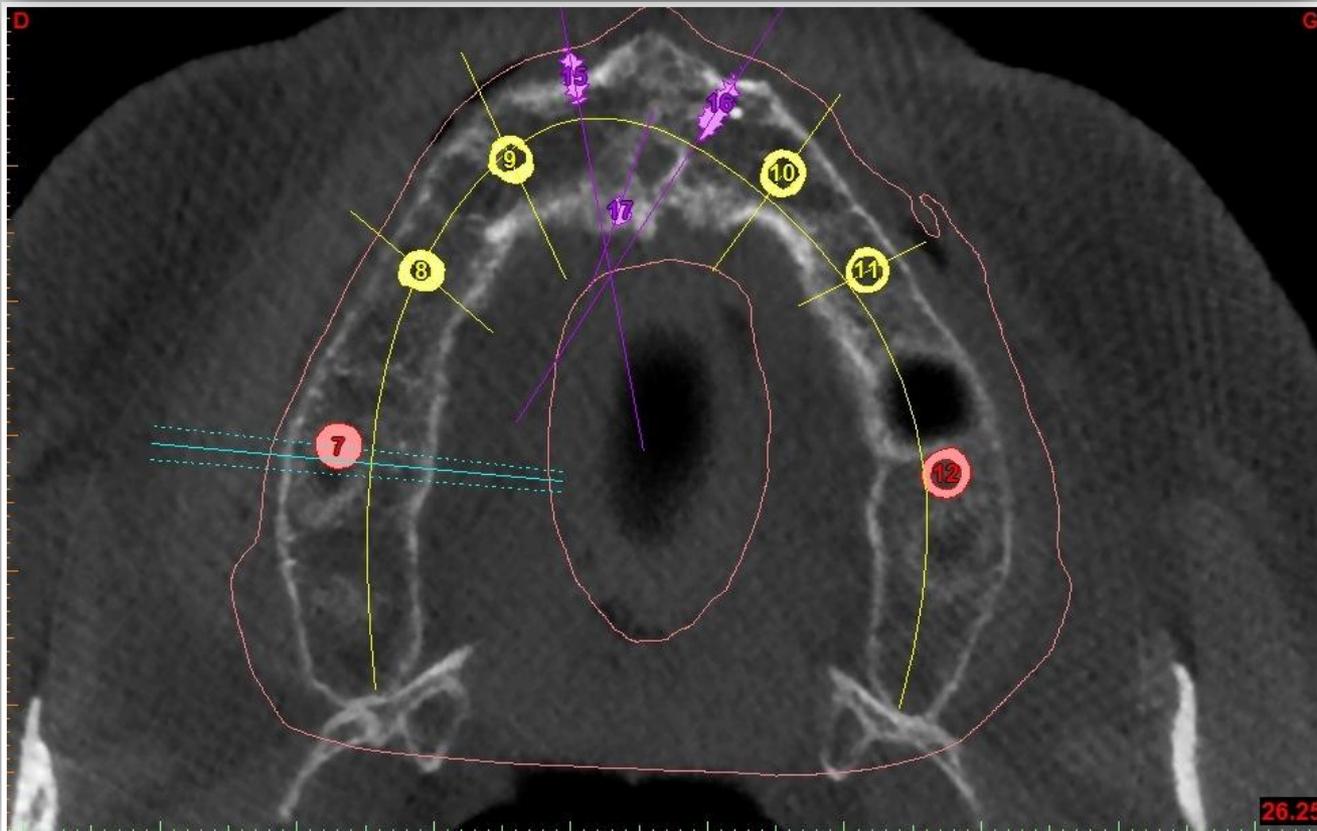
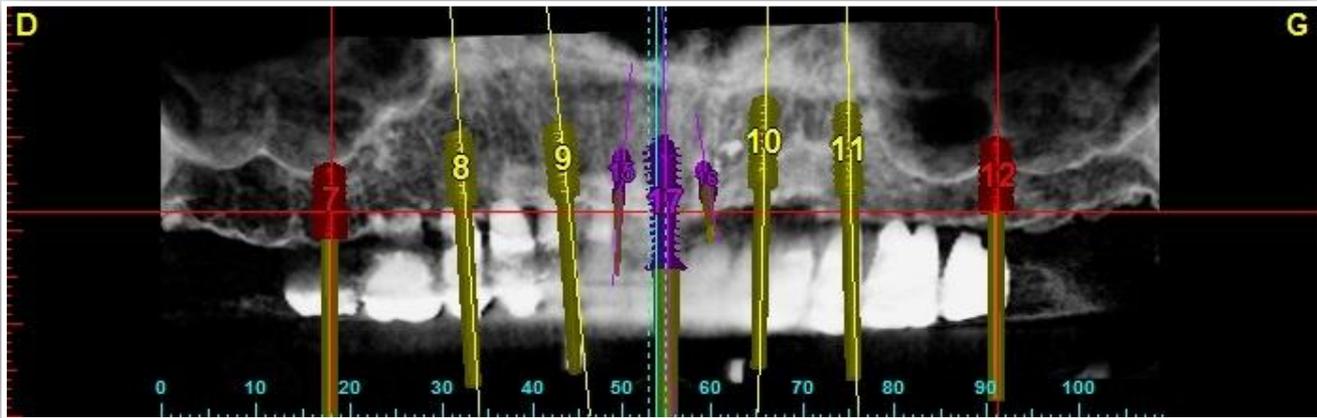


