

## Comparison: Fixtures



IS-II active vs. IS-III active

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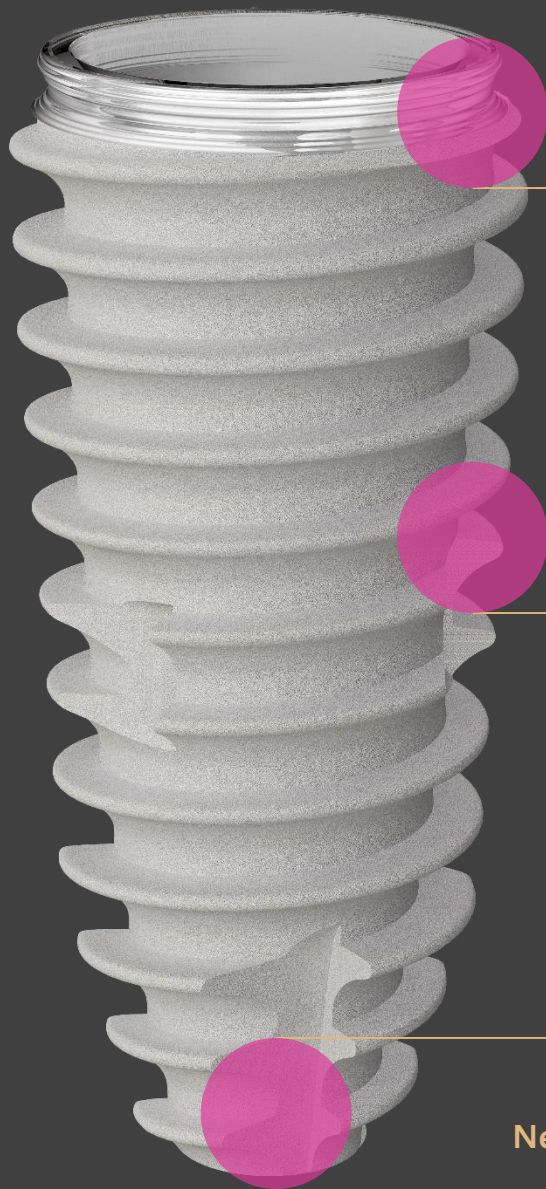


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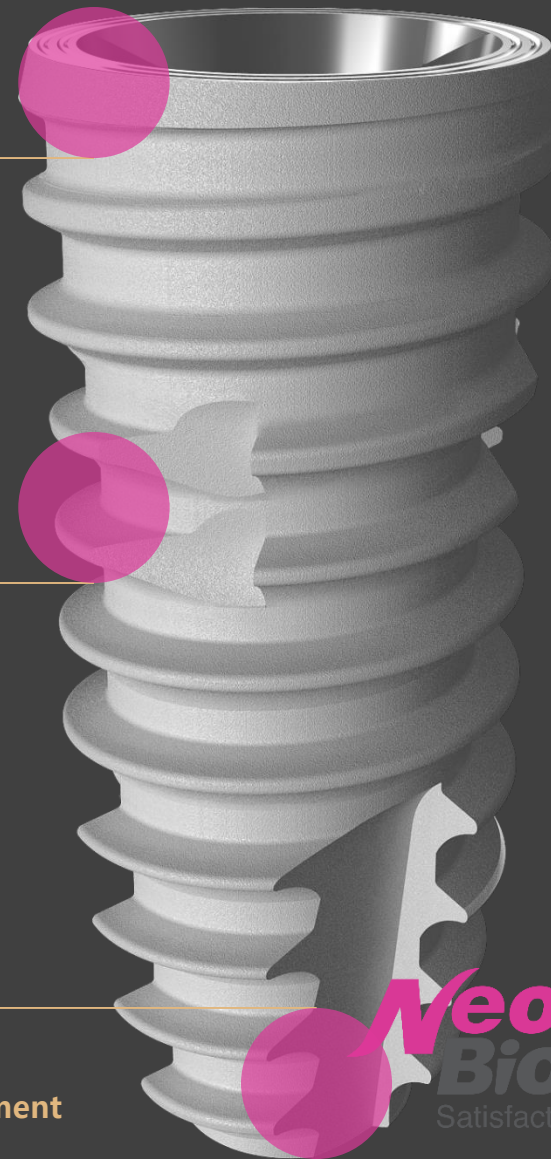
## Comparison: Exterior



