

Products for Dentistry



OSUNG Catalogue 2020•2021



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

Products for Dentistry



OSUNG Catalogue 2020•2021



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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.



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

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.

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

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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.

- Way to find a certain instrument**
Instruments are classified by clinical field. Refer to the chapter title.
- Feature of instrument**
The main features of each instrument are described with pictures.
- How to order**
Refer product code on your order always.
- Detailed use of instrument**
Video clip provided for detailed instruction.
- New or recommended product**
New product or recommended product are indicated with an icon.
- Magnified picture**
Enlarged picture of working part provided for detailed look.
- Technical information**
The information of basic technology used for instrument manufacturing is shown.

1

Periodontal

Sickle Scalars

2

Curved Sickle Scalar

- Also cutting edge at both side as remover of supra-gingival calculus
- Tip ends is curved
- There are curved & straight types.

3

Straight Sickle Scalar = Jacquette Scalar

- both cutting edges are focused to one point according to shape of straight blade
- Jacquette scalar

Sickle Scalar_Silicone Handle

Autoclavable

3

NEW PRODUCT

2LSH5-33

To remove calculus of interproximal & cervical in anterior

4

Video Clip

5

NEW PRODUCT

2LSH6-H7

Anterior, Premolar

To remove calculus of interproximal

6

NEW PRODUCT

2LSJAC20-33

Anterior

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

7

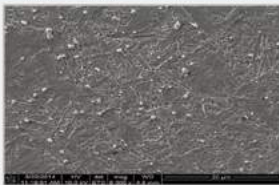
Science & Technology

The selection of material is very important

Super steel and heat treatment is very important for instruments. Make a good product if there is no analytical 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. SAM image for checking the crystal grain size, solid solution of carbide and etc.



Products for Dentistry

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Diagnostic

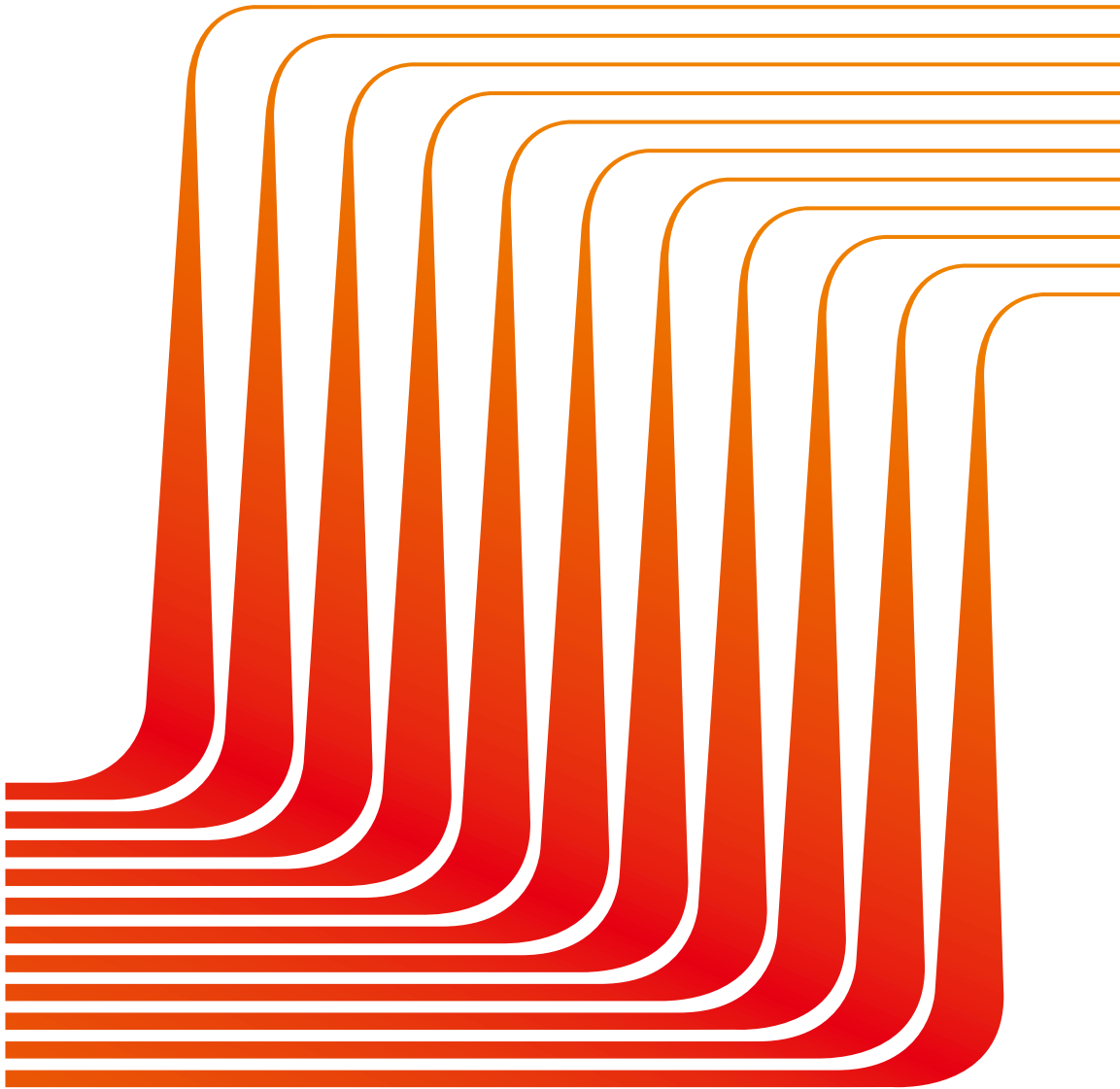
Products for Dentistry

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DIAGNOSTIC

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Suction Tip	032



Diagnostic

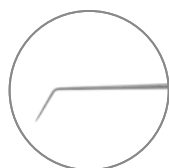
Explorers

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



Urban-Type
Root surface on anterior detection and facial & lingual 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.



Diagnostic

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.

Silicone Handle_Double-Ended



Autoclavable



BEST
2EXD5H

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



2EXD5W • Shepherd Hook Type + Urban Type



2EXD17-23 • Shepherd Hook Type + Urban Type



2EXD5-8



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

Diagnostic

Explorers

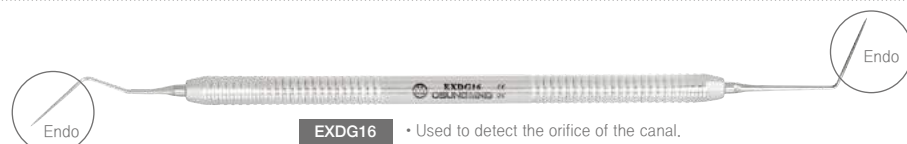
Metal Handle_Double-Ended

**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

Diagnostic

Explorers

Semi-Silicone Handle_Double-Ended

**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

Metal Handle_Single-Ended

**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 TypeUseful for detection of
calculus on furcation and
deep periodontal pocket.

Diagnostic

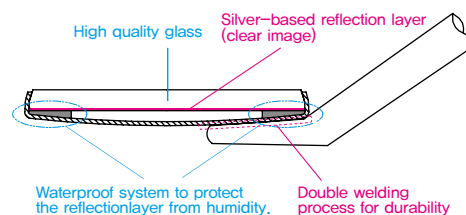
Mirrors

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

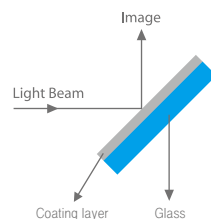


What is front surface mirror ?

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.

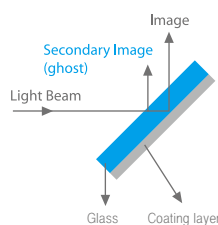


Rear Surface Mirror

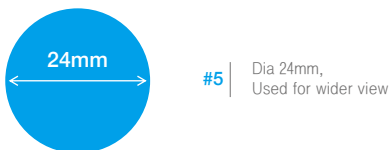
Plain mirror

(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



Metal Handle

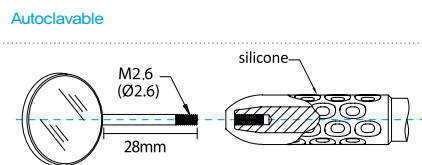


Diagnostic

Mirrors

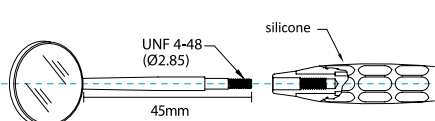
Silicone Handle_Simple Stem (SS Type)

Autoclavable



Silicone Handle_Cone Socket (CS Type)

Autoclavable



Diagnostic

Mirrors

Mouth Mirror(Rear Surface)

SS Type

DMSS3

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

DMSS4

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

DMSS5

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



CS Type

DMCS3

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

DMCS4

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

DMCS5

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



Mouth Mirror(Front Surface)

One-Sided

DMFSS5

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

DMFSS4

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



DMFCS5

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

DMFCS4

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

Double-Sided

DMDSS4

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

DMDCS4

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



Oversized Mirror

134°C 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.

Plastic Mouth Mirror

134°C Autoclavable

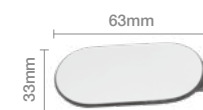
DMAPA



Diagnostic

Mirrors

Spoon Mirror



DMPM

- Rear Surface mirror
- Use for multi-purpose



DMEM

- Rear Surface mirror
- Use for multi-purpose



NEW DMFPM

- Front surface mirror
- Use for multi-purpose



Para Mirror

134°C Autoclavable

DMPRA

- Anterior

DMPRP

- Posterior



DMPRSET

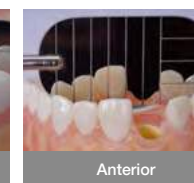
- 1pc of DMPRA & 1pc of DMPRP

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

Diagnostic

Photo Mirrors-Glass

Photo Mirrors-Glass

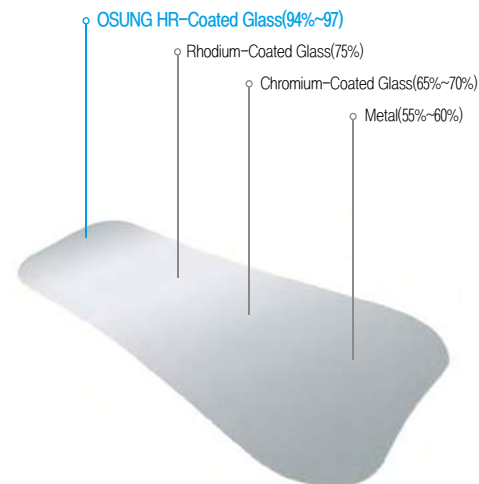
Ours has reflexivity of 94-97%

General Mirror : 85%
Other photo mirror for dentistry has reflexivity 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!

