



# CREATIVE DENTAL Co.

into the era of digital dentistry



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@creatividentalco

## The Digital Box<sup>®</sup>

One box, infinite solutions!



easy implant<sup>®</sup>  
by easyprod

YOUR COMPANY  
Your company slogan here

Visy<sup>®</sup>  
Implant specialist

MADE IN FRANCE



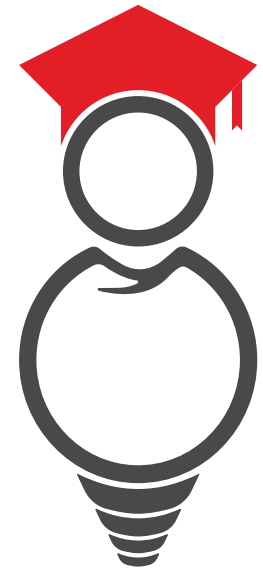
2022 edition  
vol. 2

## About Us

Creative Dental Co. is an Egyptian dental company for distribution and training; established in 2020.

Our company was established through a collaboration of aspiring dentists and entrepreneurs, who aim to breach the gap between traditional methodology and digital dental technologies in the Egyptian market.

Through continuous dental education, introduction of the latest advancements in dental equipment, and the distribution of affordable, cutting-edge dental solutions—we aspire to become the leading solutions provider for our fellow dentists locally, and worldwide.



## Vision

To become a top-ranking, trustworthy, advocate for digital dentistry, and a provider of state-of-the-art dental solutions that shape the future of dentistry, nationally & internationally.

## Mission

Our mission is to make contemporary knowledge in digital dentistry readily available for our dental practitioners. Providing them with advanced dental equipment and dental materials that are affordable and effective; to help bring Egypt into the digitalized dental era, and elevate the standard of dental care in our community.



BY DENTISTS OF EGYPT ... FOR DENTISTS OF EGYPT!

# One box, infinite solutions!

The Digital Box<sup>®</sup>



## Why order a Digital Box?

- Order online. Easy!
- All-on-4 & All-on-6 Modules
- Advanced Prosthesis Options.
- Transfer-made-easy!
- Grade 5 Titanium of ultra grade design.
- Order scans & labs.



### COMPONENTS

- EasyImplant
- Multi-Unit
- Titanium (Ti) Base
- Sleeves
- Tray with Marker
- Voucher for IntraOral Scan Order
- Voucher for Digital Lab Order

IMPLANTS  
made in  
**FRANCE**

Concept Design 1.0

It's "easy" because it's smart!

[www.creativedentalco.com](http://www.creativedentalco.com)  
for dentists, by dentists.





A state-of-the-art dental digital lab offering all digital solutions.



Professional work with certified materials & gurantee included.

Capable of making any digital design locally & internationally, such as all types of surgical guides & complementary digital solutions

## NEW Orthodontic Guided Miniscrews



### Digitally-guided Miniscrews

- Snap on & Work
- No need to remove your orthodontic brackets
- No patient discomfort



Customized, Perforated Zirconia/Titanium Membrane with the ability to calculate amount of bone graft needed





# The Digital Control Command Center



## ROLE OF THE DCCC

- The heart and mind of CDCo
- Responsible for Failure Prevention
- Provides Data Collection & Treatment Planning by receiving DICOM files and STL files from dentists via our application and helps create a smooth implant journey for the dentist and patient and gives the guarantee for the implant and prosthesis (digital dental labworks)
- It is responsible for facing and solving any technical or digital problems and provides solutions
- Contains a database of all cases including: Patient name, Clinic name, Clinic location, Data of implant, loading dates ..etc
- All this data is collected from CT scans and Vouchers
- All distributors and collection points are linked by the DCCC to give the guarantee on our products and services

**LineUp**

- 1 Importer
- 2 Controller
- 3 Surgical Designers
- 3 Orthodontic Designers
- 3 Digital Lab
- 4 Exporter
- 5 Dentist

**Coach**

Digital Control Command Center

## The Game Plan

The Digital Box® OFFICIAL SPONSOR    The Digital Box® OFFICIAL SPONSOR    The Digital Box® OFFICIAL SPONSOR

This is how we like to think of our digital workflow

## STRUCTURE OF THE DCCC

### Digital Organizing & Importing Team **1**

- Non Dentists
- Collect data from all sources (CBCT, App, Dentists, referred calls from customer service ..etc)
- Transfers data to The Digital Control Team
- Import the data into the virtual digital box on our closed offline system + sets the objectives

### The Digital Control Team **2**

- Process the data inside the coded case folder
- Communicate with dentists to see if they need any of our digital solutions for their case
- According to the requirement of the case they will refer data to the rest of the departments of the DCCC: Surgical team, Surgical Designer Team, Digital Dental Lab, Orthodontic Team, Nearest Distributer location to be sure of stock availability for the case

### Exporting Team **3**

- Responsible for exporting the virtual digital box with its contents to become a creative digital box with the same CODE and then sends it from the nearest point to be distributed to the clinic
- Communicate with dentists to see if they need any of our digital solutions for their case
- Follows up with dentists to track any failure or complications

## Linking Dentists to Digital Solutions



*Teamwork Makes The Dream Work*

# PRODUCTION

## An ultramodern production center

Equipped with a fleet of machines at the forefront of technology, our production site, located in Haute-Savoie, allows us to control all stages of production: Machining on CNC lathes or machining centers, surface treatment, anodizing, polishing, laser marking, cleaning, conditioning in clean room, packaging...



