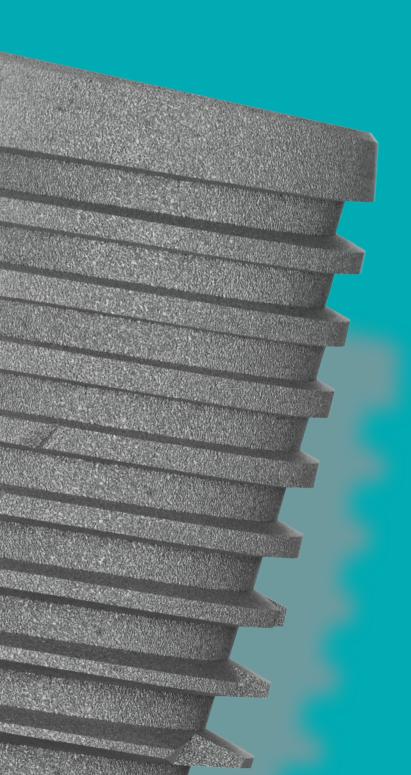
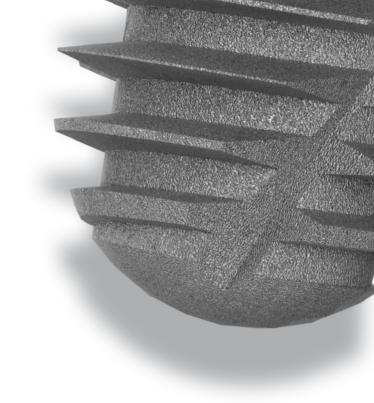
Warantec

Inspiration from Pioneers





THE FINE K-MED TECH

A DEEP COLLABORATION AMONG WORLD-CLASS PROFESSORS, CLINICIANS AND ENGINEERS



Warantec, a leading dental implant company in Korea with a continued focus on R&D and clinical applications, was founded as a result of a 'next-generation artificial tooth development' research project supported by the Ministry of Health and Welfare as part of the Korean government's G7 Project in 1995 involving esteemed professors from the College of Dentistry of the Seoul National University, Yonsei University, and Catholic University.



Warantec has established successful clinical track record since 2001 and has been recognized for its value in the global market by attracting investments.

These are clear testaments to Warantec's emerging presence in implantology at home and abroad.

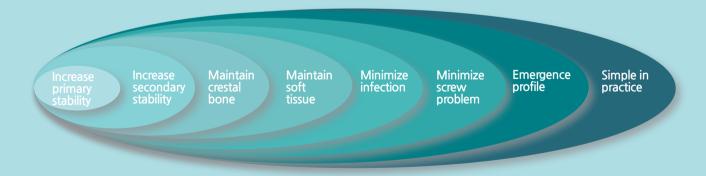


Warantec's implants showcase outstanding and differentiated design, surface treatment (S.L.A.), and metal processing technology recognized by the implant academia since the beginning of its development. It spearheads the development of Korean implant design and surface treatment technologies.

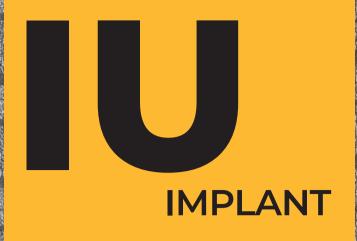


Warantec introduced the first one-body ONEBODY IMPLANT SYSTEM for the first time in Korea through continued R&D investment and quality innovation. It has enhanced the success rate of implant procedures through its groundbreaking 7° connection IT IMPLANT SYSTEM. Furthermore, Warantec's IU IMPLANT SYSTEM, which has the 11° connection ensuring compatibility and convenience, has been acclaimed as an embodiment of breakthrough technologies.

Inspiration from Pioneers







11° Internal Hexagonal Connection

Optimized Design for Effective Stress Distribution

Minimizes stress on the cortical bone and ensures effective stress distribution, helping to prevent early bone resorption.

Straight and Tapered Combined Body Design

Provides outstanding primary stability and facilitates easier surgical operations.

Square and Triangular Combined Thread Design

Provide effective stress distribution and easier surgical operation with initial stability

S.L.A.(ABE) Surface

Ensures effective stress distribution and offers initial stability, making surgical operations easier.

Ideal Thread and Apical Design for Less Stress and Self Cutting

Ideal Thread and Apical Design for Reduced Stress and Self-cutting Capability.

S.L.A. Surface

Warantec's S.L.A. surface has an ideal RA (roughness) value of 1.44µm. It features a round and uniform surface texture with fewer sharp areas.

S.L.A. SURFACE X500 X1,000 X5,000 X10,000

11° Internal Hex Connection

The IU implant system has an 11-degree Internal Hex Connection.





