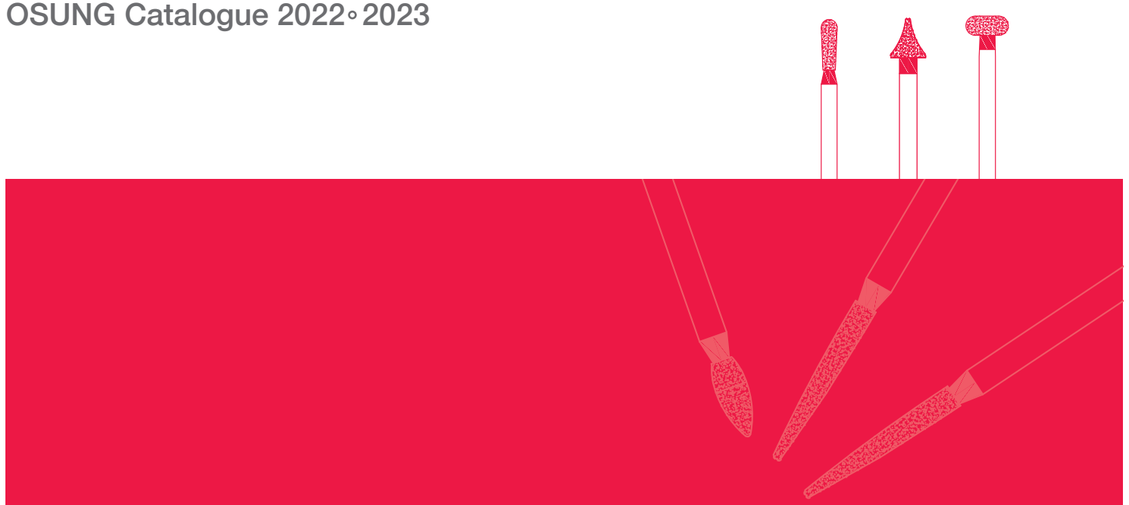
Products for Dentistry

OSUNG Catalogue 2022◦2023



DIAMOND BUR

Page. 224~285

We will always try to make products that are loved by dentists.

Products for Dentistry

OSUNG Catalogue 2022◦2023

Products for Dentistry

OSUNG Catalogue 2022◦2023

OSUNG MND CO.,LTD.

NEW Product

Products for Dentistry

OSUNG Catalogue 2022/2023

Stellar™

Designed Instruments by a clinician.

Stellar is a new brand name for the worldwide market.
The core value of the stellar instrument is user-friendly design. It is selected, modified, and evaluated by the dentists' group.

Technological Innovation by OSUNG

We study every technology related to dental instruments.
And we aim for the top.

We have a clear goal.
It is becoming to the top in quality, service and technology.

And we keep doing our endeavors for
mechanization of manual labor process
enhancement of manufacturing system
development of user–friendly design
fusion with new concept & idea
application of the latest technology

And we will grow up as
a specialist
a representative manufacturer
a technological leading company
an intrinsic value firm
in the dental industry.

The information included in this catalog is exclusively addressed to professionals in the dental sector

Creation, Innovation and Solution on dental hand instruments by OSUNG MND. Co., LTD.

Contents

DIAGNOSTIC

PERIODONTAL

SURGERY

IMPLANT

RESTORATIVE

ENDODONTIC

PROSTHODONTIC

ORTHODONTIC

INSTRUMENT MANAGEMENT

LABORATORY

The structure and feature of the catalog

Focused on better use & search availability and user convenience.

The instruments are classified by clinical field and the basic preparation is shown as an example.

1 Way to find a certain instrument
Instruments are classified by clinical field. Refer to the chapter title.

2 Feature of instrument
The main features of each instrument are described with pictures.

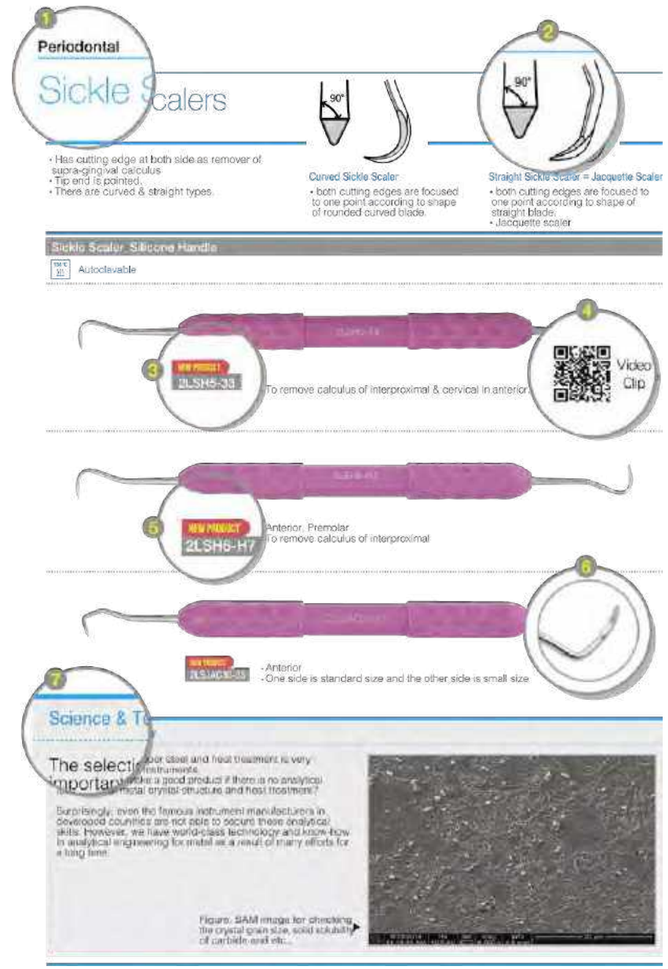
3 How to order
Refer product code on your order always.

4 Detailed use of instrument
Video clip provided for detailed instruction.

5 New or recommended product
New product or recommended product are indicated with an icon.

6 Magnified picture
Enlarged picture of working part provided for detailed look.

7 Technical information
The information of basic technology used for instrument manufacturing is shown.



Products for Dentistry

OSUNG Catalogue 2020/2021

Diagnostic

Products for Dentistry

OSUNG Catalogue 2022-2023

DIAGNOSTIC

Explorers

Detail of Explorer

It is to detect dental caries or calculus with a sharp point at the end

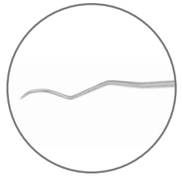
Type of Explorers

Straight Type
Subgingival calculus and caries

Shepherd Hook Type
Subgingival calculus and caries

Curved Type
Deep pocket and furcation

Orban-Type
Root surface on anterior detection and facial & fingual on posterior



11/12-Type
Calculus on anterior and posterior. Inspect root surface.

Endo Type
Root canal entrance

Pigtail Type & Cowhorn Type
Detection for periodontal pocket not deeper than a third dental root cervical or gingival sulcus calculus.

Explorers

The explorer provides the tactile information to the clinician's fingers and is used to locate calculus deposits, tooth surface irregularities, defective margin on restorations, decalcified areas and carious lesions.

Explorer_Silicone Handle

Autoclavable

BEST

2EXD5H
- Shepherd Hook Type + Orban Type
- Rigid type.
- For subgingival calculus and caries

2EXD5W
- Shepherd Hook Type + Orban Type

2EXD17-23
- Shepherd Hook Type + Orban Type

2EXD5-8
Explorer, EXD5-8

2EXDG16
- Used to detect the orifice of the canal.

Explorers

Explorer_Metal Handle

BEST

EXD5H
- Shepherd Hook Type + Orban Type
- Rigid type. For subgingival calculus and caries

BEST

EXD5W
- Shepherd Hook Type + Orban Type

EXD17-23
- Shepherd Hook Type + Orban Type

EXD54-17H
- Shepherd Hook Type + Orban Type

EXDG16
- Used to detect the orifice of the canal.

Video Clip

EXD11-12
- For subgingival root examination

EXD3CH
- Cowhorn Type

EXD2
- Pigtail Type

Explorers

Explorer_Semi-Silicone Handle

EXDK
- Korean explorer
- It has two different types of tip at the ends for multiple uses. One is rigid and the other one is flexible.

1 **RIGID TIP**
To remove cement

2 **SILICONE HANDLE**
To lessen wrist fatigue

3 **METAL HANDLE**
Need delicate sense

4 **FLEXIBLE TIP**
For checking caries, calculus & margin

Explorer_Metal Handle

EXS96
Explorer, EXS96

EXS6
- Straight type

EXS6XL
- Straight type

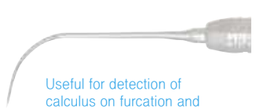
EXS6L
- Straight type

EXS3
- Curved Type
- For detecting calculus of shallow periodontal pocket or gingival sulcus.

EXS23H
- Shepherd Hook Type

EXS54H
- Shepherd Hook Type

EXS23W
- Shepherd Hook Type



EXS3A
- Curved Type

Useful for detection of calculus on furcation and deep periodontal pocket.

Mirrors

Metal Handle

MHS **(10pcs)**
- 10 piece packet
- SS Type

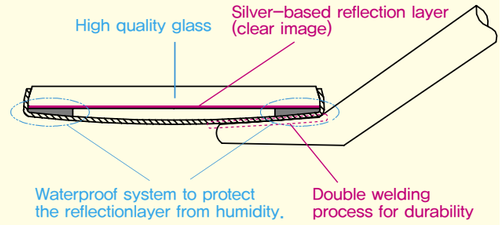
MHC **(10pcs)**
- 10 piece packet
- CS Type

Fine materials & high-tech engineering process

Glass : High quality Japanese glass

Waterproof : Sealed by silicone to protect the reflection layer of glass

Durability : Double welded

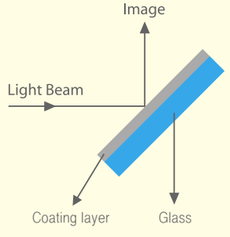


What is front surface mirror ?

Front Surface Mirror

Front surface mirror

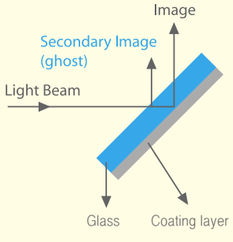
- Reflection layer exists on the front side of the mirror.
- As it has no secondary image, it is mainly used in endodontic treatment.



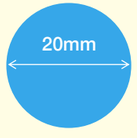
Rear Surface Mirror

Plain mirror
(rear surface mirror)

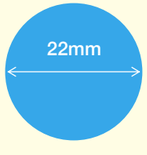
- Reflection layer exists on the rear side of the mirror.
- It is durable and economic in price, but it has ghost image.



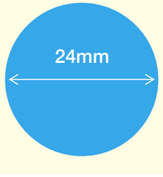
Choice of size of mirror



#3 Dia 20mm, Suitable for children



#4 Dia 22mm, Popular size

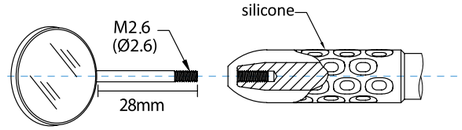


#5 Dia 24mm, Used for wider view

Mirrors

Silicone Handle_Simple Stem (SS Type)

Autoclavable



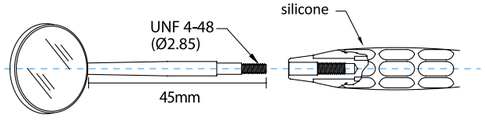
2MHS1 **(5pcs)**
- 5 piece packet

2MHS2 **(5pcs)**
- 5 piece packet

2MHS3 **(5pcs)**
- 5 piece packet

Silicone Handle_Cone Socket (CS Type)

Autoclavable



2MHC1 **(5pcs)**
- 5 piece packet

2MHC2 **(5pcs)**
- 5 piece packet

2MHC3 **(5pcs)**
- 5 piece packet

Mirrors

Mouth Mirror(Rear Surface)

Rear Surface

SS Type

DMSS3 (12pcs)
- Simple Stem No.3 (20mm)
- 12pcs

DMSS4 (12pcs)
- Simple Stem No.4 (22mm)
- 12pcs

DMSS5 (12pcs)
- Simple Stem No.5 (24mm)
- 12pcs

CS Type

DMCS3 (12pcs)
- Cone Socket No.3 (20mm)
- 12pcs

DMCS4 (12pcs)
- Cone Socket No.4 (22mm)
- 12pcs

DMCS5 (12pcs)
- Cone Socket No.5 (24mm)
- 12pcs

Mouth Mirror(Front Surface)

Front Surface

One-Sided

DMFSS5 (12pcs)
- Simple Stem No.5 (24mm)
- 12pcs

DMFCS5 (12pcs)
- Cone Socket No.5 (24mm)
- 12pcs

DMFSS4 (12pcs)
- Simple Stem No.4 (22mm)
- 12pcs

DMFCS4 (12pcs)
- Cone Socket No.4 (22mm)
- 12pcs

Double-Sided

DMDSS4 (5pcs)
- Simple Stem No.4 (22mm)
- 5pcs

DMDCS4 (5pcs)
- Cone Socket No.4 (22mm)
- 5pcs

Oversized Mirror

Rear Surface

134℃ Autoclavable(Limited to 10 cycles max.)

DMS39
- Front surface
- Big size of Dia 39mm
- Convenient to use as the angle of the mirror can be adjustable.

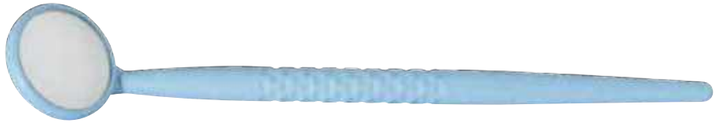

Normal Mirror


Oversized Mirror

Plastic Mouth Mirror

134℃ Autoclavable

DMAPA



Mirrors

Spoon Mirror

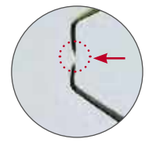
Rear Surface

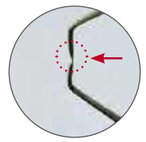
DMPM
- Rear Surface mirror
- Use for multi-purpose

DMEM
- Rear Surface mirror
- Use for multi-purpose

Front Surface

DMFPM
- Front surface mirror
- Use for multi-purpose


Rear Surface


Front Surface

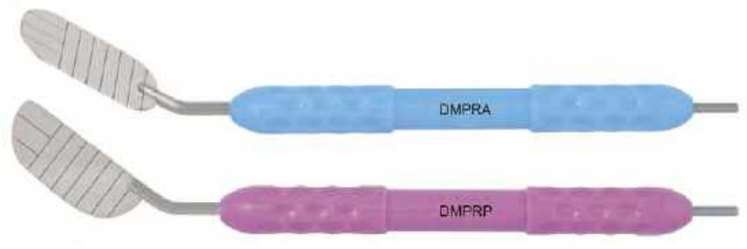
DMFEM
- Front surface mirror
- Use for multi-purpose

Para Mirror

134℃ Autoclavable

DMPRA
- Anterior

DMPRP
- Posterior



To check parallelism of an insert line of prosthetic appliance during preparation

Useful to check direction & implant site of a fixture during implant surgery


Posterior


Anterior

Photo Mirrors-Glass

Photo Mirrors-Glass

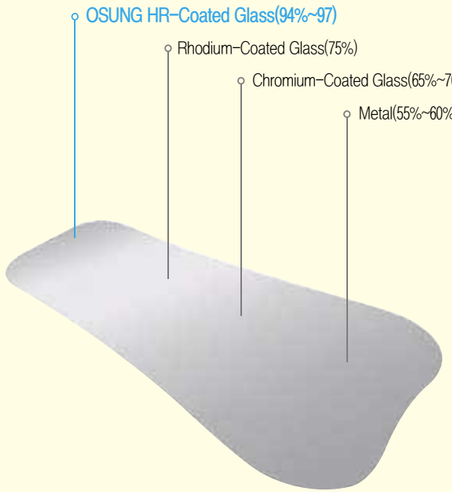
Ours has reflexibility of 94-97%

General Mirror : 85%
Other photo mirror for dentistry has reflexibility of 65-80%

Best quality and most competitive prices

Best quality and most competitive prices!

Type of Coating	Value of Reflectance
HR Coating	94~97%
German Ultra Bright Coating	Around 95% (Not Clearly Announced)
America and German Rhodium Coating and Titanium Coating	70~80%



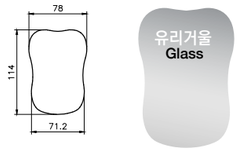
The world-best reflectance having a range of 94-97% in the visible spectrum!

1. Highly-reflective coating technology
2. Coating technique that strengthens anti-scratch capability

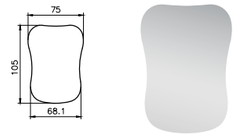
Glass

• Has clear image but breakable

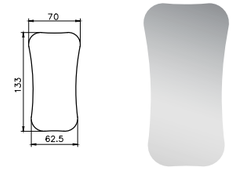
DME6G
• Occlusal
• X-Large (Adult Size)
• Unit(mm)



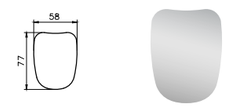
DME1G
• Occlusal
• Large (Adult Size)
• Unit(mm)



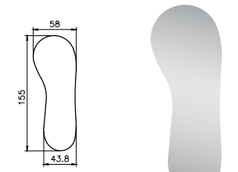
DME3G
• Occlusal
• Medium (Adult Size)
• Unit(mm)



DME5G
• Occlusal
• Small (Pedo Size)
• Unit(mm)



DME2G
• Buccal
• Unit(mm)



DME4G
• Lingual
• Unit(mm)

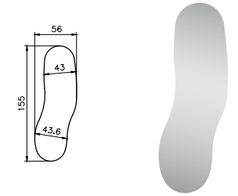


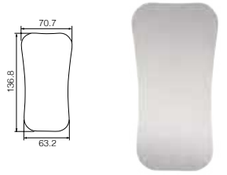
Photo Mirrors-Metal

Metal

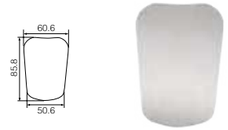
• Has less clear image than glass but not breakable.

DME1
• Occlusal
• Large (Adult Size)
• Unit(mm)

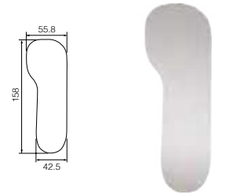
DME3
• Occlusal
• Medium (Adult Size)
• Unit(mm)



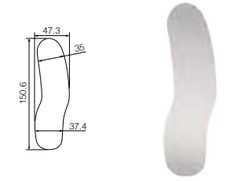
DME5
• Occlusal
• Small (Pedo Size)
• Unit(mm)



DME2
• Buccal
• Unit(mm)



DME4
• Lingual
• Unit(mm)



Handle Photo Mirror (Metal)

BDMHL
• Occlusal, Large
• Unit(mm)

BDMHM
• Occlusal, Medium
• Unit(mm)

BDMHS
• Occlusal, Small
• Unit(mm)

BDMHLT
• Lateral
• Unit(mm)

• Ordinary photo mirrors should be held in the middle area with fingertips as they have no handle. Handle photo mirrors can be held conveniently as they have a silicone handle.
• Sufficient mirror length covering the final tooth. As the handle keeps the surface of the mirror off the floor, the mirror becomes free from scratch.
• Safe metal type made of stainless steel and does not break.

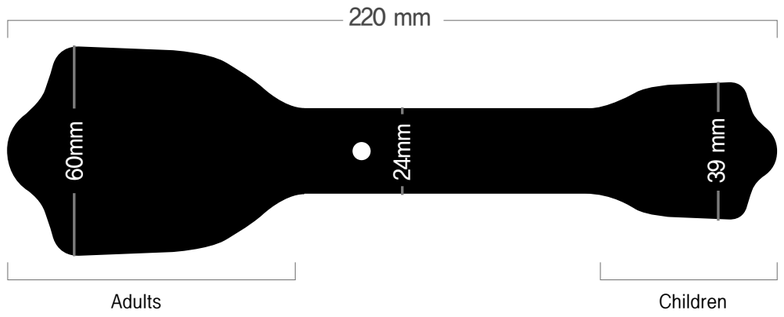
Contraster

Contraster

Photo Contrastors are accessories for intraoral photos to form a background when taking macro shots of the anterior region.
Photo Contrastors allow photos of the teeth and gingiva to be taken aesthetically.
One side can be used for adults and the other side for children.

NEW
CTRM

Contraster
• CTRM



Guide for using Photo Contrastors

Before using the Photo Contrastor

After using the Photo Contrastor

1. The lips cover the teeth, so open the lips outward using a Side Wider(RTSWH).
2. Position the Photo Contrastor at the rear of the tooth to be taken.
3. Fix it in the proper state and take shots.
4. Remove the Photo Contrastor after taking shots.

Sterilization instruction for Photo Contrastors

- High-pressure sterilization is available. (Repeated sterilization may cause damage to the product.)
- Make sure to wrap in a sterilization pouch when disinfected with high-pressure sterilization.
- Disinfecting the Contrastors without being wrapped in a sterilization pouch may cause damage to the products.
- Please make sure not to touch the hot wire when disinfected with high-pressure sterilization. Exposure to excessive heat may cause damage to the products.
- High-pressure steam sterilization may cause slight water stains, but it can be wiped and used. The product itself is not defective, and the water stains can be removed by wiping with a soft cloth.

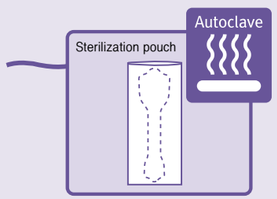


Photo Mirror_FF-photo

FF-Photo(Fog-Free Intraoral Photo Mirror)

Good image focus is difficult because mirrors tend to fog in mouth due to breathing and the light from a dental unit may be reflected to some extent by the mirror.

Even though these mirrors have already been specially coated to resist fogging, a combination of additional steps such as air syringes and hot water dipping are frequently taken in the clinic
for defogging.

The air syringe or hot water dipping is only briefly effective and must be continuously applied, particularly if multiple photographs need to be taken.

Both methods require additional staff to help defog.

Conventional lighting may be lost by the mirror making a clear problem of reflection which needs to be overcome by an alternative light source.

We would like to introduce a new device which defogs and improves focus with fewer assistants and less photography time than the conventional method.

FF-photo used

No FF-photo used

FF-photo used

Photo Mirror, FF-Photo

Photo Mirrors_FF-Photo Slide

FF-Photo(Fog-Free Intraoral Photo Mirror)_Metal

• You must use a Dedicated Mirror made of metal.

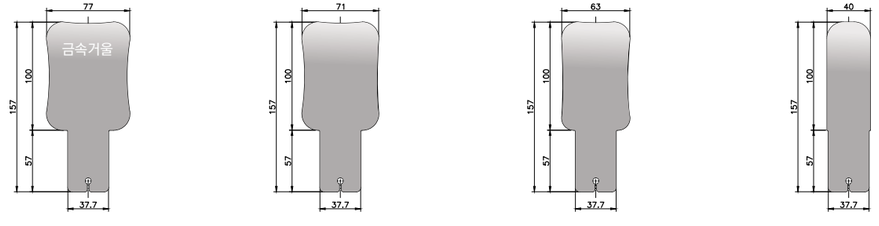
FF-Photo was introduced to the Journal of Clinical Orthodontics (2008.2), an international journal of orthodontics as a patented invention.
• It is commercially available products based on research and development data from the team of department of dentistry at the Catholic Medical College.

DMBF-220

FF-Photo Slide
- Components
❶ FF-Photo Body
❷ Micro 5-pin USB charging cable
※ Photo Mirror sold separately

Chargers are not provided. You can use your cell phone charger and more.

〈 Dedicated Mirror sold separately 〉



DMBFL
FF-Photo Mirror
- Occlusal
- Large
- 단위(mm)

DMBFM
FF-Photo Mirror
- Occlusal
- Medium
- 단위(mm)

DMBFS
FF-Photo Mirror
- Occlusal
- Small
- 단위(mm)

DMBFLT
FF-Photo Mirror
- Lateral
- 단위(mm)

Photo Mirrors_FF-Photo Lever

FF-Photo(Fog-Free Intraoral Photo Mirror)

• It is a product that complements the fastening part that can be compatible with one another for all metal and glass mirrors of our company and other companies.

DMBF1-220

FF-Photo Lever
- Components
❶ FF-Photo Body
❷ Micro 5-pin USB charging cable
❸ Thickness control panel
※ Photo Mirror sold separately

Chargers are not provided. You can use your cell phone charger and more.

〈 Various types of glass mirrors and metal mirrors are available. 〉

Glass Mirrors and Metal Mirrors P.21-21

TIP

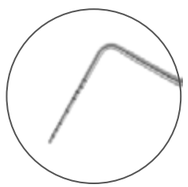
The fastening parts are basically designed to allow the use of glass mirrors, and metal mirrors can be used when necessary using the [thickness control panel].

Probes

Type of Probes

Novatec
Effective to approach molar area.
3–6–9–12

Goldman–Fox
Flat tip
1–2–3–5–7–8–9–10



Williams
1–2–3–5–7–8–9–10

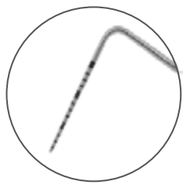
WHO
0.5 ball type's tip
3.5–5.5–8.5–11.5

Nabers
Useful for detecing root furcation involvement with long and bended tip
3–6–9–12

CP 2
Color graduation in 2–4, 6–8,10–12mm
2–4–6–8–10–12

CP 11
Color graduation in 3–6, 8–11mm
3–6–8–11

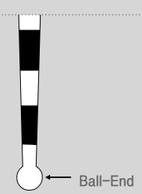
CP 12
Color graduation in 3–6, 9–12mm
3–6–9–12



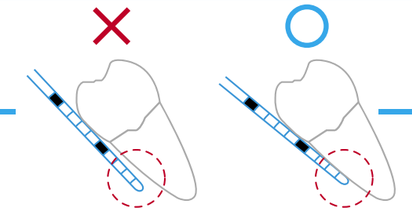
UNC 15
Color graduation in 1–15mm
1–2–3–4–5–6–7–8–9–10–11–12–13–14–15

Practice

Ball–End ?
Ball–End probe increases tactile sensitivity and gives a more accurate picture of gingival pocket depth. Also it doesn't damage tissue.



Probes



1. Determine the consistency of the gingival tissue
2. Survey sulcus and pocket depths
3. Measure clinical attachment levels
4. Measure the width of attached gingiva.
5. Verify whether bleeding and/or purulent exudate is in presence

Silicone Handle_Single-Ended

Autoclavable — It measures the depth of periodontal pocket, height of attachment, anatomical shape and bleeding of gingiva.

2BPCP8

2BPUNC15

2BPCP12

Implant Probe

Autoclavable

3IBPCP12
3IBPCP12-5T Plastic Tip Only (5pcs)

It fits SS type mirror handle. The packet doesn't include any handle. 17 page

NEW
3IBPCP2
3IBPCP2-5T Plastic Tip Only (5pcs)

It fits SS type mirror handle. The packet doesn't include any handle. 17 page

NEW
3IBPCP2-12

Practice

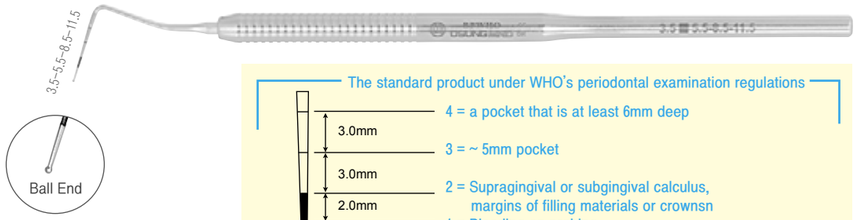
- Excellent discrimination (yellow, black colors)
- More flexible than metal, which allows for better contour–following of the alveolar bone.
- Autoclaves available (less heat resistant than metals, but no problem with repeated autoclave use.
- You can measure the distance after bending to suit your needs(available multiple times).

Probes

Metal Handle_Single-Ended

BPWHO

Probe, WHO
• WHO

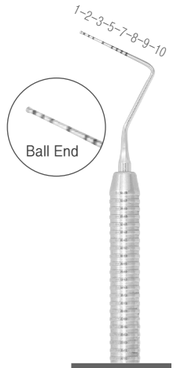


The standard product under WHO's periodontal examination regulations

4 = a pocket that is at least 6mm deep
3 = ~ 5mm pocket
2 = Supragingival or subgingival calculus, margins of filling materials or crownsn
1 = Bleeding on probing
0 = Healthy

BPW

Probe, PW
• Williams



BPWB

Probe, PWB
• Williams

BPCP2

Probe, CP2

BPCP8

Probe, CP8

BPCP10

Probe, CP10

BPCP11

Probe, CP11

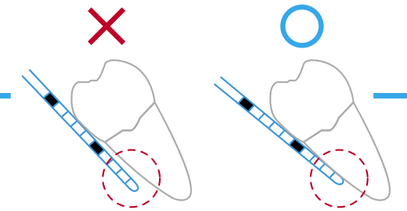
BPCP12

Probe, CP12

BPUNC15

Probe, UNC15

Probes



1. Determine the consistency of the gingival tissue
2. Survey sulcus and pocket depths
3. Measure clinical attachment levels
4. Measure the width of attached gingiva
5. Verify whether bleeding and/or purulent exudate is in presence

Metal Handle_Double-Ended

It measures the depth of periodontal pocket, height of attachment, anatomical shape and bleeding of gingiva.