**A** BioSeal & Microgroove  
Wall Thickness

**B** Body Design

**C** Apex Volume



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Platform Design

Soft Tissue Surface & Affinity ↑

BioSeal Design  
Bevel (Microgroove) Design

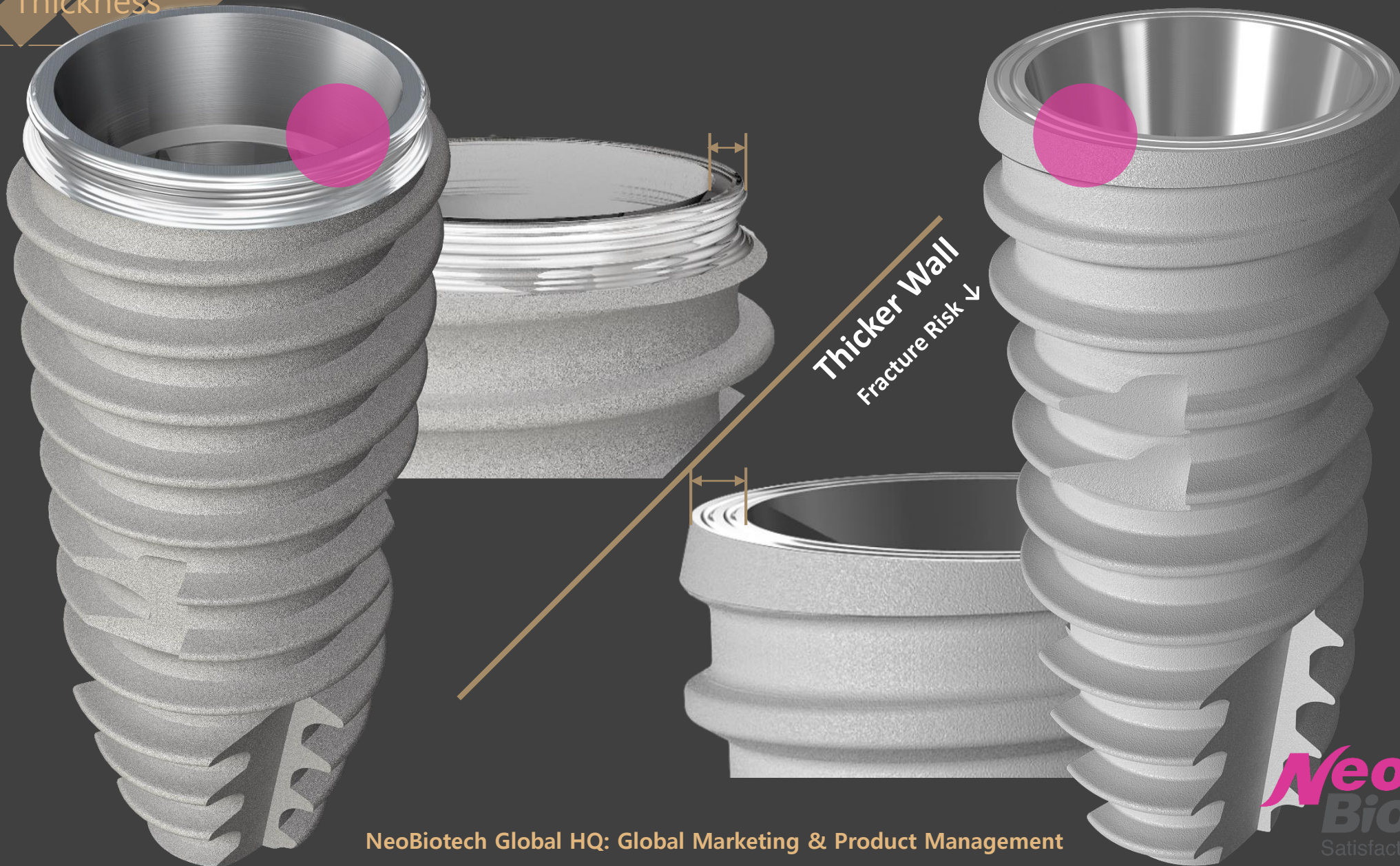
