CATALOGUE

TOP DM

BIONER
DENTAL IMPLANTS

BIONER,
since 1992
leading the way

Since its founding in 1992, Bioner's activities have been geared toward supplying the Spanish implant market.

In recent years Bioner has begun its international expansion without compromising the values that have driven its growth: the precision and quality of its products, the ongoing collaboration with professionals and prestigious organisations, and a order technical and commercial service.

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IMPLANT DESIGN

Implant system TOP DM

a versatile, advanced solution

Bioner has placed all the technical and scientific know-how gained over 25 years of history at the service of the TOP DM system, an implant that optimises the management and care of patient tissues to obtain excellent short and long-term results.

TOP DM is designed with an expanding cone-shaped core of increasing diameter from the apical to the coronal area, thus favouring insertion in areas with low bone volume.

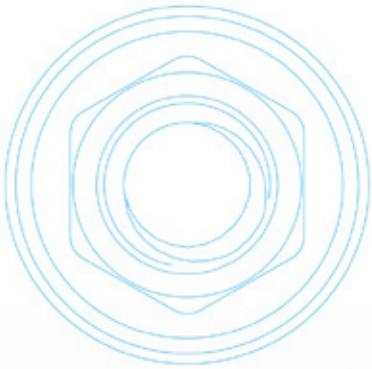
Its dual pitch thread and neutral apex endure quick, safe insertion and optimal primary stability, ideal for post-extraction surgery and immediate loading.

The TOP DM implant is made from grade 5 titanium, a material that allows working with small diameters with great precision. This alloy, combined with the indexed conical connection, minimises micro-motion and gaps between components.

The versatile design enables infraosseous insertion, minimising marginal bone loss and improving the aesthetic result of the restoration. All implant diameters share a unique connection that simplifies prosthetic work and reduces the range of components the user must have in stock.

The emergence profiles of all prosthetic components are consistent to simplify abutment interchange.

IMPLANT DESIGN

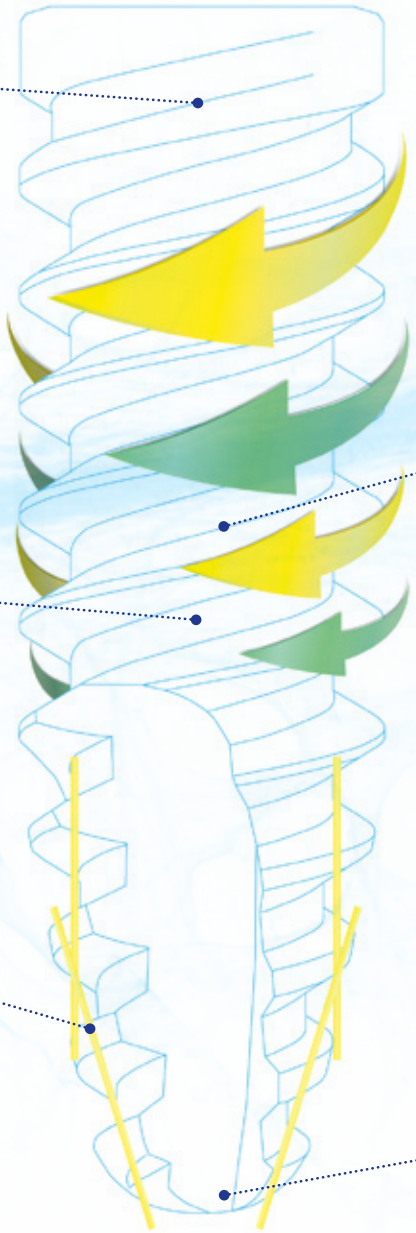


Indexed hexagonal conical connection.
24° cone. Stable implant-prosthesis connection.

Grade 5 titanium.
Maximum stability and reliability in the prosthetic connection.

Unique 3 mm connection
for all implant diameters. Simplifies management of prosthetic attachments.

Straight neck + Spiral up to the platform.
Subcrestal insertion. Simplifies passage through the cortical, reducing post-surgical tension and preventing marginal bone loss.



Dual pitch thread
for fast, easy insertion. Pitches of 1.8 (DM-35), 2.5 (DM-40) and 2.4 (DM-50).

Bioetch Surface®
Fast osseointegration.

Conical cylinder shape
Expansive capacity, especially in the implant Ø3.5 mm implant

Neutral 2 mm apex.
Insertion/ expansion capacity.

The image corresponds to a TOP DM 3513 implant.

BIOETCH® SURFACE

Bioetch®, the best surface in grade 5 **Titanium**

Change the **technological standard**: macro and micro texturised surfaces obtained by etching with acid instead of sand-blasting.

The TOP DM implant is Bioner's response to the requirements of modern implantology: ensure stable internal connections with reduced diameter implants. For this reason, the manufacturer uses grade 5 titanium.

The Classical treatment of grade 5 titanium implants includes sand-blasting. This procedure gives the implants an adequate surface morphology but, as various studies have shown, makes it practically impossible to completely eliminate the particles used in this process that remain adhered to the implant surface. This is even the case for implants that undergo acid etching after sand-blasting.

With its patented Bioetch® surface treatment system, Bioner ensures the ideal surface for its TOP DM implants without needing sand-blasting, thus eliminating the risk of surface contamination. The Bioetch® treatment consists of double acid etching to produce a macro and micro-textured surface that stimulates osseointegration and shortens load time.

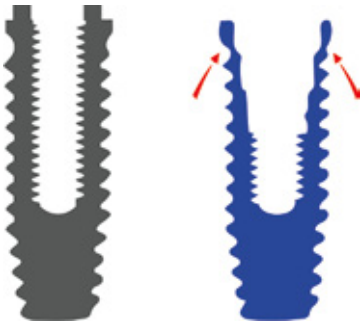


Fig. 1 Internal connections and reduced diameters weaken implant walls.

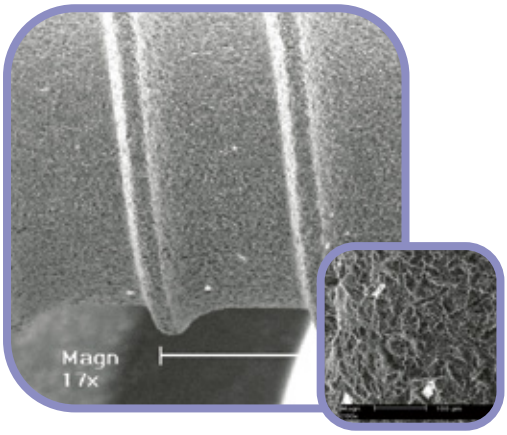


Fig. 2 Traditional sand-blasting processes inevitably generate incrusted particles contaminating the implant surface.