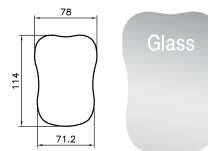
- Highly-reflective coating technology
- Coating technique that strengthens anti-scratch capability

Glass

• Has clear image but breakable

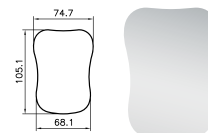
DME6G

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



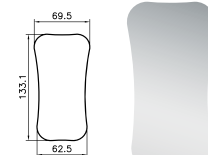
DME1G

- Occlusal
- Large (Adult Size)
- Unit(mm)



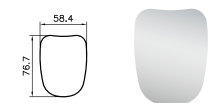
DME3G

- Occlusal
- Medium (Adult Size)
- Unit(mm)



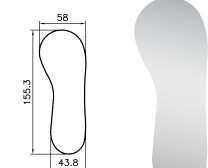
DME5G

- Occlusal
- Small (Pedo Size)
- Unit(mm)



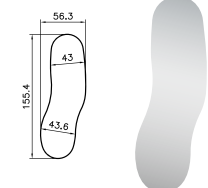
DME2G

- Buccal
- Unit(mm)



DME4G

- Lingual
- Unit(mm)



Diagnostic

Photo Mirrors-Metal

Handle Photo Mirror (Metal)

NEW

BDMHL

- Occlusal, Large
- Unit(mm)



NEW

BDMHM

- Occlusal, Medium
- Unit(mm)



NEW

BDMHS

- Occlusal, Small
- Unit(mm)



NEW

BDMHLT

- Lateral
- Unit(mm)



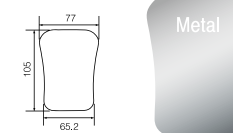
- Ordinary photo mirrors should be held in the middle area with fingertips as they have no handle. Handle photo mirrors can be held conveniently as they have a silicone handle.
- Sufficient mirror length covering the final tooth.
- As the handle keeps the surface of the mirror off the floor, the mirror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

Metal

• Has less clear image than glass but not breakable.

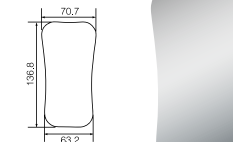
DME1

- Occlusal
- Large (Adult Size)
- Unit(mm)



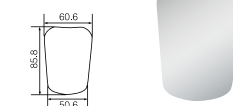
DME3

- Occlusal
- Medium (Adult Size)
- Unit(mm)



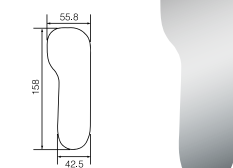
DME5

- Occlusal
- Small (Pedo Size)
- Unit(mm)



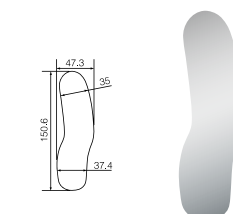
DME2

- Buccal
- Unit(mm)



DME4

- Lingual
- Unit(mm)



Diagnostic

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



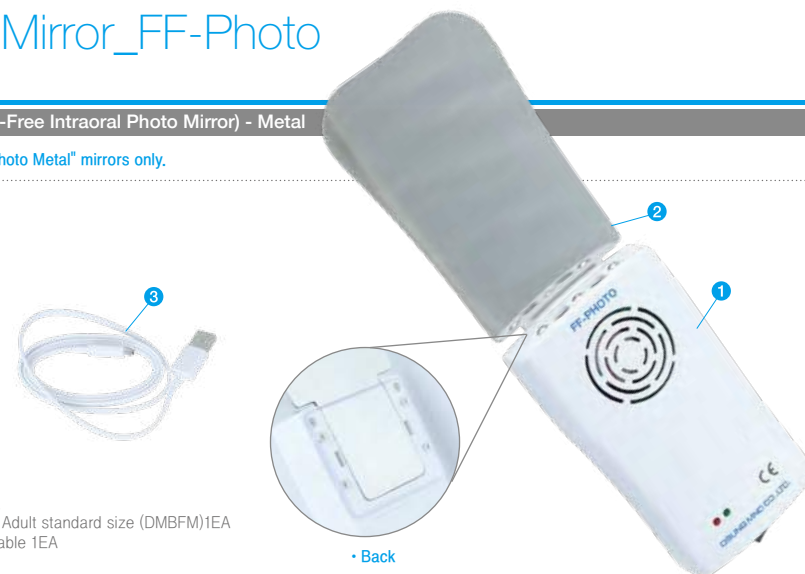
'Journal of Clinical Orthodontics'(2008. 2)

Diagnostic

Photo Mirror_FF-Photo

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

• It fits with "FF-Photo Metal" mirrors only.

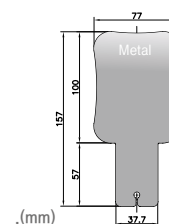


DMBF-220

Consists of :

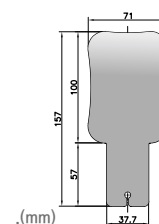
- ① FF-PHOTO 1EA
- ② Occlusal Mirror, Adult standard size (DMBFM)1EA
- ③ USB charging cable 1EA

• Back



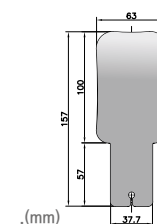
NEW
DMBFL

FF-Photo Mirror
• Occlusal
• Large



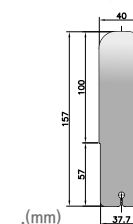
NEW
DMBFM

FF-Photo Mirror
• Occlusal
• Medium



NEW
DMBFS

FF-Photo Mirror
• Occlusal
• Small



NEW
DMBFLT

FF-Photo Mirror
• Lateral

FF-Photo(Fog-Free Intraoral Photo Mirror)

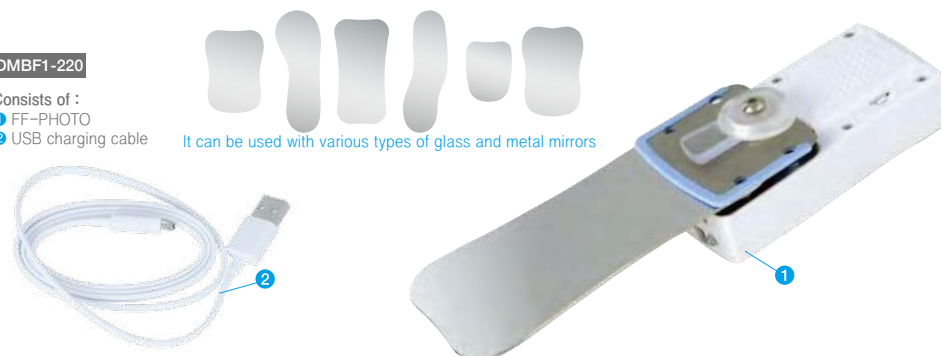
• It fits with any kinds of glass photo mirrors from any companies.

DMBF1-220

Consists of :

- ① FF-PHOTO
- ② USB charging cable

It can be used with various types of glass and metal mirrors



Diagnostic

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 detecting root furcation
involvement with long and bended tip
3-6-9-12



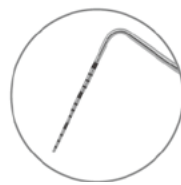
CP 2
Color graduation in
2-4, 6-8, 10-12mm
2-4-6-8-10-12



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

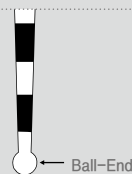


UNC 15
Color graduation in 1-15mm
1-2-3-4-5-6-7-8-9-10-11-12-13-14-15

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.

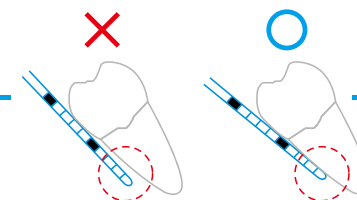


Ball-End

Diagnostic

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



3BPCP12

• 5 piece packet

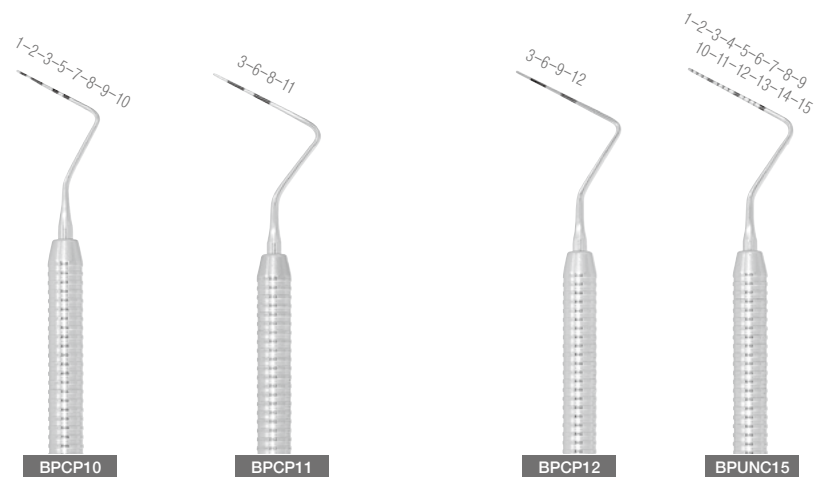
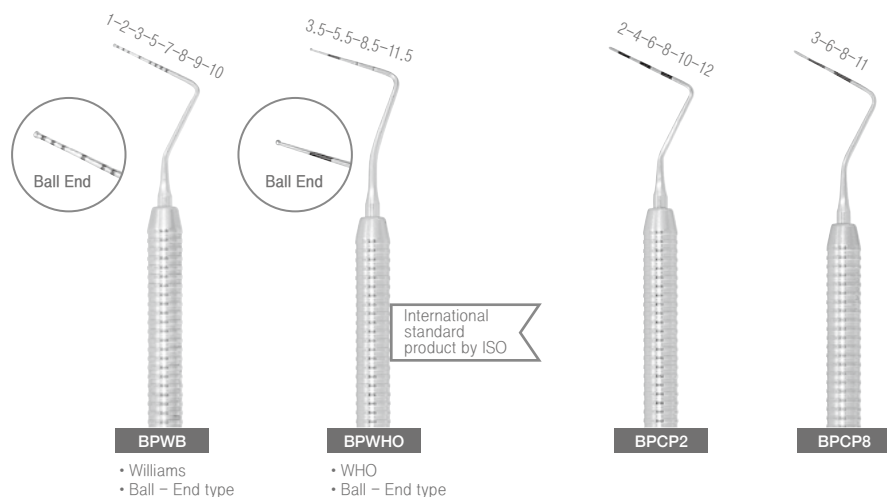