## Quality standards

Our company is NF EN ISO 13485:2012 certified and holder of EC certificate delivered by the its notified body for the 93/42/CE Directive. All our activities are governed by strict rules, from design to delivery, we check and validate the quality of our products and services by dimensional, functional, visual and documentary controls, in order to ensure your safety and the efficacy of the products we offer.



## Address

EASY SYSTEM IMPLANT  
55, rue Uranus - Z.A.C. Altaïs  
74650 CHAVANOD (France)

## Contact s

[www.easyimplant.com](http://www.easyimplant.com)  
[fb.com/easyimplant.fr](https://fb.com/easyimplant.fr)

**Each implant diameter has its color code !**

- Ø 3.30 and 3.50 mm
- Ø 3.75 and 4.00 mm
- Ø 4.25 and 4.50 mm
- Ø 4.75 and 5.00 mm

A colored sticker with the length of the implant is stuck to the tube body.



**Breakable cover screw**

Attached to the titanium insert and colored according to the prosthetic platform of the implant.

**«No Touch» system**

All the elements can be extracted using the usual drivers (manual or on contra-angle).

**The blister pack**

Sealed with a Tyvek® operculum to guarantee sterility. Opening and gripping are facilitated by a cut angle and finger channels.



Remove the blister pack's operculum by lifting up the corner marked with an arrow.



Remove the blue cap on the implant side.



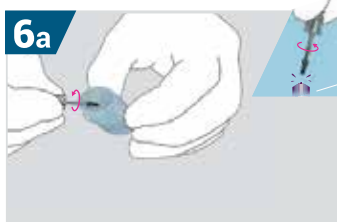
Properly insert MPI21 or MPI25 driver into the implant..



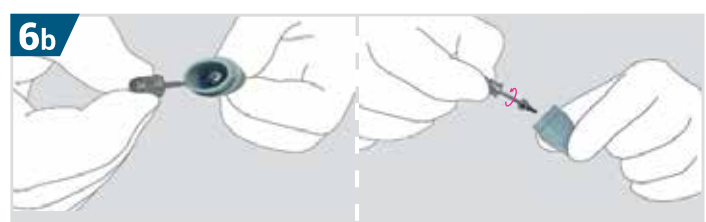
Activate the micromotor to detach the implant from its base.



Remove the grey cap to reach the cover screw or the healing abutment.



The breakable cover screw comes off its base by using the manual screwdriver TMH12..



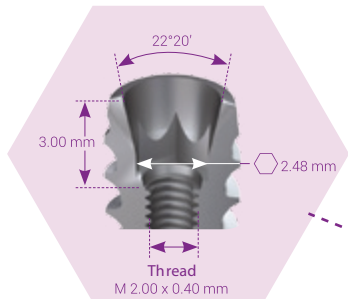
The healing screw is located inside the grey cap...

...and can be unscrewed from its base by using the manual screwdriver TMH12.

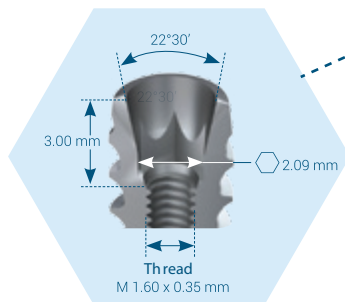


**Indications :**

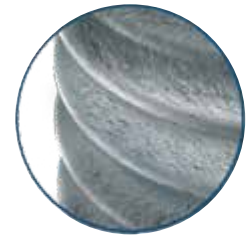
Easy choice for every mandibular and maxillary cases specially D1,D2 bone density.



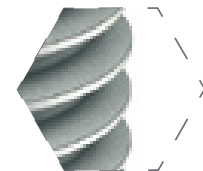
conical connection to avoid screw loosening.



Bone friendly Flat shape apical part.



Surface roughness by sandblasting for early load capability.



V shaped threads for greater stability without resisting crestal bone area.

Apex groove for easy insertion as self-tapping feature.

## Switching



### OCEAN PLATFORM

▣ Ø 3.30 mm

- MO33-8.5 L 8.5 mm
- MO33-10 L 10.0 mm
- MO33-11.5 L 11.5 mm
- MO33-13 L 13.0 mm
- MO33-15 L 15.0 mm

► Delivered with VCI-384OM

### LILAS PLATFORM

▣ Ø 3.75 mm

- MS37-7 L 7.0 mm
- MS37-8.5 L 8.5 mm
- MS37-10 L 10.0 mm
- MS37-11.5 L 11.5 mm
- MS37-13 L 13.0 mm
- MS37-15 L 15.0 mm

► Delivered with VCI-484CM

▣ Ø 4.25 mm

- MS42-7 L 7.0 mm
- MS42-8.5 L 8.5 mm
- MS42-10 L 10.0 mm
- MS42-11.5 L 11.5 mm
- MS42-13 L 13.0 mm