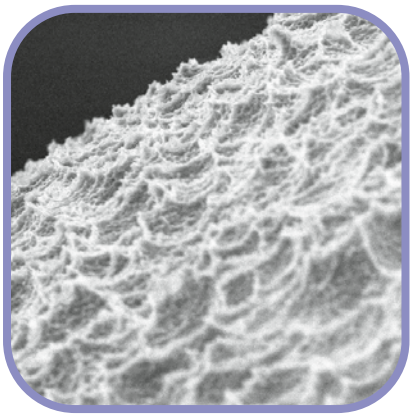
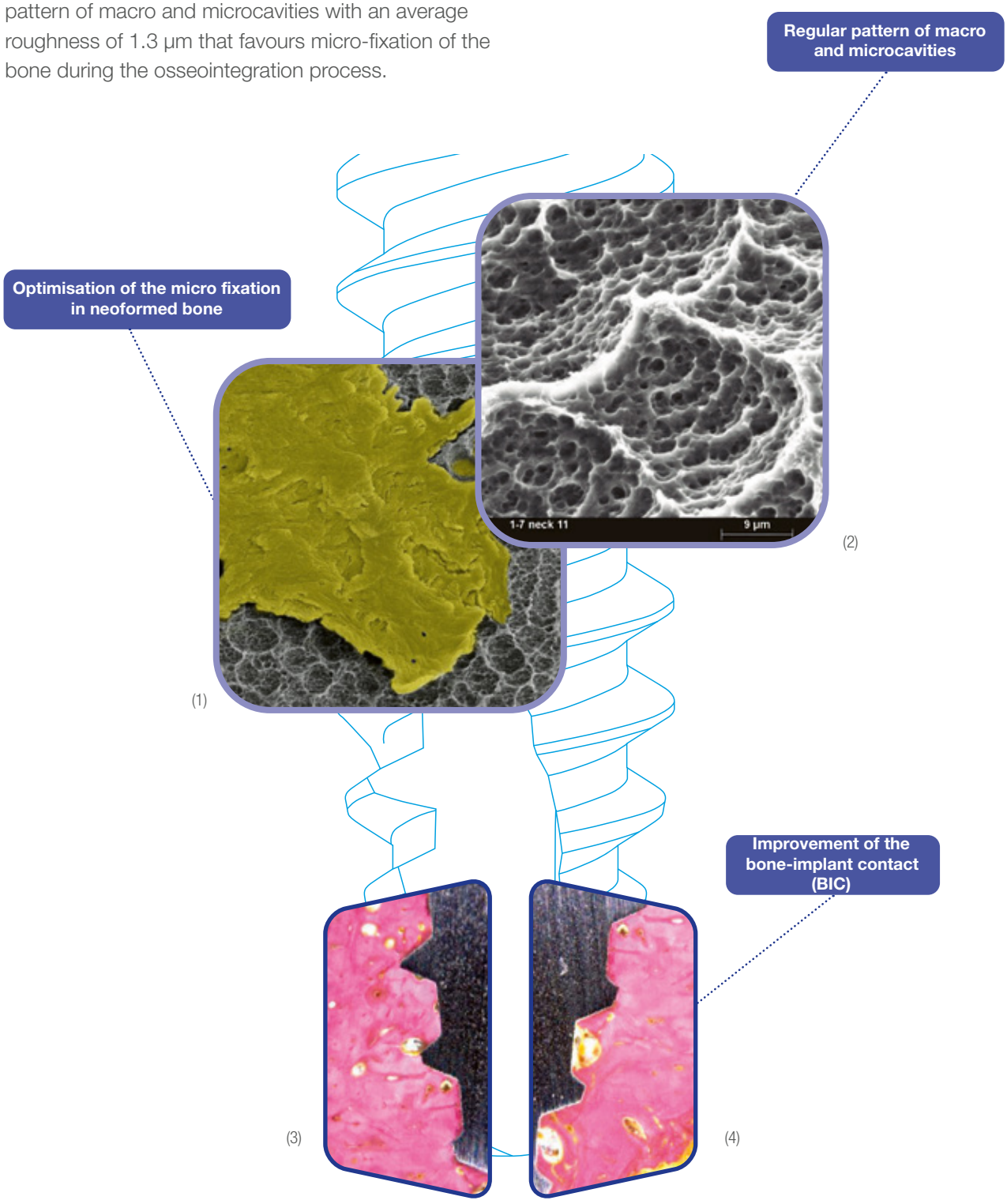


Fig. 3 Bioetch® ensure a regular pattern of macro and micro cavities by using dual acid etching without sand-blasting.

Characteristics of the **Bioetch®** surface

The Bioetch® surface is characterised by a very regular pattern of macro and microcavities with an average roughness of 1.3 µm that favours micro-fixation of the bone during the osseointegration process.



(1) Mag 2700X.
(2) Mag 500X.
(3, 4) "Influence of a new implant design to prevent crestal bone reabsorption and increase implant contact. A histomorphometric study in American Foxhound dogs." Calvo-Guirado JL, Maté Sánchez de Val JE, Ramírez Fernández MP, Pérez-Albacete Martínez C, Delgado Ruiz RA, Gehrke SA, Domínguez Fernández M..

IMPLANT PRESENTATION

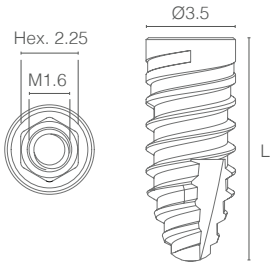
Sizes available

TOP DM is available in 3 different diameters of 3.5, 4 and 5 mm to cover all regenerative needs, from the reconstruction of small parts to the rehabilitation of posterior areas and even for use in aesthetics. TOP DM is available in lengths of 7 mm up to 15 mm in all diameters.