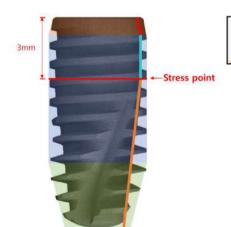
Bone Collecting Drill

- Drills and collects a sufficient amount of bone simultaneously.
- · Minimizes heat generation during drilling.
- · Allows easy adjustment of drilling depth by engaging a drill stopper.
- · Available in both short and long lengths for user convenience.



Safer Stress Point

- Marginal Bone Conservation
 Prevent the bone loss by minimizing the Marginal Bone Compression
- Inner Taper & Outer Straight Combination Enough fixation power can be obtain on the Soft Bone due to the inner taper effect, and can control the excessive insertion torque on the hard bone in accordance with the Outer Straight Line.
- Powerful Self Tapping & Sharp Thread When the fixation on the bottom part is required while the immediate placement after the extraction, it is easy to obtain the fixation power due to the strong self tapping and sharp thread.





The self-tapping V-shaped thread, along with increasing thread depth in the apical area, ensures convenient implantation and stable fixation power.



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mm	F3.3	F3.6	F4.0	F4.5	F5.0	F5.5	F6.0
5.0			6	6			
7.5							
8.5							
10							
11.5							
13							

New Products [5.5 Short]



FIU40055C



FIU45055C





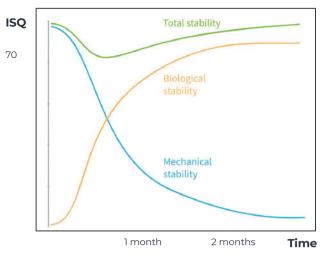


FIU50055C

FIU55055C

FIU60055C

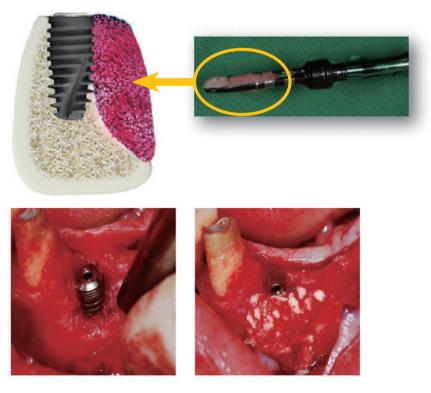
Implant Stability



Macro-design Concept

The IU system combines a straight and tapered design, while the UT system features a micro-thread and progressive power thread design. These designs enable each system to achieve mechanically effective primary stability. Following that, Warantec's certified S.L.A. surface promotes biologically stable osseointegration, ensuring rapid secondary stability.

GBR



The autogenous bone collected using the bone collecting drill contributes to the most stable ossification and can also help reduce costs.

Research Paper

Research Paper

JCM | Free Full-Text | Up to a 15-Year Survival Rate and Marginal Bone Resorption of 1780 Implants with or

without Microthreads: A Multi Center Retrospective Study (mdpi.com





Article

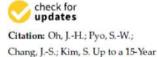
Up to a 15-Year Survival Rate and Marginal Bone Resorption of 1780 Implants with or without Microthreads: A Multi Center **Retrospective Study**

Ji-Hwan Oh 1, Se-Wook Pyo 20, Jae-Seung Chang 20 and Sunjai Kim 2,*0

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- Department of Prosthodontics, Gangnam Severance Dental Hospital, College of Dentistry, Yonsei University, Seoul 06273, Republic of Korea
- Correspondence: sunjai@yuhs.ac; Tel.: +82-2-2019-3568

Abstract: The effect of microthreads at the implant neck on the amount of marginal bone resorption is controversial. This multicenter retrospective study compared the implant survival rate and amount of marginal bone resorption between two platform-switching internal connection implant systems with or without microthreads. Patient-related (age and sex), surgery-related (implant installation site, type, diameter, and length), and prosthesis-related (prosthesis type) data were collected from patient charts from the implant placement surgery to the final recall visit. A total of 1780 implants, including 1379 with microthreads and 401 without microthreads, were placed in 804 patients. For implants with and without microthreads, the longest follow-up period after prosthesis delivery was 15 and 6 years, respectively. Twenty implants failed during the 15-year follow-up period (98.8% survival rate) due to failed osseointegration, peri-implantitis, implant fractures, and non-functioning implants. The mean marginal bone loss was < 0.1 mm for both implant systems at the 1-year follow-up and 0.18 mm and 0.09 mm at the 4-year follow-up for implants with and without microthreads, respectively, without statistical significance. Microthreads did not significantly affect the amount of marginal bone loss or the implant survival rate for implants with an internal connection with a platform-switching design.