It fits SS type mirror handle. The packet doesn't include any handle. 17 page

Diagnostic

Probes

Metal Handle_Single-Ended



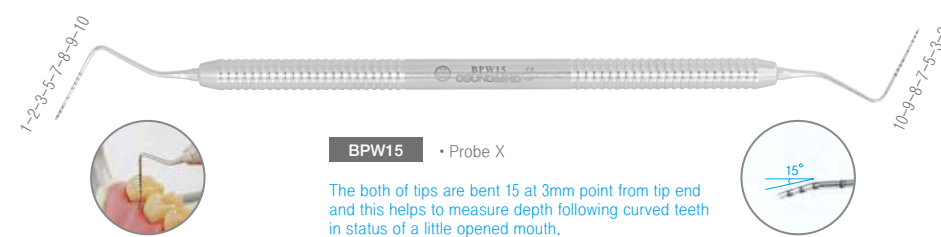
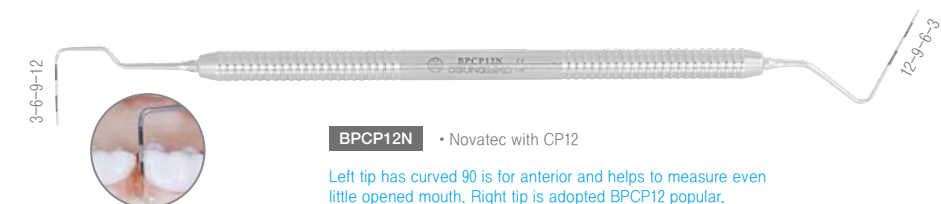
Diagnostic

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.



Diagnostic

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 • EXS23 with WHO



11.5-8.5-5.5-3.5



XP23-W • EXS23 with Williams

10-9-8-7-5-3-2-1



XP23-8 • EXS23 with CP8

11-8-6-3



XP23-12 • EXS23 with CP12

12-9-6-3

Diagnostic

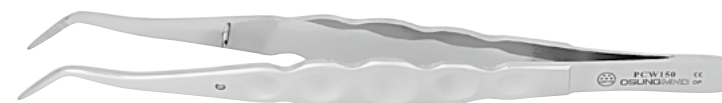
Tweezers

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

Tweezer



PC1 • Length : 164mm (± 5mm)

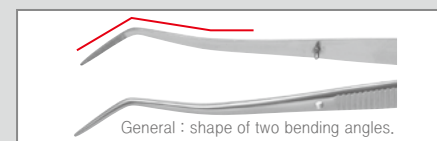


PCW150 • Length : 151mm (± 5mm)
• Wide grip for easy taking

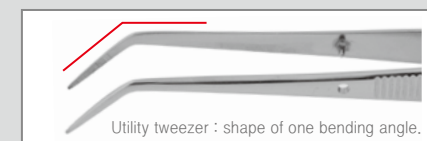


PCU155 • Length : 155mm (± 5mm)
• Has shape of one bending angle.
• Useful for suturing for surgical knot or taking surgical sponge.
• Useful for placing transplant tissue.

Practice



General : shape of two bending angles.

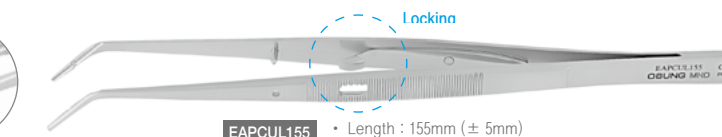


Utility tweezer : shape of one bending angle.

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.

Diagnostic

Retractors · Lip Widens

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
- Autoclave is not available



How to use



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.

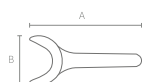
Plastic Lip Wider



- It is made of plastic but autoclavable.
- Sterilize at autoclave (132°C)
- Place product on flat surface to prevent deformation during autoclave.
- Keep goods away from heat-source of autoclave during sterilization.



For having lip wide for intra-oral photography.



RTCPS1

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

RTCPS2

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



This Lip Wider is used for tooth whitening treatments



RTCPD1

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

RTCPD2

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

RTCPD3

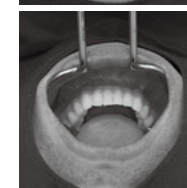
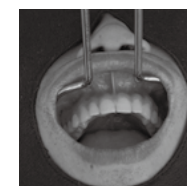
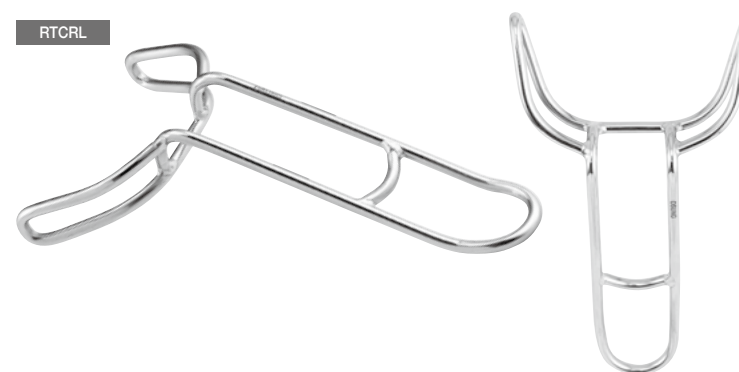
- Small Size, 2pcs
- Size A:97mm/B:70mm

Diagnostic

Retractors

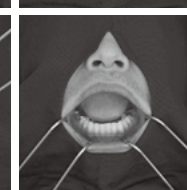
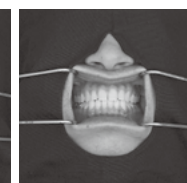
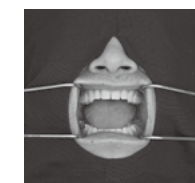
Lip and Cheek Retractor

RTCRL



RTCRC

- Columbia



Lip and Tongue Retractor

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



RTL

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



RTTG

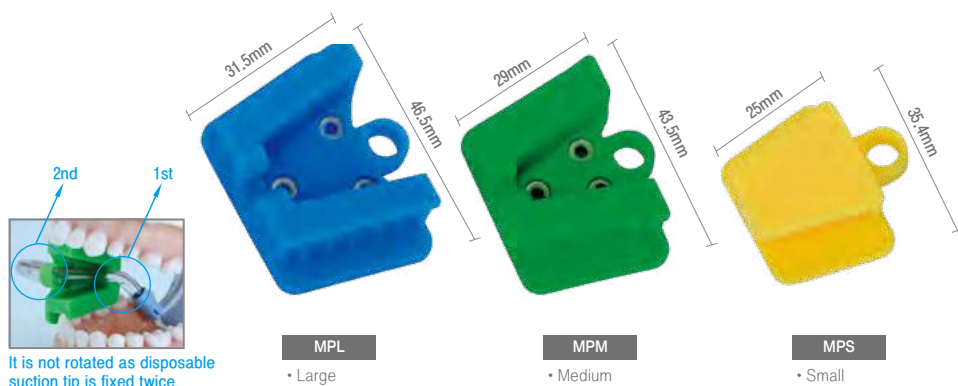
- Using both lip retractor and tongue retractor simultaneously, you can reduce amount of work during earning lower jaw impression. It is available during an implant operation or a surgical operation.

Diagnostic

Mouth Props · Suction Tips

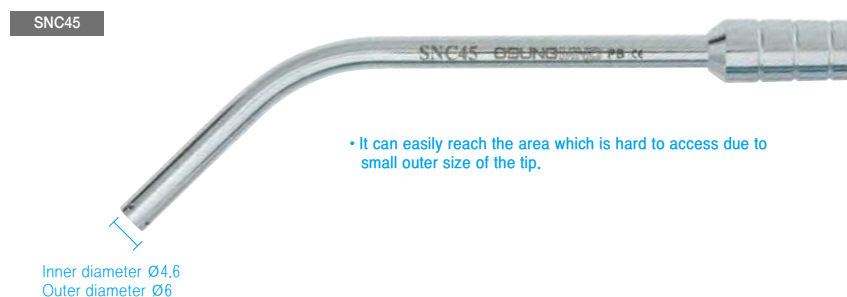
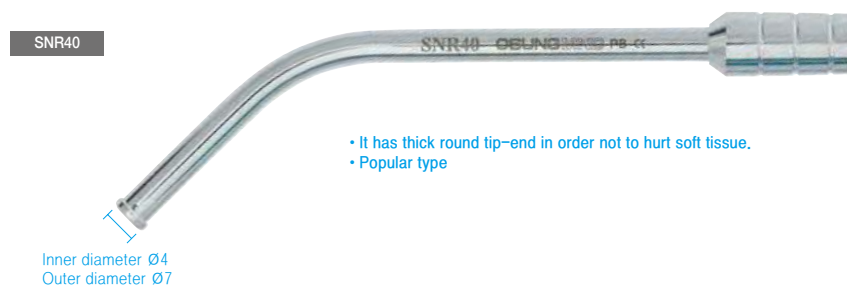
Mouth Prop

 Autoclavable



Suction Tip (Stainless Steel)

- 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.