Gingival Platform Sealing ↑

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Wall Thickness

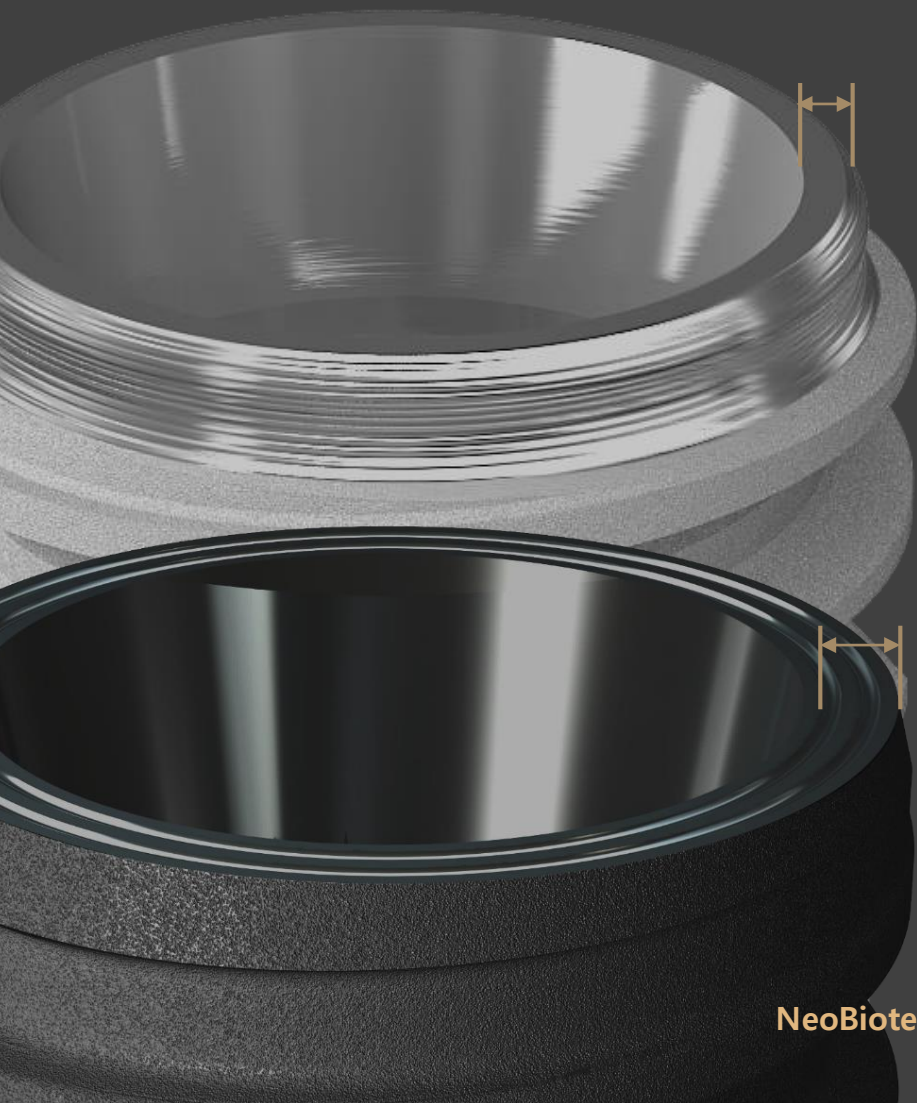


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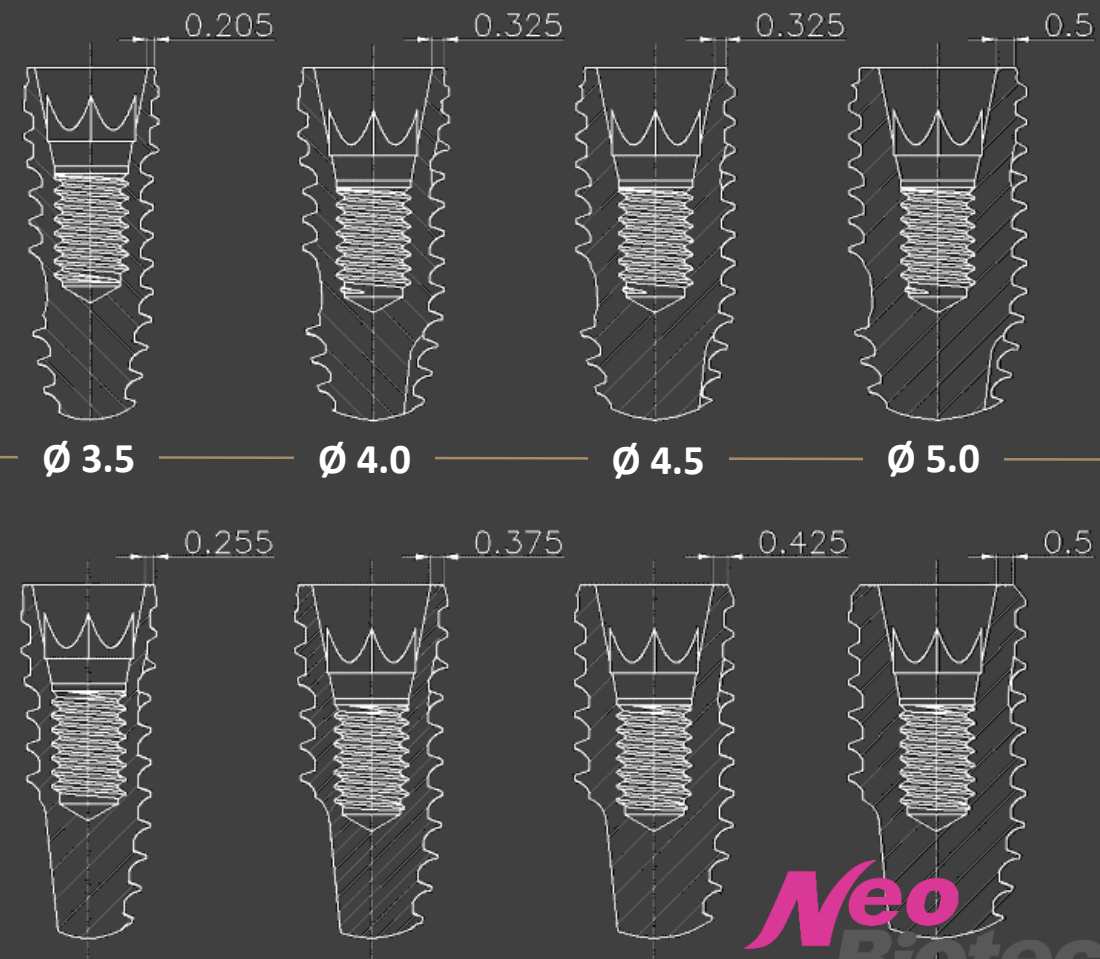
## Wall Thickness

Thicker wall of IS-III active than IS-II reduces fracture risk



IS-II active

IS-III active





## Body Design



Self tapping ability is greater;  
Fixture shows better performance with  
soft bone cases.  
Overtorque might disrupt stability.