Keywords: marginal bone resorption; microthreads; multicenter; platform-switching; survival rate



charts from the implant placement surgery to the final rec 1379 with microthreads and 401 without microthreads, we and without microthreads, the longest follow-up period a respectively. Twenty implants failed during the 15-year fo J. Clin. Med. 2023, 12, 2425

connection had a 7° angle to the long axis. The other had a platform-switching design without microthreads and an 11° internal taper angle (IU, Warantec) (Figure 1).

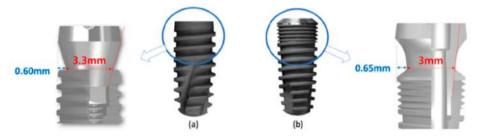


Figure 1. Two implant types were used in the current study. (a) implant without microthread (IU); (b) implant with microthreads (Π).

Handwritten and electronic charts from the implant placement surgery to the final periodic recall visits were reviewed to collect patient-related (age and gender), surgery-related (implant installation site, implant type, implant diameter, and implant length), and prosthesis-related (prosthesis type) information.

Implants were categorized according to their diameter (<4 mm, 4–5 mm, and >5 mm), length (<8.5 mm, 8.5–10 mm, and >10 mm), and design (IT or IU). The installation site was divided into the maxilla, or mandible, and anterior or posterior dentition. The prosthesis type was classified into three categories based on the adjacent dentition or restorations for comparing the amount of MBL, as follows: single, a single implant-supported restoration between teeth or the most distal crowns; consecutive, whether splinted or not, an implant-supported crown next to an implant crown or crown; and fixed partial dentures (FPDs), implant-supported dentures with pontics, without adjacent implant crowns. Implant survival was defined as follows: the implant remained in the patient's mouth, and the restoration functioned normally during the last periodic visit. Therefore, removed and buried (submerged and not functional) implants were classified as failures.

all visit. A total of 1780 implants, including re placed in 804 patients. For implants with fter prosthesis delivery was 15 and 6 years, llow-up period (98.8% survival rate) due to



Cement Controller

ESP Kit



The ESP kit allows for easier, quicker, and safer use of the SCRP bridge crown intraorally, while also enabling humidity-free bonding and cementation outside of the mouth. With these features, ESP is an ideal tool for model-less prosthetic work in digital dentistry. It facilitates the rapid and thorough cleanup of remaining cement. Additionally, these benefits make intraoral cementation possible, compensating for inaccuracies that may arise during the impression-taking stage and the final prosthesis assembly.



Optimization for permanent cementation



A new era of unparalleled technique.

Implant Solution Kit

WIRE Kit

The WIRE KIT is a comprehensive removal kit designed for easy implant removal. It can also be used to extract fragments remaining in the implant in cases of prosthetic failure, such as screw or abutment fractures.









Prosthetics Multi Kit



Abutment Remover

KAR Kit



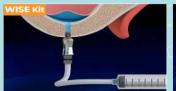
The KAR is a tool designed for implants with an internal conical joint, enabling the easy separation of the fixture and abutment using a controlled axial load, without damaging the prosthetics. It can also be used to effortlessly remove remnants of a fractured abutment. (Separation torque: 60 N/cm)



Sinus Kit WISE Kit

Combination Sinus Kit (Crestal & Lateral Approach)







New Products

WA Bone

Warantec Bone



- Bovine bone. (Cancellous 100%)
- High stability implantation through the natural bone mineral materials.
- Uniform particle formation that consisted of cancellous bone.
- Porous structure which is similar to cancellous bone of human.
- Accelerate the formation and growth of the new bone
- High biocompatibility reduces the inflammation and immune response.
- Vial Type.
- Particle size: 0.2-1.0 mm



WA Bone and PRP Techniques



Sinus Bone Graft



Crestal(Alveolar Bone Graft)

WA Motor

Warantec Implant Motor



- Reusable irrigation tube after sterilization.
- Automatic calibration function.
- Powerful force of up to 70 Ncm (20:1 gear handpiece).
- Automatic shutdown function when the set torque value is exceeded.
- Large LCD display for various information.
- Displays torque and RPM in real time.
- · Optical motor.











WA Mem

Porcine Membrane



• For the augmentation of bone surrounding implants placed in extraction sockets.

- Ridge augmentation and reconstruction.
- Filling bone defects after root resection, including regained teeth, etc.
- Guided bone regeneration in dehiscence defects.
- Guided tissue regeneration in periodontal defects.
- Made in Korea; CE and FDA certification expected by the end of 2024.

Bone Dozer

Easy Bone Dozer



- A disposable scraper designed for collecting autogenous bone.
- It features a curved front structure for easier lateral access intraorally.
- The blade rotates 360°, allowing the use of four new blades by rotating it 90°.
- Users can monitor the amount of autogenous bone collected in real time, as the product is transparent.



Easy manipulation(Thin & Flexible) Size 15 X 30 X 0.3mm (One size)

Over 99% purity collagen



Start collecting bone.



