilling depth
- 1 cortical drill for implant heights 10 and 12 (emergence Ø 3.6)
  and 1 for implant height 16 (emergence Ø 4.5)
- Safer drilling with limit stops allowing the
  bone crest to be leveled off if necessary
- Expansion of thin ridges
  after osteogenic activation







MADE IN FRANCE

Monobloc connection : Cement and-screw-retained prostheses

Monobloc connection

The one-piece connection is a solid connection for making of the screwed prosthesis, allowing the important catching up of divergent axes.

Double centering with the cylindrical crown and the hexagon, the monobloc connection offers a very good stress distribution.

The centering of the abutment in the crown ensures a very good prosthesis/implant seal.

The fixing screw of the M1.4 DLC-treated prosthesis is tightened to 20 N.cm on the implant.

Excellent stability of the prosthesis reduces the stress on the M1.4 screw, preventing it from breaking.

Abutment healing

PCIM-3

H : 3

Hex abutment posts

FMT-5 FMT-6 FMT-7

Gingival diameter 4.5
Gingival height H :

H : 1 H : 2 H : 3

Monobloc connection

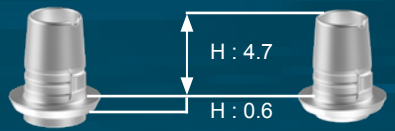
Monobloc Abutment

PLM-3.5

H 3.5

Ti-bases

BCOL-U BCOL-CC

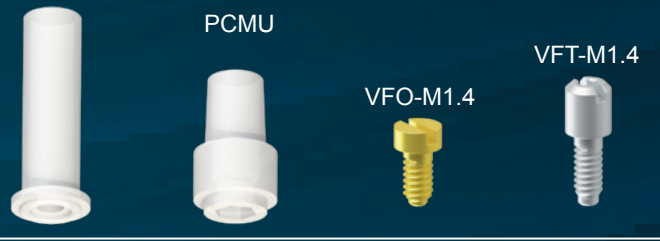


SPM

Scan-Post on Monobloc

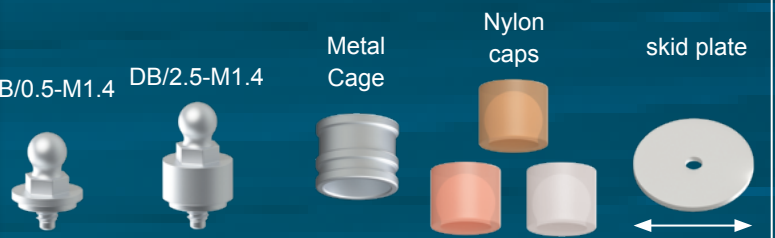
Castable plastic copings & retaining screws

PCPL PCMU VFO-M1.4 VFT-M1.4



Ball attachments

DB/0.5-M1.4 DB/2.5-M1.4 Metal Cage Nylon caps skid plate

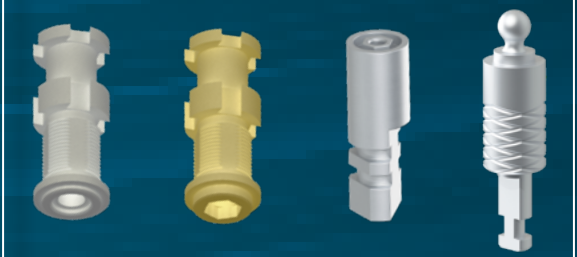


H 0.5 H 2.5

50/60/70 shores

Impression copings & Analogs

TPPL TPMU AN-M ADB



Digital impression copings

SB-SP SB-M

Scan-body On Scan-post et (Ti-base)