BEST

BPGF-W

Probe, GF-W
• Goldman-Fox + Williams

BPQ2N

• Nabers
• To measure horizontal and vertical pocket depth of multirooted teeth in furcation areas.

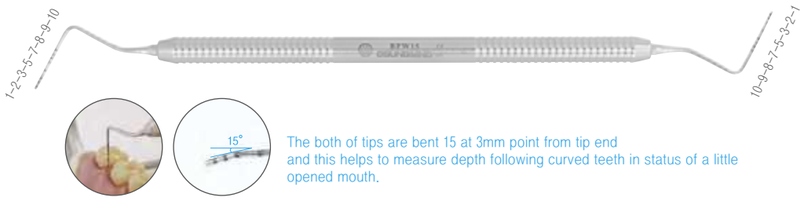
BPCP12N

Probe, 12N
• Novatec with CP12

Left tip has curved 90 is for anterior and helps to measure even little opened mouth. Right tip is adopted BPCP12 popular.

BPW15

Probe, PW15
• Probe X



The both of tips are bent 15 at 3mm point from tip end and this helps to measure depth following curved teeth in status of a little opened mouth.

EX-Probes

Ex-Probe is an excellent combination instrument for dental diagnostics.
It has an explore tip on one end and a probe tip on the other.

Metal Handle_Double-Ended

XP23-WHO

Ex-Probe, XP23-WHO
• EXS23 with WHO

XP23-W

Ex-Probe, XP23-W
• EXS23 with Williams

XP23-8

Ex-Probe, XP23-8
• EXS23 with CP8

XP23-12

Ex-Probe, XP23-12
• EXS23 with CP12

Tweezers· Locking Pliers

stainless steel Made
Precise, steady serration on the tip gives a firm grip when taking material.

Tweezer

PC1

• Length : 164mm (± 5mm)

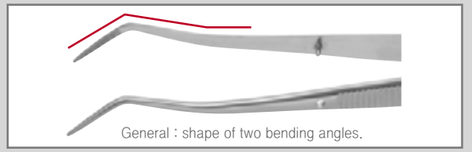
PCW150

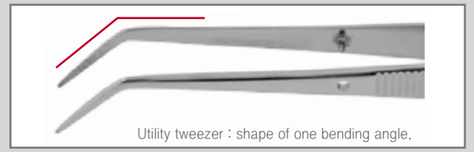
• Length : 151mm (± 5mm)
• Wide grip for easy taking

PCU155

• Length : 155mm (± 5mm)
• Has shape of one bending angle.
• Useful for suturing for surgical knot or taking surgical sponge.
• Useful for placing transplant tissue.

Practice

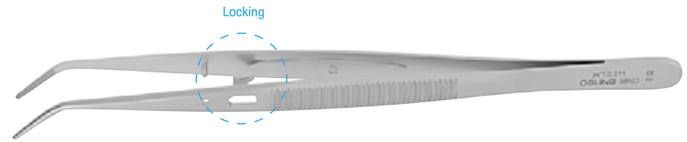




Locking Plier

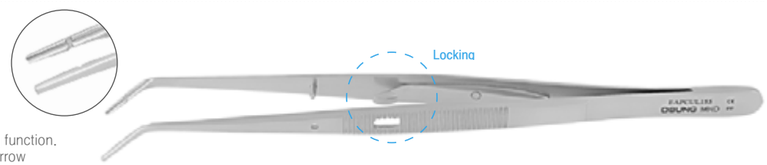
PCUL155

• Length : 155mm (± 5mm)
• Easy to take material as it has locking function.



EAPCUL155

• Length : 155mm (± 5mm)
• Easy to take material as it has locking function.
• Useful for moving material as it has furrow inside the tip.



Retractors · Lip Widers

Lip Retractor with Anterior Shield

1. Will prevent water from jumping up to the face and give the patient comfort feeling during the process of anterior maxillary tooth preparation.
2. Adult size

RTLAS (2pcs)

- 2pcs
- Autoclave is not available

Practice

1. Press retractor up & down by hand and retract cheek with mirror in order to put one side and then put the other side.
2. Wash and sterilize/disinfect with EO gas or antiseptic solution only after use.

Plastic Lip Wider

134°C 111

- It is made of plastic but autoclavable.
- Sterilize at autoclave (134℃)
- Place product on flat surface to prevent deformation during autoclave.
- Keep goods away from heat-source of autoclave during sterilization.

RTCPD1 (2pcs)

- Large Size, 2pcs
- Size A:130mm/B:92mm

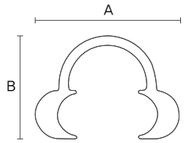
RTCPD2 (2pcs)

- Medium Size, 2pcs
- Size A:118mm/B:85mm

RTCPD3 (2pcs)

- Small Size, 2pcs
- Size A:97mm/B:70mm

This Lip Wider is used for tooth whitening treatments



Retractors

Plastic Lip Wider

134°C 111

- It is made of plastic but autoclavable.
- Sterilize at autoclave (134℃)
- Place product on flat surface to prevent deformation during autoclave.
- Keep goods away from heat-source of autoclave during sterilization.

RTCPS1 (2pcs)

Lip Wider
- Large Size, 2pcs
- Size A:120mm/B:53.5mm

RTCPS2 (2pcs)

Lip Wider
- Small Size, 2pcs
- Size A:114mm/B:42mm

For having lip wide for intra-oral photography.

Side Wider

134°C 111

- Plastic products, but autoclave sterilizable
- 134 degrees autoclave sterilizable
- An assistant tool for helping to understand the oral health when capturing intraoral photos
- Do not place it near the internal hot line of the autoclave during sterilization
- Select the appropriate shape and size for the area you want to shoot.
- It's made transparent and solid, so there is no deformation.

NEW

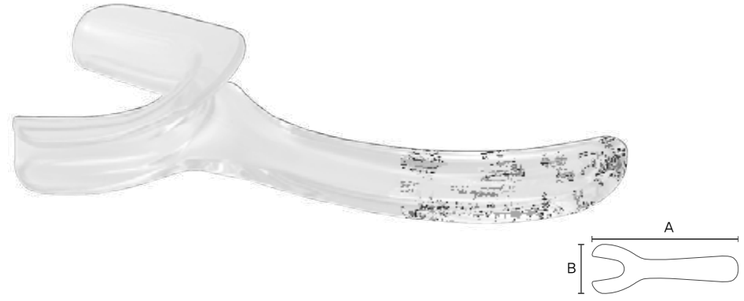
RTSWSM (2pcs)

Side Wider M
- Medium size, 2pcs
- Size A : 139mm / B : 51mm

NEW

RTSWSS (2pcs)

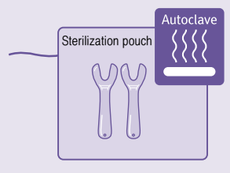
Side Wider S
- Small size, 2pcs
- Size A : 135mm / B : 41mm



NEW

RTSWSH (4pcs)

Side Wider H
- Hook, 4pcs
- Size A : 86mm / B : 15mm



Side Wider disinfection instructions

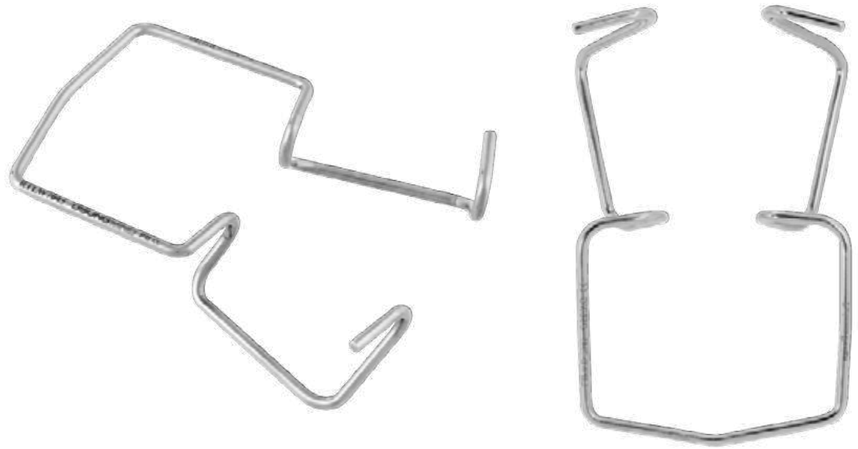
- High-pressure sterilization is available.
- Make sure to wrap in a sterilization pouch when disinfected with high-pressure sterilization.
- Disinfecting the Side Wider without being wrapped in a sterilization pouch may cause damage to the product.
- Please note that repeated disinfection may cause the product to be cloudy or crack.

Retractors

Lip Retractor

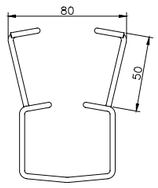
Parkman Design

- Designed to give you a better view of the oral cavity as a self-retaining lip retractor.



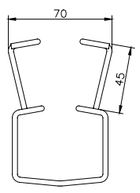
NEW
RTLW8050

Lip Wider
- Large Size



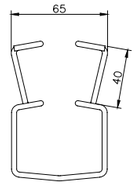
NEW
RTLW7045

Lip Wider
- Medium Size



NEW
RTLW6540

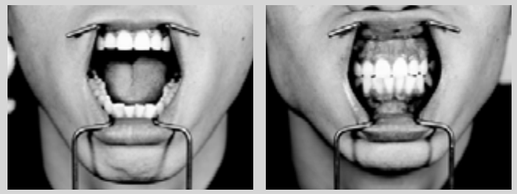
Lip Wider
- Small Size



Practice

- Less pain for the patient when opening the mouth with thicker material than other products.
- Designed for the pressure point of the lips for a better view of the oral cavity.
- Stainless steel for easy cleaning and sterilization

※ It is recommended to apply Vaseline, etc., lightly to the lips of patients when using a retractor.

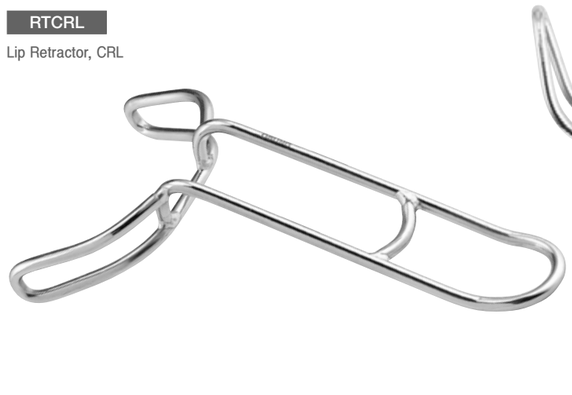


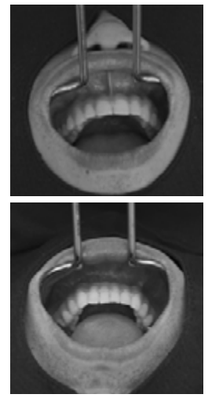
Retractors

Lip and Cheek Retractor

RTCRL

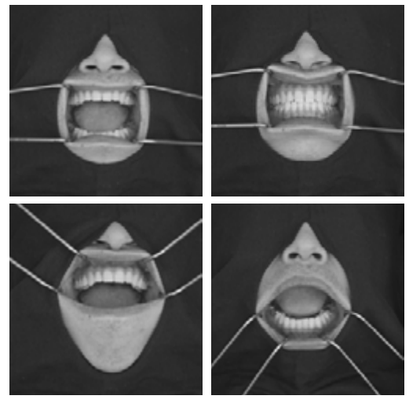
Lip Retractor, CRL





RTCRC

Cheek Retractor, CRC
- Columbia



Lip and Tongue Retractor

- For earning easy impression / possible to use during implant or surgical surgery

RTLS

- Using Lip retractor, you don't need to use multiple mirrors during earning upper jaw impression.

RTTG

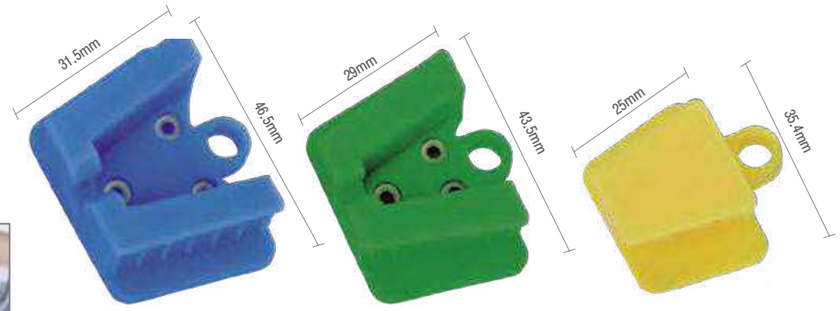
- Using both lip retractor and tongue retractor simultaneously, you can reduce amount of work during earning lower jaw impression. It is available during an implant operation or a surgical operation.

Mouth Props · Suction Tips

Mouth Prop

Autoclavable

It is not rotated as disposable suction tip is fixed twice.



MPL
• Large

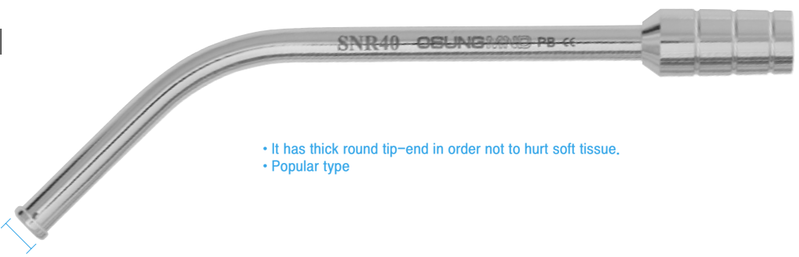
MPM
• Medium

MPS
• Small

Suction Tip (Stainless Steal)

• The body and the tip are made with stainless steel which would not cause any discoloration or peeling away of coating.
This suction tip can be used semi-permanently.

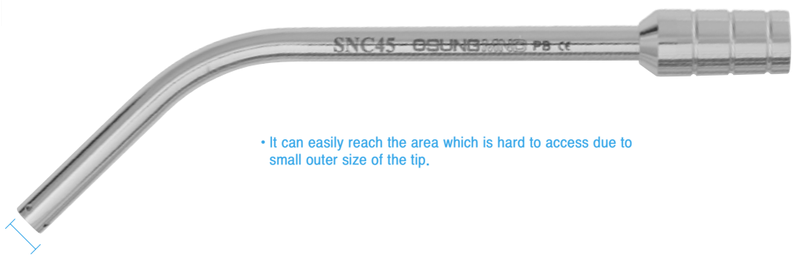
SNR40



• It has thick round tip-end in order not to hurt soft tissue.
• Popular type

Inner diameter Ø4
Outer diameter Ø7

SNC45



• It can easily reach the area which is hard to access due to small outer size of the tip.

Inner diameter Ø4.6
Outer diameter Ø6

Products for Dentistry

OSUNG Catalogue 2022/2023

Periodontal

Products for Dentistry

OSUNG Catalogue 2022◦2023

PERIODONTAL

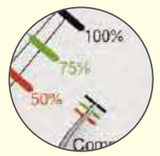
Ultrasonic Scaler Tips

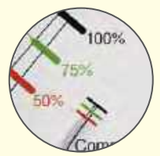
Ultrasonnic scaler tip made by 100% Korean technique

- **Improved quality thru structural analysis**
- **Lowered price thru process improvement**
- **No damage to handpiece.**

Provide a Different Service

Recommend to change scaler tip when tip is worth by 50%.





Autoclavable

SATELEC EMS

- Torque Wrench

USETW

- For EMS and SATELEC tip
- Free from infection as the tip do not touch hand during connecting to handpiece.
- Do not use Dry Heat

Ultrasonic Scaler Tip

SATELEC

- Universal

USS1

- Compatible with SATELEC "No.1"

EMS

- Supragingival & Subgingival

USEP

- Compatible with EMS "Type P"

EMS

- General deposit removal

USEA

- Compatible with EMS "Type A"

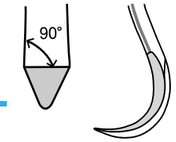
EMS

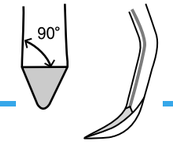
- Interproximal & Subgingival

USEPS

- Compatible with EMS "Type PS"

Sickle Scalers





- Has cutting edge at both sides as removing of supragingival calculus.
- It is pointed at the end.
- There are curved & straight types.

Curved Sickle Scaler
- Both cutting edges are focused on one point following the shape of rounded curved blade.

Straight Sickle Scaler = Jacquette Scaler
- Both cutting edges are focused an one point following the shape of straight blade.
- Jacquette scaler

Sickle Scaler_Silicone Handle

Autoclavable

BEST

2LSH5-33

Sickle Scaler, H5-33
- To remove calculus of interproximal & cervical in anterior.

시클 스케일러 사용동영상

2LSH6-H7

Sickle Scaler, H6-H7
- Anterior, Premolar
- To remove calculus of interproximal

2LSJAC30-33
- Anterior
- One side is standard size and the other side is small size

BEST

2LSJAC31-32
- Posterior
- Standard sized Jacquette tip

2LSJAC34-35
- Posterior
- Small sized Jacquette tip

Sickle Scalers

Sickle Scaler_Metal Handle

BEST

LSH5-33

- To remove calculus of interproximal & cervical in anterior.

Video Clip

LSH6-H7

- Anterior, Premolar
- To remove calculus of interproximal

LSJAC30-33

- Anterior
- One side is standard size and the other side is small size

BEST

LSJAC31-32

- Posterior
- Standard sized Jacquette tip

LSJAC34-35

- Posterior
- Small sized Jacquette tip

Sickle Scalers

Sickle Scaler_Metal Handle

LS204

- To remove calculus on proximal of supragingiva in posterior.
- For removal of heavy calculus.

LS204S

- To remove supragingival calculus between the tooth in posterior.

LS204SD

- For posterior
- Standard sized Jacquette tip

LSSCM152

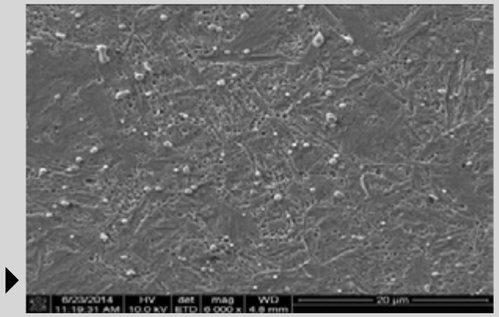
- Useful to remove stain with spoon shaped knife.

Science & Technology

The selection of proper steel and heat treatment is a very important thing for instruments.
But how do you make a right product if there is no analytical technique for metal crystal structure and heat treatment?

Surprisingly, even the famous instrument manufacturers in developed countries are not able to secure these analytical skills. However, we have world-class technology and know-how in analytical engineering for metal as a result of many efforts for a long time.

Figure. SEM image for checking the crystal grain size, solid solubility of carbide and etc..



Sickle Scalers

Towner (U15)

• For removal of heavy calculus of interproximal, buccal and lingual

BEST

LSU15-30

• Anterior
• Towner-Jacquette
• For removal of heavy calculus

LSU15-33

• Anterior
• Towner-Jacquette
• For removal of heavy calculus

Micro Sickle Scaler

• Elongated terminal shank with sharp and slender blade.
• Very useful for tight proximal surfaces.
• Used for removal of supragingival calculus for all teeth surfaces.
• Used for removal of subgingival calculus near the edge of gum.

2LSMS1-2

• Silicone Handle

134°C 오토클레이브 사용가능

LSMS1-2

• Metal Handle

Mini Sickle Scaler

• Used for removal of supragingival calculus of all tooth surfaces, especially of proximal surfaces.
• Used for removal of subgingival calculus near the edge of gum.
• Used for removal of filling, adhesive and cement excesses.
• Used for removal of calculus and granulation tissue in flap operation.

2LSMS11-12

• Silicone Handle

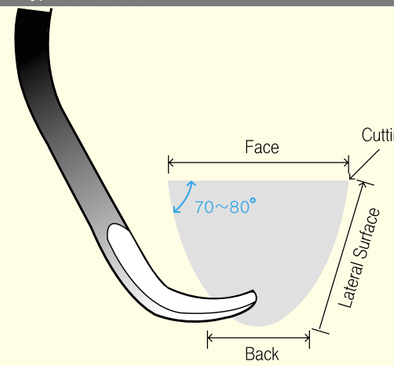
134°C 오토클레이브 사용가능

LSMS11-12

• Metal Handle

Curettes

Four Types of Curettes

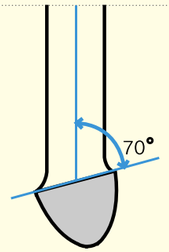


A curette is the most suitable instrument for removing subgingival calculus and for doing root planing. It is specially useful for deep periodontal pocket or furcation lesion.

A curette is designed to avoid tissue trauma & damage to the teeth.

• Two cutting edges meet to make round toe and cross section is round shape.

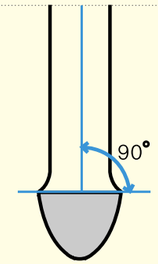
• Face & lateral surface meet to make cutting edge.



1. Gracey Curette

Used for fixed specific area according to each instruments

The lower cutting edge is used only and have 70 ° angle on the basis of terminal shank



2. Universal Curette

Used for all root conditioning

Both cutting edges are 90 ° angle on the basis of terminal shank

Gracey Curette and Universal Curette

	Gracey Curette	Universal Curette
Area for use	Designated to be used for the specific area.	Available to all area & root conditioning as one curette
Blade angle	70 °	90 °
Use cutting edge	One lower cutting edge	Both cutting edges
Curve of cutting	Curved toward the end & side of a tip	Curved toward the end of a tip
How to use	Use to each area according to curette number.	Narrow terminal angle & short length is for anterior and wide terminal angle & long length is for posterior.

Gracey Curettes-Standard

Gracey Curette
GR11-12 VS 15-16

It is difficult to place connecting part of GR11-12 on the mesial surface of the lower posterior parallelly. The angle of GR15-16 reaches the mesial surface of posterior when it is fixed in the mouth in front of a patient.

It has a blade that is laterally offset by 70 degrees relative to the shank and has a lower cutting edge and an upper non-cutting edge. Only one side of the blade can be used.

Standard Gracey Curette_Silicone Handle

Autoclavable ※OSUNG's silicone handle gives no-stress on wrist and provides an excellent grip.

Video Clip

BEST **2CGR1-2**

• Anterior

Video Clip

BEST **2CGR11-12**

• Mesial surface of all posterior teeth

Video Clip

BEST **2CGR13-14**

• Distal surface of all posterior teeth

Gracey Curettes-Standard

Gracey Curette
GR13-14 VS 17-18

Designed to reach distal surface effectively and makes reach the mesial surface of posterior when it is fix in the mouth in front a patient.

Standard Gracey Curette_Silicone Handle

Autoclavable

2CGR3-4

• Anterior & premolar

2CGR5-6

• Anterior & premolar

2CGR7-8

• Premolar & molar
(facial and lingual surface)

2CGR9-10

• Molar (facial and lingual surface)

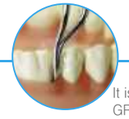
2CGR15-16

• Mesial surface of all posterior teeth
• Shank has the same angle with GR13-14 but useful for mesial surface of posterior

2CGR17-18

• Distal surface of all posterior teeth

Gracey Curettes-Standard



Gracey Curette
GR11–12 VS 15–16

It is difficult to place connecting part of GR11–12 on mesial surface of lower posterior parallelly. The angle of GR15–16 makes reach mesial surface of posterior when it is fix in the mouth in front of a patient.

Standard Gracey Curette_Plastic Handle

134°C Autoclavable

Video Clip

BEST **3CGR1-2**

• Anterior

Video Clip

BEST **3CGR11-12**

• Mesial surface of all posterior teeth

Video Clip

BEST **3CGR13-14**

• Distal surface of all posterior teeth

Gracey Curettes-Standard

Gracey Curette
GR13–14 VS 17–18

Designed to reach distal surface effectively and makes reach mesial surface of posterior when it is fix in the mouth in front of a patient.

Standard Gracey Curette_Plastic Handle

134°C Autoclavable

3CGR3-4

• Anterior & premolar

3CGR5-6

• Anterior & premolar

3CGR7-8

• Premolar & molar
(facial and lingual surface)

3CGR9-10

• Molar
(facial and lingual surface)

3CGR15-16

• Mesial surface of all posterior teeth
• Shank has the same angle with GR13–14 but useful for mesial surface of posterior

3CGR17-18

• Distal surface of all posterior teeth

Gracey Curettes-Standard

Gracey Curette
GR11-12 VS 15-16

It is difficult to place connecting part of GR11-12 on mesial surface of lower posterior parallelly. The angle of GR15-16 makes reach mesial surface of posterior when it is fix in the mouth in front of a patient.

Standard Gracey Curette_Metal Handle

Video Clip

BEST
CGR1-2

- Anterior

Video Clip

BEST
CGR11-12

- Mesial surface of all posterior teeth

Video Clip

BEST
CGR13-14

- Distal surface of all posterior teeth

Gracey Curettes-Standard

Gracey Curette
GR13-14 VS 17-18

Designed to reach distal surface effectively and makes reach mesial surface of posterior when it is fix in the mouth in front of a patient.

Standard Gracey Curette_Metal Handle

CGR3-4

- Anterior & premolar

CGR5-6

- Anterior & premolar

CGR7-8

- Premolar & molar
  (facial and lingual surface)

CGR9-10

- Molar
  (facial and lingual surface)

CGR15-16

- Mesial surface of all posterior teeth
- Shank has the same angle with GR13-14 but useful for mesial surface of posterior

CGR17-18

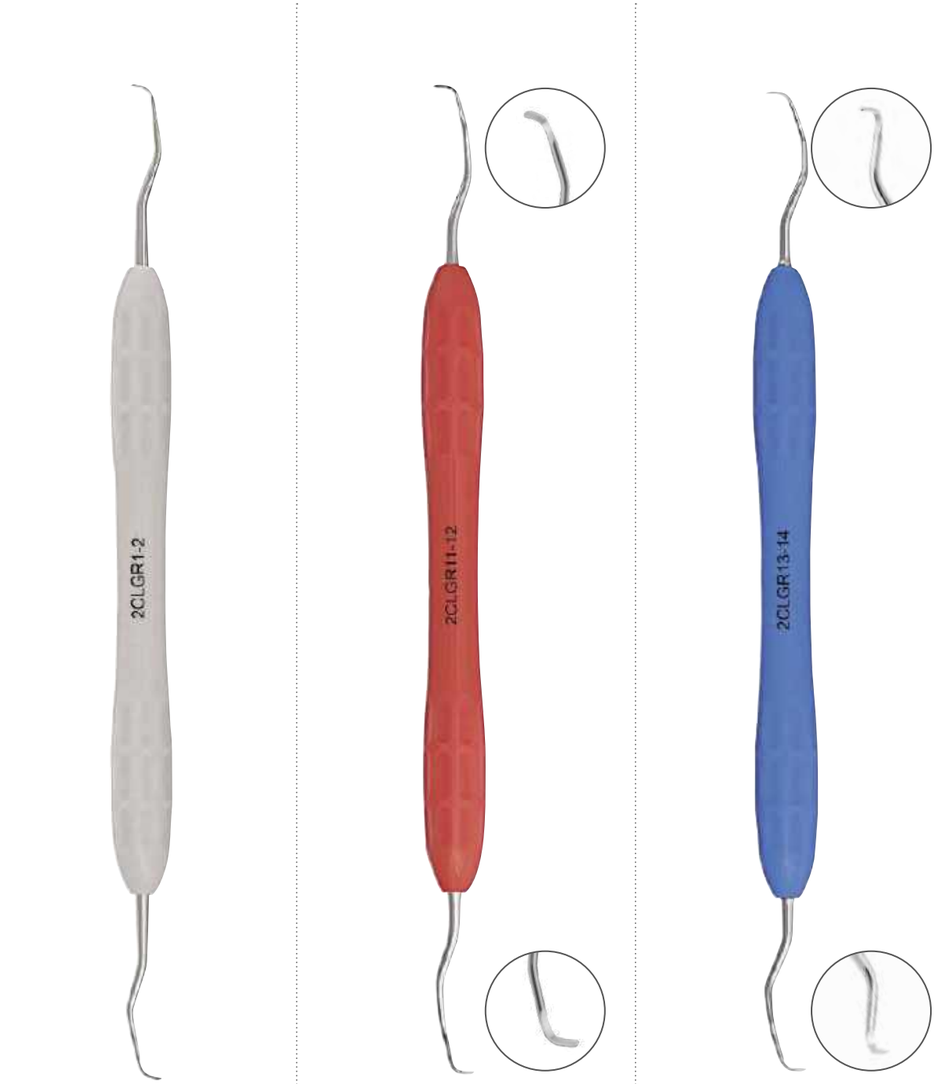
- Distal surface of all posterior teeth

Gracey Curettes-Standard

Standard Gracey Curette_Silicone Handle

Autoclavable

※OSUNG's silicone handle gives no-stress on wrist and provides an exellent grip.