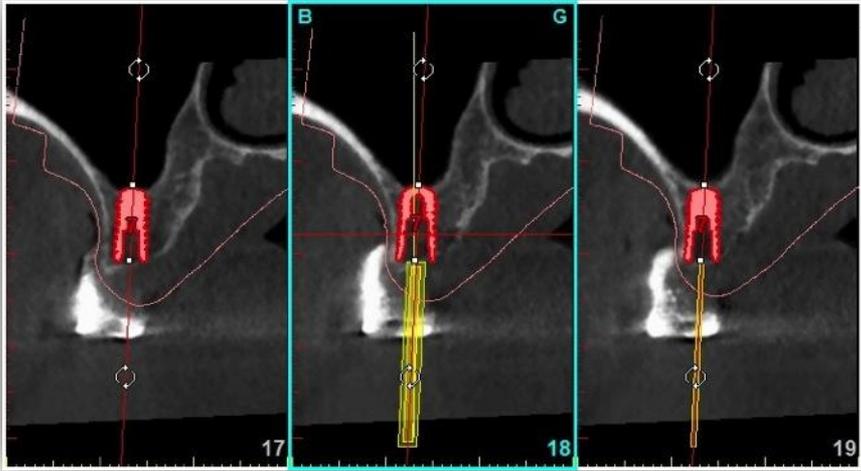


CAS CLINIQUE

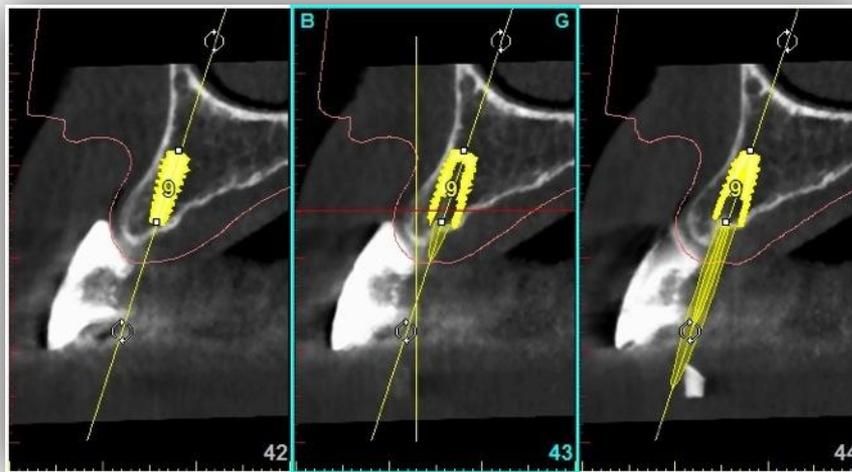
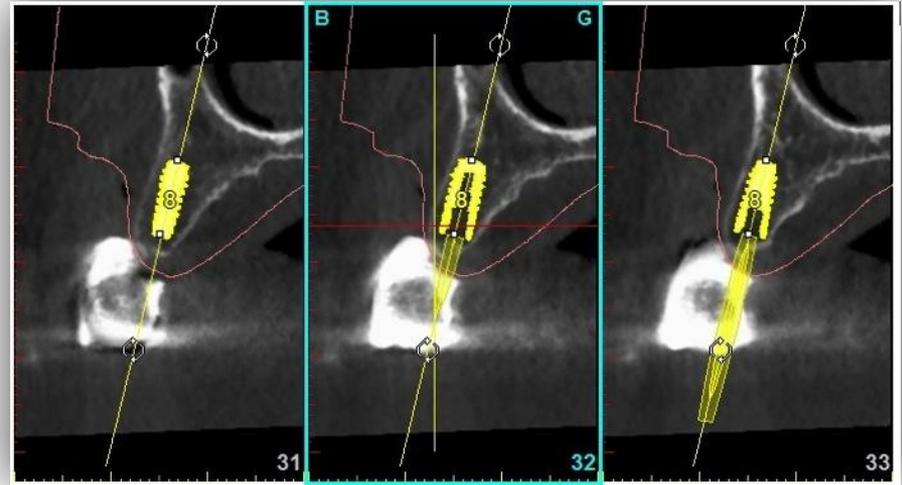
planification implantaire