Scan-body For Monobloc

Prosthetics

MADE IN FRANCE

VICTORY

Monobloc connection : Screw-retained restaurations

Conversion abutments : OI to Monobloc

PMOI-2 PMOI-3 PMOI-4

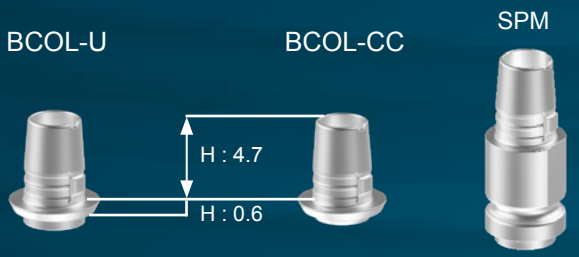
Bonding technique

BCEN BCOL

BCEN-OI BCOL-OI OI

Monobloc Ti-bases

BCOL-U BCOL-CC SPM



Scan-Post on Monobloc

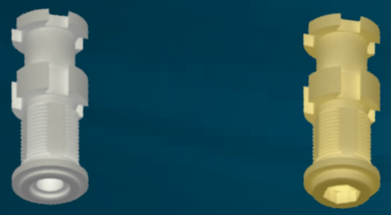
Castable plastic copings

PCPL PCMU PCBC

VFO-M1.4 VFOH-M1.4 VFT-M1.4

Titanium direct impression copings

TPPL TPMU



Digital impressions

SB-SP SB-M

Scan-body On Scan-post and (Ti-base)

Scan-body For Monobloc

Analog

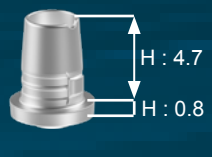
AN-M

Connection OI : Cement and-screw-retained prostheses

• for the fabrication of CAD-CAM prostheses • rotational for multiple restorations
• anti-rotational for single-tooth restorations

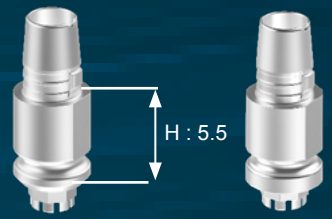
Ti-base with **VFT-M-5.6 screws**

BCOL-OI3.3AR — unitary
BCOL-OI3.3CC — bridge
BCOL-OI3.75AR — unitary
BCOL-OI3.75C — bridge



Scan-Posts

SPOI-3.3
SPOI-3.75



Scan-Post on OI 3.3
Scan-Post on OI 3.75

Retaining screws

for internal octagon bases

VFT-M2-5.6
DLC treated titanium

OI
Internal Octagon

Castable plastic copings with **VFT-M2-5.6 screws**

PCOI-3.3C
PCOI-3.3AR
PCOI-3.75C
PCOI-3.75AR

Attachements Oring

DBOI-2
DBOI-4
Metal Cage
Nylon caps
skid plate

H 2
H 4
50/60/70 shores

Digital impressions

SB-SP

Scan-body on Scan-post and bonding rings (Ti-base)

SB-OI 3.3

Scan-body for OI 3.3

SB-OI 3.75

Scan-body for OI 3.75

Analogs

AN-OI 3.3

AN-OI 3.75

ADB

Prosthetics

MADE IN FRANCE

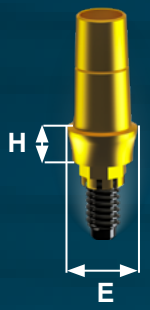
VICTORY

Cement-retained prostheses / straight and angled abutments

New range of straight and angled (7°and 15°) abutments, adapted to the shapes of the healing abutments, that respect the esthetic emergence profiles and the concept of platform switching

DLC treatment of the screws improves their mechanical strength while optimizing transmission of the recommended tightening torque.