Products for Dentistry

OSUNG Catalogue 2020/2021

Periodontal

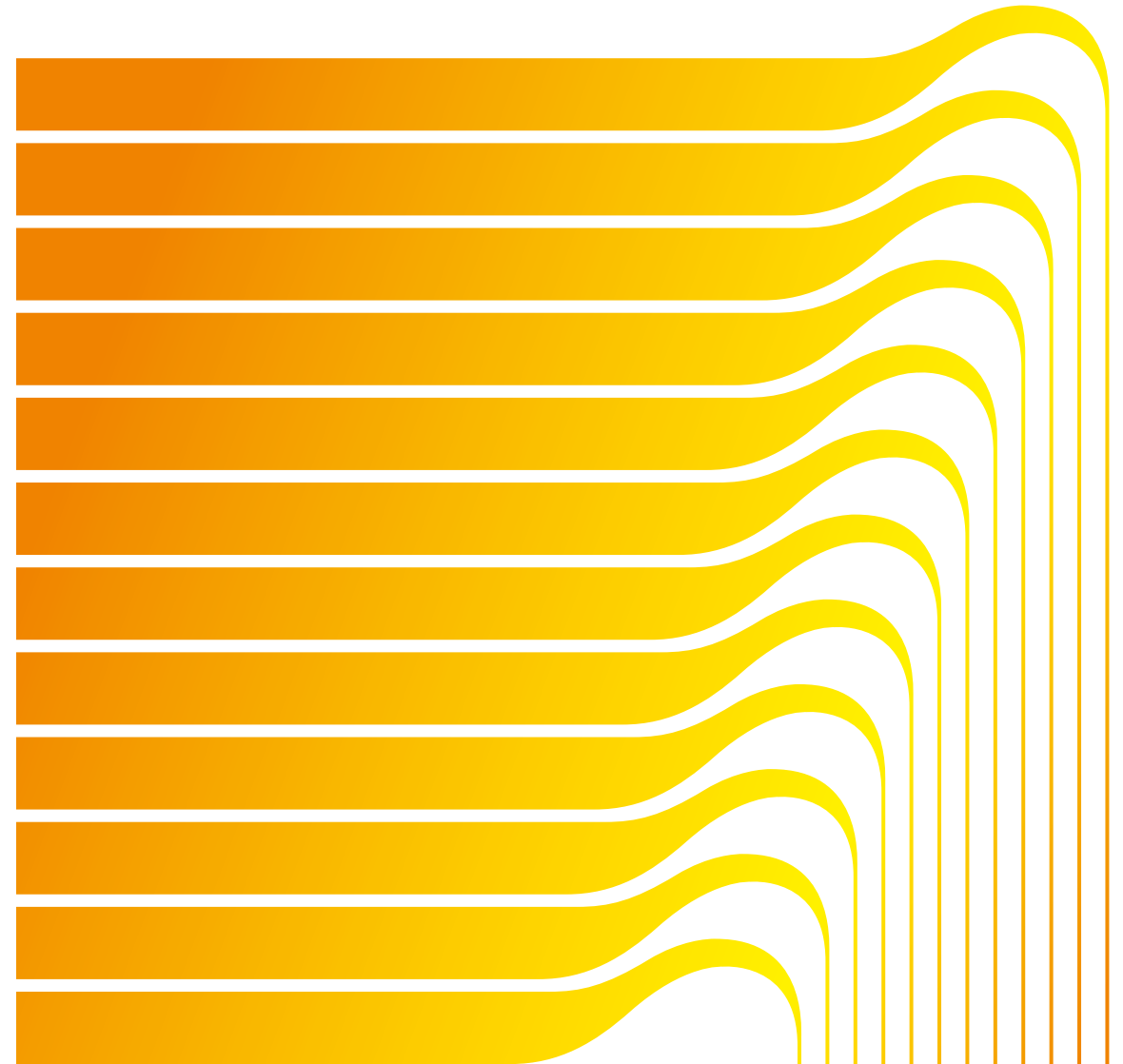
Products for Dentistry

OSUNG Catalogue 2020-2021



PERIODONTAL

Ultrasonic Scaling Scaling Root Planing & Curettage	Ultrasonic Scaler Tip	036
	Sickle Scaler	037
	Gracey Curette	042
	Rigid Gracey Curette	050
	Mini Five Curette	052
	Universal Curette	054
	Special Curette	056
	Implant Curette	057
	Chisel Scaler	057
	Hoe Scaler	058
	File Scaler	059
Option	Sharpening Stone	060
	Perio Scaling Kit	060
Periodontal Treatment	Manual	061



Periodontal

Ultrasonic Scaler Tips

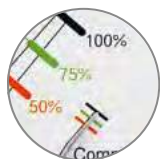
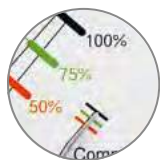
Ultrasonic scaler tip made by 100% Korean technique



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



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



134°C
111
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



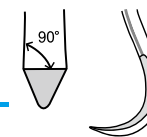
• Interproximal & Subgingival

USEPS

- Compatible with EMS "Type PS"

Periodontal

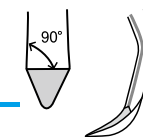
Sickle Scalers



Curved Sickle Scaler

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

- 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 on one point following the shape of straight blade.
- Jacquette scaler

Sickle Scaler_Silicone Handle

134°C
111
Autoclavable



BEST

2LSH5-33

- To remove calculus of interproximal & cervical in anterior.

Video
Clip

2LSH6-H7

- Anterior, Premolar
- To remove calculus of interproximal



2LSJAC30-33

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



2LSJAC31-32

BEST

2LSJAC31-32

- Posterior
- Standard sized Jacquette tip



2LSJAC34-35

- Posterior
- Small sized Jacquette tip



Periodontal

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

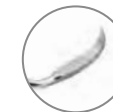
Periodontal

Sickle Scalers



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.

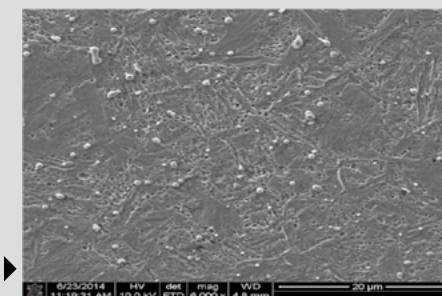


Science & Technology

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..



Periodontal

Sickle Scalars

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

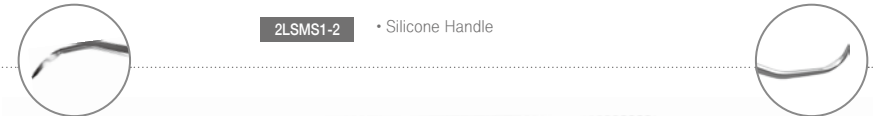
- Elongated terminal shank with sharp and slender blade.
- Very useful for tight proximal surfaces.
- Used for removal of supragingival calculus for all teeth surfaces.
- Used for removal of subgingival calculus near the edge of gum.

Autoclavable



2LSMS1-2

- Silicone Handle



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.

Autoclavable



2LSMS11-12

- Silicone Handle



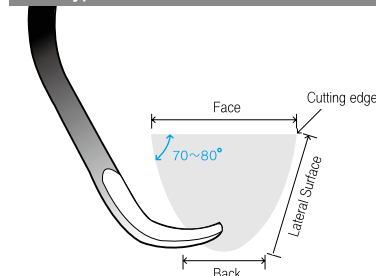
LSMS11-12

- Metal Handle

Periodontal

Curettes

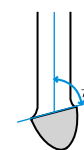
Four Types of Curettes



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

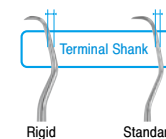
The lower cutting edge is used only and have 70° angle on the basis of terminal shank



2. Universal Curette

Used for all root conditioning

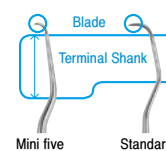
Both cutting edges are 90° angle on the basis of terminal shank



3. Rigid Gracey Curette

Useful to remove much calculus as terminal shank is strong and thick

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



4. Mini Five Curette

Used for deep and narrow periodontal pocket.

Terminal shank is 3mm longer to easily access root conditioning and deep periodontal pocket.

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.

Periodontal

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

Periodontal

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

Periodontal

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

Periodontal

Gracey Curettes-Standard

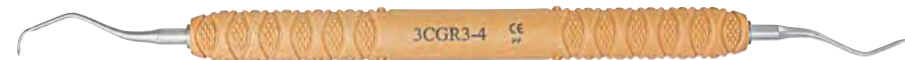


Gracey Curette
GR13-14 VS 17-18

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

Periodontal

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

Periodontal

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

Periodontal

Gracey Curettes-Standard

Standard Gracey Curette, Silicone Handle

134°C Autoclavable

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



BEST
2CLGR1-2
• Anterior



Video
Clip



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



Video
Clip



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



Video
Clip

Periodontal

Gracey Curettes-Standard

Standard Gracey Curette, Silicone Handle

134°C 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 Premolar, Buccal and Oral
GR 11/12	RED	Molar and Premolar, Mesial, Furcations
GR 13/14	BLUE	Molar and Premolar, Distal, Furcations

Periodontal

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

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)



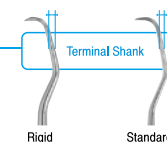
BEST
3CRGR11-12 • Mesial surface of all posterior teeth



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

Periodontal

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)



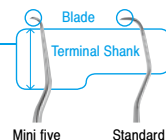
BEST
CRGR11-12 • Mesial surface of all posterior teeth