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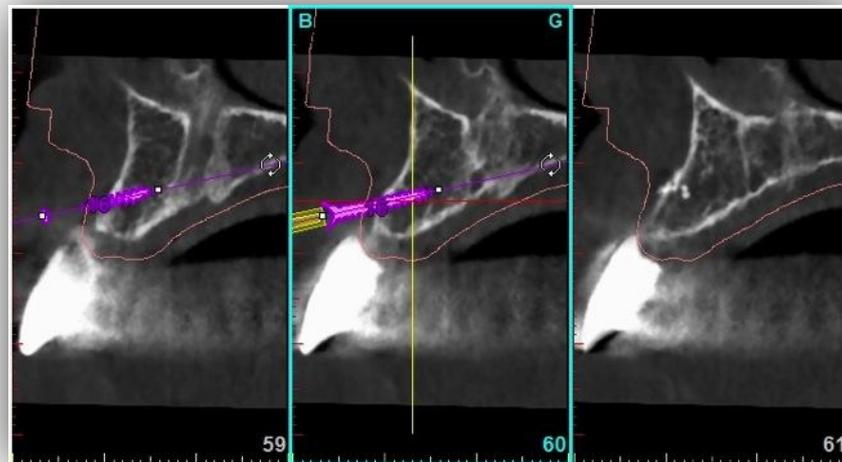
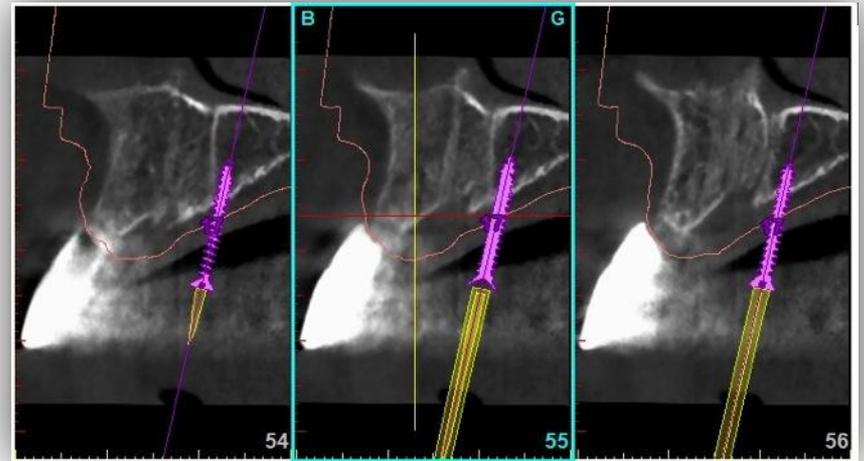
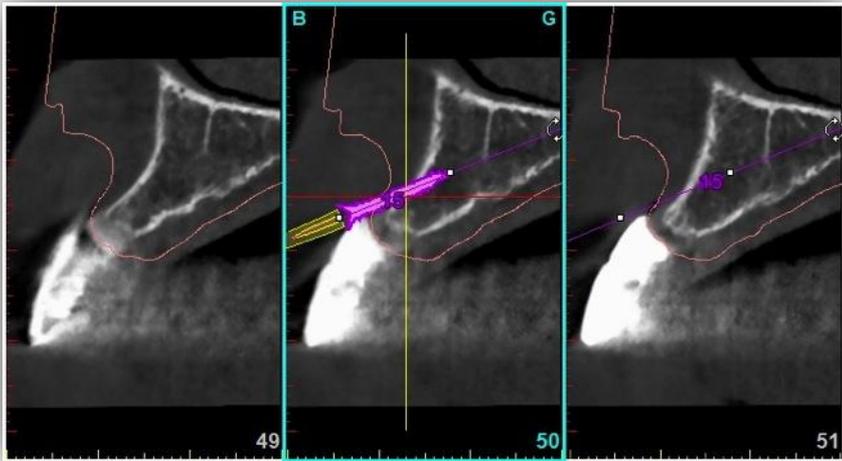