BEST **2CLGR1-2**
- Anterior

BEST **2CLGR11-12**
- Mesial surface of all posterior teeth

BEST **2CLGR13-14**
- Distal surface of all posterior teeth

Gracey Curettes-Standard

Standard Gracey Curette_Silicone Handle

Autoclavable

2CLGR3-4
- Anterior & premolar

2CLGR5-6
- Anterior & premolar

2CLGR7-8
- Premolar & molar (facial and lingual surface)

2CLGR9-10
- Molar (facial and lingual surface)

We applied colour coding for curettes by ISO 13397-2:2005.

Type	Colour Coding	Area
GR 5/6	YELLOW	Anterior / Canine Teeth
GR 7/8	GREEN	Molar and Permolar, Buccal and Oral
GR 11/12	RED	Molar and Permolar, Mesial, Furcations
GR 13/14	BLUE	Molar and Permolar, Distal, Furcations

Rigid Gracey Curettes

It prevents slipping and reduces finger pain during the dental procedure.

The tip is strong and thick compared to gracey curette so it can remove much calculus without extra use of sickle scaler or hoe scaler.

Rigid Gracey Curette_Plastic Handle

134℃ Autoclavable

BEST
3CRGR1-2
• Anterior

3CRGR3-4
• Anterior & premolar

3CRGR5-6
• Anterior & premolar

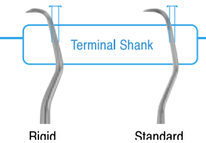
3CRGR7-8
• Premolar & molar
(facial and lingual surface)

3CRGR9-10
• Molar (facial and lingual surface)

BEST
3CRGR11-12
• Mesial surface of all posterior teeth

BEST
3CRGR13-14
• Distal surface of all posterior teeth

Rigid Gracey Curettes



Rigid Gracey Curette_Metal Handle

BEST
CRGR1-2
• Anterior

CRGR3-4
• Anterior & premolar

CRGR5-6
• Anterior & premolar

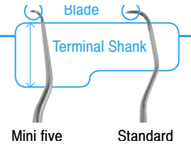
CRGR7-8
• Premolar & molar
(facial and lingual surface)

CRGR9-10
• Molar
(facial and lingual surface)

BEST
CRGR11-12
• Mesial surface of all posterior teeth

BEST
CRGR13-14
• Distal surface of all posterior teeth

Mini Five Curettes



The terminal shank is 3mm longer than that of standard curette for access into deep periodontal pockets and root surfaces of 5mm or more. The blade length is reduced in half from the standard gracey curette, for a better adaptation in narrow pockets and furcations. The blade is a little thinner than that of the standard gracey curette to enable easy gingival insertion and reduce tissue damage.

Mini Five Curette_Silicone Handle

Autoclavable ※OSUNG's silicone handle gives no–stress on wrist and provides an excellent grip.

BEST
2CMGR1-2
• Anterior

2CMGR3-4
• Anterior & premolar

2CMGR5-6
• Anterior & premolar

2CMGR7-8
• Premolar & molar
(facial and lingual surface)

2CMGR9-10
• Molar (facial and lingual surface)

BEST
2CMGR11-12
• Mesial surface of all posterior teeth

BEST
2CMGR13-14
• Distal surface of all posterior teeth

Mini Five Curettes

Mini Five Curette_Metal Handle

BEST
CMGR1-2
• Anterior

CMGR3-4
• Anterior & premolar

CMGR5-6
• Anterior & premolar

CMGR7-8
• Premolar & molar
(facial and lingual surface)

CMGR9-10
• Molar
(facial and lingual surface)

BEST
CMGR11-12
• Mesial surface of all posterior teeth

BEST
CMGR13-14
• Distal surface of all posterior teeth

Mini Five Rigid Curettes . After Five Rigid Curettes

Mini Five Rigid Curette_Plastic Handle

- The terminal shanks of the Rigid gracey curette are extended by 3 mm.
- The blade is 10% thinner than the Rigid gracey curette to ease gingival insertion and reduce tissue expansion.
- Mini Five Rigid Curettes feature a reduced blade that is to half the length of the After Five Rigid Curette, for better adaptation in narrow pockets and furcations.

NEW
3CMRGR11-12

Mini five rigid curette
- Easy access to use into deep periodontal pockets and root surfaces of 5 mm or more.
- Used for all of the mesial surfaces of posterior teeth

134℃ 오토클레이브 사용가능

NEW
3CMRGR13-14

Mini five rigid curette
- Easy access to use into deep periodontal pockets and root surfaces of 5 mm or more.
- Used for all of the distal surfaces of posterior teeth

134℃ 오토클레이브 사용가능

After Five Rigid Curette_Plastic Handle

- The terminal shanks of the Rigid gracey curette are elongated by 3 mm.
- Easy access to use into deep periodontal pockets and root surfaces of 5 mm or more.
- The blade is 10% thinner than the Rigid gracey curette to ease gingival insertion and reduce tissue expansion.

NEW
3CARGR11-12

After five rigid curette
- Easy access to use into deep periodontal pockets and root surfaces of 5 mm or more.
- Used for all of the mesial surfaces of posterior teeth

134℃ 오토클레이브 사용가능

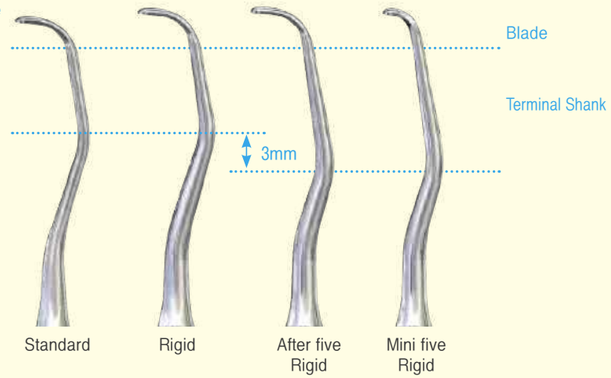
NEW
3CARGR13-14
- Easy access to use into deep periodontal pockets and root surfaces of 5 mm or more.
- Used for all of the distal surfaces of posterior teeth

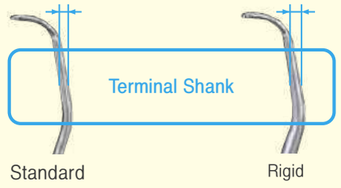
134℃ 오토클레이브 사용가능

Curettes

Detail of Curette

※ Design comparison by type

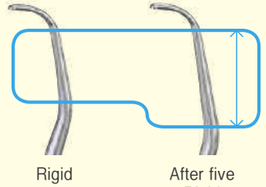




1. Rigid Gracey Curette

Used to remove heavy calculus due to thick and strong shank.

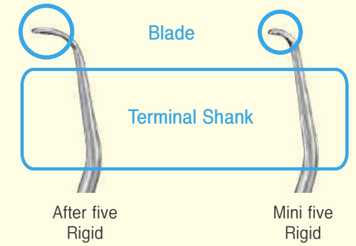
The terminal shank is thicker and stronger than the Gracey Curette, which is thicker and stronger than the Gracey type Curette and is used to remove heavy calculus without the use of additional sickle scalers or hoe scalers.



2. After Five Rigid Curette

Thick shank and long terminal shank make it easy to remove heavy calculus while improving access to root surfaces.

The terminal shank is 3 mm longer, and the blade width decreased by 10% compared to Rigid Gracey Curettes, which make it easy to access to root surfaces, and it is thicker than Standard After Five, which make it less bounced over the calculus removal.



3.Mini Five Rigid Curette

The long terminal shank and the short blade improve accessibility into periodontal pockets.

The blade is 1/2 shorter than the After Five Rigid Curettes, making it ideal for narrow pockets and furcations. (The tips are rigid rather than the standard Mini Five Curettes.)

Universal Curettes

Blades are sharpened on both sides. Blade curved at 90 degrees to the shank with a rounded toe. Designed so that the working ends can be adapted to all tooth surfaces of all regions of the mouth with one double-ended instrument.

Universal Curette_Silicone Handle

Autoclavable ※OSUNG's silicone handle gives no-stress on wrist and provides an excellent grip.

BEST

2CUC13-14

- Used for removal of minor calculus of all teeth.
- For both mesial and distal surfaces.

2CU2L-2R

- Used for removal of minor calculus of incisors and premolars.
- For supra- and subgingival.

2CUGF3

- Used for removal of minor calculus of premolars and molars.
- Also for concave tooth surfaces and furcation lesions.

2CUMC13S-14S

- Rigid shank with strong blade is suitable for removal of heavy calculus deposits.
- For removal of supra- and subgingival calculus

2CUSYN15-16

- A combination of universal and finishing curette for the removal of supra- and subgingival calculus.
- For both concave and convex surfaces.

2CUSYN15-16M

- Excellent in tight, deep pocket

Universal Curettes

Universal Curette_Metal Handle

BEST

CUC13-14

- Used for removal of minor calculus of all teeth.
- For both mesial and distal surfaces.

CU2L-2R

- Used for removal of minor calculus of incisors and premolars.
- For supra- and subgingival.

CU4L-4R

- Used for removal of minor calculus of incisors and premolars.
- For supra- and subgingival.

CUGF3

- Used for removal of minor calculus of premolars and molars.
- Also for concave tooth surfaces and furcation lesions.
- Series #3 of Goldman fox

CUMC13S-14S

- Rigid shank with strong blade is suitable for removal of heavy calculus deposits.
- For removal of supra- and subgingival calculus

Universal Curettes · Special Curettes

Universal Curette_Metal Handle

Blades are sharpened on both sides. Blade curved at 90 degrees to the shank with a rounded toe. Designed so that the working ends can be adapted to all tooth surfaces of all regions of the mouth with one double-ended instrument.

CUYG7-8

- Younger-Good 7-8
- Premolar & molar

CUSYN15-16

- A combination of universal and finishing curette for the removal of supra- and subgingival calculus.
- For both concave and convex surfaces.

CUSYN15-16M

- SYN15-16 MINI
- Excellent in tight, deep pocket.

New Combination of Gracey Curette

Video Clip

CGR11-14

- Combinate with gracey curettes 11 & 14
- Access to mesial & distal on posterior as one curette.

CGR12-13

- Combinate with gracey curettes 12 & 13
- Access to mesial & distal on posterior as one curette.

SUB-ZERO Curette

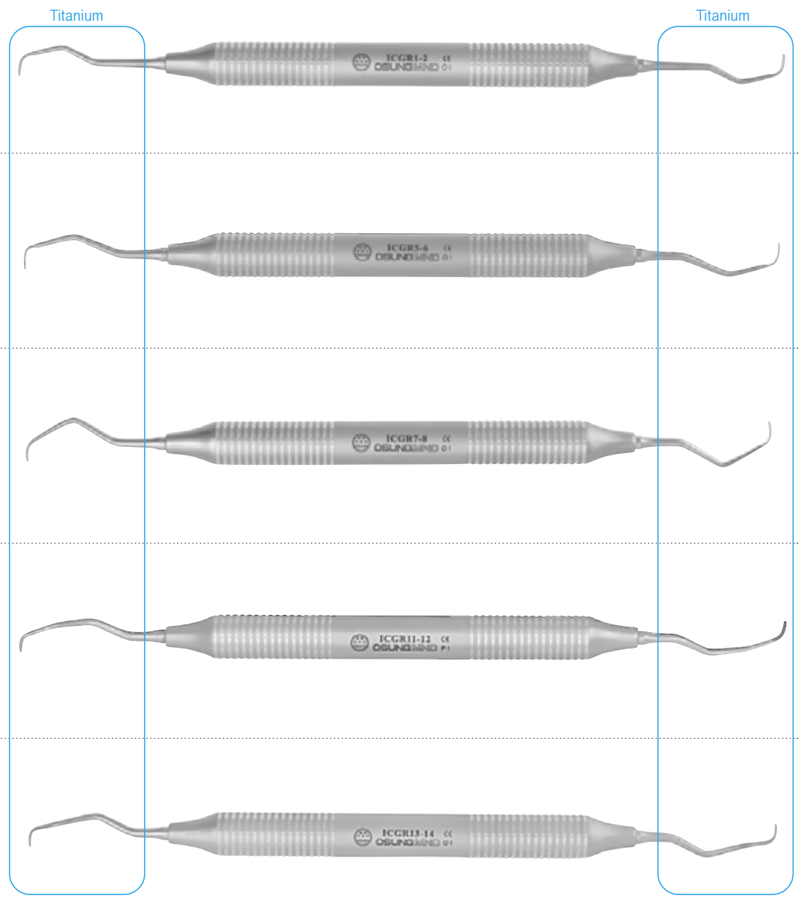
CUSUB-0

- It is ideal for anterior flap surgery with a long shank that reaches furrow.
- The blade of short hook type removes calculus clearly.
- One sub-zero curette is enough for flap surgery.

Implant Curettes · Chisel Scaler

Implant Curette

Soft titanium is used as a material for scratch-free and contamination-free on the implant. And the implant curettes are more workable than plastic curettes. Also the curettes can be used for a second surgery. As the curettes have the same blade shapes and angles as those of standard curettes, they give a more comfortable feeling when we use them.



BEST

ICGR1-2

- Similar to Gracey 1-2
- For anterior

ICGR5-6

- Similar to Gracey 5-6
- For anterior

ICGR7-8

- Similar to Gracey 7-8
- For posterior

BEST

ICGR11-12

- Similar to Gracey 11-12
- For posterior

BEST

ICGR13-14

- Similar to Gracey 13-14
- For posterior

Chisel Scaler

CSZ

- Metal Handle/Single End
- Removes calculus on the mandibular anterior.
- It is push stroke type not like hoe scaler

Hoe Scalers

Used for removal of heavy supramarginal calculus.

Hoe Scaler

For anterior buccal and lingual surfaces.

HSA12-13

- Anterior Hoe Scaler

For the buccal and lingual surfaces of all teeth.
Also can be used in furcation areas.

HSL34-35

- Lateral Hoe Scaler

For the mesial and distal surfaces of molar.
Can be used in furcation areas.

HSP56-57

- Posterior Hoe Scaler

It is used for buccal and lingual of posterior.

HSO8-9

Hoe Scaler, O8-9
- Orban 8-9
- 폭1.8mm/폭1.8mm

File Scalers

File Scaler

Used for crushing large calculus deposits so that the deposit can be more easilly removed by a curette. Can also be used for smoothing the margins of amalgam restorations.

FSH3-7

- Hirschfeld 3-7
- Buccal/Lingual

FSH5-11

- Hirschfeld 5-11
- Mesial/Distal

Periodontal File Scaler

For interproximal. To crush and remove heavy deposits from subgingival and supragingival interproximal areas.

File on both sides for using proximal.
Push & pull.

PDS1-2S

- Mesial/Distal

Has file on one side.
No harm on gingival during using at buccal & lingual.

PDS3-4S

- Buccal/Lingual

Used for crown lengthen procedure, implant surgery, removing torus and olarplasty

PDS9-10S

- Curved File
- Buccal/Lingual

Sharpening Stone · Perio Scaling Kit

Sharpening Stone

• Used for sharpening hand instruments.

SST-C3

• Ceramic Sharpening Stone #3C (Medium Grit)
• Brown
• 80 x 33 x 6.3H (mm)

134°C Autoclavable

Perio Scaling kit

134°C Autoclavable

3LSK01

Perio Scaling Kit Part 1
• Diagnostic & Supragingival Scaling
• Ex-Probe 1ea, Sickle Scaler 2ea

3XP23-WHO
• Exploring calculus & measuring periodontal pocket

3LSU15-33
• Used for removing of supragingival calculus in anterior.

3LSJAC34-35
• Used for removing of supragingival calculus in posterior

3LSK02

Perio Scaling Kit Part 2
• Root Planning & Subgingival Curettage
• Anterior Curette 1ea, Molar Curette 2ea

3CGR1-2
• Used on the anterior of teeth.

3CGR11-12
• Used on the mesial portions of posterior teeth.

3CGR13-14
• Used on the distal portions of posterior teeth.

Periodontal Treatment

Non-surgical treatment to maintain a healthy periodontal condition,
to restore periodontally diseased tissue to a healthy state to prevent progression
of periodontal disease.

Rigid curette

Rigid gracey curette has a thicker and stronger terminal shank than that of the standard gracey curette.
It is built for removal of heavier levels of calculus.
Light weight plastic handle design provides easy handling and
reduces hand and wrist fatigue.
Plastic handle with embossed dot pattern gives a more positive grip and its rolling stopper on the handle allows minimizing tip damage from rolling or sliding when it is placed on the table.

Arrangement

01. Probe	BPWHO	P.026
02. Explorer	EXD11-12	P.014
03. Torque Wrench	USETW	P.036, 334
04. Ultrasonic Scaler Tip	USEA	P.036
05. Sickle Scaler	LSH5-33	P.038
06. Sickle Scaler	LSJAC31-32	P.038
07,08,09. Gracey Curette	CGR1-2	P.046
	CGR11-12	P.046
	CGR13-14	P.046

01.

02.

03.

04.

05.

06.

07.

08.

09.

Process

BPWHO ▶
EXD11-12 ▶▶

01. Measuring periodontal pocket depth

02. Detecting subgingival calculus

USFTW ▶
USEA ▶
LSH5-33 ▶▶

03. 04. Removal of supragingival calculus with ultrasonic scaler

05. Removal of supragingival calculus(anterior)

LSJAC31-32 ▶
CGR1-2 ▶▶

06. Removal of supragingival calculus(posterior)

07. Root planing(anterior)

CGR11-12 ▶
CGR13-14 ▶▶

08. Root planing(mesial surface of posterior teeth)

09. Root planing(buccal surface of posterior teeth)

Practice

01. Measuring periodontal pocket depth

Used
Periodontal probes are used to measure the depth and determine the configuration of a periodontal pocket, gingival bleeding response to the periodontal probing, gingival recession and clinical attachment loss. It can also be used for determining the extent of furcation involvement on multi rooted teeth and measuring the pathologic lesions and width of the attached gingiva.

Character
It has a ball end of diameter 0.5mm and a first colored band at 3.5-5.5mm. Blunt ball end makes the patient comfortable when inserting the periodontal probe into the gingival sulcus.
Specially designed for detecting subgingival calculus and overhanging margin.

Probe_BPWHO

How to use

1. Correctly adapt the periodontal probe using a proper pen grasp.
2. While probing, the tip of the probe is kept vertically parallel to the long axis of the tooth and placed gently on the gingival margin until the junctional epithelium is contacted. The minimal force of around 20-25g should be used.
3. Proceed with walking stroke. The side of the probe tip should be kept in contact with the tooth surface.

The ball ended tip of 0.5mm in diameter minimizes patient discomfort due to probing.

Probing(posterior tooth): The side of the probe tip(1-2mm) is applied to the distofacial line the angle of the buccal/lingual surface.**Probing(anterior tooth):** The side of the probe tip is applied to the superjacent free gingival margin at the central region of the labial/lingual surface.

Adapt the tip to the tooth surface at the angle of 0 to 15 degrees vertically to the tooth and gently apply to a tooth until the junctional epithelium is contacted. Tilt the probe following the shape of Col.

02. Detecting subgingival calculus

Used
Used for detecting the amount & distribution of subgingival calculus & plaque and examining the condition of tooth surface after receiving treatment of scaling and root planing. Detect the anatomic configuration of root and root anomalies.

Character
Angled like Gracey 11/12 Curette for improved calculus detection. Extra-long complex shank allows deeper insertion and better access into the periodontal pocket. Available for anterior or posterior application.

Explorer _ EXD11-12

How to use

1. Use a modified pen grasp with finger rest on an adjacent tooth surface which makes it possible to provide stability and control.
2. Keep the shank parallel to the long axis of the tooth.
3. Insert a tip with a light pressure keeping in contact with the tooth surface.
4. Exploring with walking stroke. The side of the tip should be kept in contact with the tooth surface.

When choosing the correct working end, place the terminal shank parallel to the long axis of the tooth surface.

Apply 1-2mm of a tip(back) to the tooth surface at the superjacent free gingival margin to the tooth surface.

Adapt the tip to the tooth surface into a vertical position, gently insert the tip until the junctional epithelium is contacted and stroke in a vertical direction.

Wrong Position

The incorrect working end has been selected if the terminal shank is not parallel to the long axis of the tooth and it curves around the tooth surface when placing the point to the lingual surface from the buccal surface.

Wrong Position

If the point is directed toward the tooth surface, the wrong working angle will be set.

Proceed from the junctional epithelium to the gingival margin with overlapping short stroke.

Practice

03. 04. Removal of supragingival calculus with ultrasonic scaler

Used
Used for tightening the ultrasonic scaler tip and handpiece.

Character
Made of high strength steel for hexa head a connecting shaft of a scaler tip to ensure improved validity of the instrument.

Used
Ultrasonic scaler tips are used for removal of calculus, plaque and temporary sealing material rapidly from tooth surface during dental prophylaxis.

Character
Tips are designed for EMS scalers and allow various functions to be performed.

05. Removal of supragingival calculus

Used
Designed for removal of moderate to a heavy accumulation of supragingival calculus on anterior teeth and subgingival calculus located just below free gingiva.

Character
Double-ended straight shank for use anyway and anywhere.
Two cutting edges on a straight triangular-shaped blade.
The internal angle of the blade is 70-80°.

Torque Wrench _ USFTW How to use

1. Insert the ultrasonic scaler tip into the wrench, screw it into the handpiece by turning clockwise to tighten.
2. For loosening, turn the torque wrench counter-clockwise direction.
3. After use, be sure to clean and sterilize the wrench completely with the scaler tip is attached.

Ultrasonic Scaler Tip _ USEA How to use

1. The side of the tip should be applied 15 degree angle to the long axis of the tooth.
2. It is recommended that the tip be adapted to stroke parallel to the tooth surface in a sweeping-like motion.
3. After 50% of the tip is worn away, it should be discarded as the tip's efficiency is lost.

Tighten the ultrasonic scaler tip and handpiece.

Apply the side of the tip to the tooth surface of 15 degrees angle.

If you want to remove the calculus accumulated on the adjacent tooth surface, place the side of the tip to the tooth surface.

Sickle Scaler _ LSH5-33 How to use

1. Use a modified pen grasp with finger rest on an adjacent tooth surface which makes it possible to provide stability and control.
2. Maintain 45 to 90 degrees for working stroke.
3. Overlapping motions with tip 1/3 with a vertical or oblique stroke.

Tilt the shank slightly toward the tooth surface to establish correct angulation.

Adapt the tip 1/3 of the cutting edge to the center of the cervical line, directing the point toward the mesial surfaces.

Tilt the facial surface of the blade toward the tooth to achieve an approximate 70-80 angle between the tooth and blade.
Apply lateral pressure against the tooth and pull the scaler firmly upward and diagonal with overlapping strokes.

06. Removal of supragingival calculus

Used
Designed for removal of moderate to a heavy accumulation of supragingival calculus on posterior teeth and subgingival calculus located just below free gingiva.

Character
The blade of a curette is correctly adapted when the terminal shank is parallel to the long axis of tooth surface when the blade tip directed toward the two adjacent teeth surface.
Two cutting edges on a paired working end with a triangular cross-section and the internal angle of the curved blade is 70-80°.

Sickle Scaler _ LSJAC31-32 How to use

1. Use a modified pen grasp with finger rest on an adjacent tooth surface which makes it possible to provide stability and control.
2. Adapt the tip 1/3 to the distobuccal surface line angle. Oblique stroke on the buccal-lingual surface and vertical stroke on the proximal surface.
3. Use a short pull stroke.

The correct working end for scaling is evident when the terminal shank is parallel with the long axis of the tooth surface.

Adapt the tip 1/3 of the cutting edge to the distobuccal surface.

Wrong Position

It is a wrong making end if the terminal shank is not parallel to the long axis of the tooth when the pin is positioned buccolingual.

07. Root planing

Used
Curettes are fine instruments used for subgingival scaling, root planing and removal of soft tissue lining the pocket. It is used on anterior teeth surface.

Character
It can be adapted and provide good access to a deep pocket with minimal soft tissue trauma. The two cutting edges meet together and make a round toe. The cross section of a toe is a semicircle.

Gracey Curette _ CGR1-2 How to use

1. Use a modified pen grasp with finger rest on an adjacent tooth surface wherever possible to provide stability and control.
2. Position the face of the blade toward the tooth surface, and the angulation between the tooth should be as close to zero as possible. Adapt the tip 1/3 of the lower cutting edge against the tooth surface.
3. Use a short pull stroke.

The blade of a curette is correctly adapted when the terminal shank is parallel to the long axis of tooth surface when the blade tip directed toward the two adjacent teeth surface.

Position the face of the blade toward the tooth surface, and the angulation between the tooth should be as close to zero as possible. Adapt the tip 1/3 of the lower cutting edge against the tooth surface.

Proceed from the junctional epithelium to the gingival margin with overlapping short pull stroke.

Practice

08.09. Root planing

Used
Curettes are fine instruments used for subgingival scaling, root planing and removal of soft tissue
lining the pocket.
It is used on the mesial surface of posterior teeth.

Character
It can be adapted and provide good access to deep pocket,
with minimal soft tissue trauma.
The blade has a round toe and two cutting edges for scaling, which makes it an efficient design for a better adaption to the root surface unlike the straight design and pointed end, which can cause tissue laceration and trauma.

Gracey Curette _ CGR11-12

How to use

1. Select a suitable blade that can be used for a mesial application.
2. Correctly adapt the tip 1/3 of the working end to the tooth surface.
3. Gently insert the tip until the junctional epithelium is contacted with the angle of 0 degree maintained to the tooth surface.
4. Apply overlapping pull stroke towards root canal side with working angulation of between 70 and 80 degrees.

The blade of a curette is correctly adapted when the terminal shank is parallel to the long axis of tooth surface when the blade tip directed toward the two adjacent teeth surface.

Position the face of the blade toward the tooth surface, and the angulation between the tooth should be as close to zero as possible. Adapt the tip 1/3 of the lower cutting edge to the tooth surface.

Keep the handle slightly away from the tooth surface so there is an the angle of 70 to 80 degrees for working stroke.

Wrong Position
It is a wrong making end if the terminal shank is not parallel to the long axis of the tooth when the pin is positioned buccolingual

Used
Curettes are fine instruments used for subgingival scaling, root planing and removal of soft tissue
lining the pocket.
It is used on the mesial surface of posterior teeth.

Character
It can be adapted and provide good access to deep pocket, with minimal soft tissue trauma.
The blade has a round toe and two cutting edges for scaling, which makes it an efficient design for a better adaption to the root surface unlike the straight design and pointed end, which can cause tissue laceration and trauma.

Gracey Curette _ CGR13-14

How to use

1. Select a suitable blade that can be used for a buccal application.
2. Correctly adapt the tip 1/3 of the working end to the tooth surface.
3. Gently insert the tip until the junctional epithelium is contacted with the angle of 0 degree maintained to the tooth surface.
4. Apply overlapping pull stroke towards root canal side with working angulation of between 70 and 80 degrees.

The blade of a curette is correctly adapted when the terminal shank is parallel to the long axis of the tooth surface when the blade tip directed toward the two adjacent teeth surface.

Position the face of the blade toward the tooth surface, and the angulation between the tooth should be as close to zero as possible. Adapt the tip 1/3 of the lower cutting edge against the tooth surface.

Keep the handle slightly away from tooth surface so there is an angle of 70 to 80 degrees for working stroke.

Wrong Position
It is a wrong making end if the terminal shank is not parallel to the long axis of the tooth when the pin is positioned buccolingual

Products for Dentistry

OSUNG Catalogue 2022/2023

Surgery

Products for Dentistry

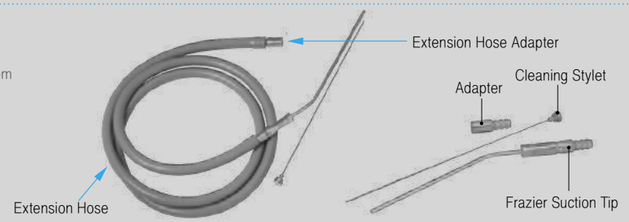
OSUNG Catalogue 2022◦2023

SURGERY

Surgical Suction Tips

Practice

Surgical Suction Tip Guide
Recommend to use extension hose to solve the problem of a short length of a built-in suction system of a unit chair.