For severe cases of atrophy, Bioner offers the SHORT DM line of implants available in

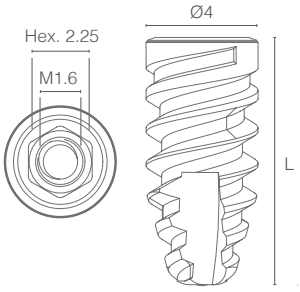
Ø3.5

DM-357	L 7
DM-3585	L 8 .5
DM-3510	L 10
DM-35115	L 11.5
DM-3513	L 13
DM-3515	L 15



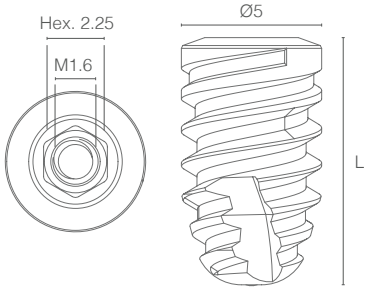
Ø4

DM-47	L 7
DM-485	L 8.5
DM-410	L 10
DM-4115	L 11.5
DM-413	L 13
DM-415	L 15



Ø5

DM-57	L 7
DM-585	L 8.5
DM-510	L 10
DM-5115	L 11.5
DM-513	L 13
DM-515	L 15



Container

The packaging for TOP DM implants is specially designed, on the one hand, to make handling easier during surgery and, on the other, to simplify storage and
fast identification of the different sizes.

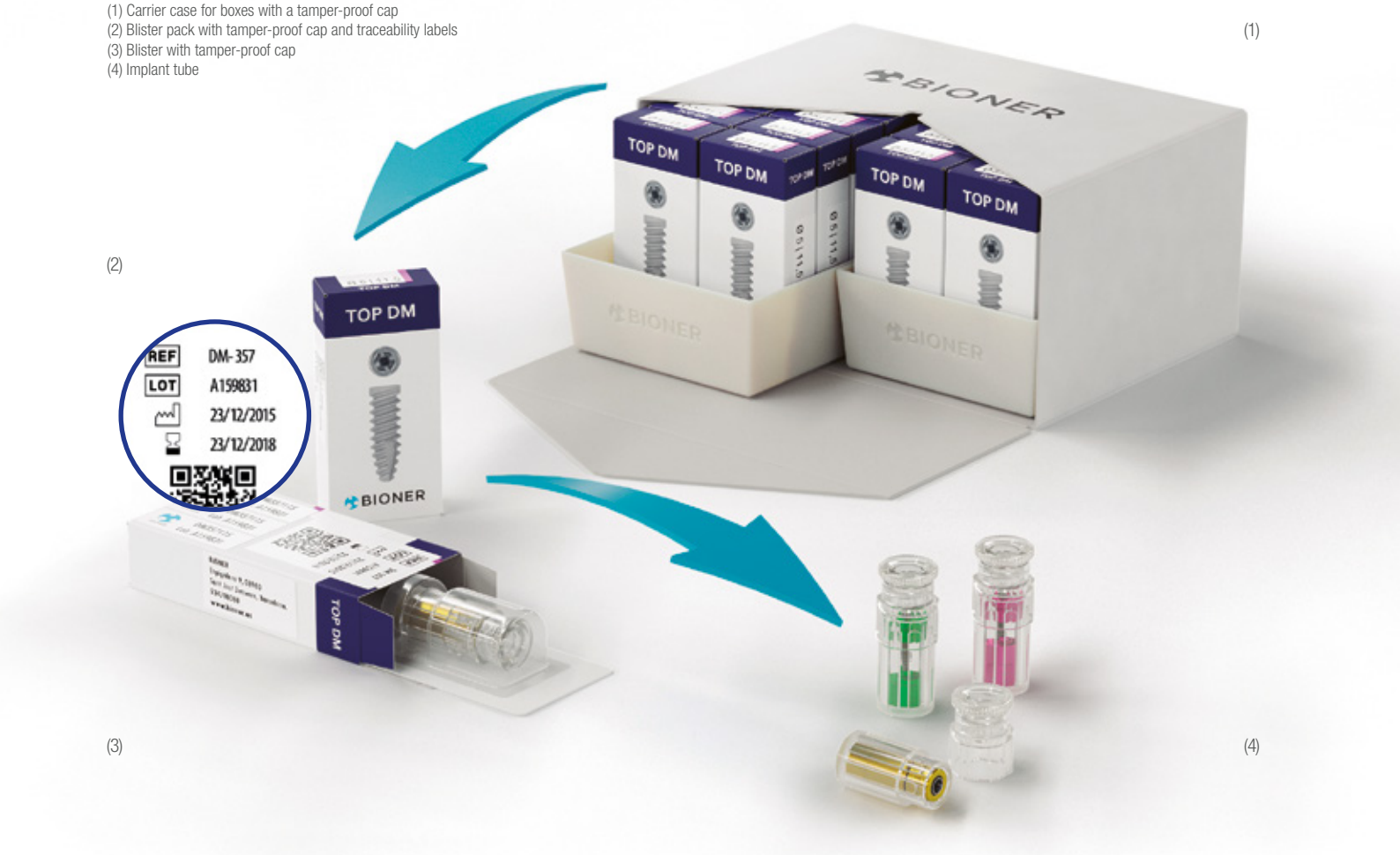
The outer label consists of three stickers showing the basic implant identification information (reference and batch No.). One of these stickers may be affixed to the implant passport Bioner provides its customers.

Opening the package using the easy-open system exposes a double blister pack and implant tube that guarantees sterility and safety during pre-surgical handling.

The transparent inner tube enables viewing the colour code of the support rings, precisely identifying the diameter of the implant before insertion.

The closure cap is located in the upper part of the implant tube.

(1) Carrier case for boxes with a tamper-proof cap
(2) Blister pack with tamper-proof cap and traceability labels
(3) Blister with tamper-proof cap
(4) Implant tube



Packaging and cases made of chlorine-free cardboard and biodegradable film.

Inner tray made from 100% biodegradable and compostable plastic.

SURGICAL INSTRUMENTS

TOP DM surgical Kit

The TOP DM surgical kit is simple and intuitive and includes all the tools required for implant placement. It has been designed to simplify the surgical procedure as much as possible so that the implantologist can concentrate on the patient.

Simplified drilling improves the primary stability of the implant, favouring early loading. The diameter drills and the stop system favour optimal and safe drilling.