BEST
CRGR13-14 • Distal surface of all posterior teeth

Periodontal

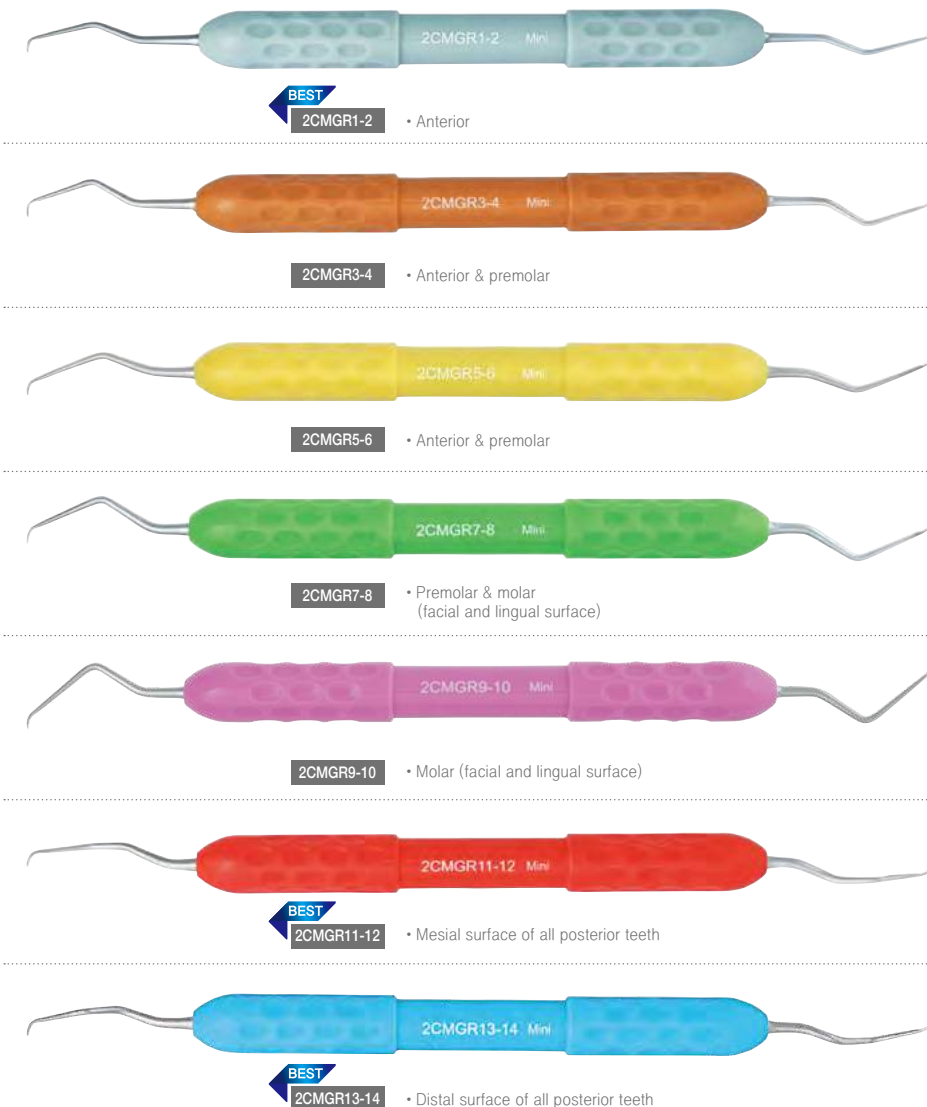
Mini Five Curettes



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

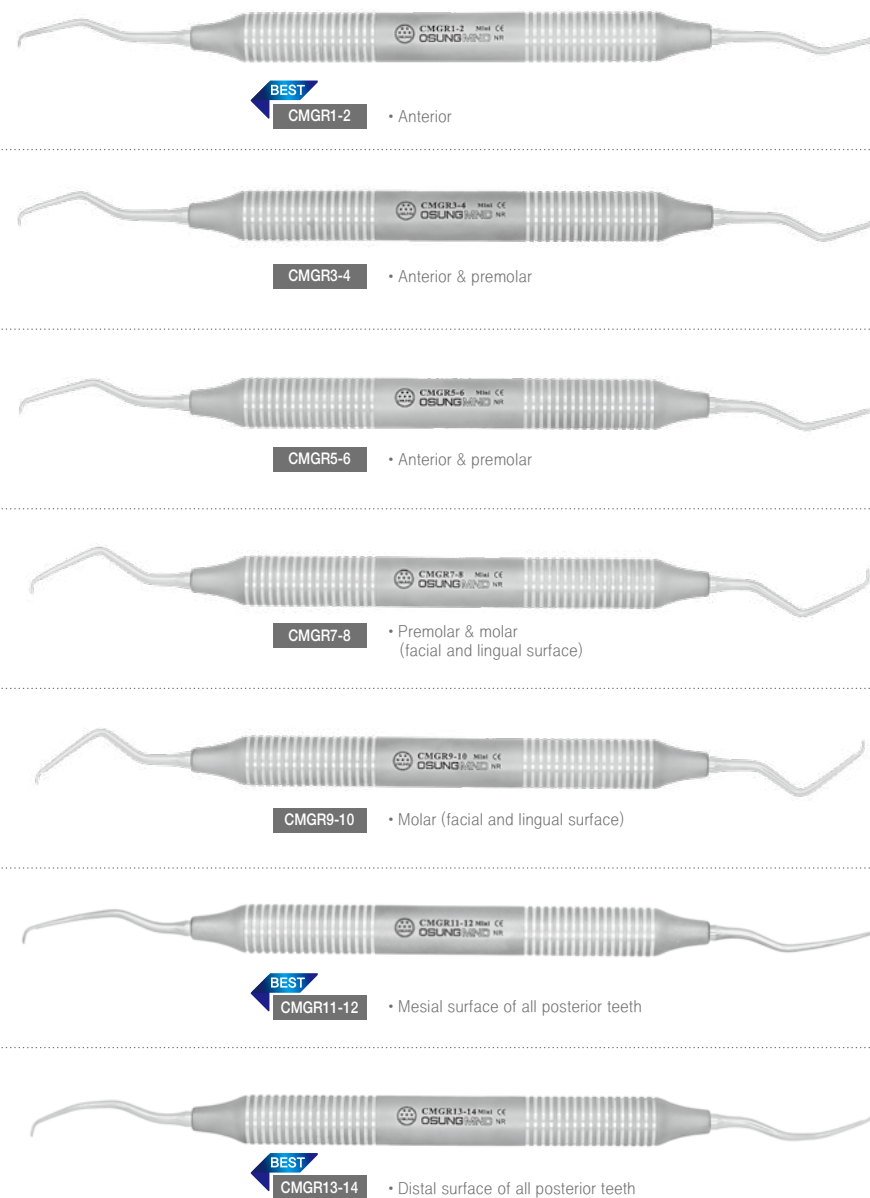
Autoclavable *OSUNG's silicone handle gives no-stress on wrist and provides an excellent grip.



Periodontal

Mini Five Curettes

Mini Five Curette_Metal Handle



Periodontal

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

Periodontal

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

Periodontal

Universal Currettes · Special Currettes

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



CGR11-14 • Combine with gracey currettes 11 & 14
• Access to mesial & distal on posterior as one curette.



CGR12-13 • Combine with gracey currettes 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.

Periodontal

Implant Currettes · Chisel Scaler

Implant Curette

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

Titanium



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

Titanium

Chisel Scaler



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

Periodontal

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.

HS08-9

• Orban 8-9

Periodontal

File Scalers

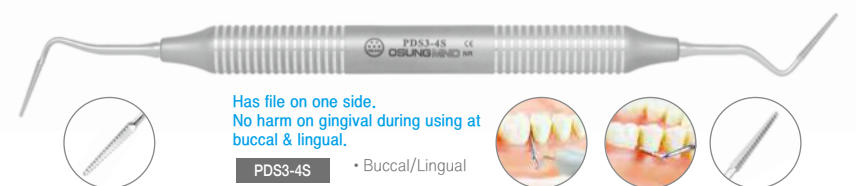
File Scaler

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



Periodontal File Scaler

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



Periodontal

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)

Perio Scaling kit

134°C Autoclavable

3LSK01

- Perio Scaling Kit Part 1
- Diagnostic & Supragingival Scaling
 - Ex-Probe 1ea, Sickie 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

Periodontal Treatment

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. Sickie Scaler	LSH5-33	P.038
06. Sickie Scaler	LSJAC31-32	P.038
07,08,09. Gracey Curette	CGR1-2	P.046
	CGR11-12	P.046
	CGR13-14	P.046

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.

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.

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.

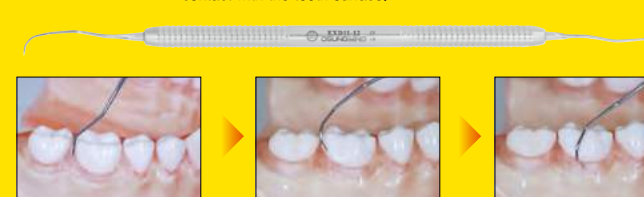
Probing(anterior tooth): The side of the probe tip is applied to the superjacent free gingival margin at the central region of the labial/lingual surface.

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.

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 scalars and allow various functions to be performed.

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.

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°.

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.

❖ 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 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