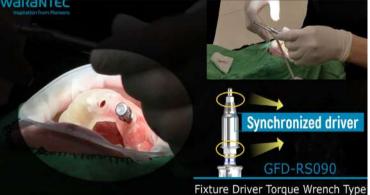
Bone collection completed.

WAGA Kit

Digital Guide Surgery

Digital Guided Surgery
Warantec's guide system can be used
with either sleeve or sleeveless options.
Based on your preference, you can
choose either a sleeve or a sleeveless
design from our library.



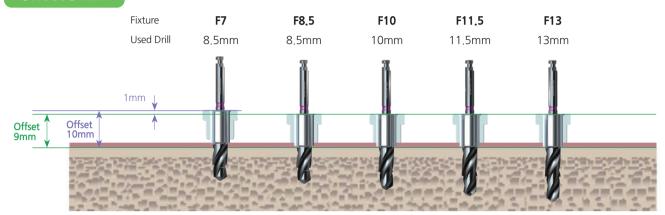




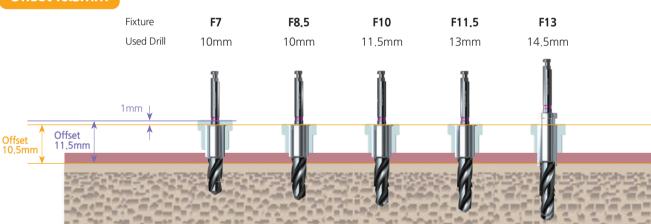


shape ► exocad

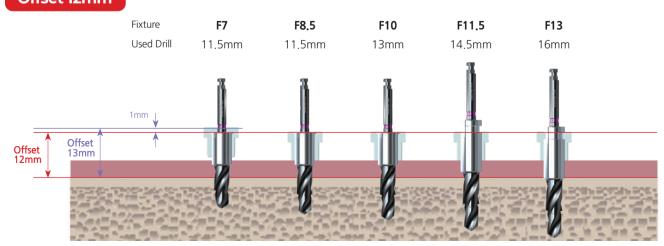
Offset 9mm



Offset 10.5mm



Offset 12mm



REPAIR SOLUTION





- Non-destructive removal of crowns and fixtures, from single cases to bridges
- Effective removal of fractured abutments from inside the fixture
- Broad application to implants with an internal conical connection



Anatomical Crown Length

Usage Range	Anatomical Crown Length ^{mn}						
Screw Hole	6	11	16	21			
1.8 ~ 1.95 mm			KAR-LD16425	KAR-LD16475			
1.8 ~ 1.95 mm			KAR-HH16425	KAR-HH16475			
1.95 ~ 2.15 mm	KAR-LD20325	KAR-LD20375	KAR-LD20425	KAR-LD20475			
1.95 ~ 2.15 mm	KAR-HH20325	KAR-HH20375	KAR-HH20425	KAR-HH20475			

Screwmentation (SCRP) using



Beginning a New Era of SCRP Prosthetics

No more

troublesome cement removal

- completed in one step!



Luminous flux Clean up





- 1. The abutment and crown can be handled easily and quickly at the same time.
 - Bridge crowns can be easily engaged using ESP, even with implants that have different axes.
- 2. Cement in the abutment hole can be removed quickly and easily.
 - Intraoral cementation compensates for any inaccuracies in the prosthetic process and is ideal for digital prosthetics.



Related Videos

IU Surgical Kit





https://www.youtube.com/watch?v=MwGwNA3e_uc

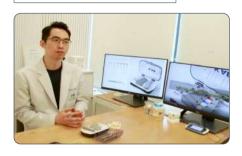
WASI 2024 Event in Dubai





https://www.youtube.com/watch?v=ufJwaUvcgVw

KAR Introduction





https://www.youtube.com/watch?v=JwZ7PSc7IGA&t=2Is

ESP Introduction





https://www.youtube.com/watch?v=fabMgPmdBXk&t=6s





http://www.warantec.com





https://www.youtube.com/@warantecimplant6266





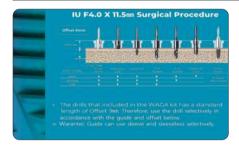
https://x.com/warantec





https://www.facebook.com/warantecimplant/

Warantec's Clinical Surgery Video with Digital Guide





https://www.youtube.com/watch?v=bLcTxjdA17s&t=94s

3Shape_How to Register Warantec's Library





https://www.youtube.com/watch?v=-NPhU0YYQsk

EXOCAD_How to Register Warantec's Library





https://www.youtube.com/watch?v=of9OA9WIW1k

3Shape_How to Register Warantec's Library for the Guided Surgery





https://www.youtube.com/watch?v=nQmc_SZ1LuU



Inspiration from Pioneers

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