TOP DM Kit complete surgical Kit

Drills

Lance drill and extender

		RRPM
F-LAC	Lance drill	1,000
F-EXT	Drill extender	–

Cylindrical drills

		Ø	RRPM
F-2	2 mm cylindrical drill	1.5 / 2	700
F-2.8	2.8 mm cylindrical drill	2.4 / 2.8	700
F-4.3	4.3 mm cylindrical drill	3.8 / 4.3	700

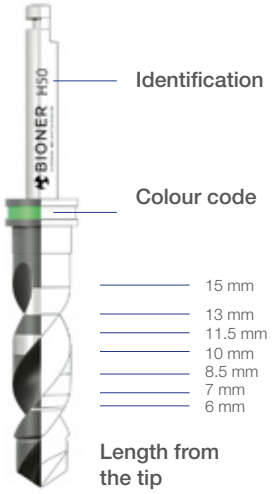
Pilot drills

		Ø	RRPM
FP-35	Implant pilot DM 35	3	500
FP-40	Implant pilot DM 40	3.8	500
FP-50	Implant pilot DM 50	4.8	500

Hard bone drills

		Ø	RRPM
H35	Hard Bone Drill DM 35	2.2 / 3.3	700
H40	Hard Bone Drill DM 4	3.0 / 3.8	700
H50	Hard Bone Drill DM 5	4.3 / 4.85	700

Specifications



Drill shafts available in two lengths.

SURGICAL INSTRUMENTS

Transporters

		(L)
DM-CiC	Transporter C Short Angle*	12 mm
DM-CiL	Transporter C Wide angle	20 mm
DM-CiC	Short Ratchet Transporter*	13 mm
DM-CiC	Long Ratchet Transporter	18 mm

Screwdrivers and other elements

		(L)
PUC	Manual Screwdriver/Short Unigrip Ratchet*	8 mm
PUM	Manual Screwdriver/Medium Unigrip Ratchet*	14 mm
PUL	Manual Screwdriver/Long Unigrip Ratchet*	22 mm
DCAUC	Short Unigrip CA Screwdriver*	8 mm
DCAUM	Medium Unigrip CA Screwdriver	13 mm
DCAUL	Long Unigrip CA Screwdriver*	21 mm

		(L)
PCTT	Medium Manual Tubular Screwdriver	12 mm
DCATT	Tubular Ratchet CA Screwdriver*	14 mm

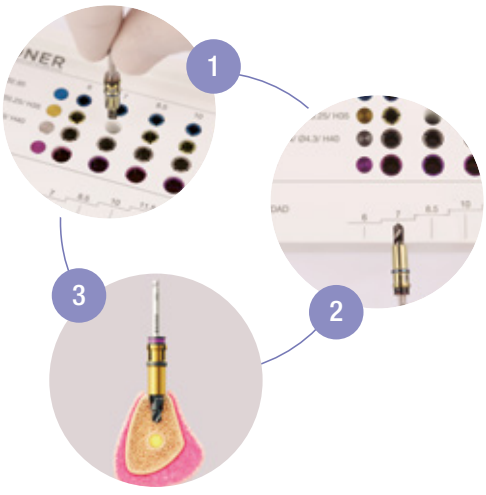
		Ø
I35	Implant paralleling tool/Gum indicator	3.5 mm
I40	Implant paralleling tool/Gum indicator	4 mm
I50	Implant paralleling tool/Gum indicator	5 mm

LDR
Torque Ratchet
Ncm 10 - 35 - ∞

LDR
Torque Ratchet
Ncm 20 - 80 - ∞

Drill stop system (*)

Drill stops ensure confidence and convenience against osteotomies. TOP DM implants by Bioner include a stop kit same characteristics: reliability and ease of use.