IS-II active

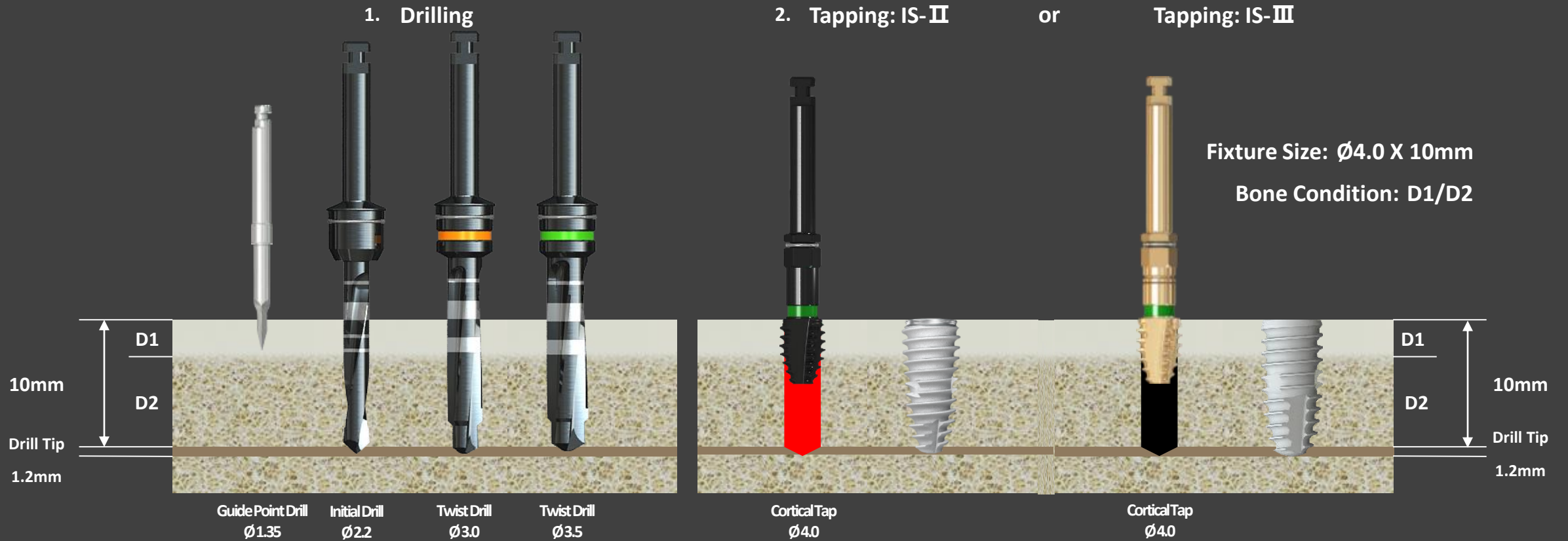
IS-III active

Thread on top 30% of fixture body is low;  
For hard bone cases, tapping is required.