Frazier Suction Tip

- As it has a function of controlling a suction force by closing & opening a hole, and it prevents soft tissue damage. (Especially mucous area under the tongue)
- For strong suction power, close the hole.

SNF20

- Cleaning Stylet (Suction cleaner)is not included.

BEST

SNF25

- Cleaning Stylet (Suction cleaner)is not included.

SNF30

- Cleaning Stylet (Suction cleaner)is not included.

SNKHS 134°C

Extension Hose
- Connected to the unit chair by 'Extension Hose Adapter'
- Silicone made
- Length : 1.5m
- Autoclavable

SNKHS-1 134°C

Extension Hose
- Connected to the unit chair by 'Extension Hose Adapter'
- Silicone made
- Length : 1.5m
- Autoclavable

SNKHA

Extension Hose Adapter

SNKCS

- Cleaning Stylet

Suction Tips

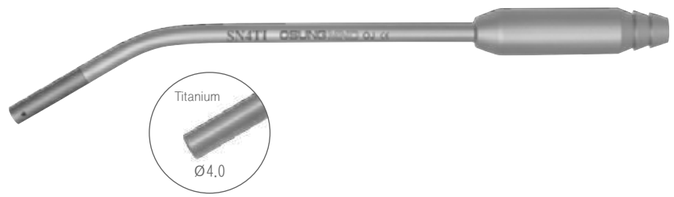
It gives a nice grip-feeling, and it is a highly available item for implant surgery.
※Recommended to use together with an extension hose.

Titanium Suction Tip

- Titanium tip is combined for implant surgery.

SN4TI

Titanium Suction Tip



BEST

SN3TI

Titanium Suction Tip

Stainless Steel Suction Tip

- Made of stainless steel
- Superior durability

SN4SUS

Stainless Steel Suction Tip

BEST

SN3SUS

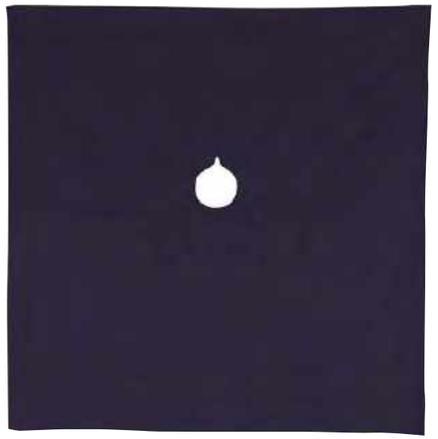
Stainless Steel Suction Tip

SN3SUSL

- 15mm longer than SN3SUS

Surgical Drape · Wrapping Clothes · Towel Clamp

Surgical Drape



- A magnet is inserted into drape to stick hinge-typed dental instruments such as scissors, needle holders, and so on.
- Magnet can be removed.

WDMA

- Size : 900 x 900mm
- Hole diametar : 90mm

Wrapping Cloth

- No discolor during washing. Tenacious fabric. Made in Korea.

WR5050

- Wrapping cloth for sterilizing dental instruments.
- Size : 500 x 500(mm)

WR7575

- Wrapping cloth for sterilizing dental instruments.
- Size : 750 x 750(mm)

Video Clip

Towel Clamp

CPTC135

- Length 135mm(±5mm)

Anesthesia Syringes

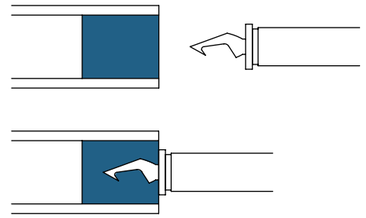
Aspirating Syringe

Video Clip

- Very simple to use, and is made of high quality materials.
- Our unique hook design guarantees perfect aspiration.

BEST
SAA1

- Type A
- 1.8cc
- Hook Shape



- The hook shaped harpoon provides an excellent clamping force with the lidocaine ampoule, making it well secured

SAB1

- Type B
- 1.8cc
- Hook Shape

SAF1

- 1.8cc
- Arrow Shape

Cartridge Syringe

SAC1

- 1.8cc

Video Clip

- The end of the rod is wide enough to push a rubber plunger of a cartridge stably.

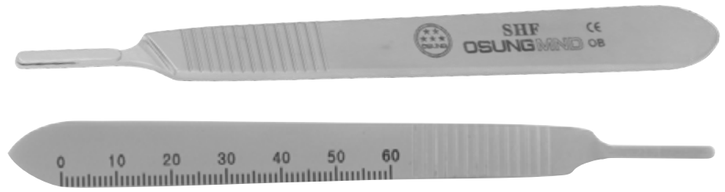
Scalpel Handles

Scalpel Handle

BEST

SHF

• With ruler for measuring length.



SHS

• Straight

SHC

• Curved
• For Posterior & Palatal Areas

• The rounded handle helps to make a curved incision.
• Useful for cutting the deepest posterior & palatal.

SH2S

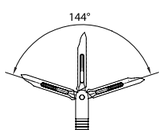
• Straight

134°C 111 오토클레이브 사용가능

• The silicon handle makes a comfortable feeling of grip (tactile sensitivity.)

SHTL

• Users can freely change the angle of the blade for one's needs.



Composite Scalpel Handle

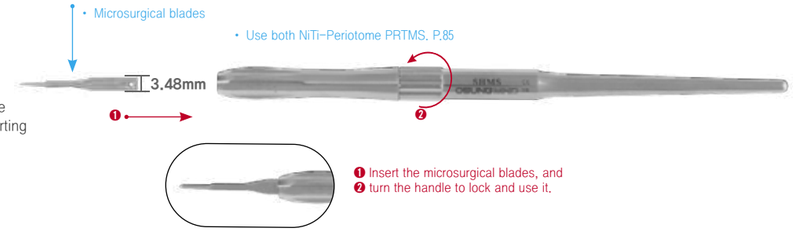
Micro Surgical Scalpel Handle

NEW

SHMS

Micro Blade Handle

• The microsurgical scalpel handle is a chucking type used by inserting various microsurgical blades (3mm in width).



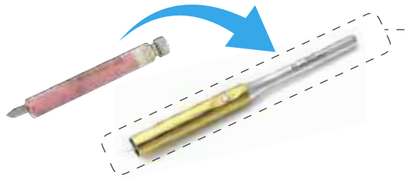
Composite Scalpel Handle

SHCS

• Blade replaceable

SHCS2

• Blade replaceable
• Blade length adjustable

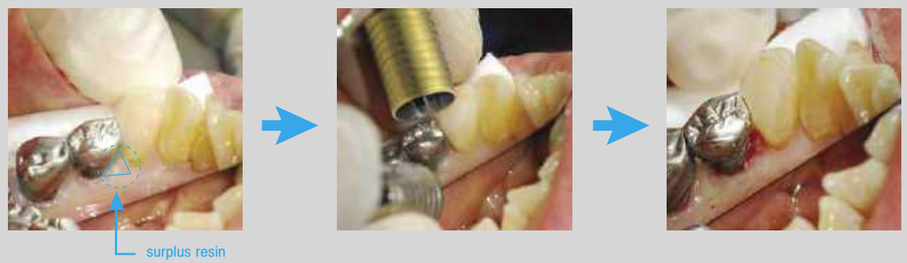


It is designed to improve safety and convenience from the old way as inserting the blade into the lidocaine ampoule.

• Safety – Protect your hands from the blade
• Convenience – Easy blade fastening and save time
• Hygienic – Autoclave sterilizable
• Semi-permanent use is possible only by replacing the blade

When the adjacent tooth surface of the anterior or premolars is laminated with composite resin, no matter how well the metal matrix band or Mylar strip is sealed, the resin may overflow, or the overhanging margin may form on the gingival margin.
At the end of the photopolymerization process, after finishing and polishing with a high speed bur, mostly adjust the lowermost part using the blade of #12 scalpel comes out of the composite scalpel handle and form the gingival margin and embrasure without touching the gingival as much as possible.

Practice



Periosteal Elevators

To separate tissue from tooth or bone. To hold tissue away from surgical site.

Periosteal Elevator

BEST

EP9

- Used the most for surgery.
- To elevate mucous periosteal with a wide tip.
- To elevate interdental papilla with a sharp tip.

EP9H

- Allen
- The hole in the spoon blade helps to hold tissue during suture.

EP9S

- To elevate mucous periosteal with a wide tip.
- To elevate interdental papilla with a sharp tip.

EP14

- Goldman-Fox

Periosteal Elevators

Periosteal Elevator

BEST

EP24G

EPKN1

- Small periosteal elevator with one rounded end and the other pointed end for delicate tissue retraction.

BEST

EPBUSER

- This is ideal for delicate tissue retraction.
  The spear shaped end is used for initiating the flap by retracting the interdental papilla.
  The paddle end is used for continuing flap retraction apically.

EP20

- To elevate mucous periosteal after cutting gingiva.
- One tip is straight shaped and the other one is contra-angle type with a thin and sharp edge

Periosteal Elevators

Used to lift the mucoperiosteal flaps after the incision of gingival tissues.

Periosteal Elevator

BEST

EPPR3

- Prichard
- To retract flap

EP15

- Freer

EP16

- Freer

EP23

- Selden
- To fix tissue by retracting during a flap surgery.

NiTi-Periotome

Used for teeth removal without damaging adjacent bone and peripheral tissues by cutting periodontal ligaments using thin blades on both sides.
The tip of the NiTi material curves along adjacent bone tissue to minimize the discrepancy between the adjacent bone tissue and the surrounding tissue.

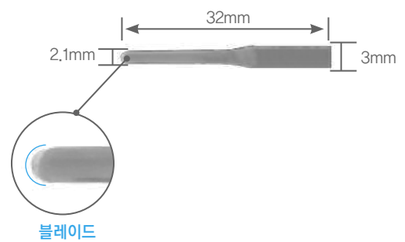
NiTi-Periotome_Straight

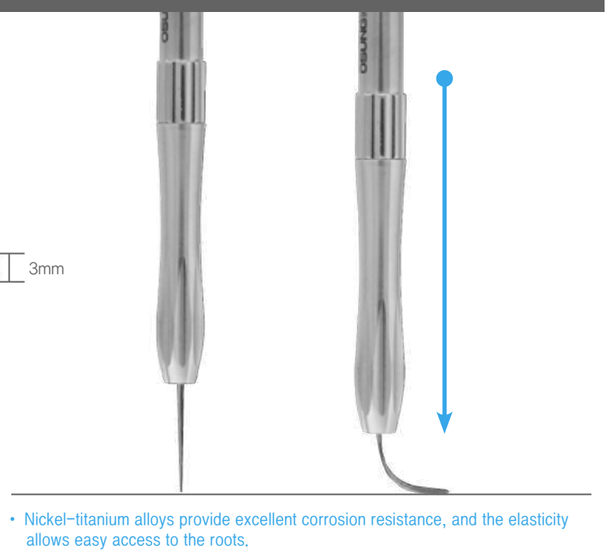
NEW

PRTMTS

NiTi-Periotome

- Special Alloy: Nickel + titanium alloy
- Width 2.1 mm
- Joint 3mm



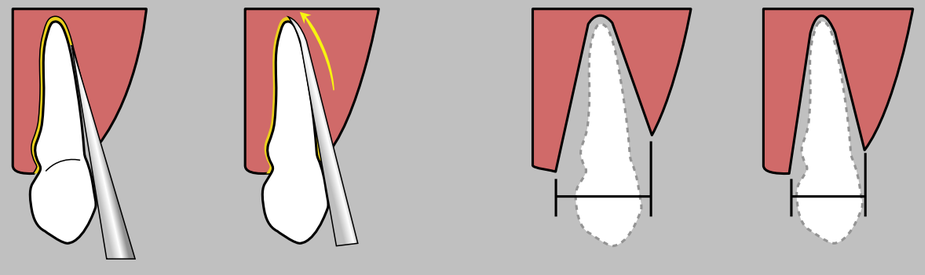


- Nickel-titanium alloys provide excellent corrosion resistance, and the elasticity allows easy access to the roots.

- Sold separately P.81
- SHMS: the microsurgical scalpel handle (combined use) is inserted to use.

Practice

The tip of the NiTi material curves along adjacent bone tissue to minimize the discrepancy between the adjacent bone tissue and the surrounding tissue.



Periotomes

Used for atraumatic extraction of teeth.

Periotome

PRRS3

- Straight
- For anterior

BEST
PR2-2R

- Curved
- For posterior

PRR256

- Curved
- Serrated blade
- For anterior & posterior

PRR258

- Curved
- Serrated blade
- For anterior & posterior

PRM1

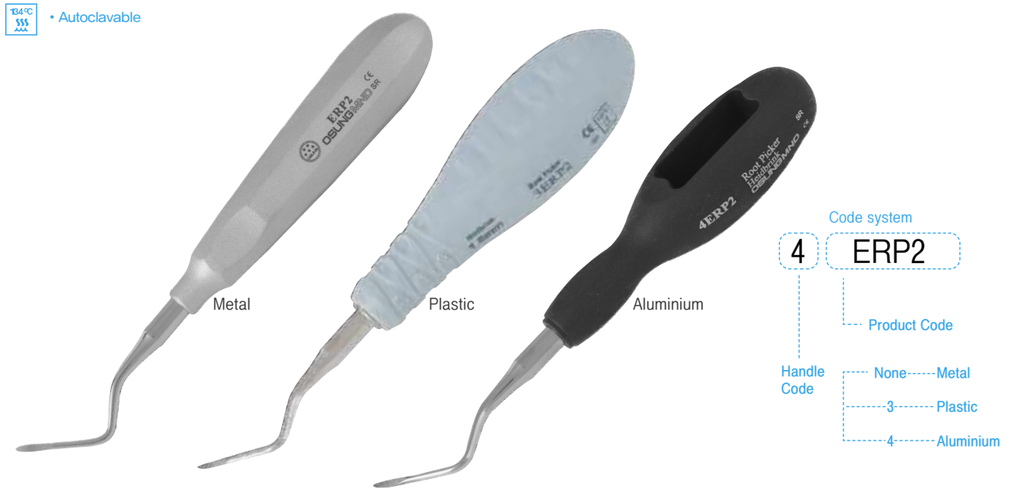
- Straight
- For malleting (Single End)

Root Pickers

Root Picker

- To remove root tips when the root is fractured during extracting.

- Autoclavable



ERP1
3ERP1
4ERP1

Root Picker, RP01
- Heidbrink

ERP2
3ERP2
4ERP2

Root Picker, RP02
- Heidbrink

ERP3
3ERP3
4ERP3

Root Picker, RP03
- Heidbrink

ERHB13-14

- Root Picker, HB13-14

Luxating Elevators

Code system

4 ELL301

- 제품코드
- Handle Code
  - 3 ------ Plastic
  - 4 ------ Aluminium

Luxating Elevator

104°C AAA

• Designed to easily extract the root of the tooth by cutting the periodontal ligament. The merit is less tissue damage and preservation of the alveolar bone. • Autoclavable

Regular	Ultra-Sharp
3ELLR301 4ELLR301 • For anterior	3ELL301 4ELL301 Ultra-Sharp • Thinner and sharper blade than the regular type.

3ELLR303 4ELLR303 • For posterior	3ELL303 4ELL303 Ultra-Sharp • Thinner and sharper blade than the regular type.

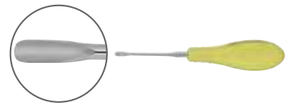
3ELLR302 4ELLR302 • For posterior	3ELL302 4ELL302 Ultra-Sharp • Thinner and sharper blade than the regular type.

3ELLR501 4ELLR501 • For anterior	3ELL501 4ELL501 Ultra-Sharp • Thinner and sharper blade than the regular type.

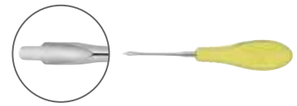
3ELLR503 4ELLR503 • For posterior	3ELL503 4ELL503 Ultra-Sharp • Thinner and sharper blade than the regular type.

3ELLR502 4ELLR502 • For posterior	3ELL502 4ELL502 Ultra-Sharp • Thinner and sharper blade than the regular type.

Luxating Elevators



Luxating Elevator Regular or Ultra-Sharp



Luxating Elevator Dual-Edge

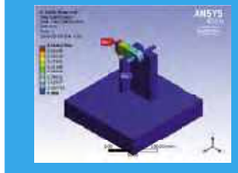
The concept of the Luxating elevator is to luxate the dental root easily by incising the gingival ligament unlike an elevator that needs more power to elevate dental root. Because of the thinner and sharper blade than an elevator, it can get damaged easily when it is overused for operation but the luxating elevators have the merit of less damage of tissue and preservation of the alveolar bone.
It is more effective using with other extracting instruments like forceps if needed. It is redesigned of the dentist's ideas based on their clinical experience. The grip is also specially designed to be controlled by minimum force.

Dual-Edge

• Tiny narrow blades can be used for deeply fractured teeth or dental caries.

Regular
3ELLD501 4ELLD501 • For anterior
3ELLD503 4ELLD503 • For posterior
3ELLD502 4ELLD502 • For posterior
3ELLD50K 4ELLD50K • For posterior distal surface

Elevators which need strong and steady force to operate specified in ISO standard to test the tightness of the connector. However, no test equipment is available on the market to test these instruments. You must build your own torsion tester in accordance with what is presented in the ISO standard document. Prior to building the tester, finite-element analysis is required. Based on this analysis, we determine the materials to be used and the force to be applied to the specimen. In despite of its simple appearance, the mechanism has many complex implementations.



▲Figure. Deformation analysis result of Torsion tester

Compound Curved

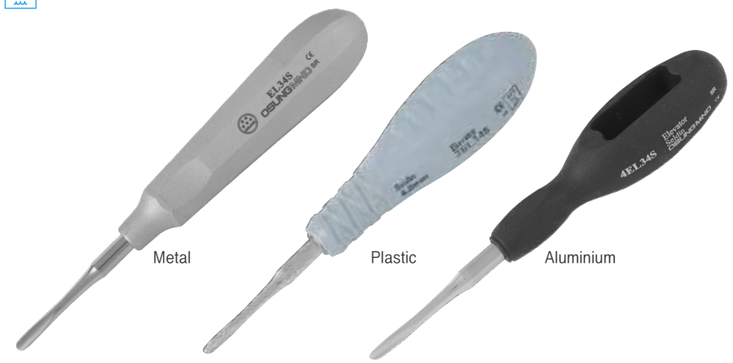
Regular	Ultra-Sharp
3ELLR30K 4ELLR30K • For posterior distal surface	3ELL30K 4ELL30K Ultra-Sharp • Thinner and sharper blade than the regular type.
3ELLR50K 4ELLR50K • For posterior distal surface	3ELL50K 4ELL50K Ultra-Sharp • Thinner and sharper blade than the regular type.

Elevators

Elevator

• Used for loosening the tooth from the periodontal ligament and making the extraction easy.

134℃ • Autoclavable



Code system

4 EL34S

- Product Code
- Handle Code
  - None — Metal
  - 3 — Plastic
  - 4 — Aluminium

EL34 Elevator, E34
• Upper & Lower anterior roots

3EL34

4EL34

EL34S Elevator, E34S
• Upper & Lower anterior roots

3EL34S

4EL34S

EL31F Elevator, E31F
• Upper & Lower cuspids

3EL31F

4EL31F

EL32F Elevator, E32F
• Upper & Lower cuspids

3EL32F

4EL32F

EL41 Elevator, E41
• Upper & Lower anterior teeth and roots

3EL41

4EL41

EL81 Elevator, E81
• Upper anterior apices and small teeth

3EL81

4EL81

Elevators

Elevator

EL301 Elevator, E301
• Deeply seated roots

3EL301

4EL301

EL301A Elevator, E301A
• Deeply seated roots

3EL301A

4EL301A

EL304W Elevator, E304W
• Deeply seated roots

3EL304W

4EL304W

EL52 Elevator, E52
• Curved Backward
• 3rd molars

3EL52

4EL52

EL4 Elevator, E4
• Broken or deeply seated roots

3EL4

4EL4

EL5 Elevator, E5
• Broken or deeply seated roots
• Deeply seated roots

3EL5

4EL5

EL73 Elevator, E73
• Broken or deeply seated roots

3EL73

4EL73

EL74 Elevator, E74
• Broken or deeply seated roots

3EL74

4EL74

Extraction Forceps

Extraction Forceps_Adult — For upper jaw teeth

FXX2
• Upper jaw's left and right of anterior

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FXX7
• Upper jaw's left and right of premolar

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FXX17
• Upper jaw's right molar

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FXX18
• Upper jaw's left molar

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Extraction Forceps

Extraction Forceps_Adult — For upper jaw teeth

BEST

FXX67A
• Upper jaw's left and right of 3rd molar

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FXX13
• Upper jaw's left and right of anterior andpremolar

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FXX22
• Lower jaw's left and right of molar

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FXX79
• Lower jaw's left and right of 3rd molar

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Extraction Forceps

Extraction Forceps_Adult

FX1

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FX150

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FX10S

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FX53R

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FX53L

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Extraction Forceps

Extraction Forceps_Adult

FX151

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FX17

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FX222

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FX300

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

FX301

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Pedo Extraction Forceps

It is specially designed for children patients. When a user grasps the forceps, the forceps are mostly covered by hand in visual. So children are not afraid of the instrument during extracting.

Asian Type (Pedo)

FXX29C

• Upper jaw's left and right of primary anterior

E D C B A | A B C D E
E D C B A | A B C D E

FXX7C

• Upper jaw's left and right of primary anterior

E D C B A | A B C D E
E D C B A | A B C D E

FXX51C

• Upper jaw's left and right of primary posterior

E D C B A | A B C D E
E D C B A | A B C D E

FXX33C

• Upper jaw's left and right of primary anterior

E D C B A | A B C D E
E D C B A | A B C D E

FXX13C

• Upper jaw's left and right of primary posterior

E D C B A | A B C D E
E D C B A | A B C D E

Pedo Extraction Forceps

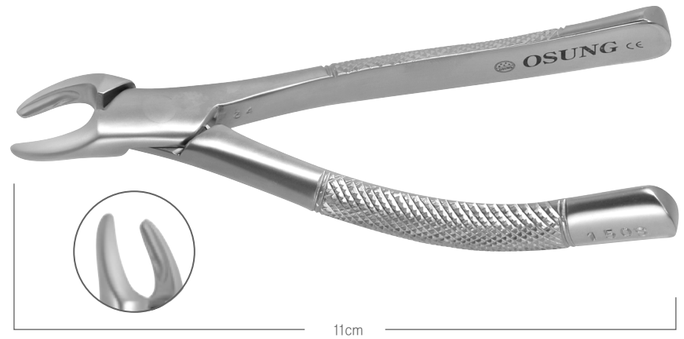
It is specially designed for children patients. When a user grasps the forceps, the forceps are mostly covered by hand in visual.
So children are not afraid of the instrument during extracting.

American Type (Pedo)

FX150S

• Upper jaw's primary anterior and posterior
• For root

E D C B A | A B C D E
E D C B A | A B C D E



FX151S

• Lower jaw's primary anterior and posterior
• For root

E D C B A | A B C D E
E D C B A | A B C D E

FX101

• Upper and lower jaw's left and right of permolar
• Upper and lower jaw's left and right of primary posterior

E D C B A | A B C D E
E D C B A | A B C D E

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Surgical Curettes(Buccal-Lingual)

Surgical Curette_Plastic Handle

- Used for curettage and oral cyst removal, removal of alveolar bone necrosis.
- Same use as surgical curette but more precise removal with serrated tip.
- Autoclavable

3URCL85C

- Surgical Curette, CL85C
- Lucas • Curved
- Serrated blade

3URCL86C

- Surgical Curette, CL86C
- Lucas • Curved
- Serrated blade

3URCL87C

- Surgical Curette, CL87C
- Lucas • Curved
- Serrated blade

Practice

Features : Excellent soft tissue removal ability with serrated tip.
How to use : Remove remaining soft tissue with a light force.
Caution : The removal ability is excellent and there is a risk of bone loss when used with excessive force.
Clinical application : Removal of root apron granulomas and root adenoma cysts. When extracted due to periodontal disease, it effectively removes the remaining soft tissue to help later bone regeneration

Surgical Curettes(Mesial-Distal)

Surgical Curette_Metal Handle

URCL84MD

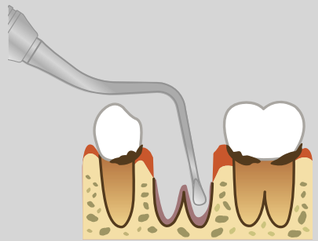
Mesial-distal Curette
- Curved

URCL85MD

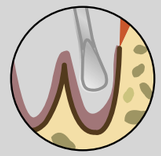
Mesial-distal Curette
- Curved

Practice

The use of conventional buccolingual curette with mesiodistal curette makes it very easy to remove granulation tissue after extraction

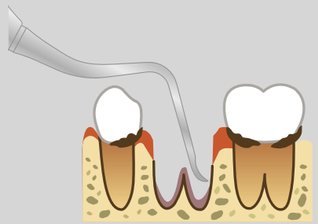


※ Existing curette in buccolingual direction

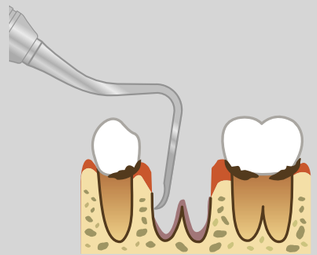


※ Existing tip in buccolingual direction

※ New tip in mesial direction



NEW ※ New tip in distal direction



NEW ※ New tip mesial direction

Surgical Curettes

Surgical Curette_Metal Handle

URCM2-4

Surgical Curette, CM2-4
• Miller • Straight

URCM9

Surgical Curette, CM9
• Miller • Straight

URCM10

Surgical Curette, CM10
• Miller • Curved

URCM11

Surgical Curette, CM11
• Miller • Curved

URCL84

Surgical Curette, CL84
• Lucas • Curved

Surgical Curettes

Surgical Curette_Metal Handle

URCL85

Surgical Curette, CL85
• Lucas • Curved

URCL86

Surgical Curette, CL86
• Lucas • Curved

URCL87

Surgical Curette, CL87
• Lucas • Curved

URCL88

Surgical Curette, CL88
• Lucas • Curved

Bone Rongeurs · Nippers

Bone Rongeur

• To remove granulation tissue, fractured bone.
• It has sharp blades on both sides of the beak.

RNGF140

• Length : 142mm(±5mm)
• Small-sized

RNG165

• Length : 165mm(±5mm)
• Normal-sized

RNG178

• Length : 178mm(±5mm)
• Double action type for increasing the grip force.
• Less sliding and hand fatigue

Nipper

• To cut soft tissue and bone as well as tissue residues.

TNC100

• Length : 100mm(±5mm)

Bone Files · Mallets

To smoothen the surface of a bone. There are a string of blades on the file.

Bone File

BF22

• Miller
• Straight-cut blades
• Pull stroke

BF1X

• Miller
• Cross-cut blades
• Pull & Push stroke

BF45

• Miller
• Pull & Push stroke
• For the wide surgical area

Mallet

ML25

134°C

• Autoclavable
• 196g, Ø25, 180mm
• Replacement disk is optional
• Soft use with less shock than ML20

ML25D

(2pcs) 134°C

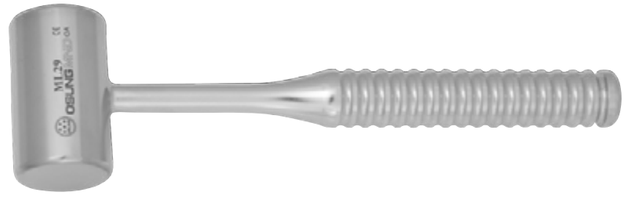
• Autoclavable
• set(2pcs)

ML20

• Made of stainless steel, 221g, Ø19.8, 165mm
• Stainless steel material gives full power even if it is small.

ML29

• 467g, Ø29mm, 185mm
• Used for bone crusher



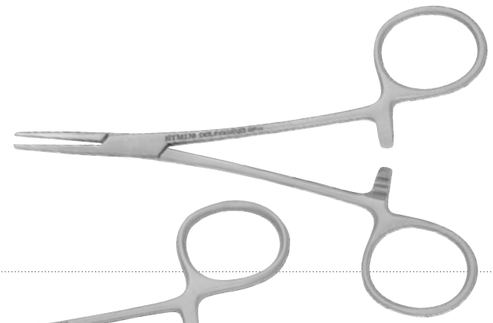
Hemostats

Multiple use for taking or removing something or pressing blood vessel.