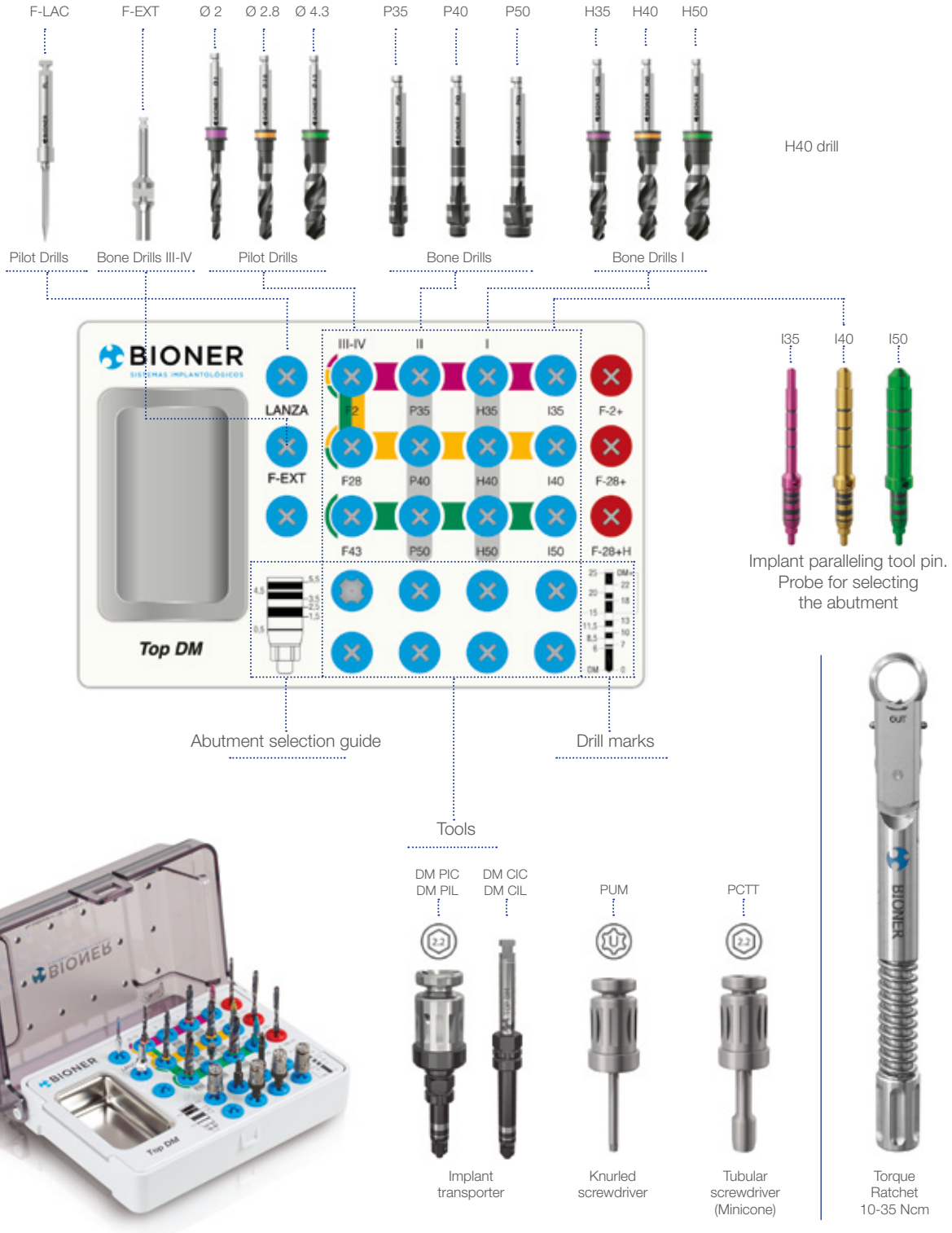


(*) Not included in the surgical kit

TOP DM SURGICAL PROTOCOL

Drilling protocol

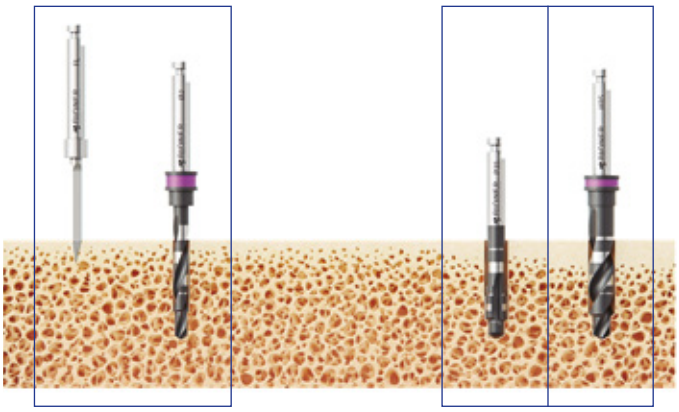
The drilling protocol of the TOP DM implant is characterised by its simplicity. The surgical box is reduced in size to simplify handling in the surgical field. The bands of colour on the tray surgical and the bone type markers indicate the sequence of drills to be used in any surgical situation.



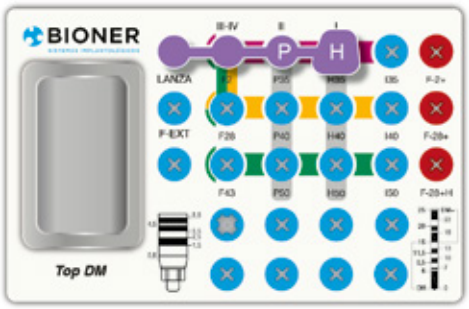
TOP DM SURGICAL PROTOCOL

Example of drilling for an 11.5 mm implant for the different diameters available.
The drill depth is 13 mm for 1.5 mm infraosseous insertion.

Ø3.5



Ref.	FL	F2	P35	FH35
RRPM	1000	700	500	700



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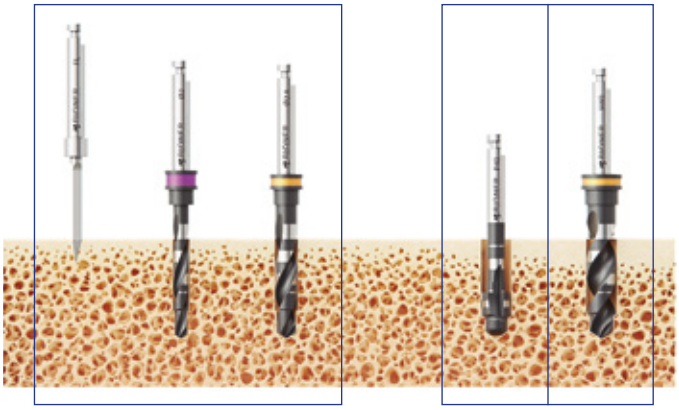
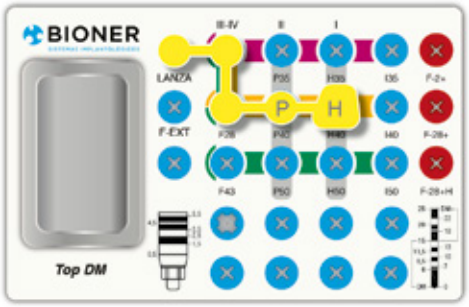


Ref.	FL	F2	F28	T40	FH40
RRPM	1000	700	700	500	700



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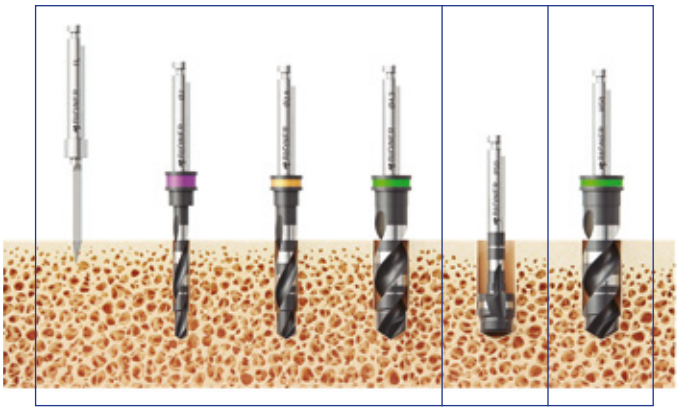
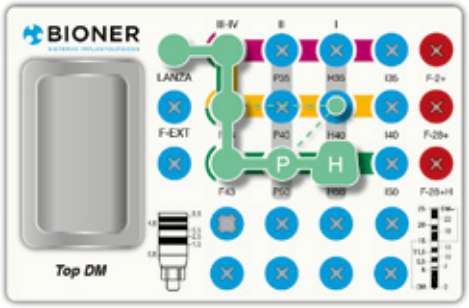


Ref.	FL	F2	F28	F43	P50	FH50
RRPM	1000	700	700	700	500	700



(P) The pilot drill is not a burr it should go the full depth; its neutral tip does not modify the drilling depth (optional). (H) Hard bone drill (optional).

PLACEMENT OF THE IMPLANT

Placement of the implant

The TOP DM implant is inserted directly using the transporter tool included in the surgical kit. There are no intermediate elements to be removed after implant insertion thus making the procedure rapid and avoiding unnecessary handling.

The kit surgical includes transport keys for contra-angle implant placement with a ratchet key.