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 2020/2021

Surgery

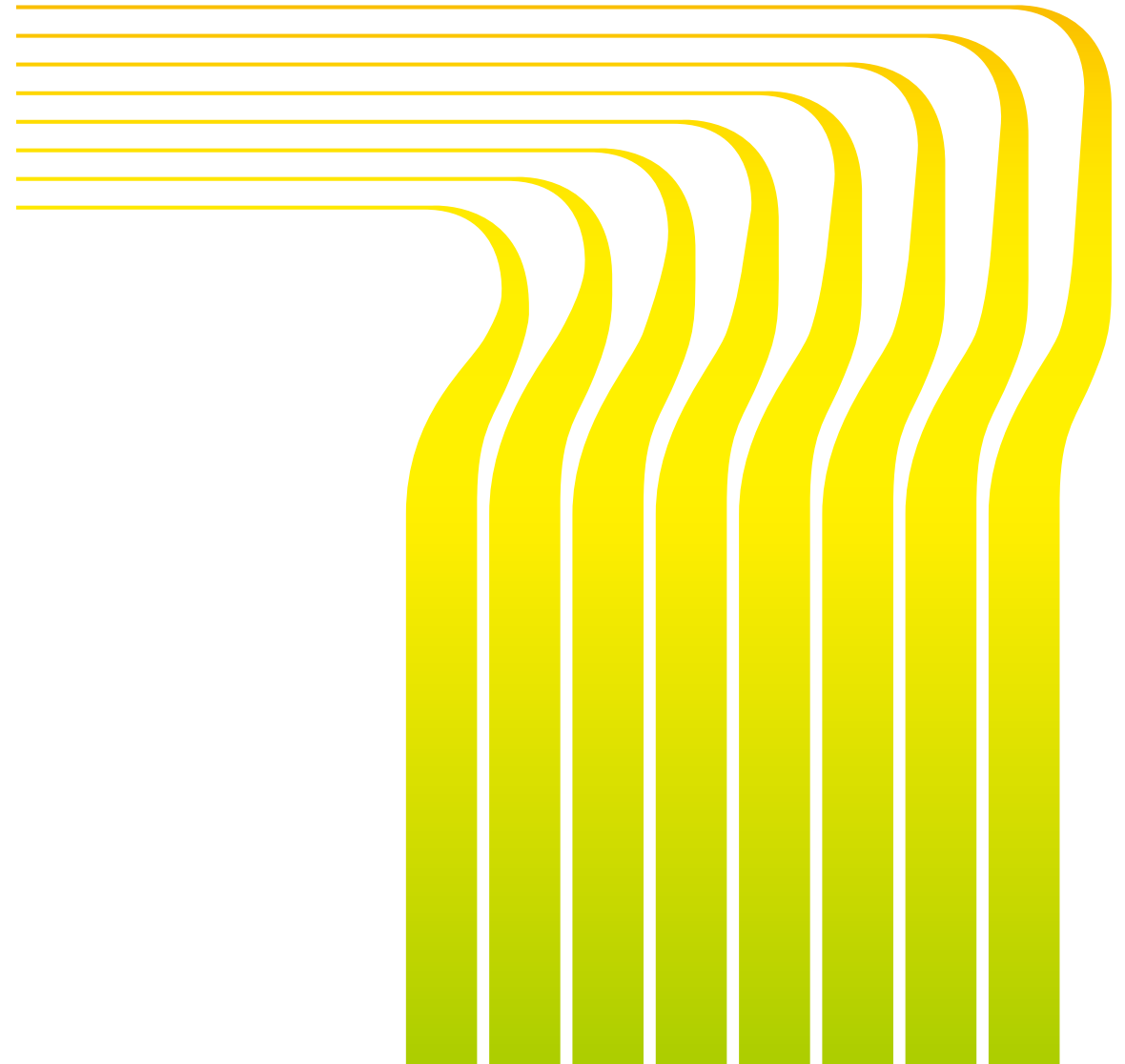
Products for Dentistry

OSUNG Catalogue 2020~2021



SURGERY

Preparation for Surgery	Surgical Suction Tip	070
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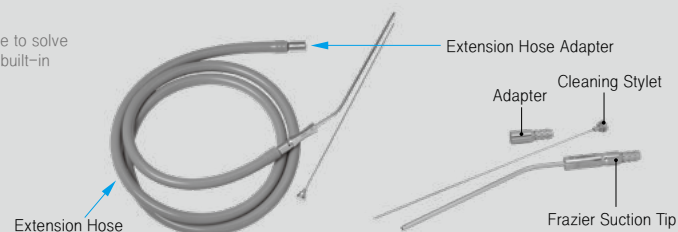
Surgery

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.



Extension Hose

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



SNKHS • Opaque

SNKHS-1 • Transparent



Surgery

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.



Stainless Steel Suction Tip

- Made of stainless steel
- Superior durability



Surgery

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 diameter : 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)

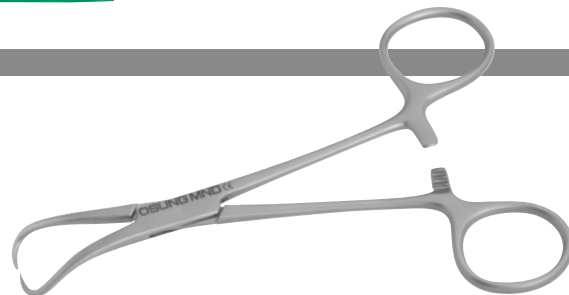


Video Clip

Towel Clamp

CPTC135

- Length 135mm(±5mm)



Surgery

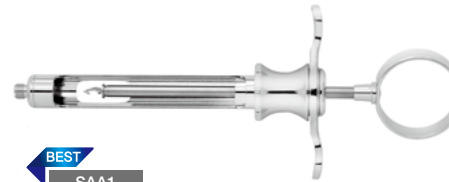
Anesthesia Syringes

Aspirating Syringe



Video Clip

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



BEST

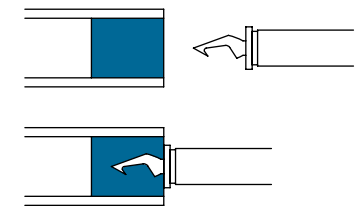
SAA1

- Type A
- 1.8cc
- Hook Shape



SAB1

- Type B
- 1.8cc
- Hook Shape



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



SAF1

- 1.8cc
- Arrow Shape

Cartridge Syringe



SAC1

- 1.8cc



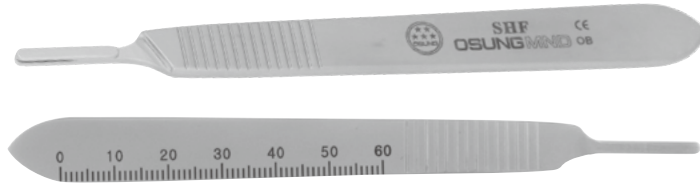
Video Clip

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

Surgery

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.

134°C



SH2S

- Straight

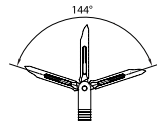


- The silicon handle makes a comfortable feeling of grip (tactile sensitivity.)



SHTL

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



Surgery

Composite Scalpel Handle

Composite Scalpel Handle

Based on #15 blade fastened



NEW

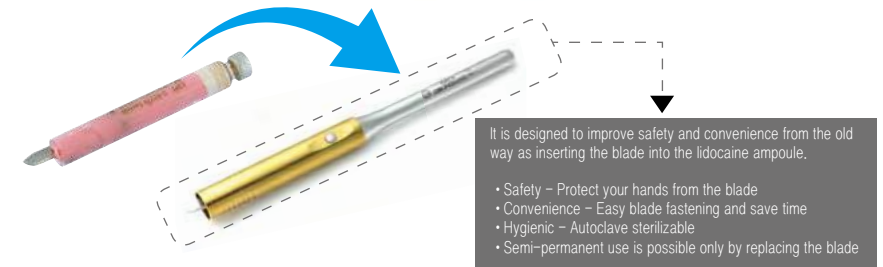
SHCS

- Blade replaceable

NEW

SHCS2

- Blade replaceable
- Blade length adjustable

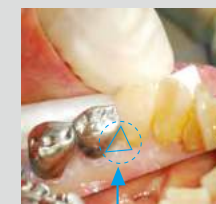


It is designed to improve safety and convenience from the old way as inserting the blade into the lidocaine ampoule.

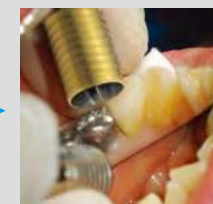
- Safety – Protect your hands from the blade
- Convenience – Easy blade fastening and save time
- Hygienic – Autoclave sterilizable
- Semi-permanent use is possible only by replacing the blade