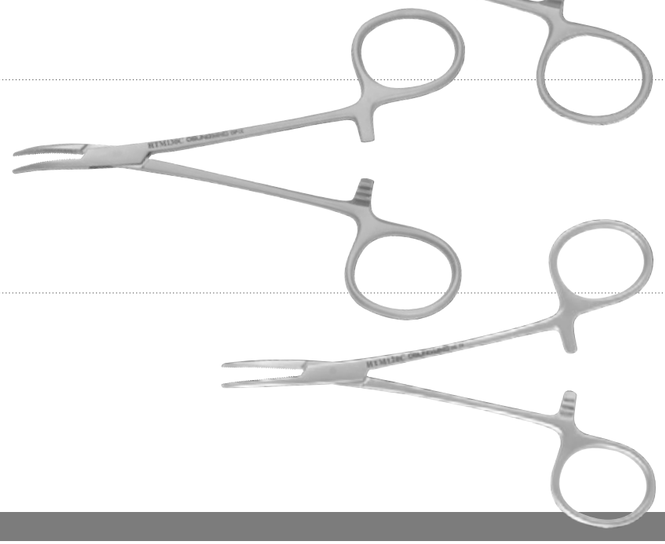
Hemostats_Mosquito

• Useful for taking small fibrous tissue.

BEST
HTM130
• Straight
• Length : 130mm(±5mm)



BEST
HTM130C
• Curved
• Length : 130mm(±5mm)

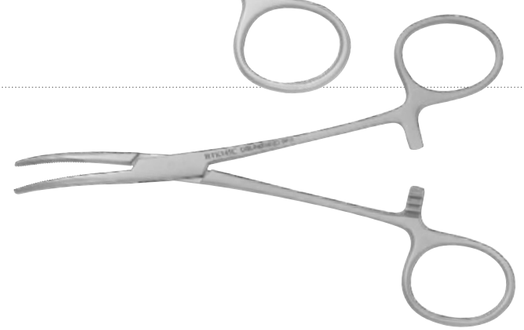


NEW
HTM120C

Hemostats_Kelly

HTK145
• Straight
• Length : 145mm(±5mm)

HTK145C
• Curved
• Length : 145mm(±5mm)



Needle Holders

Used for taking & guiding the needle.

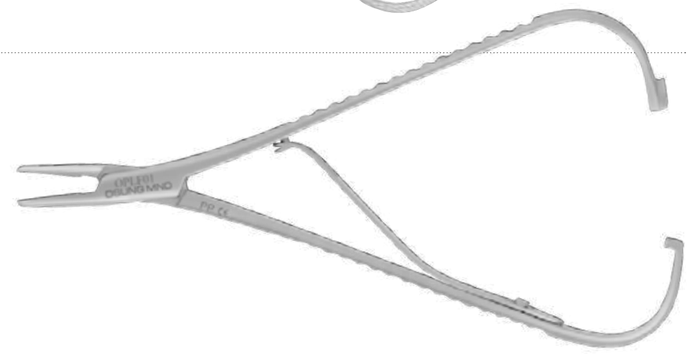
Needle Holders

BEST
NH160
• Straight
• Length : 160mm(±5mm)

NH160TC
• Length : 160mm(±5mm)
• Tungsten Carbide on beak

BEST
NHC150TC
• Straight
• Length : 150mm(±5mm)
• Tungsten Carbide on beak

OPLF01
• Ligature Forcep



Needle Holders · Anatomic Dressing Forceps

Needle Holder

NHC130TC
- Needle Holder
- Length : 130mm(±5mm)

NH150TC-P
- Needle Holder
- Length : 150mm(±5mm)

NH160TC-P
- Needle Holder
- Length : 160mm(±5mm)

Anatomic Dressing Forceps

- Used for holding soft tissue.

BEST

PT41

Tissue Plier, Tissue Forceps
- 길이 128mm (±5mm)

PTB19

Tissue Plier, Bakey
- 길이 154mm (±5mm)

Scissors · Tissue Pliers

Tissue Plier

PTG1
- Length : 178mm (±5mm)

PT52C
- Length : 150mm (±5mm)

PTS22C
- Length : 150mm (±5mm)
- Hole : 2.2mm

PT42
- Length : 122mm (±5mm)

Metzembaum Scissors

SCMB130
- Metzembaum Scissors
- Length : 130mm(±5mm)

SCMB145
- Metzembaum Scissors
- Length : 150mm(±5mm)

Scissors

Scissors

BEST

SCD170

Dean Scissors
- Length : 170mm(±5mm)
- Serrated blade on one side
- It helps a suture not to slide.

BEST

SCC105

Crown Scissors
- Length : 105mm(±5mm)
- Cut or trim crown or gold metal

SCT115

Tissue Scissors
- Straight
- Length : 115mm(±5mm)
- Cut tissue

BEST

SCTC115

Tissue Scissors
- Curved
- Length : 114mm(±5mm)
- Cut tissue

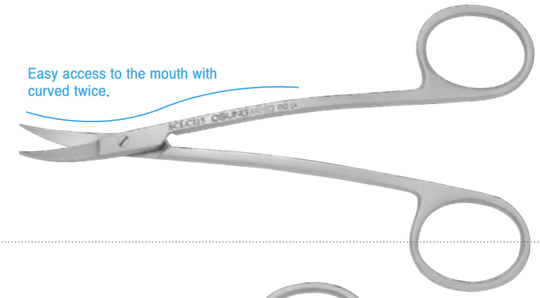
Scissors

Scissors

SCLC115

Scissors, LaGrange
- Compound Curved
- Length : 115mm(±5mm)

Easy access to the mouth with curved twice.



SCGS130

Scissors, Goldman-Fox
- Straight
- Length : 130mm(±5mm)
- Remove granulation tissue from the interdental papilla and surgical flaps.

SCGC130

Scissors, Goldman-Fox
- Curved
- Length : 130mm(±5mm)
- Remove granulation tissue from the interdental papilla and surgical flaps.

SCLSS115

Scissors, Littauer, Suture
- Straight
- Length : 115mm(±5mm)
- For suture
- Useful for edema

SCLSA115

Scissors, Littauer, Suture
- Angled
- Length : 118mm(±5mm)
- For suture
- Useful for edema

Periodontal Knives · Periodontal Chisels

Periodontal Knives

BEST

KNK15-16

- Kirkland 15–16
- Used for initial bevel incision for gingivectomy or gingivoplasty procedures.
- Easy to access to the distal surface of the posterior.

KNO1-2

- Orban 1/2
- The blade & shank are properly angled for posterior use.
- Useful for making tunnels of the recipient site.

Periodontal Chisel

- Used for removing and shaping bone

BEST

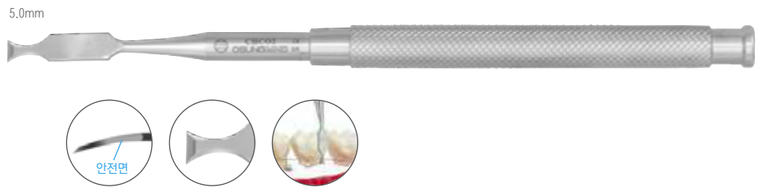
CHCO1

- Ochsenbein & Fedi Curved
- Used for reshaping a bone.
- Can also be used to reflect flaps or remove secondary palatal flaps.
- Useful to get a small amount of autogenous bone during implant surgery.
- To remove soft and hard tissue strongly stick to the palate.
- To remove thin bone after supporting the backside of the knife against the root surface.

BEST

CHCO2

- Ochsenbein & Fedi Curved
- Has a knife of opposite direction against CHCO1



BEST

CHC36-37

- Ochsenbein & Fedi Curved
- Back-Action
- Pull-stroke, ideal for removing bone adjacent to tooth without injury
- Useful for molar's distal

Periodontal Chisels · Periodontal Surgical Curette

Periodontal Chisel

CHS13K-13KL

- Kirkland
- Curved
- For removing and reshaping bone

CHC13K-TG

- Curved
- Suitable for root forming

CHCP3-4

- Straight

CHBC1

- Used for splitting bone.

Periodontal Surgical Curette

Larger and heavier curette for the removal of granulation tissue and tenacious subgingival deposits.

BEST

URPR1-2

Periodontal Surgical Curette, Prichard 1–2

Periosteal Elevators for Maxillofacial Surgery

For oral & maxillofacial surgery

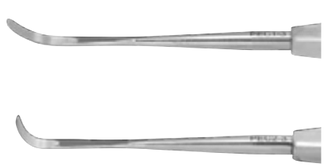
Kang's Elevator

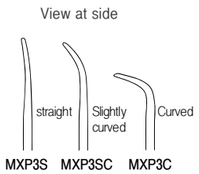
Designed by NARA KANG, DDS

MXP3S
• Straight

MXP3SC
• Slightly Curved

MXP3C
• Curved

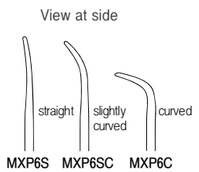




MXP6S
• Straight

MXP6SC
• Slightly Curved

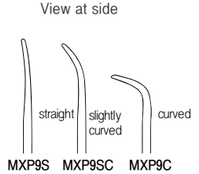
MXP6C
• Curved



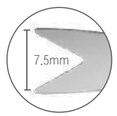
MXP9S
• Straight

MXP9SC
• Slightly Curved

MXP9C
• Curved



V-NOTCH Periosteal Elevator



MXP75S
V-NOTCH Periosteal Elevator

Channel Retractors · Spatula Periosteal Chisels

MXS1
Kang's Elevator Kit
• Size 210 x 271 x 30(H) (mm)

1 MXP3S
2 MXP3SC
3 MXP3C
4 MXP6S
5 MXP6SC
6 MXP6C
7 MXP9S
8 MXP9SC
9 MXP9C
10 MXP75S
11 EFCCL15

Channel Retractor

• Surgery for lower jaw

RTCN8

RTCN10

Spatula Periosteal Chisel

MXSP6
Spatula Periosteal Chisel
• 폭 6mm

Marked at 5, 10, 15, 20, 25, 30mm

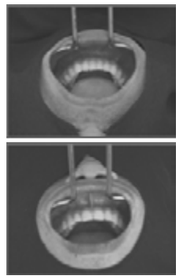
MXSP9
Spatula Periosteal Chisel
• 폭 9mm

Marked at 5, 10, 15, 20, 25, 30mm

Lip and Cheek Retractor

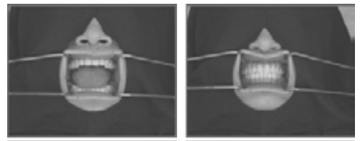
RTCRL

Lip Retractor, CRL



RTCRC

Cheek Retractor, CRC
- Columbia



Lip and Tongue Retractor

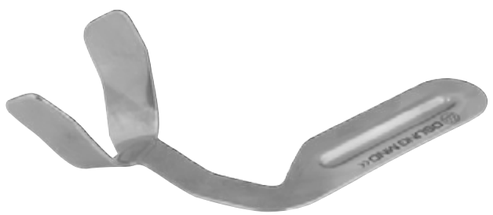
- New choice for earning a more comfortable impression.
- Can be used as a surgical retractor, too.

RTLS

Lip Retractor
- Using Lip retractor, you don't need to use multiple mirrors during upper jaw impression.

RTTG

Tongue Retractor
- Using both Lip retractor and Tongue retractor simultaneously, you can reduce the amount of work during a lower jaw impression.



Cheek Retractor

Patent pending 2015-0173145

RTCRM
- Minesota

RTAN20

Cheek Retractor, ArmyNavy, RTAN-20
- Retract lip
- Parkman Design

Langenbeck Retractor

- Pull cheek or incised gum in order to secure a clear view during treatment.

RTP90-1
- Langenbeck Retractor

RTP30
- Retractor

Tunneling Instruments

• To separate coronal tissue while tunneling surgery. (periodontal plastic treatment or tunneling techniques for bone graft)

Tunneling Instrument

TITU1

• Anterior
• Tunneling for the flat area
• To take tissue or insert tissue into tunneling

TITU2

• Tunneling for the heavy curved area

TITU3

• Combination of TITU1 & TITU2

Tunneling Instruments

• To separate coronal tissue while tunneling surgery. (periodontal plastic treatment or tunneling techniques for bone graft)

Tunneling Instrument

TITU4

• 10 ° angle
• Similar to TITU1 but Knife is rounded.

TITU5

• 30 ° angle
• To keep expanding toward the curved area.

NEW

TITU6

Palatal Wedge

An accessory to lift the palatal mucosa for incisional biopsy in the protruding connective tissues.

Palatal Wedge

NEW

PW16

• 10x7x1.6H (mm)
An accessory to lift the palatal mucosa for incisional biopsy in the protruding connective tissues

NEW

PW21

• 10x7x2.1H (mm)
An accessory to lift the palatal mucosa for incisional biopsy in the protruding connective tissues

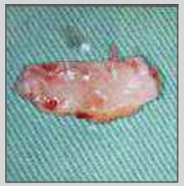
Practice

Surgical method using Palatal Wedge

1. Cut the connective tissues to be collected and make space for the Palatal Wedge to be entered

2. Insert the Palatal Wedge into the space spread.

3. Make an incision in the connective tissue protruded by the Palatal Wedge and take it.



4. Graft the taken connective tissue where necessary.

Simple Extraction

Allowed to minimize damage to the surrounding bone during a tooth extraction for orthodontic treatment and implants.

Luxating Elevator

A luxating elevator has a thin and ultra-sharp blade than the standard elevator.
It minimizes tissue trauma and preserves alveolar bone.
Osung luxating elevator is redesigned based on field experiences and clinical practice to improve efficiency and safe clinical activities.
An optimal handle design reduces the force required for gripping the instrument.

Arrangement

01.

02.

Process

SAF1
PR2-2R
PRRS3

01. Local anesthesia

02. Periodontal ligaments cutting

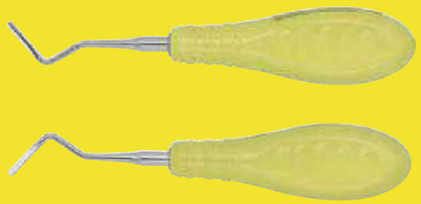
3ELL303
3ELL302

03. Luxation

FX151
FXX13

04. Extraction

03.



04.

Practice

01. Local anesthesia

Used
Local anesthesia syringe.
Harpoon type syringe provides stable aspiration during nerve block anesthesia.

Character
Harpoon is designed to hold the rubber plunger of the cartridge and thumb ring is designed to make negative pressure for aspiration

Anesthesia Syringe_SAF1 How to use

1. Choose a local anesthetic ampoule based on the patient's condition and the dentist's decision.
2. Check the validity period, whether the ampule is cracked and the integrity of the rubber packing.
3. Make sure that the thumb ring of the syringe and the screw hub are tight.
4. Hold the syringe with one hand and pull the thumb ring back to insert a local anesthetic ampoule.
5. Remove the short side protection cap on the needle and secure it by screwing it onto the screw on the syringe hub. (At this time, the cap of the needle is not removed.)
6. Press the plunger that is thumb ring back so that the needle passes through the rubber septum. (Be careful not to bend the tip of the needle.)
7. Make sure that no air bubbles are generated.
8. Examine the treatment site.

Pull the rod back to insert the ampoule.

Push the harpoon firmly into the rubber membrane of the ampoule and attach the needle.

Pull the thumb ring to make negative pressure for aspirating.

02. Detecting subgingival calculus

Used
An extraction instrument used for cutting periodontal ligaments, preventing excess trauma to the interproximal papillae and marginal gingiva. It also can be used when considering the placement of a dental implant with minimal damage to the surrounding alveolar bone during the extraction process.

Character
Thin sharp blades to facilitate the removal of the teeth.

Periotome_PR2-2R,PRRS3 How to use

Insert the blade into the periodontal sulcus along the root surface, severing the periodontal ligament directly below the alveolar crest.

Hold the PRRS3 with the pen grasp for the anterior teeth extraction.

Hold the PR2-2R with the pen grasp for the posterior teeth extraction.

Insert the blade into the periodontal sulcus along the root surface, severing the periodontal ligament directly below the alveolar crest.

03. Luxation

Used
Used for luxating the tooth from the periodontal socket reducing damage to a surrounding bone.

Character
Luxating elevators have thin and sharp blades for cutting and separating the periodontal ligaments from the tooth. It reduces trauma during extraction as they used in a luxating motion, compared to a standard elevator that pries and lifts. Allows reduced pressure on
adjacent teeth.

Luxating Elevator_3ELL303,3ELL302 How to use

Insert the tip between the root and alveolar bone and apply rotary motion to expand the socket. Cut the periodontal ligament and separate the root from the socket.

Hold it in the palm of the hand and support the shank with the index finger to control the forces applied to the elevator.

Curved shank provides easier access to the teeth in posterior region.

04. Extraction

Used
Extraction forceps are used for extracting the teeth. Various sizes and dimensions are available as per the particular area of the mouth.

Character
Plier type.

Forceps_FX151 How to use

1. Put the beak on the tooth surface with the handle opened wide.
2. Adapt the beak to the tooth with the handle closed.
3. Apply the force to allow the forcep to grasp the tooth and apply the constant rotatory force laterally to release the tooth from the alveolar bone.

Grip of the maxillary extraction forcep.

Grip of the mandibular extraction forcep.

Beaks should be adapted on the tooth and moved apically during extraction.

Used
Extraction forceps are used to extract teeth. Various sizes and dimensions are available as per the particular area of the mouth.

Character
Plier type. The beak and handle are at a right angle to each other. Designed to apply appropriate forces to the teeth with rotational pressure.

Forceps_FXX13 How to use

1. Put the beak on the tooth surface with the handle opened wide.
2. Adapt the beak to the tooth with the handle closed.
3. Apply the force to allow the forcep to grasp the tooth and apply the constant rotatory force to release the tooth from the alveolar bone.

Grip of the mandibular extraction forcep.

Beaks should be adapted on the tooth and moved apically during extraction.

Excision of Torus

Treatment that makes the alveolar bone shape gentle and soft when a patient feels uncomfortable due to benign osteophytosis on the buccal in the maxillary molar area, mandibular lingual and maxillary palate or exostosis on the basal bone, not the alveolar bone or in case of interfering with the denture stability and causing pain.

Needle Holder

Made of high-quality stainless steel which promotes corrosion resistance after a long period of use. Grasp more securely and open more smoothly. Tungsten carbide beak allows maximum grip and prevents needle rotation and slippage.

Arrangement

01. Anesthesia Syringe	SAF1	P.073
02. Scalpel Handle	SHF, SHS, SHC	P.074
03. Periosteal Elevator	EP9, EP9H	P.076
04. Bone Rongeur	RNG178	P.094
05. Periodontal Chisel&mallet	CHBC1, ML20	P.103, 095
06. Periodontal Chisel	CHCO1, CHCO2	P.102
07. Bone File	BF1X	P.095
08. Tissue Plier	PTS22C	P.099
09. Scissors	SCLSS115	P.101
10. Needle Holder	NHC150TC	P.097

01.

02.

03.

04.

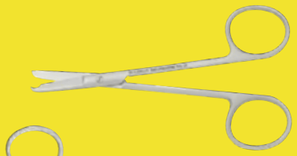
05.

06.

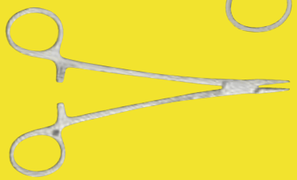
07.

08.

09.



10.



Process

SAF1 ▶
SHF ▶▶
SHS, SHC ▶▶

01. Local anesthesia

02. Mucosal incision

EP9, EP9H ▶
RNG178 ▶▶

03. Creating a mucoperiosteal flap

04. Removal of sharp bony edges

CHBC1, ML20 ▶
CHCO1, CHCO2 ▶
BF1X ▶▶

05.06. Smoothing rough or sharp edges

07. Smoothing rough or sharp edges

PTS22C ▶
SCLSS115 ▶
NHC150TC ▶

08. 09. 10. Suture

Practice

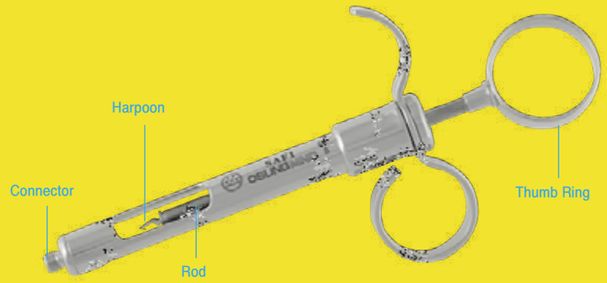
01. Local anesthesia

Used
Local anesthesia syringe, Harpoon type syringe provides stable aspiration during nerve block anesthesia.

Character
Harpoon is designed to hold the rubber plunger of the cartridge, and thumb ring is designed to make negative pressure for aspirating

Anesthesia Syringe_SAF1 How to use

1. Choose a local anesthetic ampoule based on the patient's condition and the dentist's decision.
2. Check the validity period, whether the ampoule is cracked and the integrity of the rubber packing.
3. Make sure that the thumb ring of the syringe and the screw hub are tight.
4. Hold the syringe with one hand and pull the thumb ring back to insert a local anesthetic ampoule.
5. Remove the short side protection cap on the needle and secure it by screwing it onto the screw on the syringe hub. (At this time, the cap of the needle is not removed.)
6. Press the thumb ring that is pulled back so that the needle passes through the rubber septum. (Be careful not to bend the tip of the needle.)
7. Make sure that no air bubbles are generated.
8. Examine the treatment site.



Buccal application on the maxillary posterior teeth

Palatal application on the maxillary posterior teeth

Labial application on the maxillary anterior teeth

Buccal application on the mandibular posterior teeth

Lingual application on the mandibular posterior teeth

Labial application on the mandibular anterior teeth

02. Mucosal incision

Used
Installing a blade, it can be used for the soft tissue incision or trimming the proximal restoration.

Character
It comes with a ruler making for measuring the size of your surgical sites.

Scalpel Handle _SHF How to use

1. Insert a blade with Kelly holding the backside of a blade.
2. To remove the blade, lift the bottom of the blade carefully until it unlocks from the handle.

Use Kelly to hold the blade securely, align the blade into the grooves in the handle and gently slide it toward the scalpel handle until it locks in place. Always hold the back of the blade as it is extremely sharp.

To remove the blade, carefully lift the bottom of the blade until it unlocks from the handle.

Metric scale on the back side.

Used
Installing a blade, it can be used for the soft tissue incision or trimming the proximal restoration.

Character
Easy to mount the blade with a gentle push forward and backward in any direction.
The cylindrical handle is advantageous for the curved incision.
Easy to access to the maxillary posterior and palatal areas.

Scalpel Handle_SHS, SHC

How to use

1. Attach the blade to the handle by slipping the slit in the blade into the grooves on the handle using Kelly clamp.
2. To remove the blade, lift carefully bottom of the blade until it unlocks from the handle.

Cylindrical handle design for bidirectional blade mounting.

The cylindrical handle makes it possible to smoothly curve the incision with force applied to the handle with the pressure of finger movement without putting any pressure on your wrist.

SHC can easily access to the maxillary posterior and palatal areas.

03. Making a mucoperiosteal flap

Used
Used for detaching and lifting the flap.

Character
Combines a wide flat blade for raising or lifting muco-periosteal flap and a pointed sharp blade for detaching interproximal papilla.

Periosteal Elevator_EP9, EP9H

How to use

1. Select the blade according to the incision size and shape.
2. Retract soft tissue with a not too strong force to minimize soft tissue injury.
3. The convex surface of the blade is toward soft tissue and detach the flap with a wide blade.

Detach interdental papilla using the sharp & narrow edge.

Retract soft tissue with not too strong force to minimize soft tissue injury.

A suture hole on EP9H anchors soft tissue flaps during suturing.

04. Removal of sharp bony edges

Used
Rongeur is used for the removal of bony fragments or soft tissue.

Character
It can deliver forces efficiently due to two hinges. Therefore, it lessens hand fatigue.

Bone Rongeur_RNG178

How to use

Place the bone to be cut between beaks and remove it by exerting the cutting force.

Remove the protuberant bony fragment.

05. The Removal of sharp bony edges

Used
The Removal of sharp bony edges

Character
Chisel with a beveled cutting blade on one side for reshaping a bone. Small stainless steel mallet provides effective striking.

Bone chisel&mallet _CHBC1, ML20

How to use

1. Fix the blade of a chisel outward.
2. Strike a flat striking surface of the chisel with a mallet to drive the blade.

Remove bony protrusions.

The beveled cutting blade on the one end.

06.07. Smoothing rough or sharp edges

Used
Used for trimming irregular bony surfaces.
Ideal for the atraumatic removal of bone on adjacent teeth during the crown lengthening procedure.
Allows easy removal of fractured tooth root and secondary inner flap.

Character
The semicircular blade is beveled on one side..

CHCO1-Up (The direction towards the occlusal surface)

CHCO2-Down (The direction towards the root)

Bone Chisel_CHCO1,CHCO2

How to use

Hold in the modified pen grasp to allow maximal control, use push stroke.

1. CHCO1-Up (The direction towards the occlusal surface)
2. CHCO2-Down (The direction towards the root)

Fix the flat surface of CHCO1 on the bony surface and remove the thin cortical bone.

Fix the flat surface of CHCO1 on the root surface and remove the thin cortical bone.

Used
Used for trimming the alveolar bone after tooth extraction. It also can be used for smoothing the sharp alveolar ridge away after the alveolar bone osteotomy or osteoplasty.

Character
There are a string of blades on the file. There are two kinds of blades, straight type and grid type.

Bone File_BF1X

How to use

Use a modified pen grasp, use push and pull motion to smooth the bone surface.

Straight cutting blades are used with a pull stroke, Gride type can easily applied to the area which is hard to access.

A rounded tip design of BF1X is useful for smoothing the small area.

BF45 is ideal for smoothing alveolar bone after the removal of many teeth at one time.

08, 09, 10. Suture

Used
Used for holding soft tissue to guide a suture needle.

Character
Useful for suturing soft tissue which is relatively firm.
Wide contact area minimizes pressure on the tissue and a
hole on the tips allows suturing needle to pass through soft tissue without slipping.

Tissue Plier_PTS22C How to use

1. Place the plier between the thumb and index finger, while index finger helps guide.
2. Gently pick up the tissue in place.
3. Hold the suturing needle and insert to the hole of a tip.

PTS22C allows easy insertion of suturing needle into suture space. PT41 is ideal for holding thin soft tissue.

Used for holding soft tissue which is relatively firm.

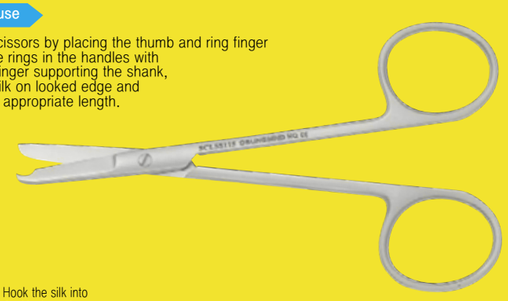
Used for holding soft tissue to guide a suture needle.

Used
Scissors are used for cutting silk during suturing.Used for eliminating excessive soft tissue & granulation tissue.

Character
Similar to Iris.

Scissors_SCLSS115 How to use

Hold the scissors by placing the thumb and ring finger through the rings in the handles with the index finger supporting the shank, hook the silk on looked edge and cut it at an appropriate length.



Hook the silk into the U-shaped area.

Used
Used for holding a suture needle.

Character
A tungsten carbide beak with a grid-shaped blade makes the suture needle non-slippery.

Needle Holder_NHC150TC How to use

1. Proper length of a needle holder for easy handling is 7~8 in.
   Fix the suturing needle in the jaws.
2. Hold the scissor by placing the thumb and ring finger through the rings in the handles with the index finger supporting the shank.

Proper length of needle holder for easy handling is 18-20cm.
FIX the suturing needle in the jaws.

A tungsten carbide beak for the easy control of a needle

Products for Dentistry

OSUNG Catalogue 2020/2021

Implant

Products for Dentistry

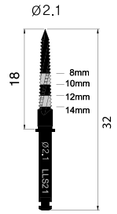
OSUNG Catalogue 2022°2023

IMPLANT
/ 임플란트

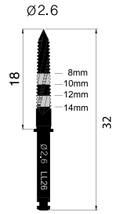
Lindemann Drills

Lindemann Drill

LLS21

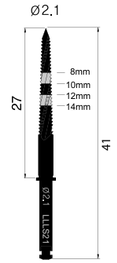


LLS26



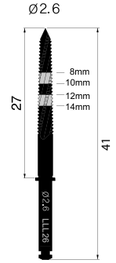
LLL21

As it is long enough, it is very useful when a drill cannot access to the aiming position easily, due to the proximal teeth.



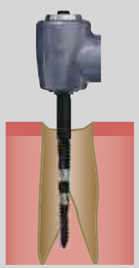
LLL26

As it is long enough, it is very useful when a drill cannot access to the aiming position efficiently due to the proximal teeth.

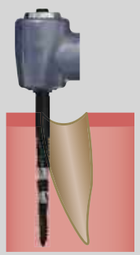


Practice

- Specially-designed blades make excellent cutting power in verticality and horizontality.
- Useful for multiple implants procedures. Specially used for relocation and redirection.
- Effective for thick cortical bone cutting.
- Effective for the site preparation of socket for an immediate implant.