► Delivered with VCI-484CM

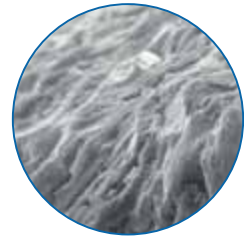
▣ Ø 4.75 mm

- MS47-7 L 7.0 mm
- MS47-8.5 L 8.5 mm
- MS47-10 L 10.0 mm
- MS47-11.5 L 11.5 mm
- MS47-13 L 13.0 mm

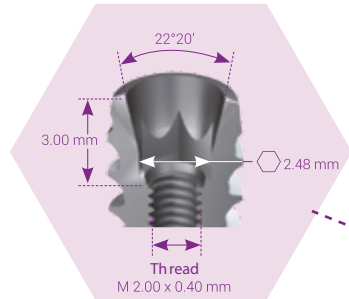
► Delivered with VCI-554CM

**Indications :**

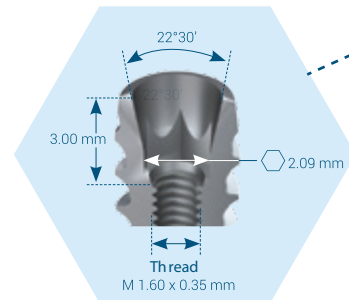
Smart **Easy** Choice for Low-Density Ridges and immediate implant Placement thanks to its exceptional primary stability features



Surface roughness by sandblasting for early load capability.



conical connection to avoid screw loosening.



Sharp butress threads for more primary stability.



Cutting blade for self-tapping and self-drilling.

Narrow Dome apical part with for better engaging with small underprepared osteotomy, easy insertion and expansion especially with narrow ridge and low bone density.

## Platform

OCEAN PLATFORM			
□ Ø 3.50 mm		■ Ø 4.00 mm	
MC35-8.5	L 8.5 mm	MC40-7	L 7.0 mm
MC35-10	L 10.0 mm	MC40-8.5	L 8.5 mm
MC35-11.5	L 11.5 mm	MC40-10	L 10.0 mm
MC35-13	L 13.0 mm	MC40-11.5	L 11.5 mm
MC35-15	L 15.0 mm	MC40-13	L 13.0 mm
▶ Delivered with VCI-384OM		MC40-15	L 15.0 mm
▶ Delivered with VCI-454OM			

LILAS PLATFORM			
■ Ø 4.50 mm		■ Ø 5.00 mm	
MC45-7	L 7.0 mm	MC50-7	L 7.0 mm
MC45-8.5	L 8.5 mm	MC50-8.5	L 8.5 mm
MC45-10	L 10.0 mm	MC50-10	L 10.0 mm
MC45-11.5	L 11.5 mm	MC50-11.5	L 11.5 mm
MC45-13	L 13.0 mm	MC50-13	L 13.0 mm
▶ Delivered with VCI-484CM		▶ Delivered with VCI-554CM	

## Drilling Sequences & Recommendations

for ideal implant placement according to different bone densities

Drill diametermm	2.00/2.70	2.00/2.70	3.00	2.00/2.70	3.35	3.50	2.00/2.70	2.70/4.00	4.00
Drilling rate, RPM	1200	1200	600	1200	600	600	1200	600	600
D3 D4	TO	TO	TO	TO	TO	TO	TO	TO	TO
	1500	1500	800	1500	800	800	1500	800	800

Ø Implant									
Ø Drill	2.00/2.70	2.00/2.70	3.00	2.00/2.70	3.35	3.50	2.00/2.70	2.70/4.00	4.00

Drill diametermm	2.00/2.70	3.85	3.30	2.00/2.70	3.00	3.25	3.75	2.00/2.70	3.35	3.50	3.70	3.25	2.00/2.70	2.70/4.00	4.00	4.25	4.50	4.75
Drilling rate, RPM	1200	600	30	1200	600	600	30	1200	600	600	600	30	1200	600	600	600	600	30
D1 D2	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO
	1500	800	800	1500	800	800	800	1500	800	800	800	800	1500	800	800	800	800	800

Ø Implant																		
Ø Drill	2.00/2.70	2.85	3.30	2.00/2.70	3.00	3.25	3.75	2.00/2.70	3.35	3.50	3.70	4.25	2.00/2.70	2.70/4.00	4.00	4.25	4.50	4.75

**i** Drilling recommendation : Under continuous irrigation. Implant screwing recommendation: 30 RPM without irrigation. Tightening torque recommendation : **10** N.cm . If the drill blocks at 10 N.cm, plan to replace it. The pointed end of the drill has a length of 1.00 mm. This value must be considered when drilling. Values D1 to D4 determine the densities for which the drill should be used. Do not set a rotation speed (in revolutions per minute) beyond the recommendations listed.