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



surplus resin

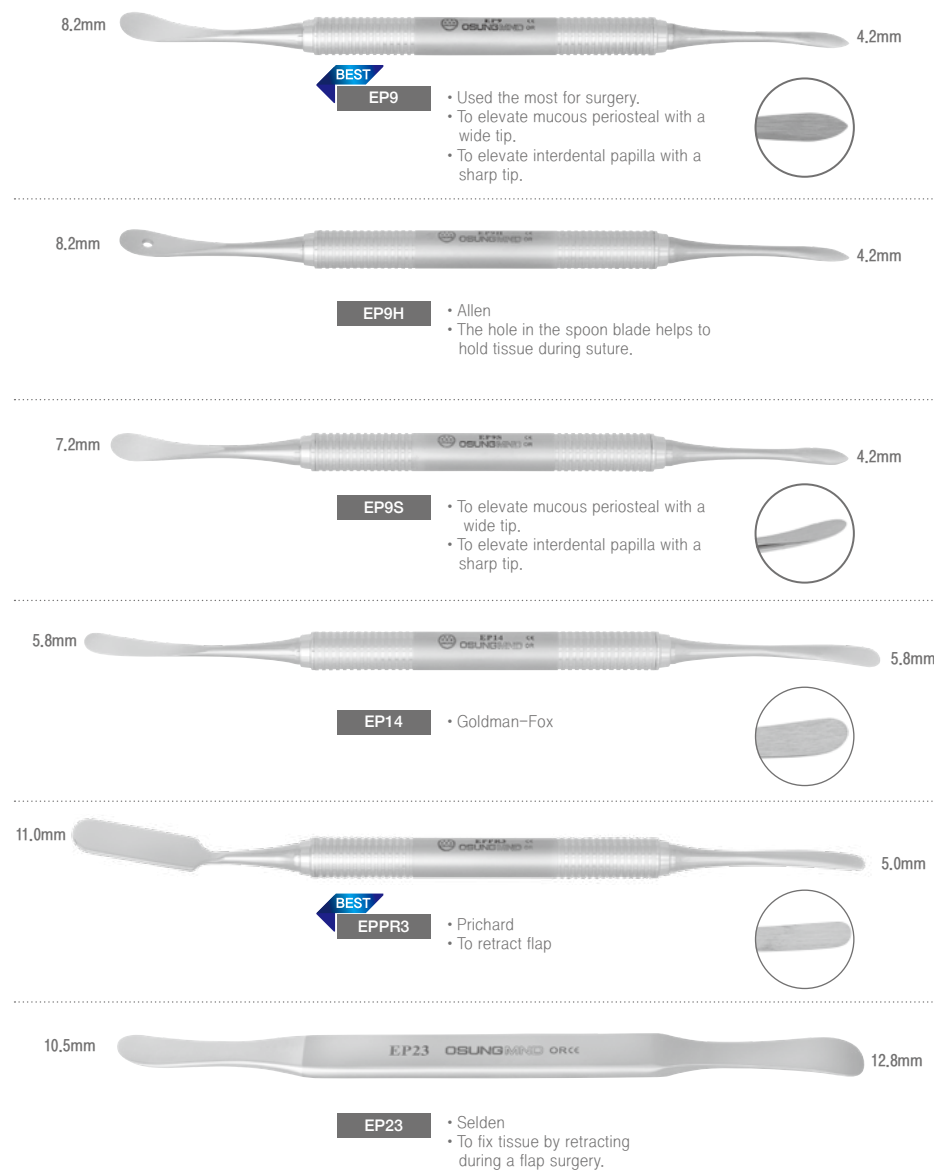


Surgery

Periosteal Elevators

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

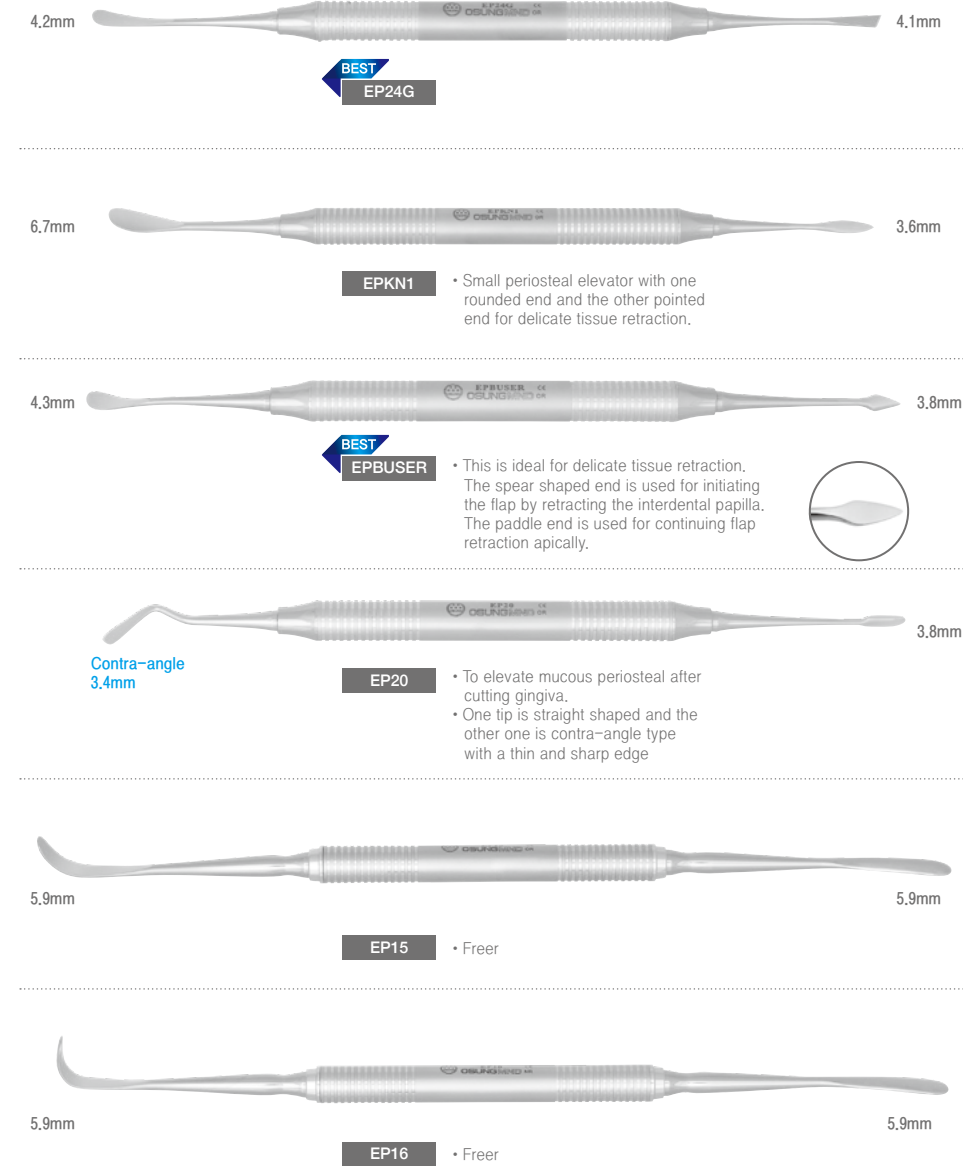
Periosteal Elevator



Surgery

Periosteal Elevators

Periosteal Elevator



Surgery

Periotomes

Used for atraumatic extraction of teeth.

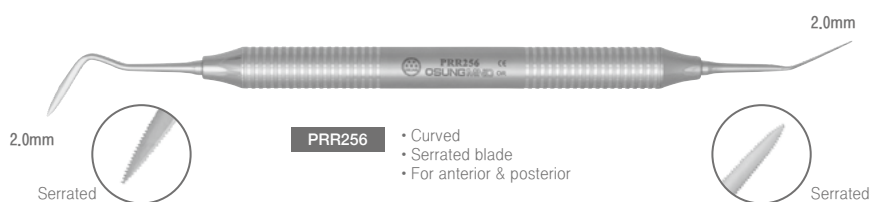
Periotome



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)

Surgery

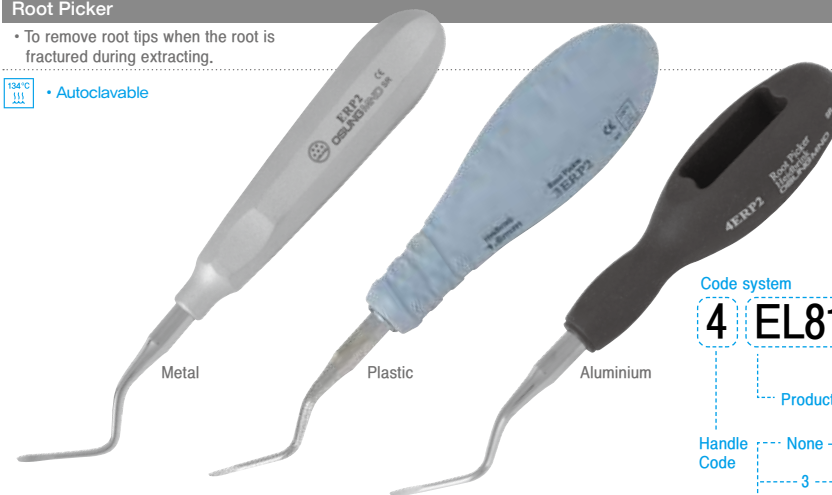
Root Pickers

Root Picker

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



- Autoclavable



Code system

4 EL81S

Product Code

Handle Code

None ----- Metal

3 ----- Plastic

4 ----- Aluminium



ERP1 Root Picker, RP01
• Heidbrink
3ERP1
4ERP1



ERP2 Root Picker, RP02
• Heidbrink
3ERP2
4ERP2



ERP3 Root Picker, RP03
• Heidbrink
3ERP3
4ERP3



ERHB13-14 • Root Picker, HB13-14

Surgery

Luxating Elevators



Code system

4 EL301

Product Code

Handle Code

3 ----- Plastic

4 ----- Aluminium

Luxating Elevator

- 134°C 111
- 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

3ELLR301
4ELLR301

- For anterior

3ELLR303
4ELLR303

- For posterior

3ELLR302
4ELLR302

- For posterior

3ELLR501
4ELLR501

- For anterior

3ELLR503
4ELLR503

- For posterior

3ELLR502
4ELLR502

- For posterior

Ultra-Sharp

3ELL301
4ELL301

- Ultra-Sharp
- Thinner and sharper blade than the regular type.

3ELL303
4ELL303

- Ultra-Sharp
- Thinner and sharper blade than the regular type.

3ELL302
4ELL302

- Ultra-Sharp
- Thinner and sharper blade than the regular type.

3ELL501
4ELL501

- Ultra-Sharp
- Thinner and sharper blade than the regular type.

3ELL503
4ELL503

- Ultra-Sharp
- Thinner and sharper blade than the regular type.

3ELL502
4ELL502

- Ultra-Sharp
- Thinner and sharper blade than the regular type.

Surgery

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

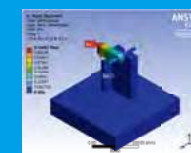
3ELLD502
4ELLD502

- For posterior

3ELLD50K
4ELLD50K

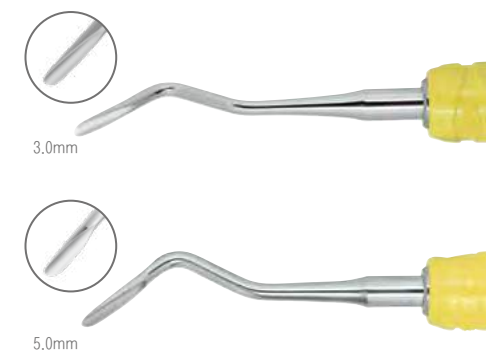
- For posterior distal surface

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

3ELLR30K
4ELLR30K

- For posterior distal surface

3ELLR50K
4ELLR50K

- For posterior distal surface

Ultra-Sharp

3ELL30K
4ELL30K

- Ultra-Sharp
- Thinner and sharper blade than the regular type.

3ELL50K
4ELL50K

- Ultra-Sharp
- Thinner and sharper blade than the regular type.