Side cutting at the ridge of a socket



Change the path and cut sidewall of a socket

Rotating Instrument List

Rotating Mechanism List

Components

No	Product	Shape		Page
1	Lindemann Drill		The drill capable of deletion in the lateral direction as well as in the vertical direction.	132
2	Bone Expander		Used for the ridge expansion	137
3	Micro Saw Shield	NEW 	Saw shield for safe bone cutting	140–141
4	Micro Saw		For bone cutting	142–143
5	Trephine Bur		For bone harvesting	144
6	Narrow Bone Bur	NEW 	Used to flatten a narrow or irregular bone width	145
7	Ridge Split Bur	NEW 	Used to remove the remaining bones on both ends during Ridge split	145
8	Lateral Approach Bur	NEW 	Used for window formation during Sinus craft	145
9	A.I. Dill		A functional drill that stops itself when it encounters the maxillary sinus.	154–157
10	Tissue Punch		Used to remove wipes	163
11	Crew Removal		Tool for removing the broken screw	164–165
12	Diamond Bur		Bur for tooth preparation	224–286
13	Zirconia Removing Bur	NEW 	Bur for removing Zicornia	295

Implant Depth Gauge · Caliper

Implant Depth Gauge

DG1

- Used for checking the depth of the socket.
- Can also be used for checking if the sinus membrane is perforated.
- Gradation scale by 24mm with 3mm interval.

Caliper

LPC90

Caliper, Castroviejo

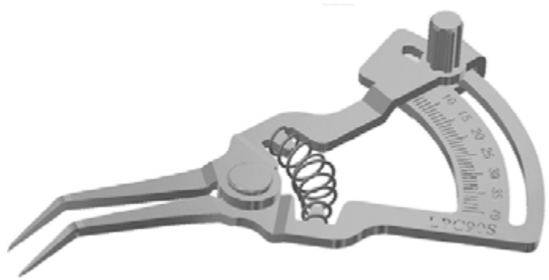
- Castroviejo 30 Angled
- Length 90mm the scope of measurement is 0~40mm

COMING SOON

LPC90S –

Caliper, Castroviejo

- Castroviejo 30 Angled/Castro Viejo measuring instrument with the front part be to a curved shape for about 30 degrees.
- The total length 95mm, the measurement range 0–40mm
- Used to measure dimensions such as bone or tooth size, spacing between teeth, and equal spacing of teeth



Bone Spreaders

Bone Spreader

BOC22

2.2mm

- First, make alveolar bone fractured with a mess or a chisel. Then use the spreader for expanding.

BOC28

2.8mm

BOC35

3.5mm

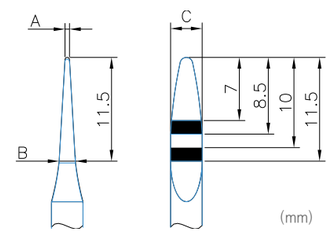
BOC35R

3.5mm

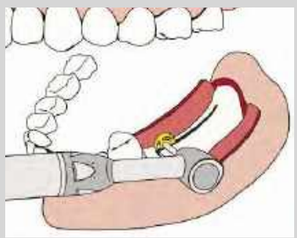
Character

1. Easy to operate with supporting bar on the handle
2. Offset design for easy access in posterior
3. Gradation mark to measure the depth
4. Use a mallet if necessary

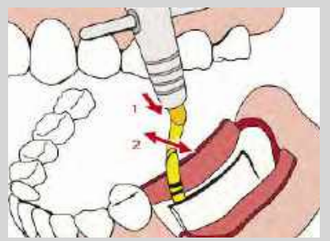
CODE	A	B	C
BOC22	0.5mm	1.6mm	2.2mm
BOC28	0.5mm	1.6mm	2.8mm
BOC35	0.5mm	1.8mm	3.5mm
BOC35R	0.8mm	2.55mm	3.5mm

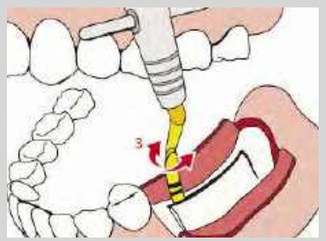


Practice



Cut alveolar bone with a disk (saw)





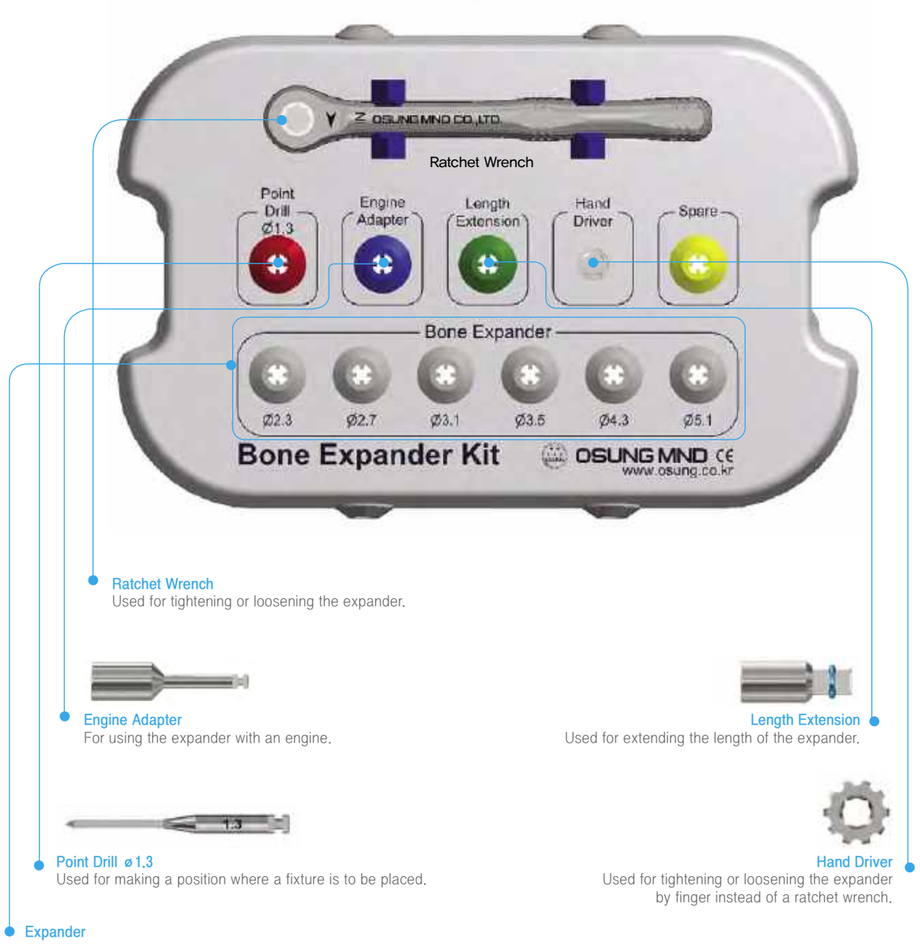
1. Malleting the spreader at the incision site, decide how deeply you need to put the spreader according to the size of the implant fixture.
2. Sway the spreader back and forth to expand the incision bone.
3. Twist the spreader to expand the incision bone wider.

Bone Expander Hand Kit

BEPD

• Size 160 x 85 x 65H(mm)

• Used for expanding bone width in case of narrow alveolar bone.
• Used for getting stable osseous tissue by compressing bone toward lateral when it is difficult to get Initial fixation due to low alveolar bone density.



Ratchet Wrench
Used for tightening or loosening the expander.

Engine Adapter
For using the expander with an engine.

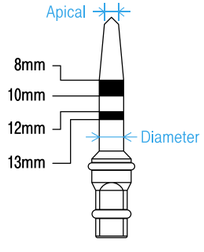
Length Extension
Used for extending the length of the expander.

Point Drill ø1.3
Used for making a position where a fixture is to be placed.

Hand Driver
Used for tightening or loosening the expander by finger instead of a ratchet wrench.

Expander

(mm)



• After the pilot drill used, work first with a 2.3mm expander checking the path & depth.
• Then gradually use a larger expander.
• The final size of the expander has to be decided according to the size of a fixture.

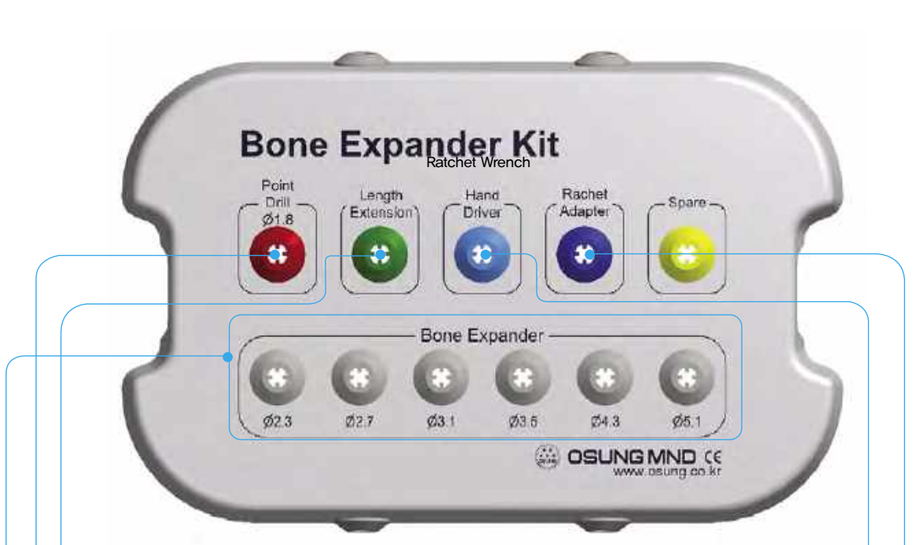
Apical	ø1.0	ø1.4	ø1.8	ø2.2	ø3.0	ø3.8
Diameter	ø2.3	ø2.7	ø3.1	ø3.5	ø4.3	ø5.1

Bone Expander Engine Kit

BEPD2

• Size 160 x 85 x 65H(mm)

• How to choose the final size of an expander?
1) Normal bone density : choose the same size as the fixture size.
2) Poor bone density : choose two step smaller size than the size of the fixture.



Length Extension
Used for extending the length of the expander

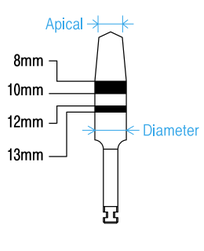
Hand Driver
Used for tightening or loosening the expander by finger instead of a handpiece.

Point Drill ø1.8
Used for making a position where a fixture is to be placed.

Ratchet Adapter
Connect an expander with a ratchet wrench

Expander

(mm)



First, use a point drill to make a position. Then use the smallest size, 2.3mm expander with in & out motion at 50rpm. After that gradually use a larger expander.

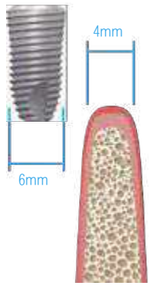
Apical	ø1.0	ø1.4	ø1.8	ø2.2	ø3.0	ø3.8
Diameter	ø2.3	ø2.7	ø3.1	ø3.5	ø4.3	ø5.1

Bone Expander Hand Kit ·Bone Expander Engine Kit

Practice

Used for expanding bone width in case of narrow alveolar bone

1. Drill to the proper depth using a point drill at the implant site. (800 ~ 1,200rpm)
2. Expand the bone to the desired size using gradually from a small expander to a large expander.
 • After drilling, cut the bone with a disk(saw). Then use the bone expander.
 • Use a ratchet wrench for expanding and a hand wrench when taking out an expander.



Implantation is impossible due to narrow bone width

Initial drilling on the implantation site

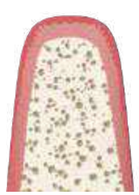
Expand bone width using from a small expander to a large expander gradually

Fixture placement

Practice

Used for stable osseous tissue with pressing bone toward lateral when it is difficult to get Initial fixation due to low bone density

1. Drill to the proper depth using a point drill at the implant site (Engine speed : 800–1,200rpm)
2. Insert a fixture after expanding the bone to the desired size using from small a screw to a large screw gradually
3. Please check whether the bone is pressed too much.
 (need to cut the bony bone surface using a reamer if bleeding doesn't occur.)



Worry about initial fixation due to low bone density

Decide the path and implant position with a point drill

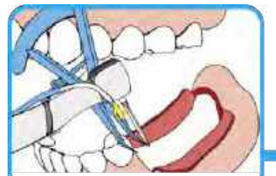
Press bone toward lateral using an expander

Getting better initial fixation with higher bone density

Bone Expander Hand Kit ·Bone Expander Engine Kit

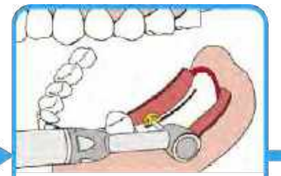
Practice

Diagram of ridge split



Decide a position to use a saw.

P. 134



Use a contra angle handpiece for cutting bone in widthwise direction.

In case of expanding a little, the lengthwise cutting is not neccessary.

P. 140–143

Use a straight handpiece for cutting bone in lengthwise direction in supplement for wider expanding.

Do make lengthwise cutting for wider expansion.

P. 140–143

Expand bone width using a bone spreader.

P. 135

or

Expand bone width using bone expander kit.

P.137

Expand bone width using a bone spreader.

P. 135

or

Expand bone width using bone expander kit.

P.137

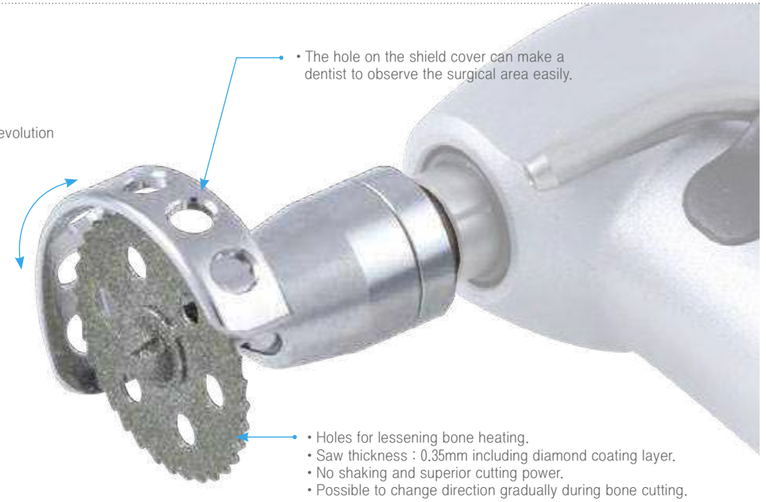
Micro Saw Shield

Micro Saw Shield

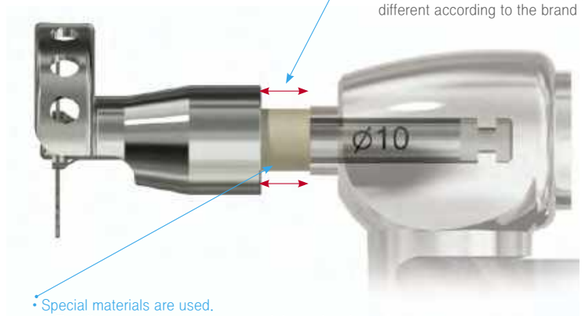
Design Application: 30-2020-0015736
Patent Application: 10-2020-0042753

Safe & excellent surgical procedure
Patent Application

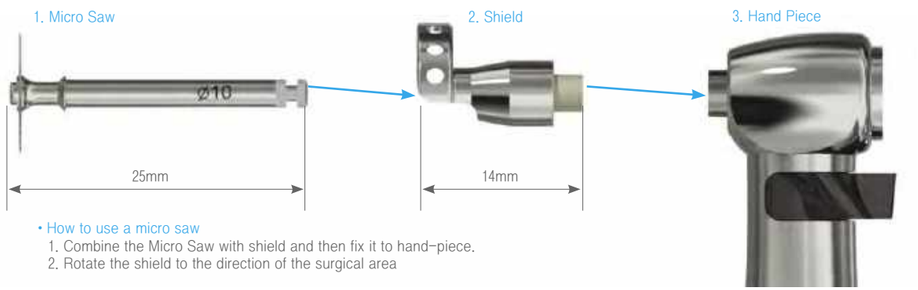
- The shield cover with a 360 – degree revolution can approach in the oral cavity freely
- The shield cover rotates to fit on the surface of the bone. It enables you to do the safe surgical procedure.



- The hole on the shield cover can make a dentist to observe the surgical area easily.
- Holes for lessening bone heating.
- Saw thickness : 0.35mm including diamond coating layer.
- No shaking and superior cutting power.
- Possible to change direction gradually during bone cutting.



- Automatic fixation for 0.5~2.5mm.
- The shank fixation distance of a handpiece is different according to the brand
- Special materials are used.
  – Excellent corrosion resistance and thermal resistance.
  – Low noise and improved rotatory power.



- How to use a micro saw
  1. Combine the Micro Saw with shield and then fix it to hand-piece.
  2. Rotate the shield to the direction of the surgical area

Micro Saw Shield

- It can be combined with various handpieces such as KaVo, W&H, NSK, etc.

Shield

MICSA07SC
- Ø7mm

MICSA10SC
- Ø10mm

MICSA13SC
- Ø13mm

Micro Saw - Contra Angle Type

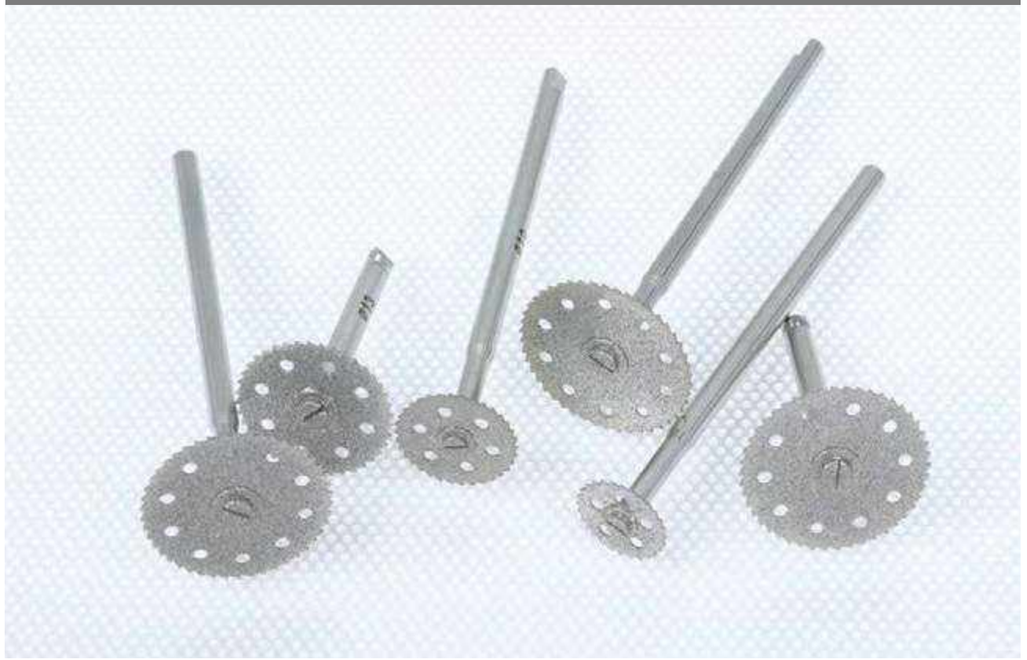
MICSA07S
- Ø7mm

MICSA10S
- Ø10mm

MICSA13S
- Ø13mm

Micro Saw

Micro Saw



Contra Angle

MICSA08
• Ø8mm

MICSA10
• Ø10mm

MICSA13
• Ø13mm

Straight Angle

MICSS08
• Ø8mm

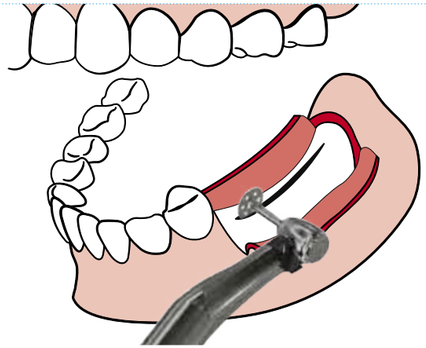
MICSS10
• Ø10mm

MICSS13
• Ø13mm

Micro Saw

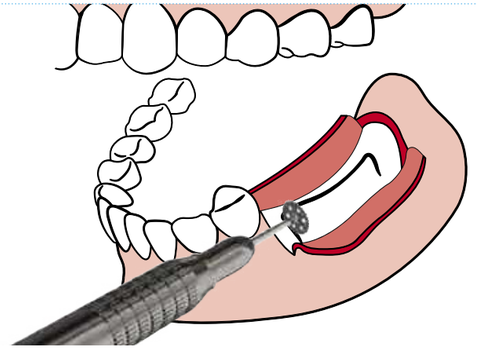
Micro saw is a rotary cutting instrument for removing unnecessary bone torus or extremely thin ridge crest. Also it can be used for ridge split or block bone surgery.

Micro Saw



Use a contra angle handpiece
for cutting bone in widthwise direction.

In case of expanding a little,
the lengthwise cutting is not neccessary.



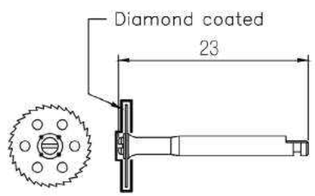
Use a straight handpiece for cutting bone in lengthwise direction in supplement for wider expanding.

Do make lengthwise cutting for wide expansion.

Advantages compared to competitors

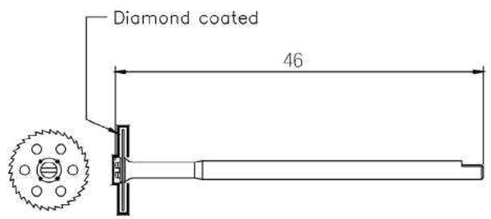
- Holes for lessening bone heating.
- Saw thickness : 0.35mm including diamond coating layer.
- No shaking and superior cutting power.
- The vibration is minimized during bone cutting because of the diamond coating surface.
- Possible to change direction gradually during bone cutting.

Contra angle type



Order No.	MICSA08	MICSA10	MICSA13
Diameter	Ø8	Ø10	Ø13

Straight angle type



Order No.	MICSS08	MICSS10	MICSS13
Diameter	Ø8	Ø10	Ø13

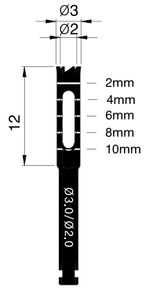
Trephine Burs

Trephine Bur

- 3.0/2.0mm trephine bur (THB30) can be used as an initial drill harvesting bone.
- Make a path with reverse rotation and use a normal rotation at 800–1,200rpm
- Used for the harvesting of mandibular bone.
- Choose a proper size of trephine bur for failed fixture removing.

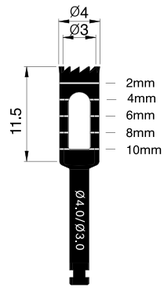
(mm)

Trephine bur can be initially used for harvesting bone without using a drill.
In this case, it is the required size of the Trephine bur.



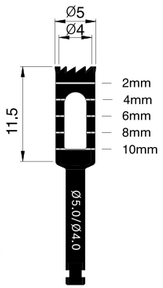
THB30

- For bone harvesting



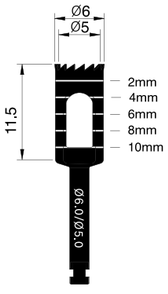
THB40

- For bone harvesting



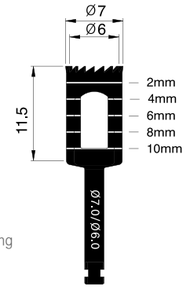
THB50

- For bone harvesting



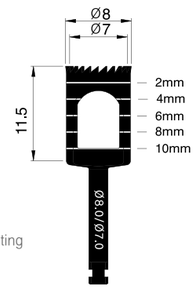
THB60

- For bone harvesting



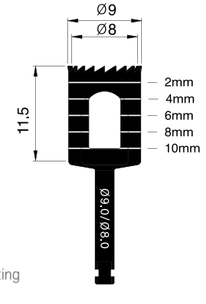
THB70

- For bone harvesting



THB80

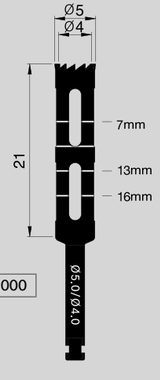
- For bone harvesting



THB90

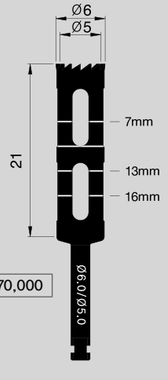
- For bone harvesting

To remove implant



THR50 ₩ 70,000

- To remove implant



THR60 ₩ 70,000

- To remove implant

Implant Surgical Bur · Surgi-Drill Stand

Implant Surgical Bur

NEW

LABEC62

Lateral approach bur

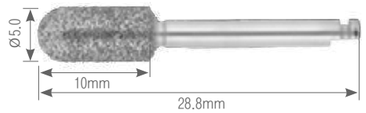
- For Angle Handpiece
- Used for window formation during Sinus graft
- Less splash than cutting burs due to the electrodeposited diamonds.

NEW

NBRBEC50

Narrow bone removing bur

- For Angle Handpiece
- Used to flatten the narrow bone width after pulling teeth.
- Less splash than cutting burs due to the electrodeposited diamonds.

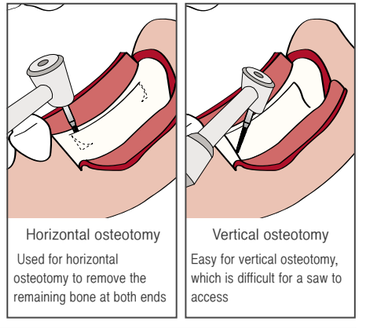


NEW

RSBTRM

Ridge split bur

- For Angle Handpiece
- Used for horizontal osteotomy to remove the remaining bone at both ends after Ridge split using a saw.
- More suitable for vertical osteotomy due to its accessibility.



Horizontal osteotomy

Used for horizontal osteotomy to remove the remaining bone at both ends

Vertical osteotomy

Easy for vertical osteotomy, which is difficult for a saw to access

Surgi-Drill Stand

- Surgi-Drill Stand is a perfect solution for managing surgical drills and burs.
- The stand has16 multi-silicone-holders and the multi-holder can hold any kinds of drills, low speed burs and high speed burs.
- Use the cover as a mini-tray as a stand is opened.

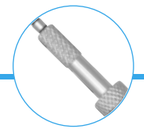
DSTA16

- SIZE 99 x 40 x 45H(mm)

P.358

Convex Osteotomes

BOVXSET
Convex Osteotome 5ea
+ Cassette

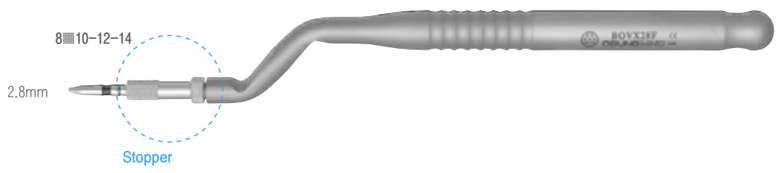


It has a stopper for safe osteotome technique.

A convex osteotome is used for the stable initial fixation of an implant through condensing alveolar bone laterally.

Convex Osteotome | Parkman Design

BOVX28F



BOVX33F

BOVX38F

BOVX43F

BOVX50F

Concave Osteotomes

BOCVSET
Concave Osteotome 6ea + Cassette

EFS8B
Instrument Cassette

A concave osteotome is used for the sinus elevation surgery. It can be used when the alveolar bone is very thin up to 1~2mm. The floor of the sinus is then lifted by tapping the sinus floor with the use of osteotomes.

Convex Osteotome | Parkman Design

BOCV20F

BOCV28F

BOCV33F

BOCV38F

BOCV43F

BOCV50F

Bone Scraper · Block Bone Clamps

Bone Scraper

BSF

- Sterilized product. Single-use.
- Size 148 x 17 x 16H(mm)
- If the blade becomes dull, rotate the blade with any 1.2mm hex driver to expose a new sharp edge.
- 5 pcs

The bone scraper comes packed as sterile products. It is very convenient to use.

Practice

Rotate the blade of a bone scraper with a 1.2mm hex driver

Rotate the blade by 90 degree to have a new sharp edge.

Harvesting bone

Harvested bone particle in the chamber.