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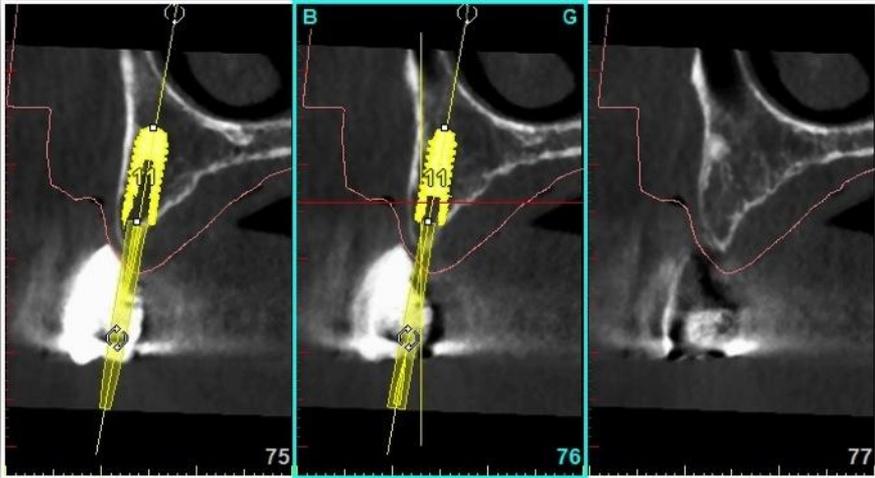