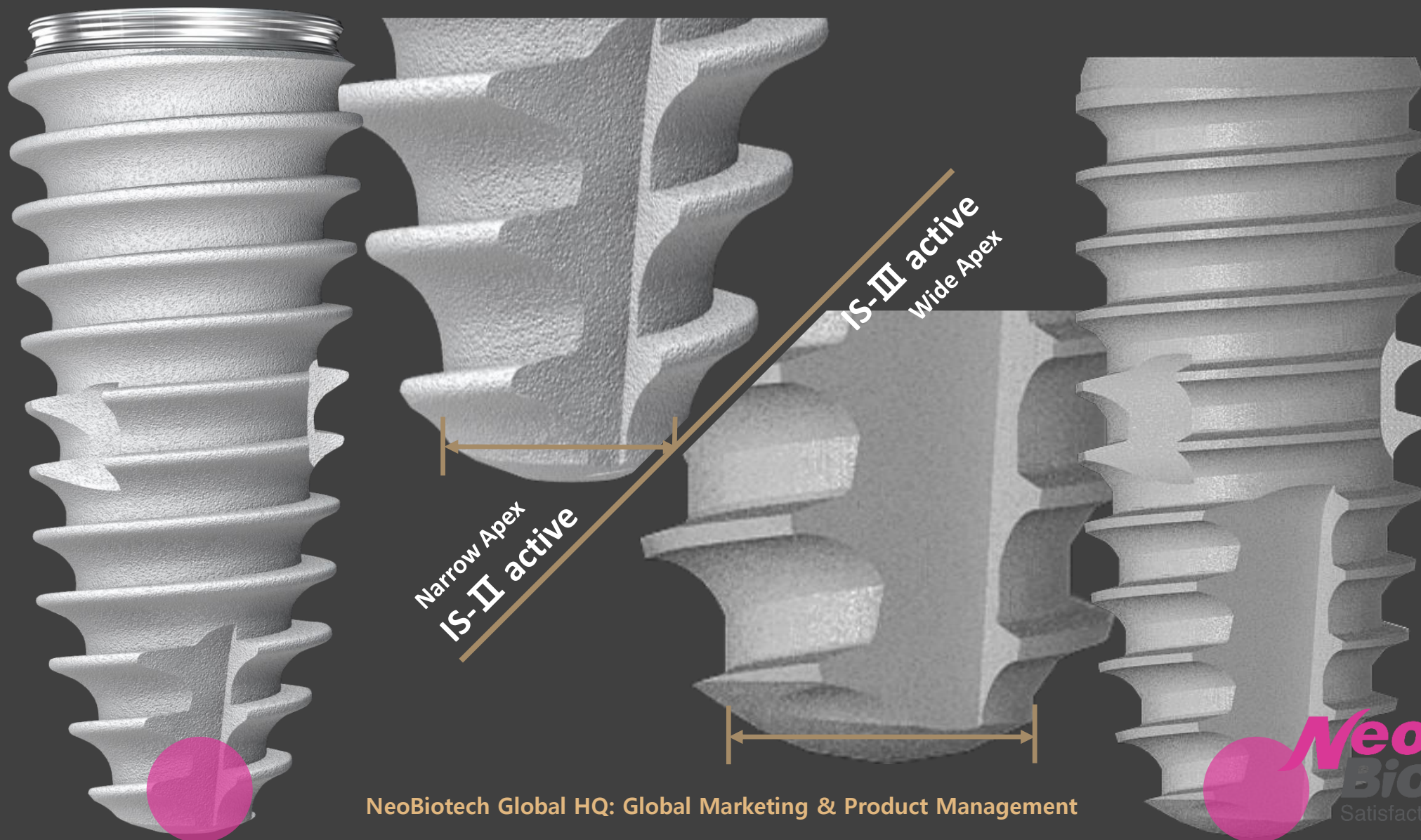
# Surgical Sequence

## IS-II / IS-III Implantation





Apex



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## Apex: Volume

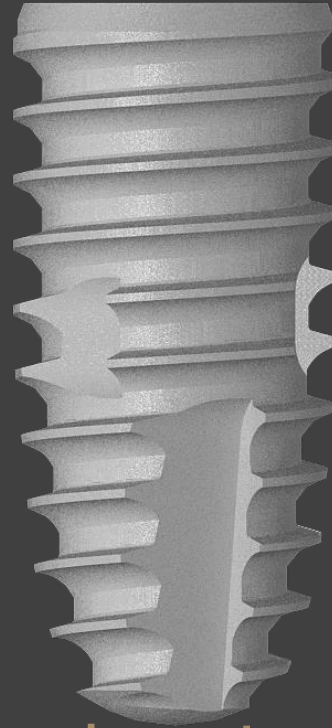


Apex of IS-II active is narrow, which shows excellent self-tapping ability.