Clinical case

Gingival flap opened | Taking bone | Flap gingival | Fill bone

Fix with bonetack after covering membrane | Fixed with bontack | Sutured

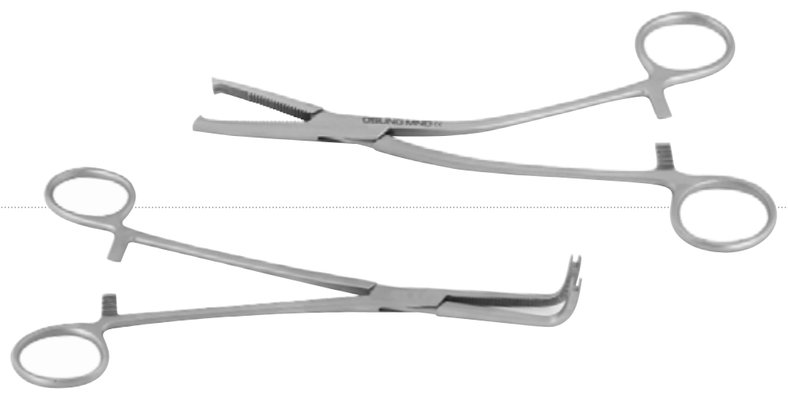
Block Bone Clamp

RCA197

- Anterior
- Used for holding block bone
- The length is 197mm

RCP200

- Posterior
- Used for holding block bone
- The length is 200mm
- Drilling available through the slot of the beak



Bone Collect Chisel · Bone Collector · Hexa Wrenchs

Bone Collect Chisel

STSBC-1

- Used for collecting osseous coagulum, Back-action

6.5mm

Bone Collector

ST1

Bone Collector
- Used for collecting bone particles cut off while drilling.
- To take osseous coagulum inhaled by suction using a filter.
- Length 235mm
- The filter is single-use.

ST1-F

Bone Collector Filter
- Disposable

Practice

Advantages of using bone collector
- Collect usable bones during implant drilling.
- Reduce the extra surgery for getting bone graft from a patient.
- Can save bone graft material.
- Can save surgery time.

Notice
- Avoid inhaling saliva to the collector through suction.
- Use two suctions for the bone collector and inhaling salvia.
- Keep collected osseous coagulum in gauze wet with saline solution and place it to the bone defect area as soon as possible.

Hexa Wrench

IDH5-15N

15N Toque Wrench
- Alert not to give excess power as it is bent if power is over 15N

5mm

IDH7-15N

15N Toque Wrench
- Alert not to give excess power as it is bent if power is over 15N

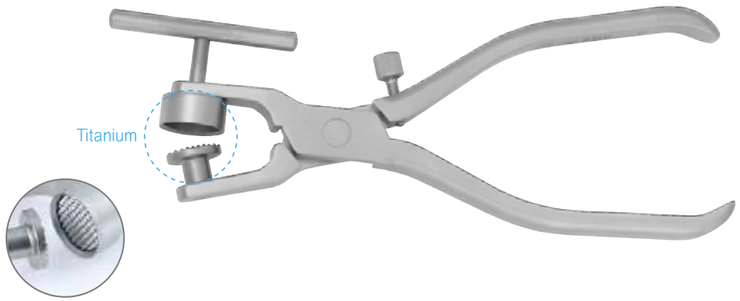
7mm

Bone Mill · Bone Crusher · Bone Crusher Mallet

Bone Mill

BMH

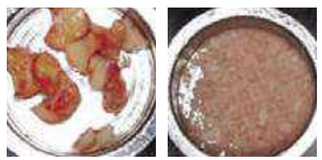
- Hinge type
- Serrated disks are made of titanium.
- Place a small bock bone between two serrated disks for grinding so the particles are minutely broken.
- Easy & simple to use.



Bone Crusher

BCR3

- The punching head has a round shape to effectively crush bone with a relatively small force. And the punching tool doesn't get jammed to the bowl due to its rounded shape.



Bone Crusher Mallet

ML29

- Durable and strong stainless steel mallet. Suitable for bone crushing procedure.

Bone Mill · Bone Syringes

Bone Syringe

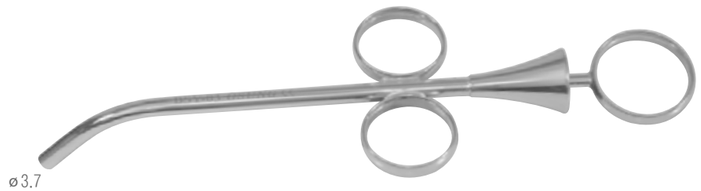
- Placing graft material into recipient site / stainless steel made
- To carry grained bone into the recipient site

BSY35

- For the socket approach
- Useful for fine & high-flowable bone particles.
- Inner Diameter 2.5mm / Outter Diameter 3.5mm

BSY47

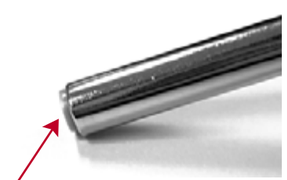
- Most popular size.
- Inner Diameter 3.7mm / Outter Diameter 4.7mm



BSY70

- Used for lateral approach. It is able to carry large volume of material.
- Inner Diameter 6.0mm / Outter Diameter 7.0mm

Practice



We improved the bone syringe to extract the bone smoothly.

1. Firstly pull the bone syringe knob and move up and down the bone syringe to fill up.

2. Lastly, push the knob to extract the bone from the bone syringe.

Bone Well · Bone Carrier · Bone Packers

Bone Well

BWSUS1

- Used for mixing bone graft material
- Made of stainless steel
- Size : Diameter 38 x 27.5H(mm)

Bone Carrier

BSC3539

- To carry bone graft material
- Titanium made

Bone Packer

GP2530

GP3340

Membrane Forceps · Sinus Rongeur

Membrane Forceps

MF01

- Used for holding & carrying membrane effectively
- Length 121mm / Width 5.0mm

Sinus Rongeur

RNGSK100

- Kerrison
- To open sinus window
- Length of beak 10cm
- Width of bite 4mm

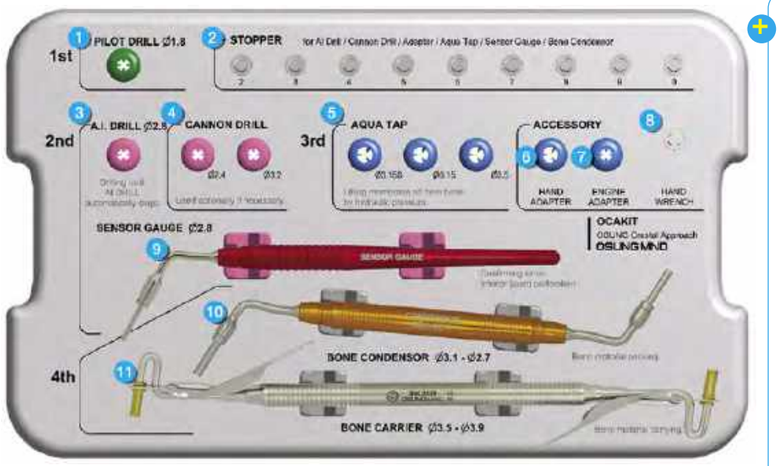
Crestal Approach Kit

OCAKIT

- Size 260 x 165 x 75H(mm)

- Everyone gets the same result in operation as the drill stops by itself when it touches the sinus membrane.
- Riskless in the matter of membrane-tear as the membrane is lifted by using hydraulic pressure

Video Clip



Aquainjector

- Use together with a disposable plastic syringe.
- Designed to generate hydraulic pressure strong enough for a sinus lift. Also, this device is intended for injecting liquid slowly to give membrane recovery –time from the strain formed inside.
- Possible to know the volume of space for bone grafting.

①	Pilot Drill ø1.8		• To mark a position of an implant after confirmation of X-ray
②	Stopper (2mm ~ 10mm)		• Control depth
③	A.I. Drill		• Drill stops automatically when the drill touches sinus membrane (by 1,200rpm)
④	Cannon Drill ø2.4		• Initial drill to access the sinus before the use of A.I. drill.
	Cannon Drill ø3.2		• Used for expanding a hole size. • Can be used with a stopper.
⑤	Aqua tap		• Used for injecting a saline solution or contrast medium into the perforated maxillary sinus

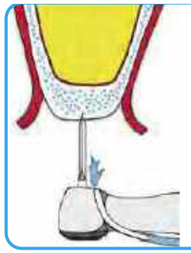
	3.15S	3.15	3.5
Diameter	Ø3.15	Ø3.15	Ø3.5
Length	28mm	33mm	33mm

⑥	Hand Adapter		
⑦	Engine Adapter		• Adapter for connecting Aquatap to the implant handpiece.
⑧	Hand Wrench		
⑨	Sensor Gauge		• To check perforation of the sinus membrane by using compression of spring
⑩	Bone Condensor		• Condensing bone material into the maxillary sinus
⑪	Bone Carrier		• Carry bone material to the maxillary sinus

Crestal Approach Kit

Practice

01



Pilot Drilling
- Ø1.8 1,200rpm
- Mark a drilling position on the cortical bone with a pilot drill.

02

Attaching a stopper
- Take a stopper which is 1mm longer in length than the length measured from alveolar bone to sinus membrane. Then attach the stopper to the Canon drill.

03

Cannon Drilling
- Run the Canon drill 2.4mm with a stopper at 1,200rpm.
- Use 3.2mm drill if necessary for a large hole.
- Drill by the spot which is 1mm away to the sinus membrane.

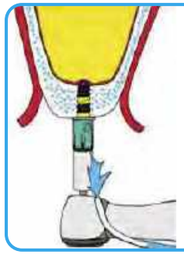
04

Cannon A.I. Drilling
- Ø2.8 1,200rpm
- Select the stopper which is 2mm shorter than the stopper used with Canon drill.
- Attach the stopper to the A.I. drill, and run it at 1,200rpm.
- The A.I. drill stops automatically when the end of the drill reaches the membrane.

05

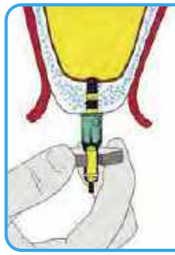
Checking the perforation
- Attach the stopper which is used with A.I. drill.
- Check the perforation with the sensor gauge.

06



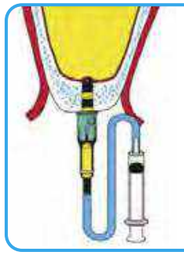
Aqua Tapping
- Ø3.15 ~ Ø3.5 30rpm
- Attach the same stopper which is used with A.I. drill.
- Fix the Aqua tap into the bone by using a handpiece.

07



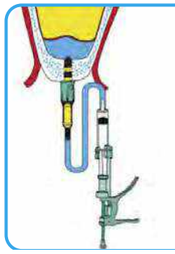
Adjusting the height of Aquatap – Hand wrench
- To adjust the height of an Aquatap by finger minutely.
- Use with a tube.

08



Connecting with Injector
- Attach a 10cc plastic syringe to the Aqua injector and connect the Aqua tap to the plastic syringe by a flexible hose.

09



Lifting sinus membrane
- Inject liquid slowly with a speed of 1 click/10sec to give membrane recovery time from the formed inside.
- To check penetration and the strain amount of sinus membrane lifting, use contrast medium.
- Decide the amount of Bone powder by calculating the difference of liquid volume in a syringe from beginning to end.

10

Condensing bone graft material
- Carry and push graft material into the socket

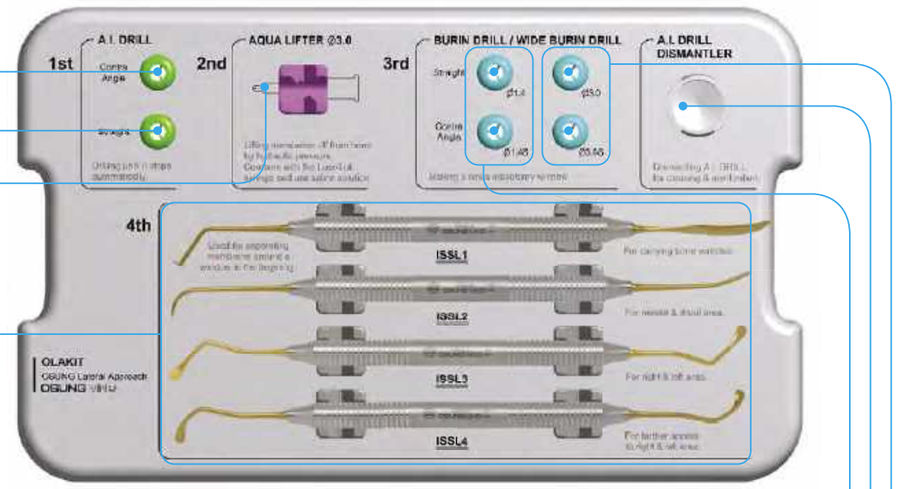
Lateral Approach Kit

OLAKIT

- Size 260 x 165 x 75H(mm)

- Everyone gets the same result in operation as the drill stops by itself when it touches the sinus membrane.
- Riskless in the matter of membrane-tear as the membrane is lifted by using liquid.

Video Clip



Aqua Lifter
- Use together with a disposable syringe.
- Inject 1.0~1.5cc of saline solution or contrast medium.

A.I. Drill_Straight
- For straight angle.
- It stops automatically when the end point of the drill touches the membrane. (Running speed : 6,000rpm)

A.I. Drill_Contra Angle
- Extra shank for the contra-angle handpiece.
- Combine the shank with the upper structure of Lateral A.I.Drill

Sinus Lift
- Useful for separating the sinus membrane after making a window.

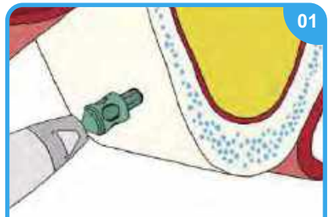
Burin Drill
- A smooth ball-ended tip minimizes the damage of the membrane.
- Cut the alveolar bone using side blades after detaching the membrane.

A.I. Drill Dismantler
- Tool for changing Lateral A.I.Drill to Contra Angle.

Wide Burin Drill
- A smooth ball-ended tip minimizes the damage of the membrane.
- Cut the alveolar bone using side blades after detaching the membrane.

Lateral Approach Kit

Practice



01

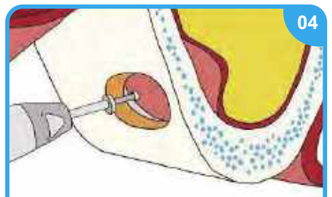
Lateral AI Drilling
- Position a hole in the front and lower area if possible as it is the best position to lift membrane safely and effectively.

02

Lateral Aqua Lifter
- Fill 1.0~1.5cc saline solution in the chamber of a plastic syringe.
- Attach the Aqua lifter to the plastic syringe and then engage the end part of the Aqua lifter into the hole.
- Inject the solution to elevate the sinus membrane.

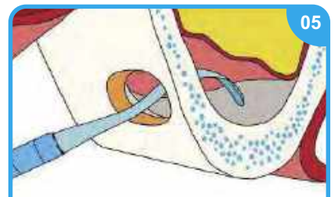
03

Burin Drilling
- After Detaching the sinus membrane, use the Burin drill to open the window.



04

Enlarging the size of window
- Use wide Burin drill to enlarge



05

Sinus Membrane And Elevation
- Lift sinus membrane from the side and the lower area through the window.

06

Bone Graft
- Fill graft material.

ISSL1 Left Tip

1. Detach the sinus membrane and tidy up the area around the window.

ISSL2 Left & Right Tips

2. Detach the sinus membrane of the lower area of a hole.

ISSL3 Left & Right Tips

3. Separate sinus membrane of right & left of a hole.

ISSL4 Left & Right Tip

4. Separate sinus membrane by long distance in the left and right of a hole.

ISSL1 Right Tip

5. Carrying bone graft material

ISSL3 Left & Right Tips

6. Put bone graft material into the window.

Sinus Lifts

Sinus Lift

• It is for detaching the sinus membrane from the bone.

IS6577SC5

• Acute angled

IS65785

• Obtuse angled

ISPKN152

• Used for beginning the delicate separation of the sinus lining.

ISSC1

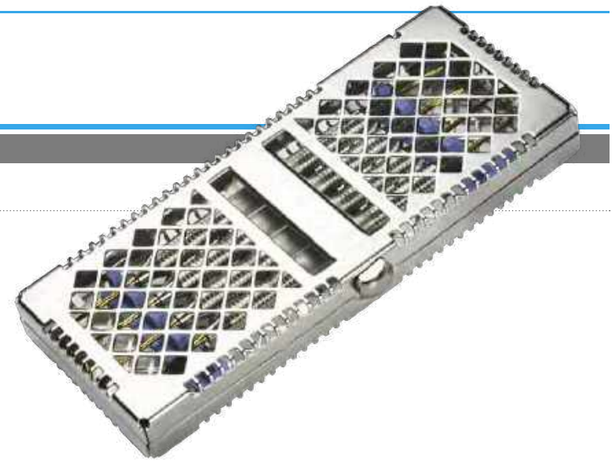
ISSC2

• Long blade type of ISSC1 to access to the deep inner space.

Sinus Lifts

Sinus Lift

• It is for separating the sinus membrane from the bone.



ISSLKIT

Sinus Lift Kit
• ISSL1/ISSL2/ISSL3/ISSL4
• 72 x 192 x 22H(mm)

ISSL1

Sinus Lift
• The left tip is used for detaching the sinus membrane.
• The right tip is used for carrying bone graft material.

ISSL2

Sinus Lift
• Used for detaching the sinus membrane on the mesial & distal area.

ISSL3

Sinus Lift
• Used for detaching membrane around a hole.

ISSL4

Sinus Lift
• Used for detaching membrane by long distance of left & right surrounding a hole.

Bone Screw

Bone Screw Kit

This has a double-thread structure that ensures quick insertion and good settlement in a bone.
Further, ultra-precision machining that cuts threads at an accuracy of 3/1000mm will
warrant accurate engagement with the driver.

BSKIT

- This product is made of titanium GR5 ELI.
- You can buy these bone screws as a full-set kit or several pieces of your desired sizes separately.

1 Bone Screw ø1.5mm
2 Bone Screw ø1.7mm
3 Bone Screw ø2.0mm
4 Drill
5 Driver
6 Driver Holer
7 Case

Products Constitution

Practice

Consist of product

Name	Size	Code	(ea)
Bone Screw ø1.5mm	4mm	BSW15-004	9
	5mm	BSW15-005	6
	6mm	BSW15-006	3
	8mm	BSW15-008	3
	10mm	BSW15-010	3
	12mm	BSW15-012	3
Bone Screw ø1.7mm	4mm	BSW17-004	6
	5mm	BSW17-005	4
	6mm	BSW17-006	2
	8mm	BSW17-008	2
	10mm	BSW17-010	2
	12mm	BSW17-012	2
Bone Screw ø2.0mm	4mm	BSW20-004	6
	5mm	BSW20-005	4
	6mm	BSW20-006	2
	8mm	BSW20-008	2
	10mm	BSW20-010	2
	12mm	BSW20-012	2
Drill	1.0mm	BSWDR1.0	1
	1.3mm	BSWDR1.3	1
	1.6mm	BSWDR1.6	1
Driver	For hand driver	BSWDTL	1
	For contra-angle	BSWDTS	1
Driver Holer	Hand Driver Holder	BSWDH	1
Case	Aluminium Case	BSWDC	1

Bone Tack

Bone Tack Kit

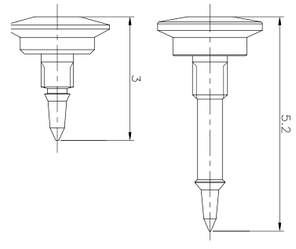
This Bone tack is designed to be driven in using a mallet at the time of insertion while being screwed out using a driver at the time of removal, with a view to fixing membranes or foils.

BTKIT

- This Bone Tack has a screw structure directly under its head, which allows for easy removal using the driver supplied with the product.
- It is made of titanium GR5 ELI and is available in 3mm and 5mm in size. 3mm Tacks are for normal bone while 5mm Tacks for soft bone.

1 Bone Tack Holder
2 Case
3 Bone Tack M0.85 x 5mm
Bone Tack M0.75 x 3mm
4 Hexa Driver 0.9mm

Products Constitution



Consist of product

Name	Code	(ea)
Bone Tack Holder	BTSHC(Straight)	1
Case	BTSC	1
Bone Tack M0.85×5mm	BTS85-50	5
Bone Tack M0.75×3mm	BTS75-30	9
Hexa Driver 0.9mm	BTIDH09	1

Bone Tack Offset Holder

BTSHCO

- TOffset
- For posterior

Tissue Punches

Hand Tissue Punch

It is useful to operate as a surgeon's intention.

TPH35S — 3.5mm
- Hand Tissue Punch, Straight

TPH35C
- Hand Tissue Punch, 90 Angled

TPH40S — 4.0mm
- Hand Tissue Punch, Straight

TPH40C
- Hand Tissue Punch, 90 Angled

TPH45S — 4.5mm
- Hand Tissue Punch, Straight

TPH45C
- Hand Tissue Punch, 90 Angled

TPH50S — 5.0mm
- Hand Tissue Punch, Straight

TPH50C
- Hand Tissue Punch, 90 Angled

Tissue Punches

Center Guide Inclined Tissue Punch

TPI40G
- For Handpiece (15rpm)
- Inner dia 4.0mm

TPI50G
- For Handpiece (15rpm)
- Inner dia 5.0mm

TPI40
- For Finger
- Inner dia 4.0mm

TPI50
- For Finger
- Inner dia 5.0mm

Center Guide Tissue Punch

- This tool is mainly used in the primary surgery and especially useful in flapless implant surgery.
- When a path is created by a 2mm guide drill, use the center guide to set the tissue punch in the right position at the speed of 15rpm.

TP40CJ
- Inner dia 4.0mm

TP50CJ
- Inner dia 5.0mm

Tissue Punch

Used for removing tissue without unnecessary trauma.

TP35
- Inner dia 3.5mm

TP40
- Inner dia 4.0mm

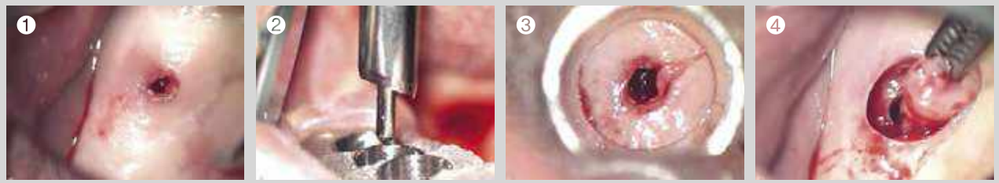
TP45
- Inner dia 4.5mm

TP50
- Inner dia 5.0mm

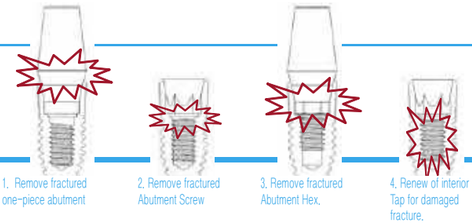
Practice

Inclined Tissue Punch
- Inclined blade can cut the tissue clearly which a normal tissue punch is unable to do. It is generally hard for a normal tissue punch to cut clearly because the bone is not flat structurally.

▼ The picture shows when the tissue has been clearly removed using a center guide tissue punch and an inclined tissue punch.



Screw Removal Kit

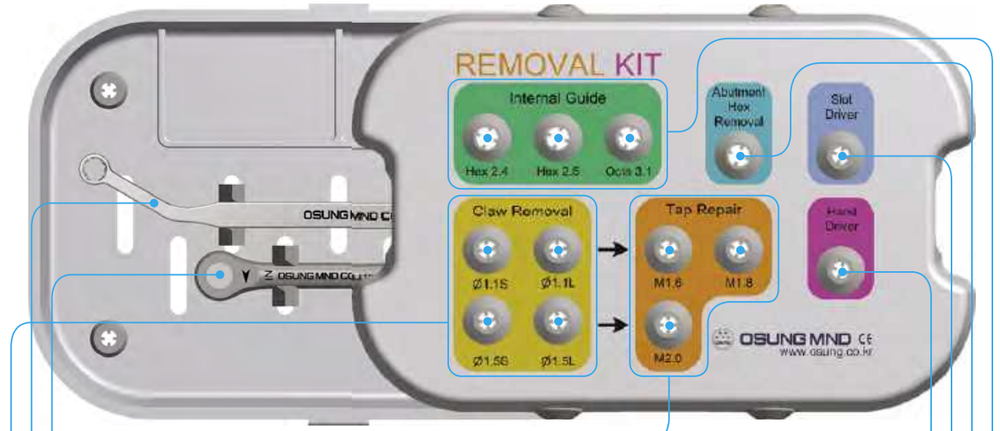


Used for removing a broken screw in the fixture safely & speedily.

Screw Removal Kit

OSRKIT

• Size 160 x 85 x 65H(mm)



Tap Repair
• Consist of M1.6, M1.8, and M2.0

Ratchet Wrench
• For abutment hex removal and tap repair

Internal Guide Handle
• Used for holding an internal guide firmly.

Claw Removal
• Consist of Ø1.1S, Ø1.1L, Ø1.5S, and Ø1.5L for removing a broken screw inside a fixture

	Ø1.1S	Screw for dia Ø1.6
	Ø1.1L	
	Ø1.5S	Screw for dia Ø2.0
	Ø1.5L	

Hand Driver
• For using a slot driver and claw removal by hand

Slot Driver
• For damaged Hex of healing abutment, cover screw and abutment screw

Abutment Hex Removal
• used for removing octa or broken hex of abutment

Internal Guide
• Consist of IH2.4, IH2.5, and IO3.1
• It is used with claw removal Ø1.1L or Ø1.5L as a guide

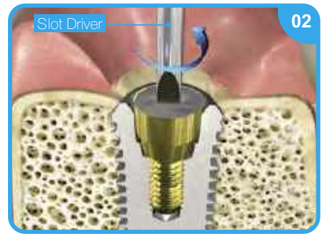
Screw Removal Kit

Video Clip

Practice

1. Remove fractured one-piece Abutment

01. Make a linear slot using over 0.8mm bur.

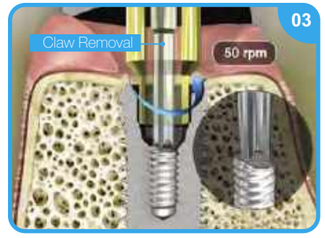


02. Fit a slot driver into the preformed linear slot and turn counterclockwise to remove the broken abutment.

2. Remove fractured Abutment Screw

01. Fractured screw

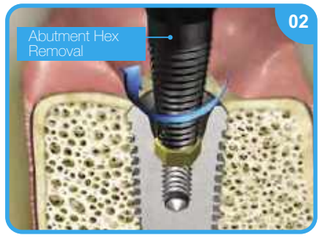
02. Hold guide handle not to move internal guide.



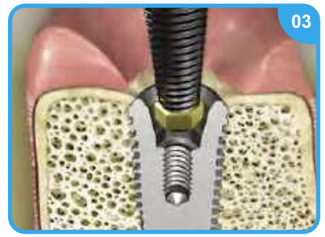
03. Put claw removal to reach the screw through an internal guide.

3. Remove fractured Abutment Hex

01. Fractured abutment hex

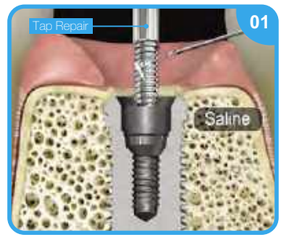


02. Turn Abutment Hex removal clockwise until it hangs to fractured Abutment hex (Fixture can be moved if you put excessive power)

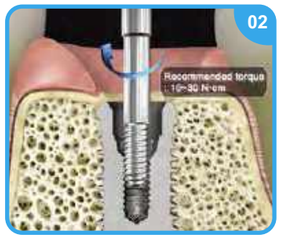


03. Remove Hex.

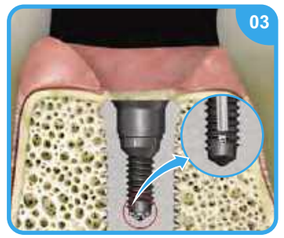
4. Renew of interior Tap for damaged fracture



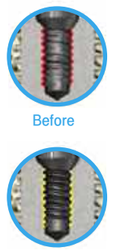
01. Do not harm by heat injecting saline continuously.



02. Refine internal tap with a force of 10-30N.



03. Remove residue in the tap. (2-3 times repeat)



Implant Curettes

Implant Curette

• Soft titanium is used as a material for scratch-free and contamination-free on the implant surface.

Titanium

Titanium

BEST

ICGR1-2

• For Anterior

ICGR5-6

• For Anterior

ICGR7-8

• Used on the buccal and lingual portions of posterior teeth

BEST

ICGR11-12

• Used on the mesial portions of posterior teeth

BEST

ICGR13-14

• Used on the distal portions of posterior teeth

PRF & GRF Box

It is joint work with dentists and designed to handle growth factors that have been extracted by a centrifuge.

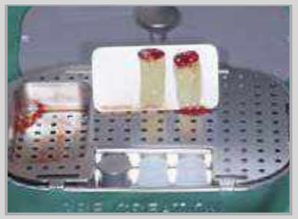
PRF & GRF Box — Parkman Design

GRF

Platelet-Rich-Fibrin & Growth Factor-Rich-Fibrin Box,
PRF & GRF Box
• Used for handling PRF and GRF
• Size 155 x 108 x 60H(mm)

Practice

Gained PRF by a centrifuge.