13

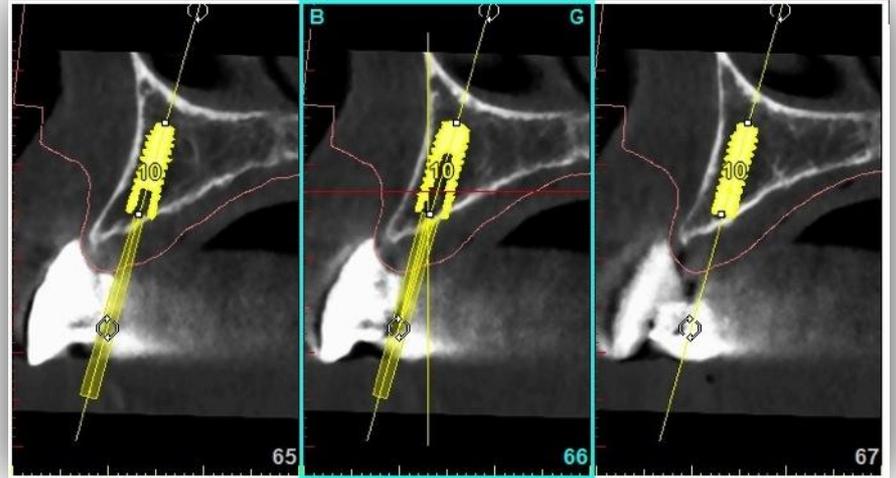
Vis de stabilisation du guide



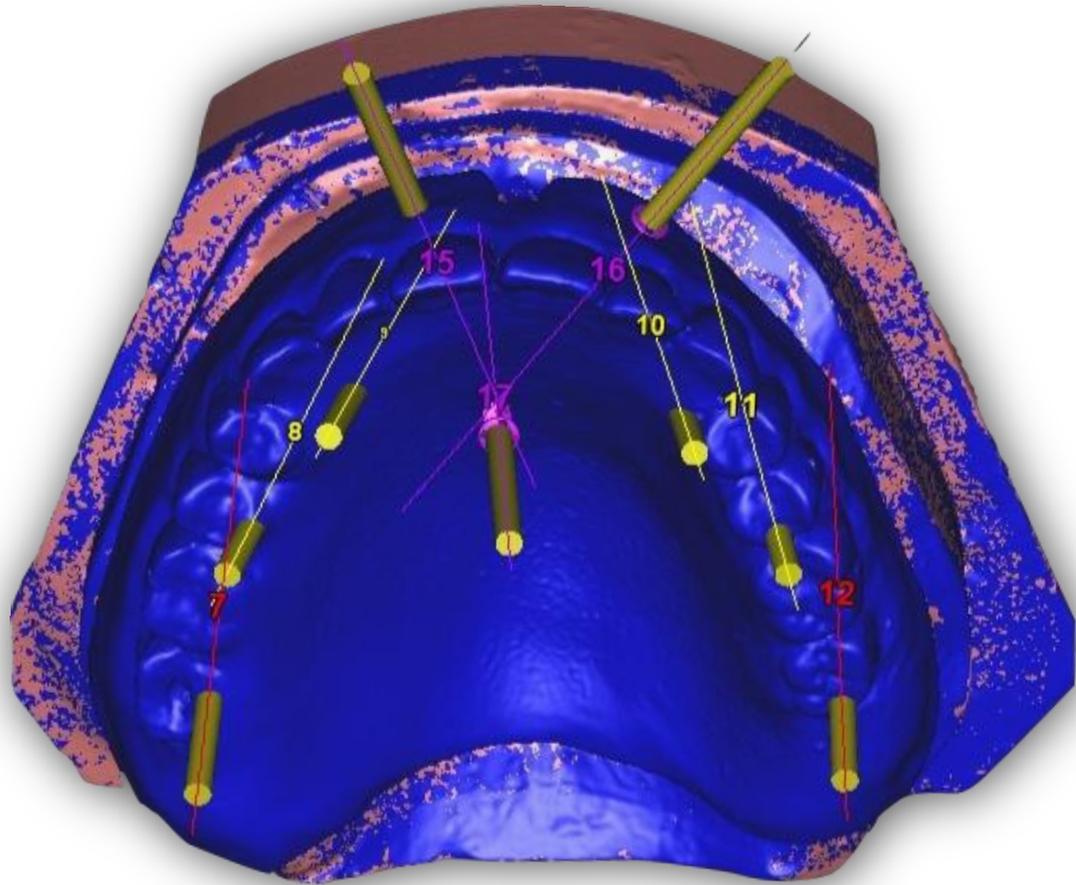
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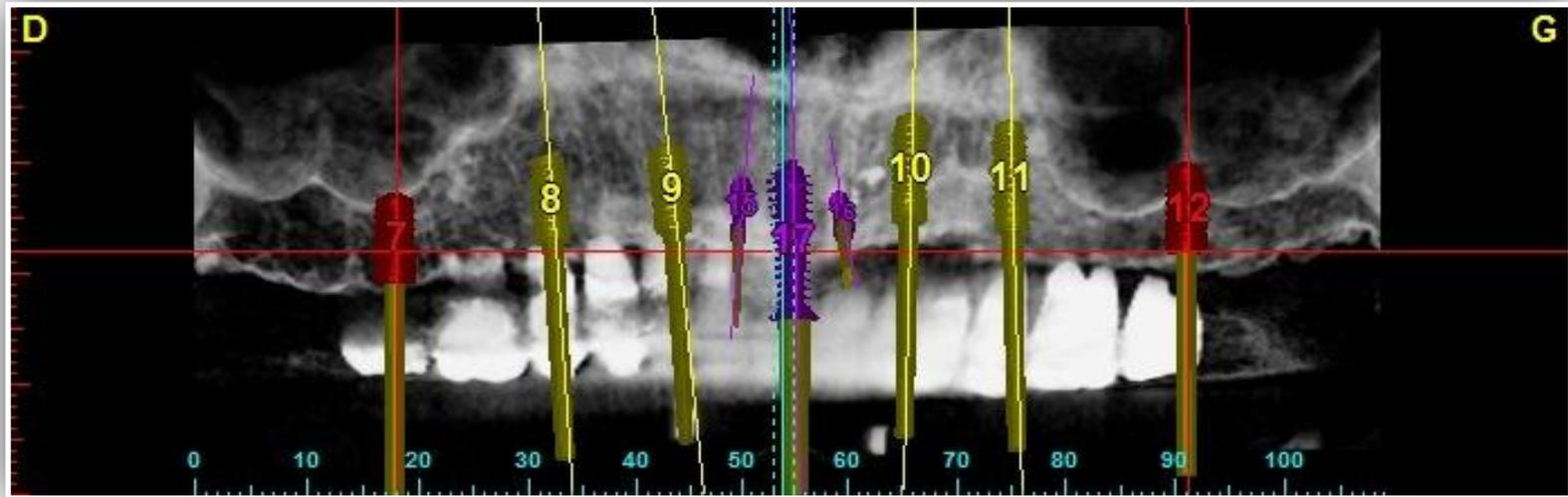
25