## Drilling Sequences & Recommendations

for ideal implant placement according to different bone densities

Drill diameter mm	2.00/2.70	2.00/2.70	3.00	2.00/2.70	3.35	3.50	2.00/2.70	2.70/4.00
Drilling rate, RPM	1200	1200	600	1200	600	600	1200	600
D3 D4	TO	TO	TO	TO	TO	TO	TO	TO
	1500	1500	800	1500	800	800	1500	800

D3  
 D4

Ø Implant: 3.50, 4.00, 4.50, 5.00  
 Ø Drill: 2.00/2.70, 2.00/2.70 3.00, 2.00/2.70 3.35 3.50, 2.00/2.70 2.70/4.00

Drill diameter mm	2.00/2.70	3.85	3.25	2.00/2.70	3.00	3.25	3.75	2.00/2.70	3.35	3.50	3.70	4.25	2.00/2.70	2.70/4.00	4.00	4.25	4.50	4.85
Drilling rate, RPM	1200	600	400	1200	600	600	400	1200	600	600	600	400	1200	600	600	600	600	400
D1 D2	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO
	1500	800	600	1500	800	800	600	1500	800	800	800	600	1500	800	800	800	800	600

D1  
 D2

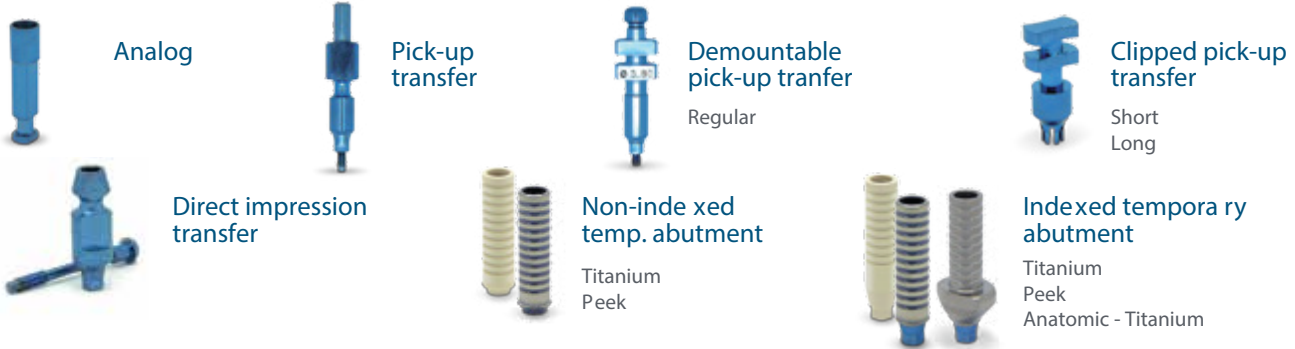
Ø Implant: 5.00, 4.00, 4.50, 5.00  
 Ø Drill: 2.00/2.70 3.85 3.50, 2.00/2.70 3.00 3.25 4.00, 2.00/2.70 3.35 3.50 3.70 4.50, 2.00/2.70 2.70/4.00 4.00 4.25 4.50 5.00

**i** Drilling recommendation : Under continous irrigation. Implant screwing recommendation: 30 RPM without irrigation. Tightening torque recommendation : 5 to 10 N .cm. If the drill blocks at 10 N.cm, plan to replace it. The pointed end of the drill has a length of 1.00 mm . This value must be considered when drilling. Values D1 to D4 determine the densities for which the drill should be used. Do not set a rotation speed (in revolutions per minute) beyond the recommendations listed.

## ANALOGS, TRANSFERS & TEMPORARY ABUTMENTS

Tightening torque

20 N.cm



Analog

Pick-up transfer

Demountable pick-up transfer  
Regular

Clipped pick-up transfer

Short  
Long

Direct impression transfer

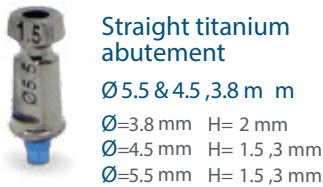
Non-indexed temp. abutment

Titanium  
Peek

Indexed temporary abutment

Titanium  
Peek  
Anatomic - Titanium

## CEMENTED PROSTHESIS



Straight titanium abutment

Ø5.5 & 4.5, 3.8 mm  
Ø=3.8 mm H= 2 mm  
Ø=4.5 mm H= 1.5, 3 mm  
Ø=5.5 mm H= 1.5, 3 mm



Angled titanium abutment 15°

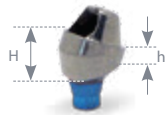
Ø4.5 mm  
H=3.0 & 1.5 mm



Angled titanium abutment 30°

Ø4.5 mm  
H=3.0 & 1.5 mm

## SCREW-RETAINED PROSTHESIS



Angled MUA abutment 17°

H=3.0 mm h=1.5 mm  
H=4.50 mm h=3.0 mm

Angled MUA abutment 30°

H=4.0 mm h=1.5 mm  
H=5.0 mm h=2.5 mm



Straight MUA abutment

Ø4.8 mm  
H=4.0 & 3.0, 1.5 mm



titanium base Indexed

Ø4.5 mm  
H=2.0 & 1.0 mm



titanium base Non-indexed

Ø4.5 mm  
H=2.0 & 1.0 mm

## MUA ABUTMENT COMPONENTS

15 N.cm



MUA abutment transfer



Pick-up transfer



Analog



Temporary cylinder

Peek  
Titanium



Healing cap



Titanium base for MUA abutment

Ø4.8 mm  
H=0.3 mm



Castable cylinder



Delivered with definitive screw (ref. VT114)

## BALL ABUTMENT COMPONENTS



Ball housing (set of 2)

Nylons (set of 6)



Regular ret. 1300-1200g.