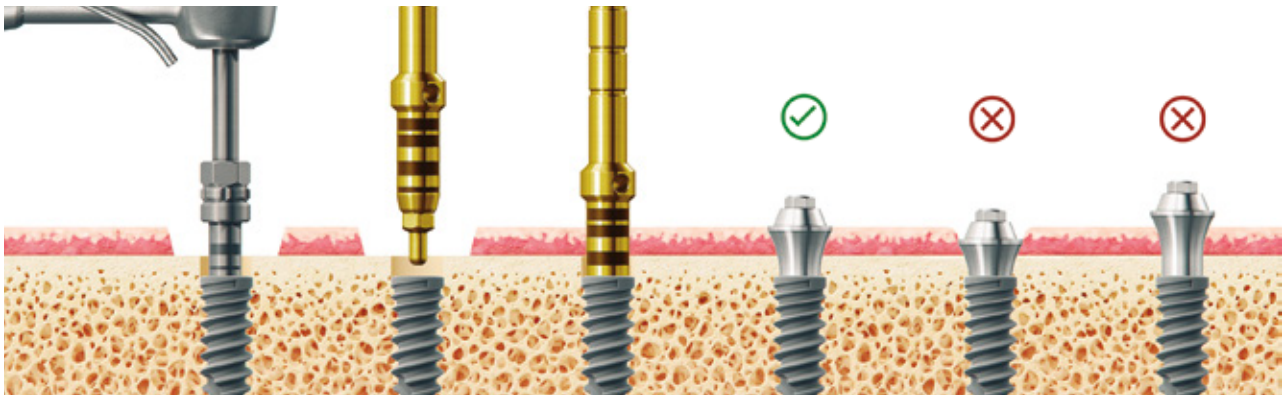
Tissue management. Selecting the abutment.

The surgical versatility of the TOP DM implant enables juxta-osseous or infraosseous insertion to prevent marginal bone loss and favour optimal aesthetic emergence.

The TOP DM implant is designed for transcrestal insertion, in most cases eliminating the need for secondary connection surgery. The simplification of transepithelial components due to the existence of a single prosthetic platform for all implant diameters, enables placing the definite transepithelial element during surgery, thus favouring tissue integration and maintaining crestal bone.

It is also possible to opt for placing healing abutments of different lengths to always maintain a profile in harmony with the final prosthetic components. Should it be necessry, two-phase surgery is also an option, inserting a closing screw (included) with a protrusive design to greatly simplify connection surgery.

The use of the depth probe enclosed with the implant paralleling tool pins of the surgical kit is recommended to select the ideal abutment length in each case.



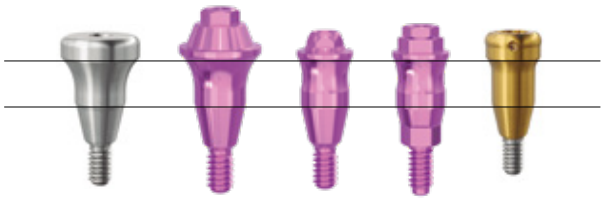
Loading the implant

The design of TOP DM implants and line of prosthetic attachments mean it is the ideal implant for immediate loading.

Whatever the prosthetic option and the loading time, the equality of the emergence profile of all prosthetic components simplifies the interchange of different abutments, prioritising the handling of soft tissues and assuring the biological seal of the implant.

The conical connection and precise manufacture in grade 5 Titanium of the implant and all prosthetic elements, guarantees the absence of micro-motion at the interface, thus preventing the bone from withdrawing to seek its security space.

The evenness of the emergence profile of all prosthetic components simplifies the interchange of different abutments.



Healing abutments

Available en two formats, healing abutments have a functional design in matching that of the implant and in harmony with the whole line of prosthetic attachments. Straight abutments are recommended for cases with little interdistal space.

HEALING ABUTMENTS						
1.5	2.5	3.5	4.5	5.5	2.5	4.5
DM-PC15	DM-PC25	DM-PC35	DM-PC45	DM-PC55	DM-PCR25	DM-PCR45
Anatomic	Anatomic	Anatomic	Anatomic	Anatomic	Rectum	Rectum
h 1.5 mm	h 2.5 mm	h 3.5 mm	h 4.5 mm	h 5.5 mm	h 2.5 mm	h 4.5 mm

Immediate loading of temporary dies

Easily carvable and highly retentive titanium abutments for the cementation of temporary dentures. Available in rotating and non-rotating versions for multiple and single prostheses.

PROVISIONAL STUMPS		CLINICAL SCREW
DM-MPT1	DM-MPT2	DM-T2U
Rotary	Anti-rotational	Ribbed
Screw insertion torque 35 Ncm		

PROSTHETIC SOLUTIONS

Implant direct prosthetics

Impression coping

Secure Lock System®
The TOP DM Secure Lock® System incorporated in the impression copings prevents screwing unless all components are perfectly positioned in the implant. This avoids the need for X-ray control when taking measurements.

The impression coping screw comes in two formats, long and short. The long screw has a grooved head to simplify manual tightening in rear areas and in patients with a small mouth opening.

IMPRESSION COPINGS				LABORATORY SCREW	ANALOGUE
				LAB	LAB
DM-TI2L	DM-I2	DM-TI2C	DM-I2B	DM-T1	DM-A2
Long screw	Open tray	Short screw	Closed tray		

Screwed prosthesis

Casting cylinders with metal base
The machined Cobalt-chromium base enables a perfect fit on the implant.

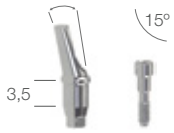
Anti-rotary model for single restorations.
Rotary model for multiple restorations.

CASTING CYLINDERS WITH CrCo BASE		CLINICAL SCREW
DM-CR1	DM-CR2	DM-T2U
Rotary	Anti-rotary	Unigrip
Screw insertion torque 15 Ncm		

Cemented prosthesis

Permanent stumps

Anti-rotary. Direct to implant. Indicated for cementing single and multiple metal-porcelain prosthesis. Available in two lengths, straight and with a 15° angle.

PERMANENT STUMPS			CLINICAL SCREW	CLINICAL ANGLED STUMPS	
					
DM-MB15	DM-MB25	DM-MB35	DM-T2U	DM-MA1515	DM-MA3515
Anti-rotary	Anti-rotary	Anti-rotary	Grooved	Anti-rotary	Anti-rotary
h 1.5 mm	h 2.5 mm	h 3.5 mm		h 1.5 mm	h 3.5 mm
Screw insertion torque 35 Ncm					

Interfaces for cementing

Indicated for the fixation of single and multiple zirconium prostheses.
Rotary or anti-rotary, they screw directly to the implant.