27

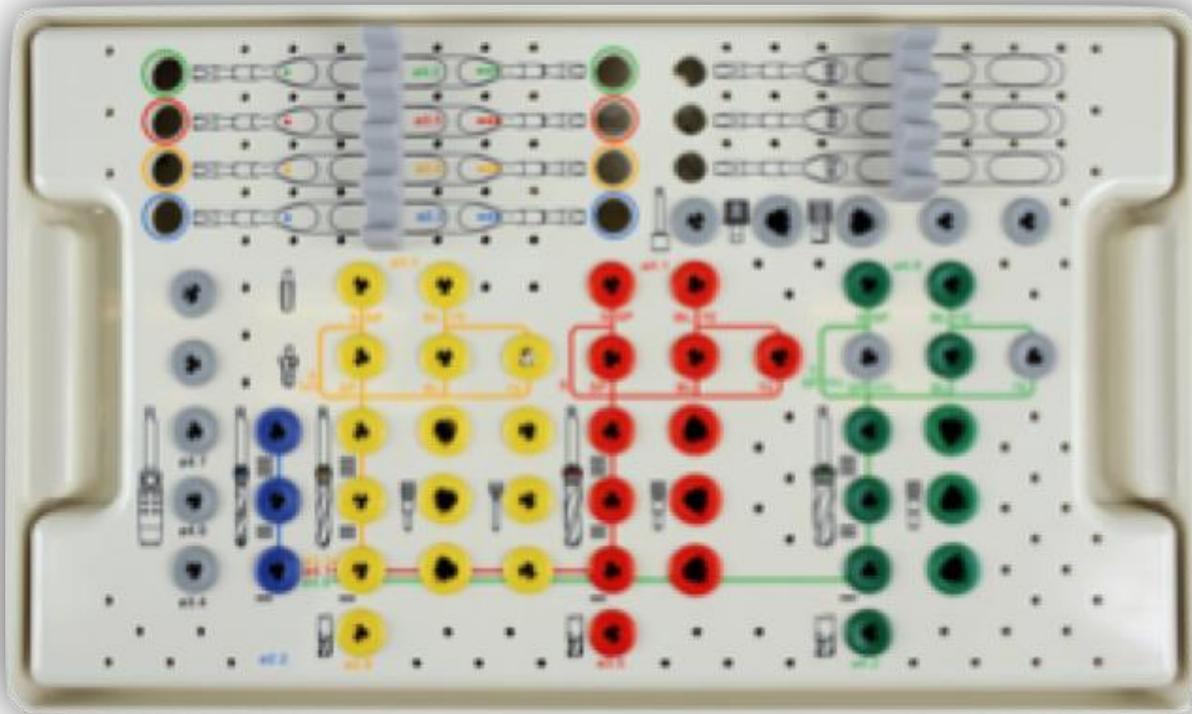


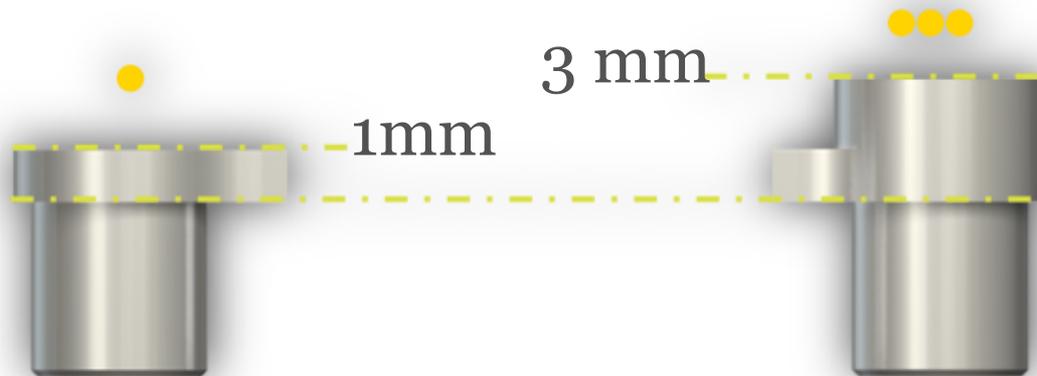
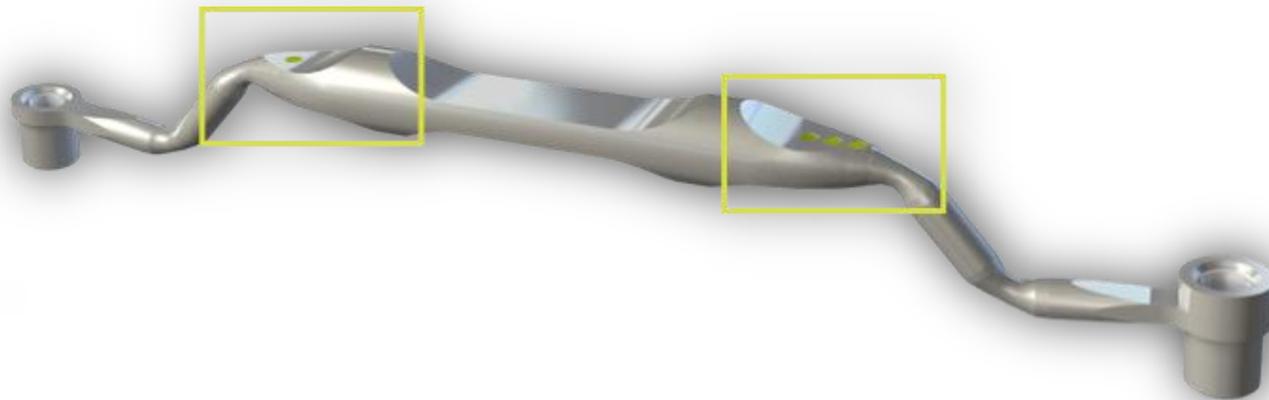