Flexible ret. 900-750g.



Extra-flexible ret. 550-500g.

## REMOVABLE PROSTHESIS



Straight ball abutment

Ø2.5 mm  
H=4.5 & 3.0, 1.5 mm

## CEMENTED OR SCREW-RETAINED PROSTHESIS



Castable cylinder

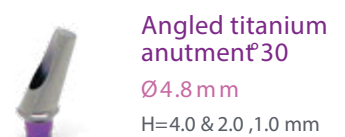
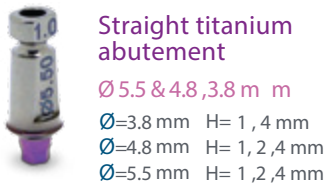
Indexed  
Non-indexed

## ANALOGS, TRANSFERS & TEMPORARY ABUTMENTS

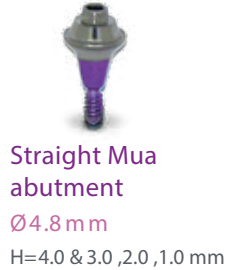
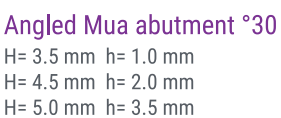
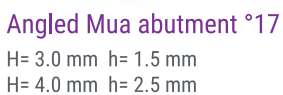
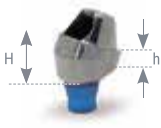
Tightening torque  25 N.cm