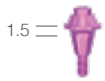
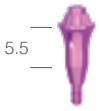
CEMENTING CYLINDERS					
DM-CIC08R	DM-CIC15R	DM-CIC35R	DM-CIC08	DM-CIC15	DM-CIC35
Rotary	Rotary	Rotary	Anti-rotary	Anti-rotary	Anti-rotary
h 0.8 mm	h 1.5 mm	h 3.5 mm	h 0.8 mm	h 1.5 mm	h 3.5 mm
Screw insertion torque 35 Ncm					

PROSTHETIC SOLUTIONS

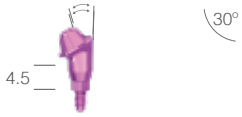
Transepithelial prosthesis

Mini-cone abutment

The design of mini-cone abutments enables the screwed insertion of multiple prosthesis on a supragingival level thus overcoming slight disparallelism between implants. The platform diameter of mini-cone abutments is 5 mm and the conicity 44°, thus simplifying the vertical insertion of the prosthesis and its base.

MINI-CONE					
					
DM-MU15	DM-MU20	DM-MU25	DM-MU35	DM-MU45	DM-MU55
h 1.5 mm	h 2 mm	h 2.5 mm	h 3.5 mm	h 4.5 mm	h 5.5 mm
The abutment is fixed to the implant using a standard tubular key (Ref: PCTT). Insertion torque 20Ncm					

Angular abutments. Used in situations of considerable disparallelism between implants. Available in two angles 17° and 30° and two lengths.

ANGLED MINI-CONE			
			
DM-MU2517	DM-MU3517	DM-MU3530	DM-MU4530
h 1.5 mm	h 3.5 mm	h 3.5 mm	h 4.5 mm

Attachments

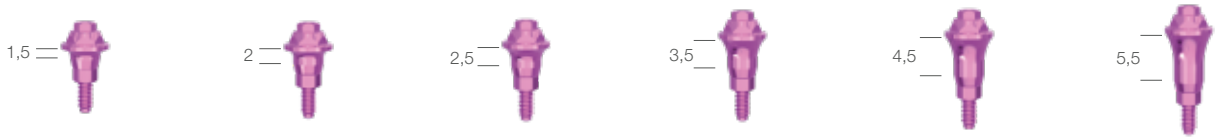
IMPRESSION COPING:				CLOSURE CAP	PROVISIONAL ABUTMENT	ANALOGUE
DM-Ti5L	DM-I5M	DM-Ti5C	I-5BM	DM-TC5	DM-MPTM	DM-A5MI
Long	Open tray	Short	Closed tray			

CASTING CYLINDER	LABORATORY SCREW	CLINICAL SCREW	CEMENTING CYLINDER	SPACER CYLINDER	CYLINDER ACCESSORIES		
				LAB	LAB	LAB	LAB
C-5LM	DM-T4	T-3UM	CICM	CIEM	T-2TML	T-2TMC	C.CiCM
Screw insertion torque 10 Ncm							

Anti-rotary abutment

The design of anti-rotary transepithelial abutments enables supragingival screwed single prosthesis placement in posterior areas. Fixation on the implant uses the same standard tubular key (Ref.: PCTT) as the mini-cone abutments, but the attachment line is specific to maintain the anti-rotational character.
Minimum interocclusal clearance of 5 mm above the mucous level.

ANTI-ROTARY



DM-MUN15	DM-MUN20	DM-MUN25	DM-MUN35	DM-MUN45	DM-MUN55
Anti-rotary	Anti-rotary	Anti-rotary	Anti-rotary	Anti-rotary	Anti-rotary
h 1.5 mm	h 2 mm	h 2.5 mm	h 3.5 mm	h 4.5 mm	h 5.5 mm

The abutment is fixed to the implant using a standard tubular key (Ref.: PCTT). Screw insertion torque 35 Ncm

Attachments

IMPRESSION COPING:			ANALOGUE	CLOSURE CAP	PROVISIONAL ABUTMENT
				LAB	
DM-Ti5L	DM-I5MUN	DM-Ti5C	DM-A5MUN	DM-TC	DM-MPTMUN
Long screw	Open tray	Short screw			

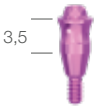
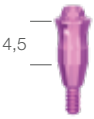
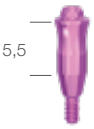
CASTING CYLINDER	LABORATORY SCREW	CLINICAL SCREW
LAB	LAB	
DM-C5LMUN	DM-T4	T-3UM

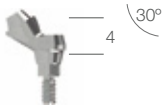
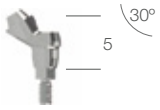
Screw insertion torque 15 Ncm

PROSTHETIC SOLUTIONS

Micro-mini abutment

The platform diameter of 3.5 mm of the micro-mini abutment enables use in mucous-scarce areas, aesthetic commitments, or for cases where the proximity of the implants or lack of parallelism conditions the health of mucous membranes or prosthesis stability.

2.0 MICRO-MINI					
					
DM-MI15	DM-MI20	DM-MI25	DM-MI35	DM-MI45	DM-MI55
h 1.5 mm	h 2 mm	h 2.5 mm	h 3.5 mm	h 4.5 mm	h 5.5 mm
The abutment is fixed to the implant using a standard tubular key (Ref.: PCTT). Insertion torque 35 Ncm					

MICROMINI ANGULADO ECCENTRIC	
	
DM-ECCA	DM-ECCA 15
h 4 mm	h 5 mm

Attachments

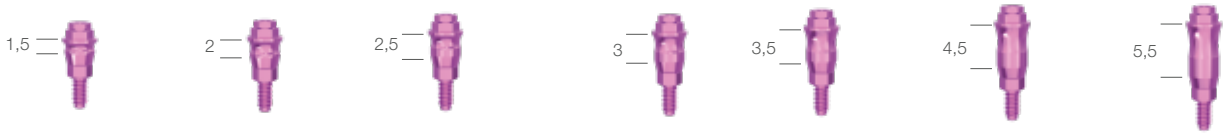
IMPRESSION COPING			ANALOGUE	CLOSURE CAP	PROVISIONAL STUMP	CASTING CYLINDER
			LAB			LAB
DM-Ti5L	DM-I5MI	DM-TI5C	DM-A5MI	DM-TC5MI	DM-MPTMI	DM-C5MI
Long screw	Open tray	Short screw				

LABORATORY SCREW	CLINICAL SCREW	CEMENTING CYLINDER	SPACER CYLINDER	CYLINDER ACCESSORY	
LAB			LAB	LAB	
DM-T4	T-3UM	DM-CiCMI	DM-CIEMI	DM-T2TMI	DM-CiCMI
Screw insertion torque 15 Ncm					

Micro-mini abutment anti-rotary

The design of the anti-rotational transepithelial abutments allows for supragingival screw-retained placement of single prostheses. The fixation on the implant is done with the same standard socket spanner (Ref.: PCTT) as the mini cone abutments, its line of attachments is specific to maintain its anti-rotational character.
Minimum interocclusal space of 5 mm from the mucosal level.