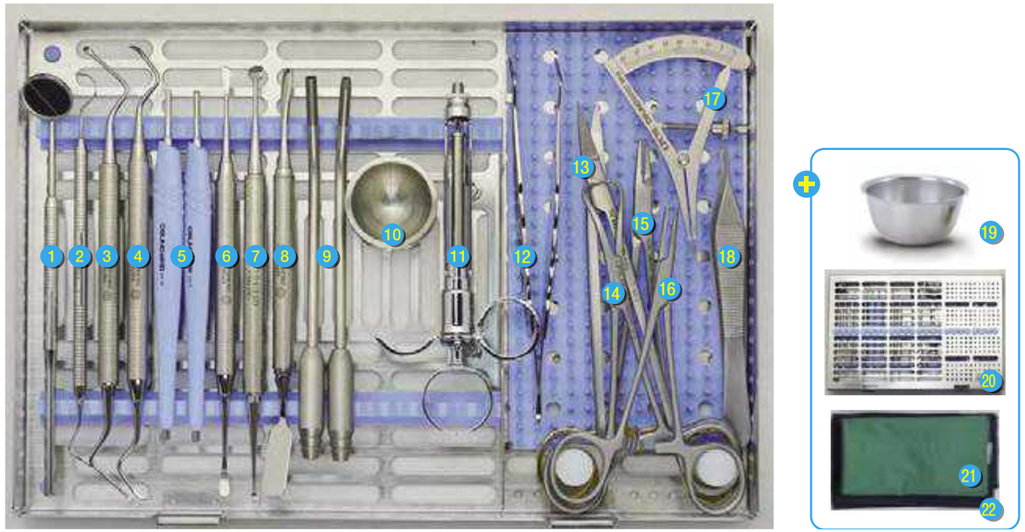
Flattened like membrane by the press.

Also can make a ball shape for socket treatment.

A ball shaped PRF.

The liquid plasma is gathered in the bath.

Implant Basic Kit



No	Product	Name	Code	Page
1	DIAGNOSIS	Mirror(Rear Surface)	DMCS4	18p
2		EX-Probe	XP23-8	28p
3	DEBRIDEMENT	Surgical Curette	URCM10	92p
4		Periodontal Curette	URPR1-2	103p
5	INCISION & FLAP	Silicone Scalpel Handle	SH2S	74p
6		Periosteal Elevator	EP24G	77p
7		Surgical Curette	URCM2-4	92p
8		Periosteal Elevator	EPPR3	76p
9	OTHERS	Titanium Suction Tip	SN4TI, SN3TI	71p
10		Bone Well	BWSUS1	140p
11	ANESTHESIA	Anesthesia Syringe	SAF1	74p
12	DIAGNOSIS	Wide Tweezer	PCW150	29p
13	SUTURE	Dean Scissor	SCD170	100p
14	OTHERS	Towel Clamp	CPTC135	72p
15	SUTURE	Needle Holder	NHC150TC	97p
16	DEBRIDEMENT	Hemostat	HTM130C	96p
17	OTHERS	Caliper	LPC90	122p
18	SUTURE	Tissue Plier	PT42	99p
19	OTHERS	Saline Bowl	SALB-10	
20		Instrument Cassette	EFCCL1	329p
21		Wrapping Cloth	WR7575	332p
22		Surgical Drape	WDMA	332p

Products for Dentistry

OSUNG Catalogue 2022/2023

Restorative

Products for Dentistry

OSUNG Catalogue 2022◦2023

RESTORATIVE
/ 수복

Excavators

Used for removing carious dentin. Also used for carving amalgam and direct wax pattern.

Excavator_Plastic Handle

Autoclavable

3EXC38-39

BEST

3EXC17

3EXC18

3EXC63-64

3EXC65-66

Excavators

Excavator_Meatal Handle

EXC38-39

BEST

EXC17

BEST

EXCE1

EXC18

EXCE2

EXC63-64

EXC65-66

PRODUCTS FOR DENTISTRY
OSUNG MND CO.,LTD.

Excavators

Excavator_Plastic Handle

Autoclavable

3EXCL61-62

BEST

3EXCL63-64

3EXCL65-66

Excavator_Meatal Handle

EXCL61-62

BEST

EXCL63-64

EXCL65-66

Gingival Retractors

Useful for separating and protecting gingiva during cavity preparation or resin filling.

Gingival Retractor_Plastic Handle

Autoclavable

3GRM1

• For lower incisors

3GRM2

• For canine & premolar in upper & lower

3GRM3

• For upper central incisor and molar teeth in upper & lower. It can be used for a wide canine.

Gimgival Retractor_Meatal Handle

GRM1

• For lower incisors

GRM2

• For canine & premolar in upper & lower

GRM3

• For upper central incisor and molar teeth in upper & lower. It can be used for a wide canine.

Practice

GRM1

GRM2

GRM3

• Used for protecting gingival tissue while cavity preparation or resin filling.

Margin Trimmers

Margin Trimmer

- Used for making proper bevel on enamel margins

MT26

Margin Trimmer, MT26
- Distal

BEST

MT27

Margin Trimmer, MT27
- Mesial

BEST

MT28

Margin Trimmer, MT28
- Distal

MT29

Margin Trimmer, MT29
- Mesial

Amalgam Carriers · Amalgam Well

Amalgam Carrier

PM1520

- Mini/Regular

PM2025

- Regular/Large

PM2030

- Regular/Jumbo

Amalgam Well

- To store amalgam before it is placed in preparation.
- Designed for easy amalgam handling.

PLGWL1

- Can be available as a bone well.

Amalgam Pluggers

Amalgam Plugger

• Pluggers are used to condensing filling materials into cavity preparations.

BEST

PLG0-1

• Serrated tip-end

BEST

PLG1-2

• Serrated tip-end

PLGOR1

• Oregon 1
• Easy to access inside wall of the cavity
• Plain tip-end

PLGOR3

• Oregon 3
• Easy to access inside wall of the cavity

Carvers

Carvers

• To carve occlusal shape or remove excessive condensed material.

BEST

CVCD89-92

• Cleoid Discoid

CVCD3-6

• Cleoid Discoid

BEST

CV3S

• Hollenback 3S

CV3

• Hollenback 3

CV74-75

• Can be used to cut soft tissue during surgery

CV76-77

Amalgam Burnishers

Amalgam Burnishers

• Used to condense, smooth, and polish amalgam.

BB26-27S

• Ball Burnisher

BEST

BB27-29

• Ball & Egg (Football) Burnisher

BB31-32

Burnisher, BB31-32
• Ball Burnisher
• 직경 1.8mm/직경 2.4mm

BBL3

• Ladmore 3

Measuring Instruments · Placements

Calibration Instrument

NEW

MIVD-01

Calibration instrument
• Instrument for measuring depth and width of cavity.
• For the dental hygiene students
• 0.4 mm diameter x 1.5 mm length
• 0.75 mm diameter x 1.5 mm length

NEW

MIVD-02

Calibration instrument
• Instrument for measuring depth and width of cavity.
• For the dental hygiene students
• 1.0 mm diameter x 2.5 mm length
• 1.5 mm diameter x 4.0 mm length

Practice

Depth, thickness measurements

Clearance measurement

Depth measurement

Placement

• Used to apply calcium hydroxide or liner in the cavity.
• Also useful as a small burnisher

PIS

• Metal Handle/ Single-End

BEST

PICH

• Calcium Hydroxide Placer
• Dycal Applicator
• Metal Handle / Double-Ended

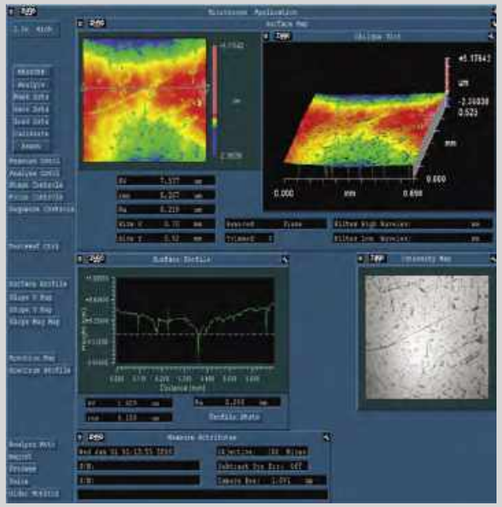
Practice

Mixing dycal

Apply base and liner like calcium hydroxide or glass ionomer to cavity

Composite Instruments

Science & Technology



The technical core of the Composite Instrument is the surface roughness of the working end. Plainly said, the smooth surface makes the resin materials do not stick on it. This is the operating principle of the Composite Instrument.

All Composite Instruments on the market today are made with this principle. They are highly polished and coated for better performance. In fact, a more important factor is the polishing. Since the coating is too thin that it is about 1/400 of the hair thickness, the role of the coating is only an additional part.

In reality, the quality of the material depends on the surface condition. The quality is not a part that can be confirmed with the naked eye, because it is extremely fine to use an electron microscope. The technique of the metal polishing for composite instruments not simple.

OSUNG's products are differentiated from the products of other companies by implementing the highest level of surface polishing technology. We, OSUNG are continuously making efforts to improve quality by using quality analysis system with state-of-art testing equipment.

Figure. RA value(Arithmetical mean deviation of the profile) of Composite Instrument

Composite Instrument

2CSAT6

• Silicone Handle/Double-Ended

134°C Autoclavable

CSAT6

• Metal Handle/Double-Ended

Flowable

• Useful to operate flexible composite resin and glass ionomer / Used for precise reappearance of occulusal groove / Used to manage minute connection area

2CSCT15

• Silicone Handle/Double-Ended

134°C Autoclavable

CSCT15

• Metal Handle/Double-Ended

Composite Instruments

As the tool for the composite resin, the polished tip surface is smooth and lubrication-coated, so the composition resin is not sticky.
The thin profile allows access to narrow interdental areas, especially for the aesthetic resin treatment.

Metal Handle

NEW

CSF1W

Composite instrument
• 폭 1.5mm/폭 1.5mm

NEW

CSF2

Composite instrument
• 폭 1.5mm/폭 1.5mm

NEW

CSF3

Composite instrument
• 폭 1.5mm/폭 1.5mm

Practice

Composite Instruments

Plastic Handle

Autoclavable

BEST

3PFWDS2

• Woodson 2

3PFWDS3

• Woodson 3

BEST

3PFIW3

• Combination of middle sized paddle blade and small sized condenser tip

3PF43-47

• For anterior

3PF48-702

• For posterior

Composite Instruments

Composite Instrument_Metal Handle

BEST

PFWDS2

• Woodson 2

PFWDS3

• Woodson 3

BEST

PFIW3

• Combination of middle sized paddle blade and small sized condenser tip

PF43-47

• For anterior

PF48-702

• For posterior

Composite Instruments

Non-stick-instruments for fast and efficient placement and shaping of composite and easy cleanup.
The tips are highly polished and titanium-coated.

Composite Instruments_Silicone Handle

Autoclavable

BEST

2CSCT1

• Combination of paddle and rounded condenser tip. For placement and contouring.

2CSCT6

• For proximal contouring

2CSCT7

• For placement and contouring

2CSCT8

• For condensing and contouring

2CSCT10

• For condensing and contouring

BEST

2CSCOM11

• Blade type for universal use
• Straight type

2CSCOM13

• Corn type for occlusal use

Composite Instruments

Non-stick-instruments for a fast and efficient placement and shaping of composite and an easy clean up.
The tips are highly polished and titanium-coated.

Composite Instruments_Metal Handle

BEST

CSCT1

• Combination of paddle and rounded
condenser tip. For placement and contouring.

CSCT6

• For proximal contouring

CSCT7

• For placement and contouring

CSCT8

• For condensing and contouring

CSCT10

• For condensing and contouring

BEST

CSCOM11

• Blade type for universal use
• Straight type

CSCOM13

• Corn type for occlusal use

Composite Instruments

Composite Instruments_Silicone Handle

Autoclavable

2CSCOMKIT

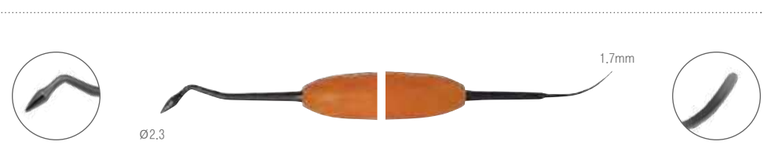
Composite Instruments Set
- Including sterilization case
- Size 180 x 99 x 18H(mm)

2CSCOM1

Composite Instrument
- For placement

2CSCOM2

Composite Instrument
- For shaping and carving



2CSCOM3

Composite Instrument
- For margin trimming

2CSCOM4

Composite Instrument
- For margin arrangement

2CSCOM5

Composite Instrument
- For margin trimming

2CSCOM6

Composite Instrument
- For occlusal shaping

Composite Instruments

Composite Instruments_Metal Handle

CSCOMKIT

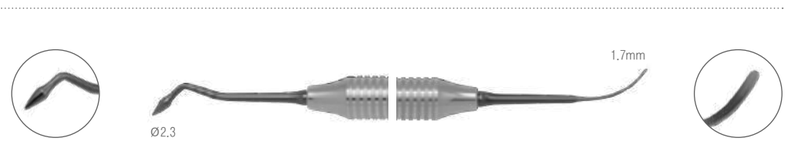
Composite Instruments Set
- Including sterilization case
- Size 180 x 99 x 18H(mm)

CSCOM1

Composite Instrument
- For placement

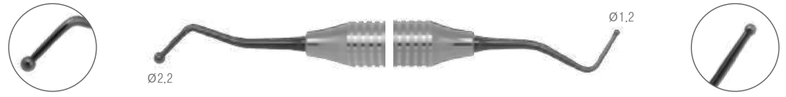
CSCOM2

Composite Instrument
- For shaping and carving



CSCOM3

Composite Instrument
- For margin trimming



CSCOM4

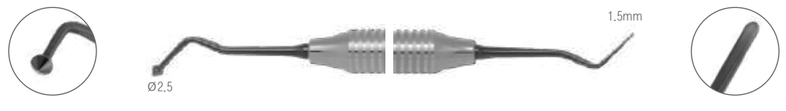
Composite Instrument
- For margin arrangement

CSCOM5

Composite Instrument
- For margin trimming

CSCOM6

Composite Instrument
- For occlusal shaping



Composite Instrument Kit

Composite Instrument Kit

Autoclavable

3CSK01

Composite Instrument Kit Part 1
- Composite Resin Placement

3CSCOM11
- Ideal for placement.
- Thin tip provides maximum comfort with accurate control.

3CSCT8
- Excellent for condensing restorative prostheses.

3CSCT1
- Useful for placement and condensing.

3CSK02

Composite Instrument Kit Part 2
- Contouring Instrument

3CSCT6
- Thin tip allows the easier restorations in narrow proximal surface.

3CSCOM13
- Make it easy to create the ideal occlusal anatomy.

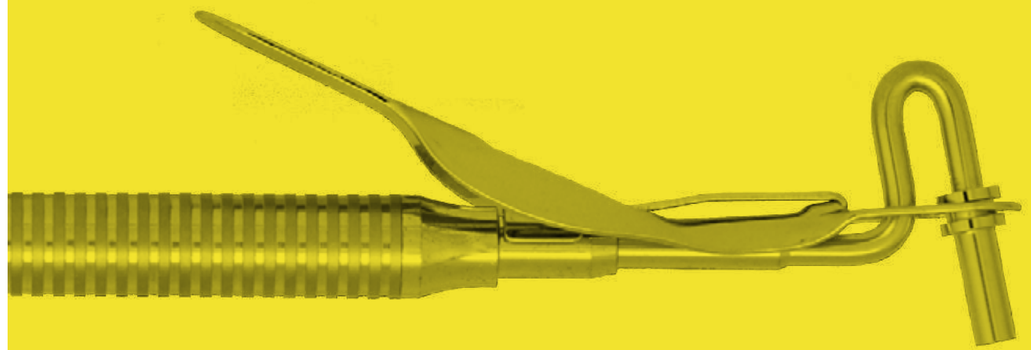
3CSCT15
- Optimized for flowable resin handling. Useful for reproducing the proper anatomy of the finer points of the tooth such as fit and fissure.

Amalgam Filling

Treatment to filling the mixed amalgam in the cavity after removing the carious dentin.

Amalgam Carrier

To place the prepared amalgam to the cavity preparation and properly condense it.



Arrangement

01. Anesthesia Syringe	SAF1	P.073
02. Excavator	EXC18	P.161
03. Placement	PICH	P.164
04. Amalgamwell	PLGWL1	P.165
05. Carrier	PM1520	P.165
06. Plugger(=Condenser)	PLG1-2	P.166
07. Burnisher	BB27-29	P.168
08. Carver(Discoid-Cleoid)	CVCD89-92	P.167
09. Carver(Hollenback)	CV3	P.167
10. Burnisher	BB27-29	P.168

01.

02.

03.

04.

05.

06.

07.

08.

09.

10.

Process

SAF1 ▸
EXC18 ▸▸

01. Local anesthesia

02. Cavity preparation

PICH ▸
PLGWL1 ▸▸

03. Pulp protection

04. Trituration and mulling of amalgam

PM1520 ▸
PLG1-2 ▸▸

05. Amalgam placement

06. Amalgam condensation

BB27-29 ▸
CVCD89-92 ▸▸
CV3 ▸▸

07. Pre-carve Burnishing

08. 09. Carving

BB27-29 ▸

10. Post-carve Burnishing

Practice

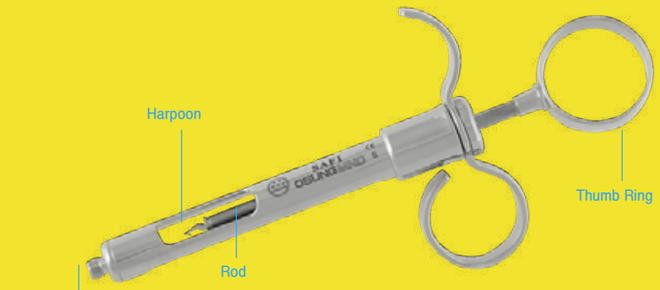
01. Local anesthesia

Used
Local anesthesia syringe, Harpoon type syringe provides stable aspiration during nerve block anesthesia.

Character
Harpoon is designed to hold the rubber plunger of the cartridge and thumb ring is designed to make negative pressure for aspirating.

Anesthesia Syringe_SAF1 How to use

1. Choose a local anesthetic ampoule based on the patient's condition and the dentist's decision.
2. Check the validity period, whether the ampule is cracked and the integrity of the rubber packing.
3. Make sure that the thumb ring of the syringe and the screw hub are tight.
4. Hold the syringe with one hand and pull the plunger back to insert a local anesthetic ampoule.
5. Remove the short side protection cap on the needle and secure it by screwing it onto the screw on the syringe hub. (At this time, the cap of the needle is not removed.)
6. Press the plunger that is pulled back so that the needle passes through the rubber septum. (Be careful not to bend the tip of the needle.)
7. Make sure that no air bubbles are generated.
8. Examine the treatment site.



Pull the handle-ring back to insert the ampoule.

Push the harpoon firmly into the rubber membrane of the ampoule and attach the needle.

Aspiration using finger ring.

02. Cavity preparation

Used
Suitable for removal of small cavities, carious dentin and temporary sealing materials after cavity preparation.

Character
Have a spoon-shaped cutting surface. Various size of Small, Medium and etc.

Excavator_EXC18 How to use

Remove the carious lesion along the outer wall of the cavity using spoon shaped working end.

Use small size excavator to remove the carious dentin.

Spoon -shaped excavator designed for removal of carious dentin.

EXC65-66 Blade type to remove the carious dentin.

03. Pulp protection

Used
For mixing and applying a base and liner (calcium hydroxide, glass ionomer and etc) at the cavity.

Character
Double ended. Ball-ended tips with different diameters. Each length of the two shanks is different.

Placement_PICH How to use

1. Hold it with a pen grasp and mix the ingredients.
2. Coat the ball end with a small amount and apply it in the cavity.

Weight the same amount of base and catalyst on the mixing paper and start mixing.

Apply the base and liner such as calcium hydroxide, glass ionomer and etc. at the cavity.

It can also be used to fill materials in narrow graves such as premolars.

04. Trituration and mulling of amalgam

Used
Container that holds triturated amalgam prior to its being delivered to the cavity preparation.

Character
Concave bowl-shaped well. It is more convenient to use than rubber sheet and is safe from the danger of mercury.

Well_PLGWL1 How to use

1. Hold the well with a left hand and hold the carrier with the other hand.
2. Fill the Amalgam carrier with the amalgam along the inside wall of the well.

For placing of triturated amalgam before it transferred to the carrier.

It can also be used to mix bone during implant surgery.

05. Amalgam placement

Used
To place the prepared amalgam to the cavity preparation and properly condense it.

Character
Consists of cylindrical pellets of different sizes.

Carrier_PM1520 How to use

1. Select the appropriate carrier according to the size of the cavity
2. Fill the freshly mixed amalgam in the cylindrical pellet and apply it while pressing the lever when placing into the prepared cavity to fill it.
3. Keep in mind that once amalgam has been triturated it immediately begins to harden. Use amalgam in th pellet immediately to prevent hardening of amalgam.

Hold the carrier with a Palm Grasp and place your index finger between the levers to fill the carrier with the mixed amalgam along the inside wall of well.

Hold the carrier with a Palm Grasp and place your index finger on the lever and press it.

06. Amalgam condensation

Used
Also known as amalgam condenser, amalgam plugger compacts and condenses amalgam into the cavity preparation.

Character
The shape of the tip is variable.Round, flat and diamond working end that can be serrated or plain. Diamond shaped working end for packing amalgam into larger portions of preparations.

Plugger(=Condenser) _PLG1-2 How to use

1. Hold the plugger with its tip held 90 degrees to the interface of the tooth and start the compaction at the center.
2. Use the smaller face plugger end and apply lateral pressure for condensing the corner of the cavity. (sidewall)
3. Amalgam should be condensed into the cavity with a minimal amount at several times.

In case of packing amalgam into wide portions of preparation, start condensing from the center to the sidewall pushing with large faced plugger end.

Smaller face plugger end is designed to compact amalgam with greater force.

07. Pre-carve burnishing

Used
To smooth amalgam after condensing, used to create occlusal anatomy.

Character
Double ended. Egg-ball and ball type.

Burnisher_BB27-29 How to use

Start stroking from the center to the cusp pushing with constant pressure.

Using Ball type, gently stroke with minimal force.

Using egg-ball type. Start burnishing with forming central groove.

08, 09. Carving

Used
To carve occlusal anatomy (pits and fissures) into amalgam restorations.

Character
Discoid is disk shaped, Cleoid is pointed, sharp. Designed for removing excess amalgam from the occlusal surface.

Carver_CVCD89-92 (Discoid-Cleoid)

How to use

To reduce the removal of large amounts of amalgam, place the blade on the adjacent tooth and pull it from the distal side to the mesial side.

Use discoid-cleoid type to remove excess amalgam from the occlusal surface.

Used
To contour and carve occlusal and interproximal anatomy in amalgam restorations.

Character
Sharp stiff metal blade. The angles of working ends are different.

Carver_CV3 (Hollenback)

How to use

Start carving by place the lateral side of blade in the inclination of cusp. And continue to carve the surface along the margin.

Use a hollenback type for carving central groove.

10. Post-carve burnishing

Used
To smooth amalgam after carving, and burnish to obtain adequate adaptation.

Character
Double ended. Egg-ball and ball type.

Burnisher_BB27-29

How to use

Start stroking from the center to the cusp pushing with constant pressure.

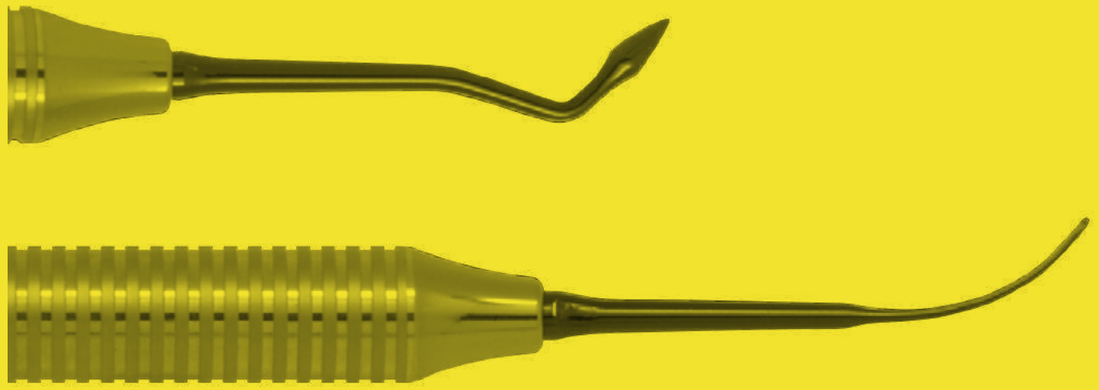
Using the burnisher, produce polished flat surface by stroking the amalgam surface.

Resin Filling

Treatment of filling the mixed amalgam in the cavity after removing the carious dentin.

Composite Instrument

Used to remove excess composite or resin cement from the interproximal surface of a tooth. A polished and lubricate coated surface tip prevents composite resin from sticking to the instrument.



Arrangement

01. Excavator EXC18 ..... P.173
02. (echant, 3way syringe)
03. (bonding, 3way syringe, Light curing unit)
04. Carrier Placement CSCT7 ..... P.187
05. Condenser CSCT8 ..... P.187
06. Carver CSCOM2 ..... P.189
07. Occlusal shaping CSCOM13 ..... P.187
08. (Light curing unit)
09. Paper holder PHNS P.287

01.

02.

05.

06.

07.

09.

Process

EXC18 ▸
PICH ▸

01. Cavity preparation

02. Acid etching

03. Applying the composite resin primer

04, 05. Composite resin filling

CSCT7 ▸
CSCT8 ▸
CSCOM2 ▸
CSCOM13 ▸

06, 07. Composite resin filling

08. Light curing

PHNS ▸

09. Shaping and occlusal adjustment

Practice

01. Cavity preparation

Used
Used to remove soft carious decay and temporary sealing materials after cavity preparation.

Character
Spoon-shaped cutting surface. Various size of Small, Medium and etc.

Excavator_EXC18 How to use

Remove the carious lesion along the outer wall of the cavity using spoon shaped working end.

Use small size excavator to remove the carious dentin.

Using spoon-shaped excavator, remove the carious decay.

EXC65-66 blade type is suitable for removing carious decay.

02. Cavity preparation

(Ecthing, 3Way Syringe)

03. Applying the composite resin primer

(Bonding, 3Way Syringe, Light curing unit)

04. Composite resin filling

Used
Carry composite resin to the cavity preparation.

Character
Paddle shaped working end.

Carrier_CSCT7 How to use

Apply the appropriate composite resin into the cavity.

Take the composite resin out using the paddle end as much as desired.

Place the composite resin on the occlusal surface.

Used for contouring buccal, lingual surface.

05. Composite resin filling

Used
For compacting the dental restorative materials into a prepared tooth cavities (as temporary sealing materials).

Character
Rounded working end with different diameter.

Condenser_CSCT8 How to use

1. Hold the plugger with its tip held 90 degrees to the interface of the tooth and start the compaction at the center.
2. Use the smaller face plugger end and apply lateral pressure for condensing the corner of the cavity (sidewall).
3. Composite resin should be condensed into the cavity with a minimal amount at several times.

Compact the composite resin into the narrow cavities.

Compact the composite resin into the wide cavities.

06. Composite resin filling

Used
For carving or contouring amalgam restorations to obtain optimal occlusion.

Character
Curved paddle shaped and Acorn shaped working end.

Carver_CSCOM2

How to use

1. Shaping the buccal surface using paddle shaped tip.
2. Shaping the occlusal surface using acorn shaped tip.

Carve the composite resin by pushing it on the buccal surface.

Carve the composite resin by pushing it on the occlusal surface.

07. Composite resin filling

Used
Used for shaping occlusal surface during the posterior composite resin restoration.

Character
Triangular ridge shaped.

Occlusal Shaping_CSCOM13

How to use

Reproduce the occlusal surface of the posterior.

Reproduce the occlusal surface of the posterior.

08. Light curing

(Ligth curing unit)

09. Shaping and occlusal adjustment

Used
It is used for handling articulating paper during the occlusal adjustment

Character
Serrated Jaw, Tweezer type.

Paper Holder_PHNS

How to use

1. Fix the articulating paper to the end of the paper holder about 5mm longer from the tip of the paper holder.
2. Place the paper holder on the buccal and check the occlusion.

The serrated shape is designed to fix the articulating paper.

Fix the articulating paper to the end of the paper holder about 5mm longer from the tip of the paper holder.

Place the paper holder on the buccal and check the occlusion.

Products for Dentistry

OSUNG Catalogue 2022/2023

Endodontic