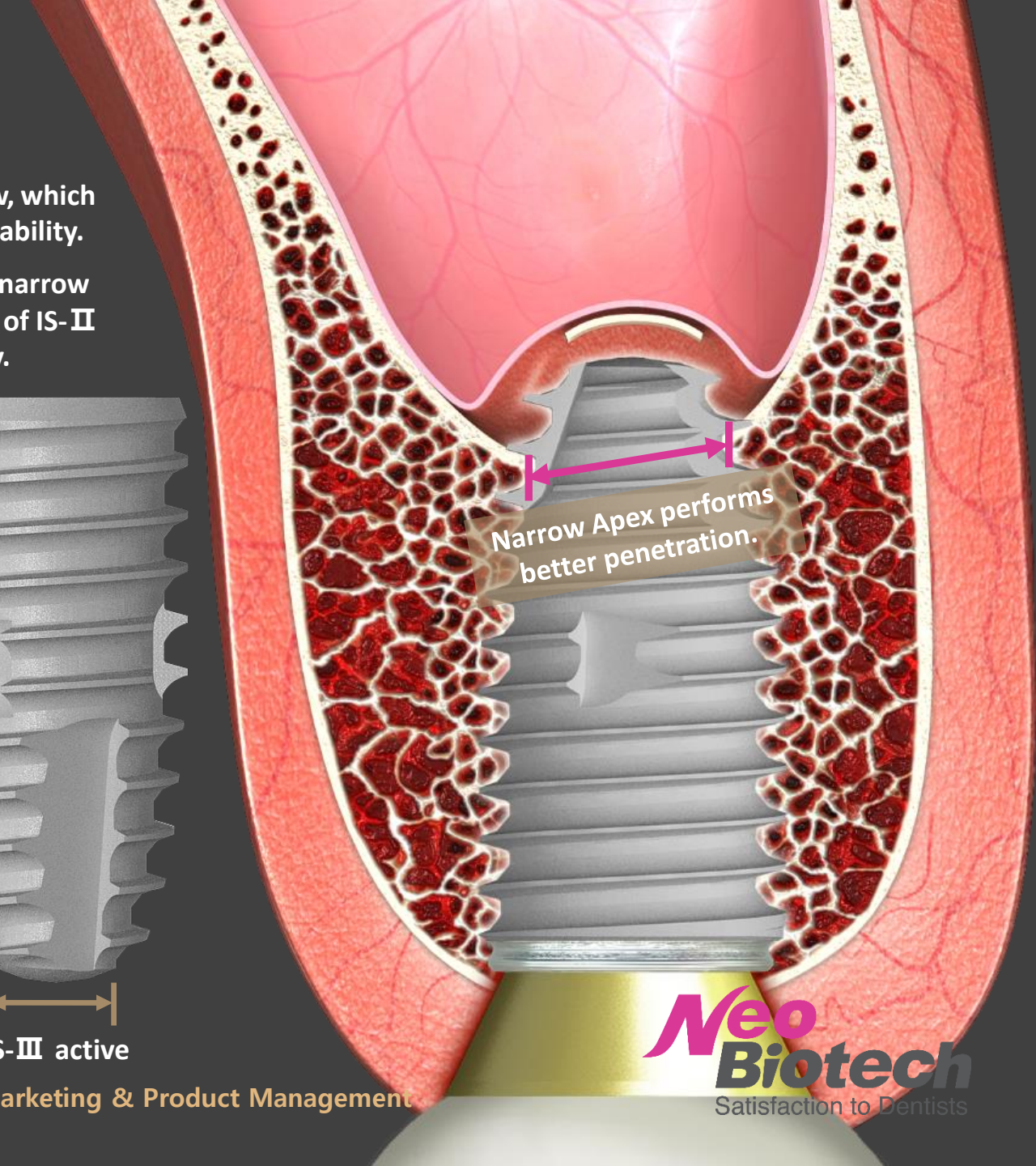
For implantation case thru a narrow hole after sinus lift, the apex of IS-II active will give more stability.