OI
Internal Octagon



Straight abutments

Prosthetic emergence E : Ø 4.2

Straight OI 4.2 H1	PD4.2-OI1
Straight OI 4.2 H2	PD4.2-OI2
Straight OI 4.2 H3	PD4.2-OI3
Straight OI 4.2 H4	PD4.2-OI4

Prosthetic emergence E : Ø 5

Straight OI 5 H1	PD5-OI1
Straight OI 5 H2	PD5-OI2
Straight OI 5 H3	PD5-OI3
Straight OI 5 H4	PD5-OI4

Healing abutments

Prosthetic emergence E : Ø 4.2

Healing abutment OI 4.2 H1	PCIC-4.2OI-1
Healing abutment OI 4.2 H2	PCIC-4.2OI-2
Healing abutment OI 4.2 H3	PCIC-4.2OI-3
Healing abutment OI 4.2 H4	PCIC-4.2OI-4

Prosthetic emergence E : Ø 5

Healing abutment OI 5 H1	PCIC-5OI-1
Healing abutment OI 5 H2	PCIC-5OI-2
Healing abutment OI 5 H3	PCIC-5OI-3
Healing abutment OI 5 H4	PCIC-5OI-4

7° angled abutments

Prosthetic emergence E : Ø 4.2

7° angled OI 4.2 abutment H1	PA4.2-OI1/7°
7° angled OI 4.2 abutment H2	PA4.2-OI2/7°
7° angled OI 4.2 abutment H3	PA4.2-OI3/7°
7° angled OI 4.2 abutment H4	PA4.2-OI4/7°

Prosthetic emergence E : Ø 5

7° angled OI 5 abutment H1	PA5-OI1/7°
7° angled OI 5 abutment H2	PA5-OI2/7°
7° angled OI 5 abutment H3	PA5-OI3/7°
7° angled OI 5 abutment H4	PA5-OI4/7°

15°angled abutments

Prosthetic emergence E : Ø 4.2

15° angled OI 4.2 abutment H1	PA4.2-OI1/15°
15° angled OI 4.2 abutment H2	PA4.2-OI2/15°
15° angled OI 4.2 abutment H3	PA4.2-OI3/15°
15° angled OI 4.2 abutment H4	PA4.2-OI4/15°

Prosthetic emergence E : Ø 5

angled 15° OI abutment H1	PA5-OI1/15°
angled 15° OI abutment H2	PA5-OI2/15°
angled 15° OI abutment H3	PA5-OI3/15°
angled 15° OI abutment H4	PA5-OI4/15°

Multi-Units for screw-retained prostheses

New range of straight and angled (17° et 30°) Multi-units for screw-retained prostheses

DLC treatment of the screws improves their mechanical strength while optimizing transmission of the recommended tightening torque.

OI
Internal Octagon

Straight Multi-Units OI H1

Straight Multi-Units OI H1	PMUDT-OI1
Straight Multi-Units OI H2	PMUDT-OI2
Straight Multi-Units OI H3	PMUDT-OI3
Straight Multi-Units OI H4	PMUDT-OI4

Multi-Unit cover screw

VCMU-OI

17° angled Multi-units

17° angled OI Multi-Unit H1.5	PMUA-OI1.5/17°
17° angled OI Multi-Unit H2.5	PMUA-OI2.5/17°
17° angled OI Multi-Unit H3.5	PMUA-OI3.5/17°

30° angled Multi-units

30° angled OI Multi-Unit H1.5	PMUA-OI1.5/30°
30° angled OI Multi-Unit H2.5	PMUA-OI2.5/30°
30° angled OI Multi-Unit H3.5	PMUA-OI3.5/30°

Nitride-coated abutments

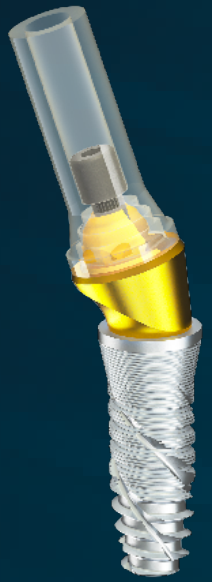
- Conservation of titanium biocompatibility and gingival integration
- Yellow color less visible under the gums

Screw-retained prosthe ses: New Multi-Units

Temporary abutments and copings for straight and angled Multi-units for single- and multiple-element screw-retained prostheses

DLC treatment of the screws improves their mechanical strength while optimizing transmission of the recommended tightening torque.