ANTI-ROTARY



DM-MIN15	DM-MIN20	DM-MIN25	DM-MIN30	DM-MIN35	DM-MIN45	DM-MIN55
h 1.5 mm	h 2 mm	h 2.5 mm	h 3 mm	h 3.5 mm	h 4.5 mm	h 5.5 mm

The abutment is fixed to the implant using a standard socket spanner (Ref.: PCTT). Insertion torque 35 Ncm

Attachments

IMPRESSION COPING			ANALOGUE	CLOSURE CAP	PROVISIONAL STUMP	CASTING CYLINDER
			LAB			LAB
DM-Ti5L	DM-I5MIN	DM-TI5C	DM-A5MIN	DM-TCMIN	DM-MPTMIN	DM-C5MI
Long screw	Open bucket	Short screw				

LABORATORY SCREW	CLINICAL SCREW
LAB	
DM-T4	T-3UM

Screw insertion torque 15 Ncm

PROSTHETIC SOLUTIONS

Flat platform

Standard abutment

The standard abutment with its flat 4.5 mm platform offers excellent support for a prosthesis in certain load techniques.

STANDARD COPING		
DM-CTS15	DM-CTS25	DM-CTS35
h 1.5 mm	h 2.5 mm	h 3.5 mm
The abutment is fixed to the implant using a standard tubular key (Ref.: PCTT) Insertion torque 35 Ncm		

Attachments

IMPRESIÓN COPING	PROVISIONAL STUMP	CASTING CYLINDER	ANÁLOGUE	LABORATORY SCREW	CLOSURE CAP
DM-I3	MPT-S	C-4	A3	DM-T4	DM-TCS

CLÍNICAL SCREW	CEMENT CYLINDER	SPACER CYLINDER	CALCINABLE SUPPLEMENT
T-3UM	CICS	CIES	C.CICS
Screw insertion torque 15 Ncm			

Overdenture abutments

BALL JOINT		SOCKET
DM-CTR15	DM-CTR25	CTR-C
h 1.5 mm	h 2.5 mm	
Insertion torque 20Ncm		

Overdenture Abutment

Overdenture abutments are retaining elements designed for the rehabilitation of patients without teeth.

The abutment is complemented by a retaining mechanism comprised of a metallic coping with three types of interchangeable retainers located inside.

OVERDENTURE ABUTMENT				
DM-SD1	DM-SD2	DM-SD3	DM-SD4	DM-SD5
h 1 mm	h 2 mm	h 3 mm	h 4 mm	h 5 mm
Insertion torque 20Ncm				

Attachments

Black cap. Soft retention 0.7 kg

Pink cap. Gentle retention 0.9 kg

Transparent cap. Medium retention 1.5 kg

Violet cap. Strong retention 1.8 kg

PROCESSED PACK
8519-V

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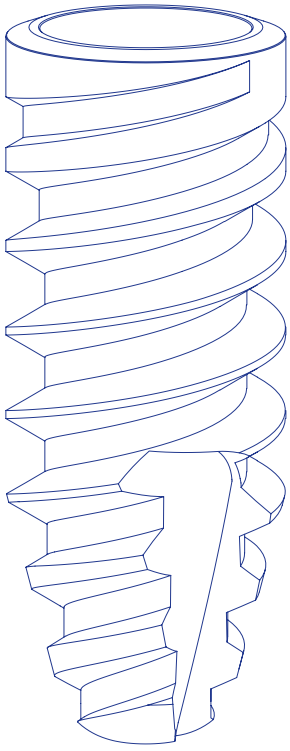
TOP **DM**



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*CE0051 **(ST) Stump

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Implant*	DM-513	TOP DM Implant 5/13	8
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*CE0051

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Overdenture abutment* ** (TC)	DM-SD3	TOP DM overdenture abutment H: 3 mm	23
Overdenture abutment* ** (TC)	DM-SD4	TOP DM overdenture abutment H: 4 mm	23
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*CE0051 **(TC) Transepithelial Connector

Type of part	Reference	Description	Page
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*CE0051

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2006
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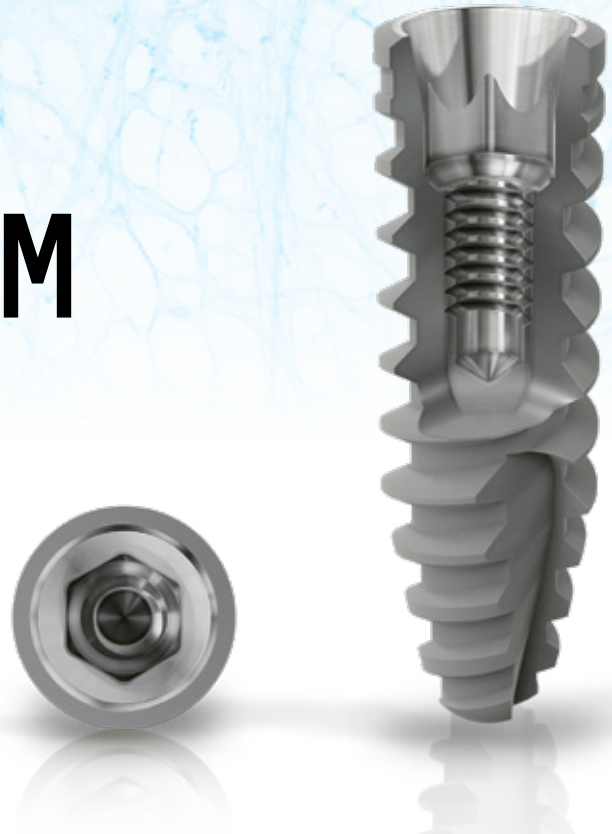
TOP DM



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