IS-II active

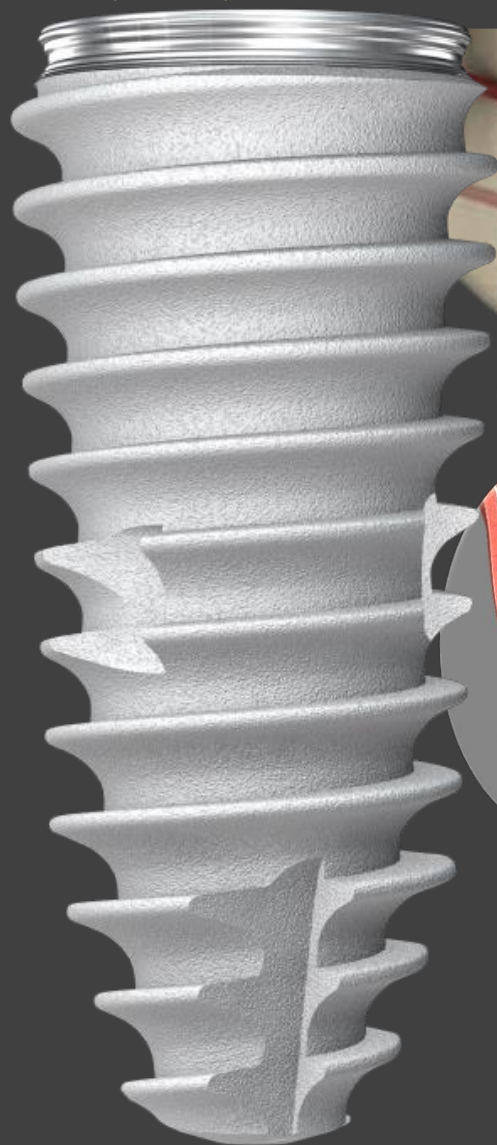


IS-III active

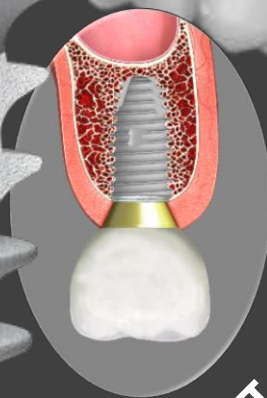




Result

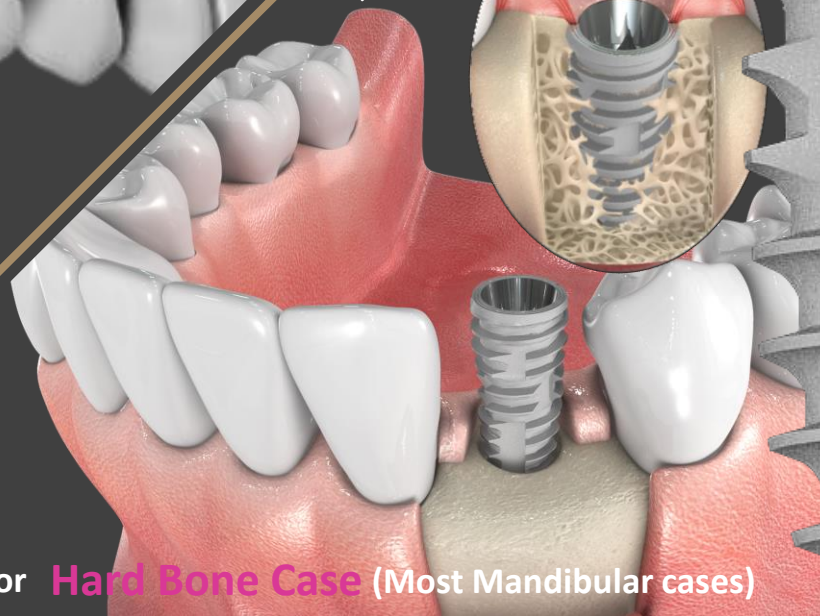


Recommended for **Soft Bone Case** (Most Sinus cases)

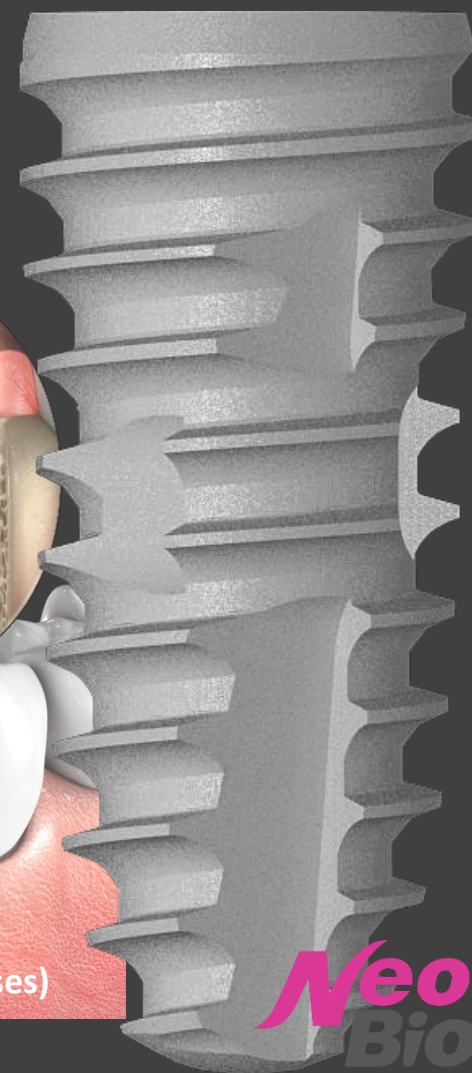


IS-II active

IS-III active



Recommended for **Hard Bone Case** (Most Mandibular cases)



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Thanks



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