Implant Label	7	8	9	10	11	12
Implant Art. Nr.	021.4408	021.2408	021.2408	021.2410	021.2410	021.4408
Implant	BL Ø4.1 RC 8	BL Ø3.3 NC 8	BL Ø3.3 NC 8	BL Ø3.3 NC 10	BL Ø3.3 NC 10	BL Ø4.1 RC 8
Sleeve type	Ø5, L5	Ø5, L5	Ø5, L5	Ø5, L5	Ø5, L5	Ø5, L5
Sleeve position	H6.00	H4.00	H6.00	H6.00	H6.00	H6.00
Guided drills	 long	 long	 long	 x-long	 x-long	 long
Drill handles	● (+1mm)	●●● (+3mm)	● (+1mm)	●●● (+3mm)	●●● (+3mm)	● (+1mm)
Remarks						

TROUSSE DE CHIRURGIE GUIDÉE





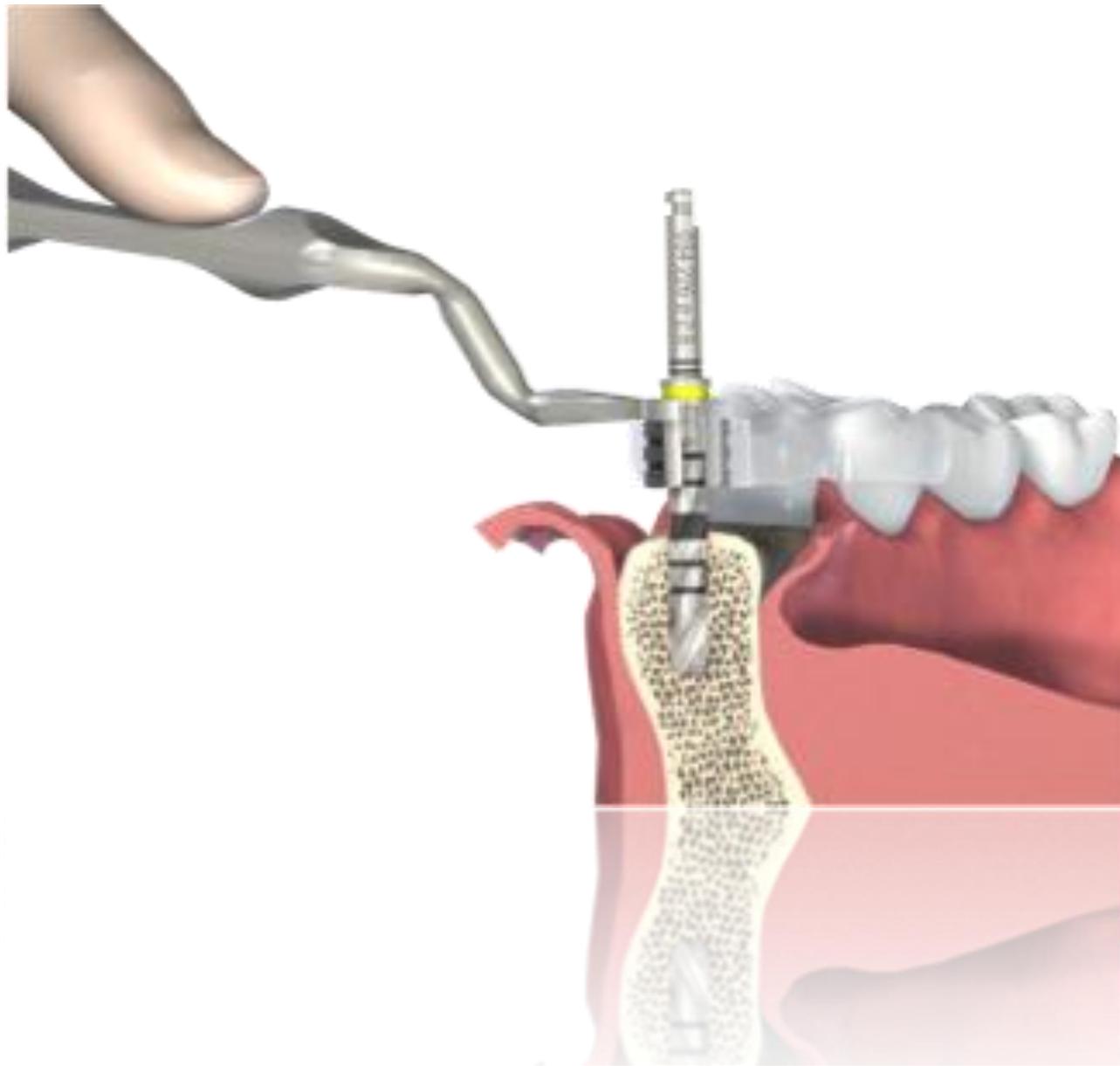
FORETS GUIDÉS

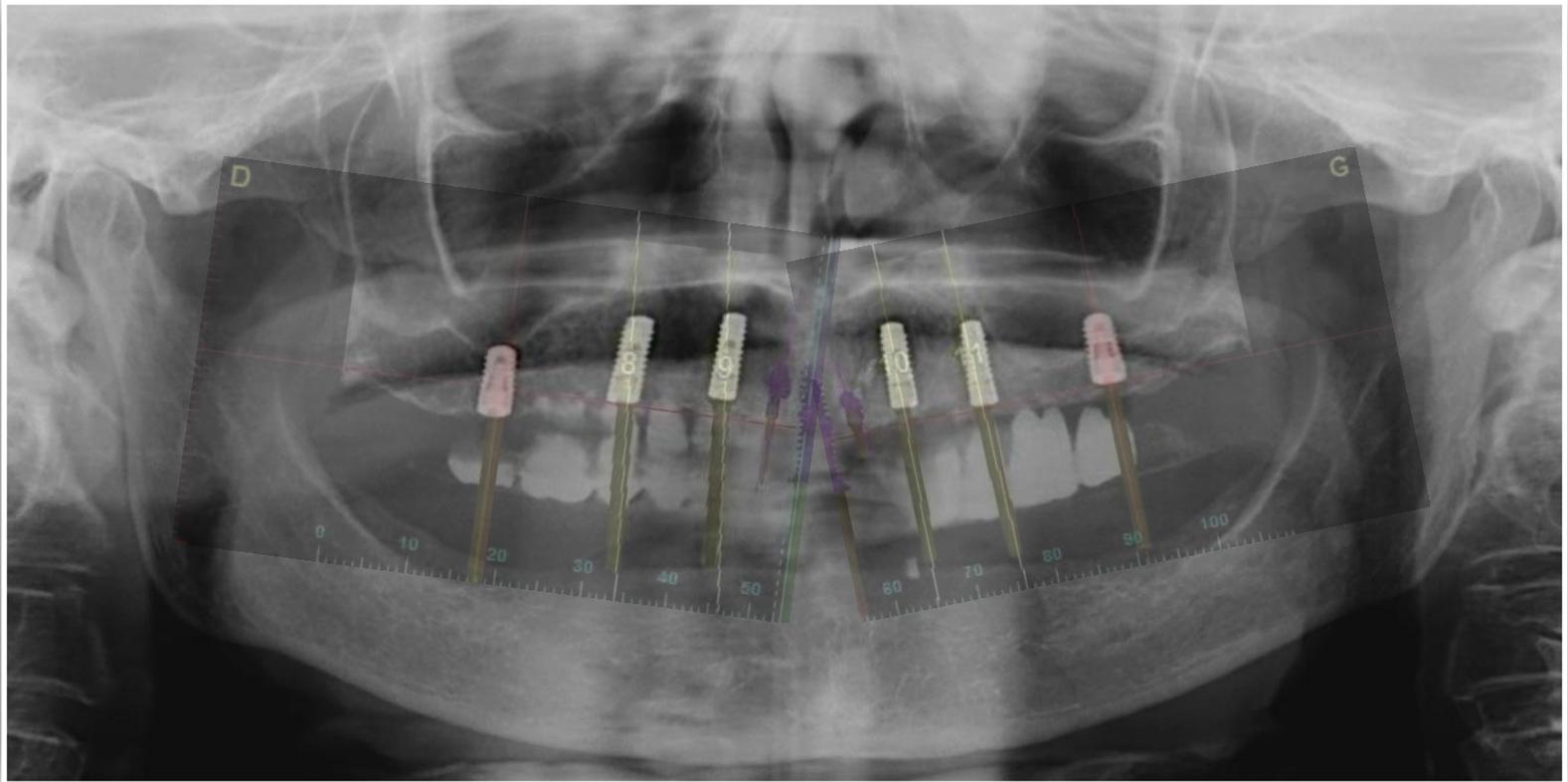
— court

= long

≡ extra-long









Notre Avis:



- La CFAO ne remplace pas (encore) la main / l'œil du prothésiste / praticien
- Prévoir une **courbe d'apprentissage** obligatoire
- La Dentisterie est un métier **manuel** avec ses « **aléas** » que la technologie n'autorise pas forcément (limite non visible sur 360°, défaut parallélisme entre 2 piliers, contre dépouille.....)
- La CFAO est une technique **au service** du duo praticien/prothésiste, **on doit adapter la CFAO à nos besoins** et non l'inverse
- Le prothésiste (et même le praticien) doivent **savoir « débrailer »** et reprendre la main sur la technologie quand cela est nécessaire.