## CEMENTED PROSTHESIS



## SCREW-RETAINED PROSTHESIS



## MUA ABUTMENT COMPONENTS

 15 N.cm

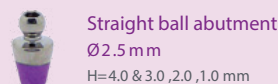


**i** Delivered with definitive screw (ref. VT114)

## BALL ABUTMENT COMPONENTS



## REMOVABLE PROSTHESIS

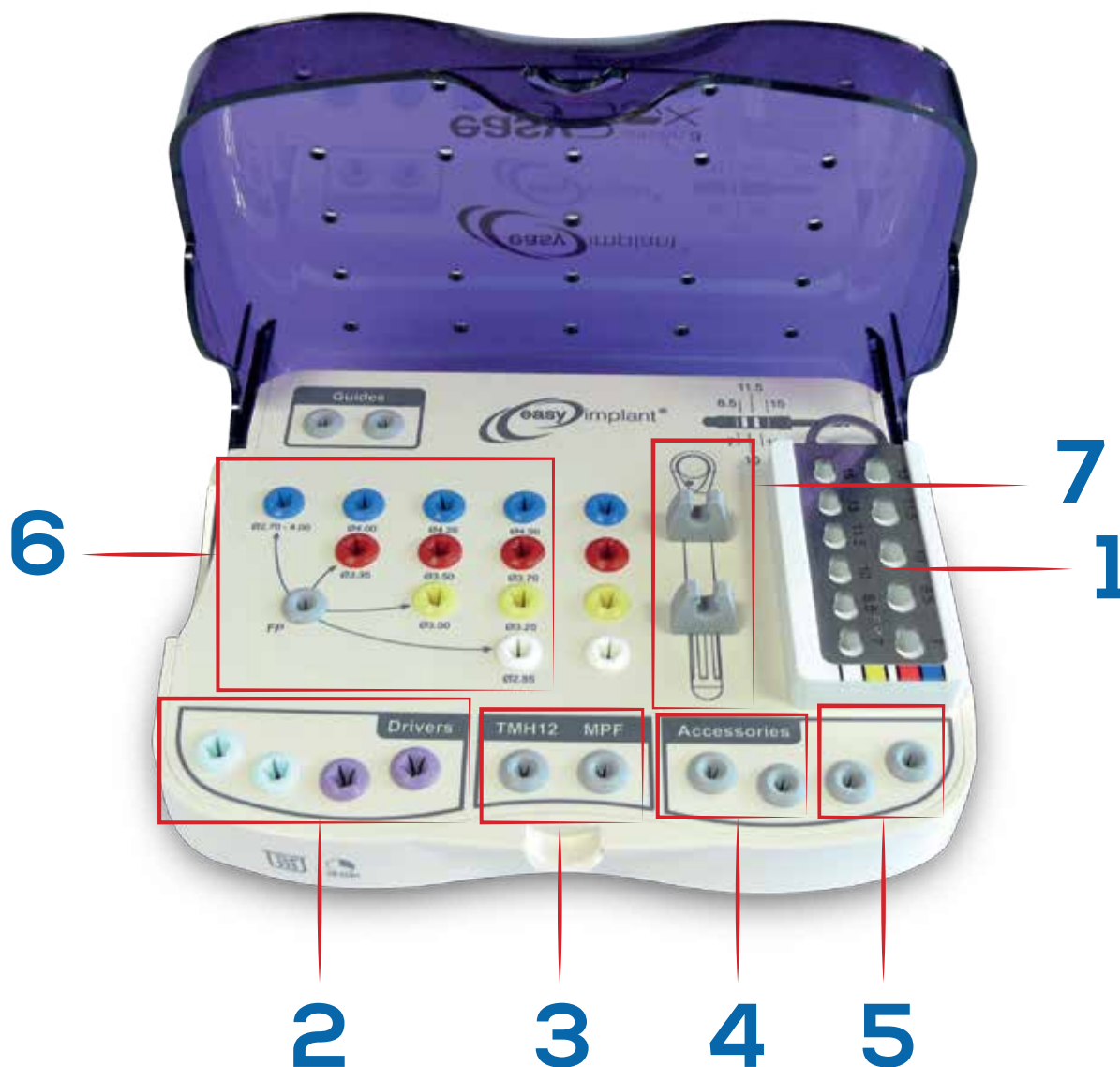


## CEMENTED OR SCREW-RETAINED PROSTHESIS





# Easy Implant Smart Surgical Kit v3



- 1** Stoppers (large and small)
- 2** Driver ( Rotary, Manual & Guided)
- 3** Accessories (Extender & prosthetic driver)
- 4** Drills (Countersink and Bone Tap)
- 5** Lancet Drill
- 6** Osteotomy drills
- 7** Torqued ratchet

Guide hole diameter  
for Small Sleeve **5.49 mm**

Guide hole diameter  
for Large Sleeve **6.49 mm**



1



2



3



4



5



6



7



## Clinical data

We carry out an after-sales follow-up and statistics of our implants success or failures. Each implant failure is carefully studied to identify its cause.

This feedback allows us to implement the necessary actions to improve our product. A retrospective study was conducted over the period 2012 - 2017 with 4 implant treatment centers, placing each between 30 and 800 implants.

In 2012, we followed up on 1106 implants :

MASTER-C: **553 implants** - MASTER-S: **68 implants**

PREVIUM: **316 implants** - HEXCEL-S: **169 implants**

The results (see table below) show that our implants, whatever the range, the connection or the shape, have a survival rate of 96.56% after 5 years in situ.

In parallel, we also performed a clinical follow-up of 1075 implants placed on 5 implant treatment centers:

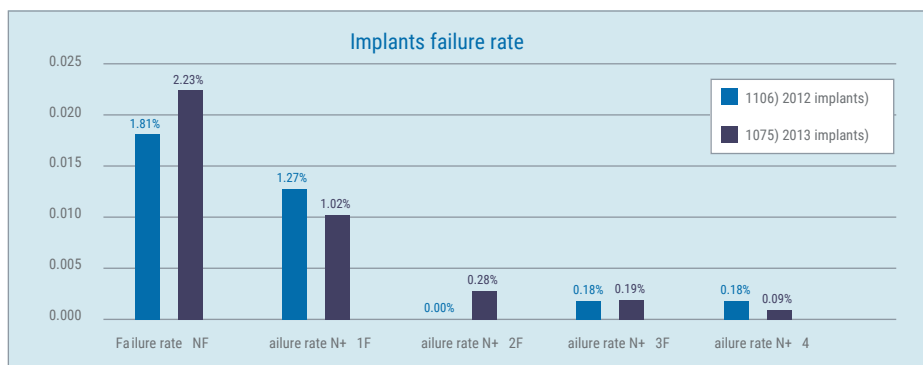
MASTER-C: **756 implants** - MASTER-S: **125 implants**

PREVIUM: **7 implants** - HEXCEL-S: **187 implants**

The results (see chart below) show a survival rate of 96.19% after 4 years in situ.

The main causes of failure were in 60.9% of the cases, a lack of primary stability; in 18.6% of cases, infectious reasons; in 15% of the cases, an occlusal overload and/or traumatic reason and in 5.5% of the cases, a manipulation error.

Studies show that there is a correlation between primary stability and bone density, which implies that with good surgical control of our implant system, the operator can significantly improve the primary stability of the implant and therefore clinical success.



## Technical characteristics ( TITANIUM )

We've chosen **grade 5 titanium** alloy (contains a small amount of iron and oxygen ) because of its excellent biocompatibility and mechanical characteristics.

Indeed, a number of studies have defined it as the reference material in orthopedic surgery, particularly in dental implantology.

Grade 5 titanium alloy TA6V complies with ISO3-5832 and ASTM F136 standards.