Internal Octagon

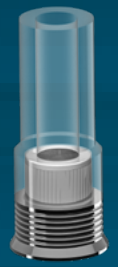


Temporary titanium abutments

Temporary cylindrical Multi-Unit	**PTMU-C**
Temporary anti-rotational Multi-Unit	**PTMU-AR**

Cast-on coping with Cr-Co base

Cylindrical castable plastic Multi-Unit coping with cast-on Cr-Co base	**PCBS-MU-C**
Anti-rotational castable plastic Multi-Unit coping with cast-on Cr-Co base	**PCBS-MU-AR**

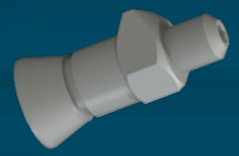


Castable plastic copings

Cylindrical castable plastic Multi-Unit coping	**PC-MU-C**
Anti-rotational castable plastic Multi-Unit coping	**PC-MU-AR**

Scan Body

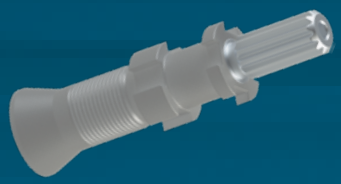
SB-MU



Scan-body pour Multi-unit

Transfer coping

TP-MU



Analog

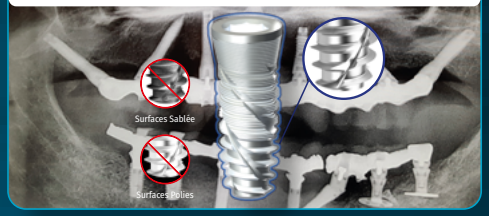
AMU

Victory is also Zooms, Webinars, Continuing Education

Victory regularly organizes webinars, clinical zooms and training sessions with dental surgeons experts in implantology. The goal is to share the knowledge of experts and to discuss a variety of topics.

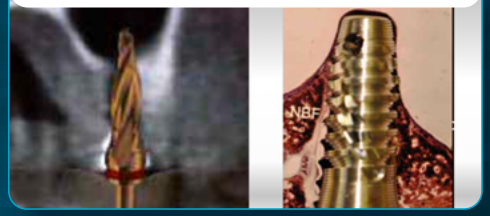
ZOOM CLINIQUE

Victory implants with smooth surfaces
to fight against peri-implantitis



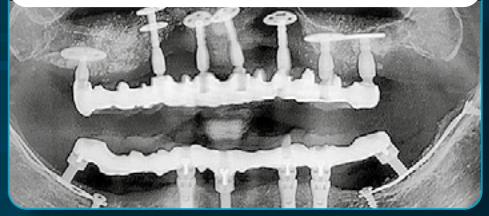
ZOOM CLINIQUE

Fractal Lift
Minimally invasive technique of sinus lift



ZOOM CLINIQUE

Chirurgie Basale
The solution to avoid bone grafts



ZOOM CLINIQUE

Oblik and pterygodian
Bone optimization

LIVE WEBINAR

Zantex™
the positive alternative to Cobalt Chromium

LIVE WEBINAR

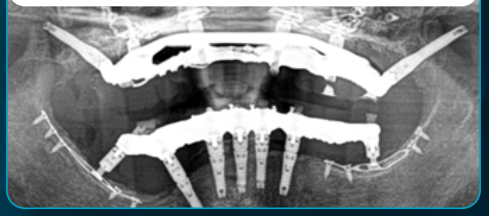
Peri-implantitis ?
How to avoid them ?

LIVE WEBINAR

Osteogenic activation
How to prepare bone site ?

LIVE WEBINAR

Complex clinical cases
How to solve them simply?



Classroom training in Nice

Victory secures

VICTORY®

by Visy

We secure...

Visy® Implant specialist

Contact

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