Composition and mechanical characteristics of the grade 5 titanium alloy used for Easy Implant®'s implants and prosthetic components							
Ti	Al	V	Fe	O	H	N	C
89,52%	6.18%	4.02%	0.14%	0.11%	0.015%	0.009%	0.008%
Grade	Elastic yield		Tensile strength		% of elongation		
5	900		980		15		
4	560		680		15		

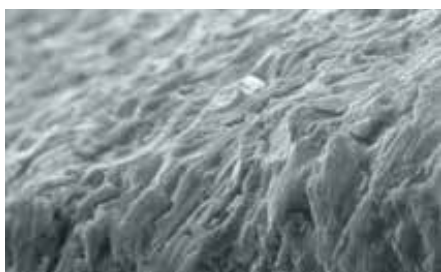
Ti = Titanium    Al = Aluminum    V = Vanadium    Fe = Iron    O = Oxygen    H = Hydrogen    N = Nitrogen    C = Carbon



## How do we get our surface state ?

The implant is sandblasted with fine particles of alumina oxide Al<sub>2</sub>O<sub>3</sub> (75 µm) and its cervical portion, of less than 1-mm high, remains smooth (machined surface). When the implant is sandblasted, surface roughness is increased **compared to when the surface is machined. Studies reveal that these surface characteristics facilitate bone/implant contact and, at the same time, increase early loading capability.** Indeed, according to the results obtained in the study(1), it can be concluded that the pure titanium alloy Ti-6Al-4V, after a sandblast with alumina oxide particles and a nitric acid passivation, presents a high biocompatibility without cytotoxic effects and does not cause any genotoxic response.

The alumina particles used are of high purity (99.7% Al<sub>2</sub>O<sub>3</sub>) and biocompatible, therefore it is not necessary to use acid baths to passivate the surface (unlike other manufacturers using glass beads).



## Surface state and osseointegration

**Surface condition is one of the main factors effecting osseointegration (see below).** According to scientific literature, an extremely smooth surface can have an opposite effect on osseous formation, whereas if the surface is too rough, osseous stimulation will not necessarily be improved, which may result in leaks of metal or organic particles .

### Implant surface beyond micron roughness

Experimental and clinical knowledge of surface topography and surface chemistry

Auteurs : A. WENNERBERG – T. ALBREKTSSON

Support : Applied Research to Osseo-integration

- 2006 - vol. 5 - p.44-40 -

IMPLANT - 2006 - Vol.12 - No.3 - p.195-201

**Purpose :** For many years, surface condition was considered as an important aspect of implant osseointegration. A more detailed study of surface condition and of its influence on the osseous response may guide implant development and surgery.

The roughness (Ra) of slightly rough implants ranges from 0.5 to 1.0 µm, (Bränemark implants, 3i and Astra Tech). Medium rough surfaces range from 1.0 to 2.0 µm and include nearly all modern implants. Finally, rough implants have an Ra of over 2.0 µm. They are represented by spray formed titanium elements).

**Results :** The strongest osseous response can be observed on medium rough surfaces, but clinical evidence of the superiority of such implants is less convincing. Generally speaking, these clinical studies suggest that there is no significant difference between slightly rough implants and medium rough implants.

**Conclusion :** According to the authors, the interest for new types of oral implants will move away from medium rough surfaces to nanosurfaces or implants with modified physical properties. The implant retainer may be explained by a moderate micro surface combined with particular nanotopography and surface bioactivity, even though the respective significance of these last two has not as yet been evaluated separately.

(1) In vitro evaluation of cytotoxicity and genotoxicity of a commercial titanium alloy for dental implantology. VELASCO-ORTEGA E., JOS A., CAMEAN A.M., PATO-MOURELO J., SEGURA-EGEA J.J., Mutation Research/Genetic toxicology and Environmental Mutagenesis, 2010; 702(1), p 17 –23.

## A retrospective analysis of sandblasted, acid-etched implants with reduced healing time and an observation period up to 5 years.

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Support : Int J Oral Maxillofac Implants - 2008 Jul/Aug - 23(4):726-32

**Purpose:** To evaluate the success rate of 2 different systems with a sandblasted surface and an acid-etched surface with reduced healing times. One hundred and seventeen patients were included in the evaluation, for an average observation period of 3.75 years (24 to 61 months). 532 implants were inserted. The healing time was reduced after a 6-week period of osseointegration in the mandible and a 12-week period in the maxillary, 235 involving female patients and 297, male patients; 448 implants were inserted into the maxillary and 84 into the mandible. The implants were inserted using a torque of 35 N.cm as per Buser criteria and other. Survival was analyzed using the Kaplan-Meier method.

**Results:** Three implants were lost before the prosthesis was connected to 3 patients. Survival analyses reveal a complete success rate of 99.4 % in 5 years. No implant was lost after connection to the prosthesis. The study did not show any significant association between implant type ( $P = .185$ ), sex ( $P = .99$ ) or jaw (maxilla/mandible;  $P = .06$ ) and implant survival in the study.

**Conclusion:** From the data found in the survey, the conclusion of the study is that with sandblasted or acid-etched implants, prostheses can be reconstituted after a 6-week recovery at mandible level and a 12-week recovery at maxillary level with a highly foreseeable chance of success.

### Beware of acid attack !

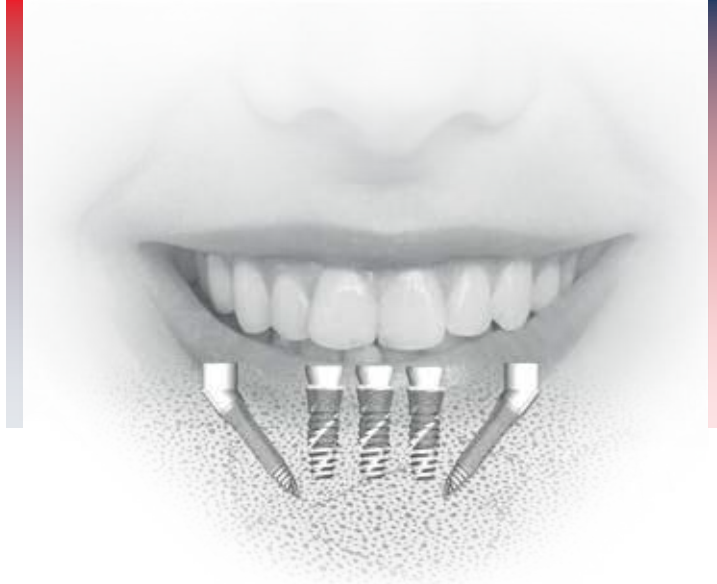
Using any acid attack process may be dangerous, because **the diffusion of hydrogen or chlorine atoms may in the long term corrode insufficiently rinsed areas**, resulting in the implant eventually becoming more fragile.

**This phenomenon is even worse on sanded surfaces, as surface defects are enhanced by the sanding process, thus rendering the cleaning of micro porosities much more difficult.** Contamination is always possible.

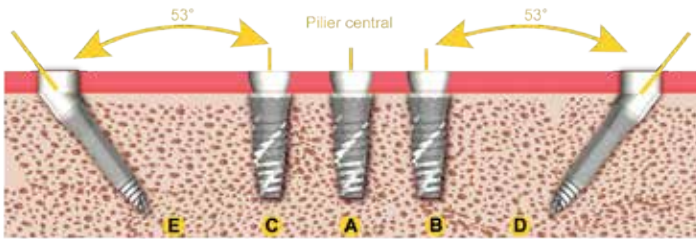


**i** For these reasons, Easy Implant has decided not to treat its implants with acid !





# All On Five?



The Anatomic-Physiological Implants

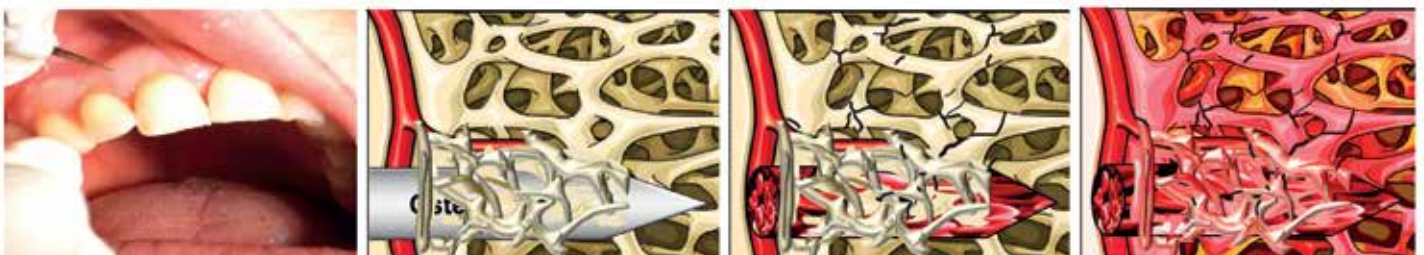
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Victory OSTEOTENSORS Bone-Activator Syem







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# ZANTEX™

is made of a high-performance polymer matrix reinforced with a very dense network of glass fibers arranged in a three dimensional manner. It is intended to be used by dental technicians and dentists in the fabrication of substructures or frameworks that provide additional mechanical resistance for partially or totally edentulous restorations. Although at a low density of 1.9g/cm<sup>3</sup>, ZANTEX™ exhibits both high tensile strength and high flexural and compressive properties. Additionally, it is biocompatible, easily adjustable, requires no firing and provides an extraordinary level of design and fabrication freedom. Due to ZANTEX's polymeric structure, it bonds extremely well to most materials used in restorative dentistry.



## Computer to Manufacture

The Arch Form of ZANTEX™ can be modified using a laboratory hand-piece, equipped with Carborundum, Carbide or Diamond burs. The Disk (Puck) Form of ZANTEX™ (98mm ø x 17mm), is compatible with most four or five-axis dental CNC machines. Follow the CNC manufacturers pre-set milling parameters and guidelines. Both Wet Milling or Dry Milling may be employed with ZANTEX™ material in accordance with the cutting speed and drilling pressure. Diamond drills are usually preferred for optimal milling.



# ZANTEX Specifications

## Proven Strength, Durability & Biocompatibility

ZANTEX™ Material (either in Arch or Disk Forms) exhibit a degree of strength, elasticity and hardness advantages that make it an excellent nonmetallic choice for frameworks in fixed implant restorations (fixed or removable).

### Material Properties:

Tensile Strength:	530 MPa
Shear Strength:	148 MPa
Flexural Strength:	650 MPa
Flexural Modulus:	20/18 GPa
Compressive Strength:	920 MPa Izod
Izod Impact Strength:	4.2/3.9 J/cm
Rockwell Hardness (M Scale):	98
Specific Gravity:	1.9



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