Surgery

Elevators

Elevator

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

134°C
Autoclavable

Metal

Plastic

Aluminium

Code system

4 EL34S

Product Code

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

4.9mm

EL34
3EL34
4EL34

Elevator, E34
• Upper & Lower anterior roots

4.0mm

EL34S
3EL34S
4EL34S

Elevator, E34S
• Upper & Lower anterior roots

4.3mm

EL31F
3EL31F
4EL31F

Elevator, E31F
• Upper & Lower cuspids

4.3mm

EL32F
3EL32F
4EL32F

Elevator, E32F
• Upper & Lower cuspids

3.9mm

EL41
3EL41
4EL41

Elevator, E41
• Upper & Lower anterior teeth and roots

3.2mm

EL81
3EL81
4EL81

Elevator, E81
• Upper anterior apices and small teeth

Surgery

Elevators

Elevator

2.7mm

EL301
3EL301
4EL301

Elevator, E301
• Deeply seated roots

2.7mm

EL301A
3EL301A
4EL301A

Elevator, E301A
• Deeply seated roots

3.1mm

EL304W
3EL304W
4EL304W

Elevator, E304W
• Deeply seated roots

3.5mm

EL52
3EL52
4EL52

Elevator, E52
• Curved Backward
• 3rd molars

3.0mm

EL4
3EL4
4EL4

Elevator, E4
• Broken or deeply seated roots

3.0mm

EL5
3EL5
4EL5

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

3.0mm

EL73
3EL73
4EL73

Elevator, E73
• Broken or deeply seated roots

3.0mm

EL74
3EL74
4EL74

Elevator, E74
• Broken or deeply seated roots

Surgery

Extraction Forceps

Asian Type (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



Surgery

Extraction Forceps

Asian Type (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

Asian Type (Adult) For lower jaw teeth



FXX13

• Upper jaw's left and right of anterior and 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



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



Surgery

Extraction Forceps

American Type (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



Surgery

Extraction Forceps

American Type (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



Surgery

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)

FX29C

- 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



FX7C

- 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



FX51C

- 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



FX33C

- Upper jaw's left and right of primary anterior

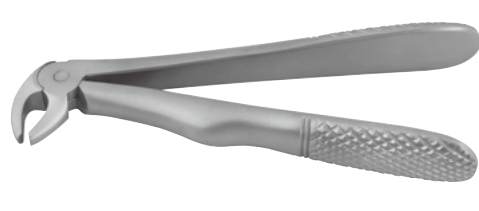
E	D	C	B	A	A	B	C	D	E
E	D	C	B	A	A	B	C	D	E



FX13C

- 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



Surgery

Pedo Extraction Forceps

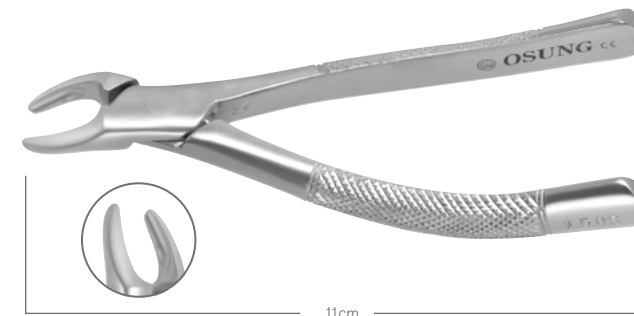
It is specially designed for children patients. When a user grasps the forceps, the forceps are mostly covered by hand in visual. So children are not afraid of the instrument during extracting.

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 premolar
- 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

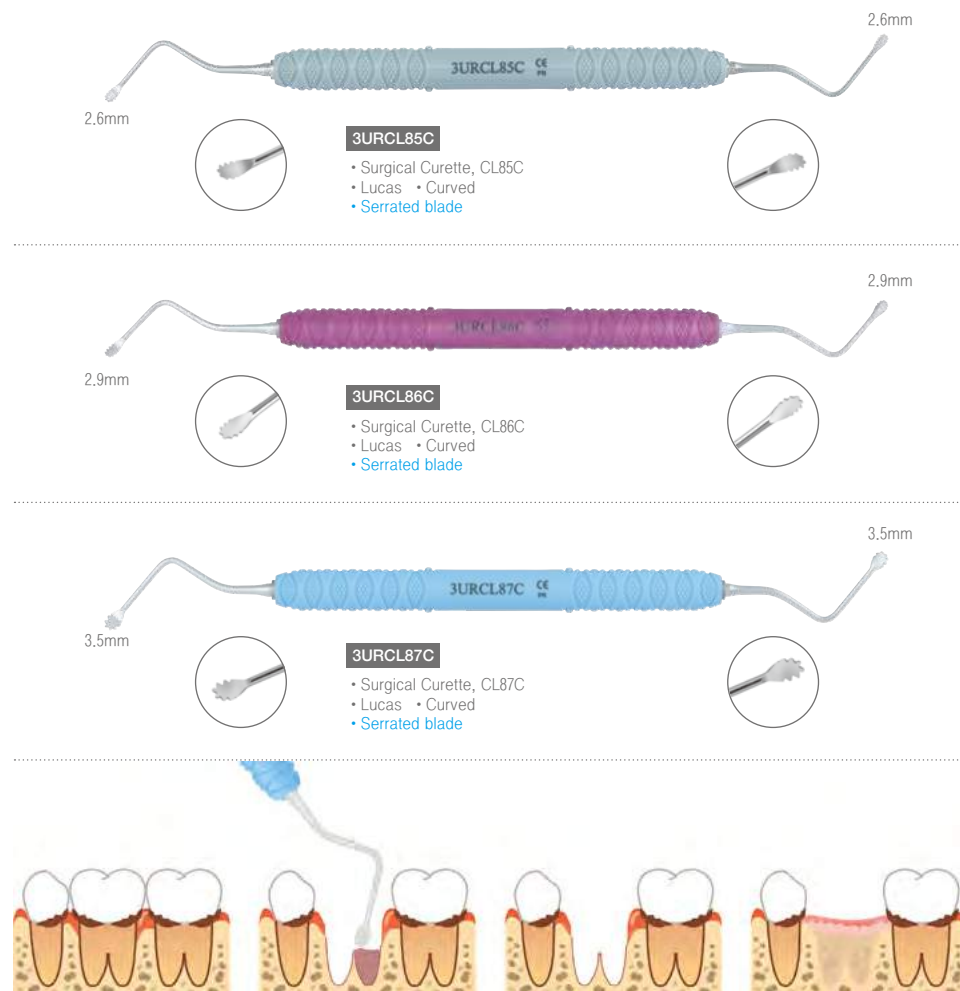


Surgery

Surgical Currettes(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



Practice

Features : Excellent soft tissue removal ability with serrated tip.

How to use : Remove remaining soft tissue with a light force.

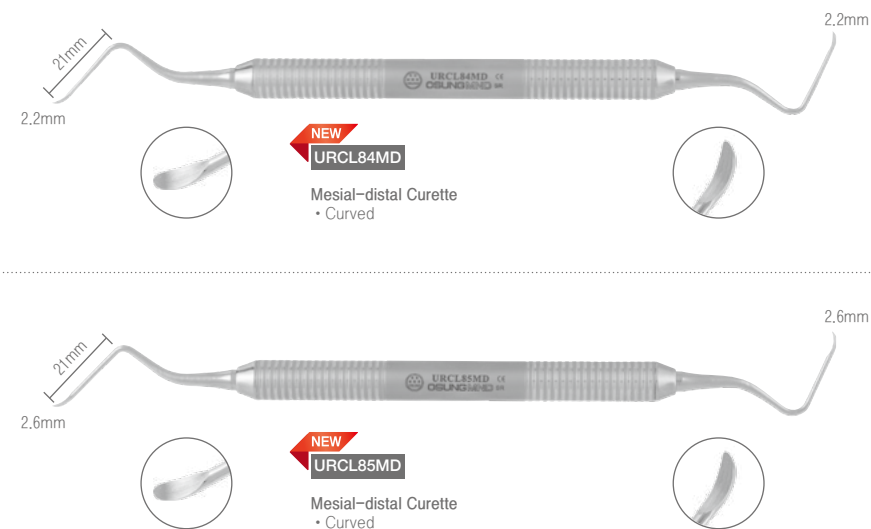
Caution : The removal ability is excellent and there is a risk of bone loss when used with excessive force.

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

Surgery

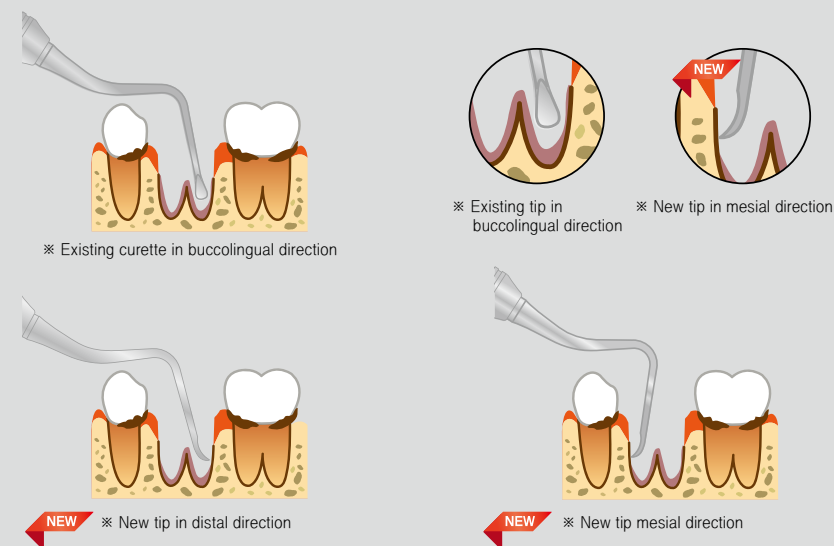
Surgical Currettes(Mesial-Distal)

Surgical Curette_Metal Handle



Practice

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



Surgery

Surgical Currettes

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

Surgery

Surgical Currettes

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

Surgery

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)

Surgery

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

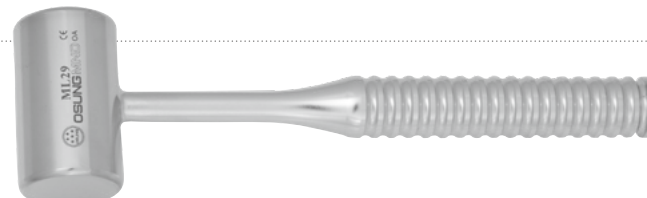
- Autoclavable
- 196g, Ø25, 180mm
- Replacement disk is optional
- Soft use with less shock than ML20

ML25D

- 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

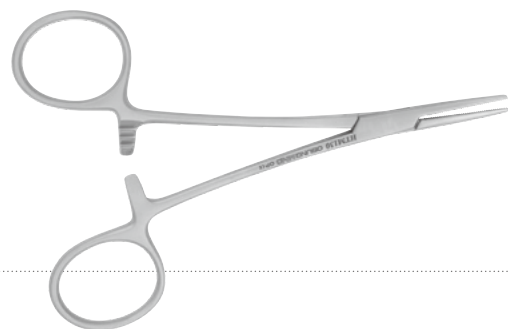
Surgery

Hemostats

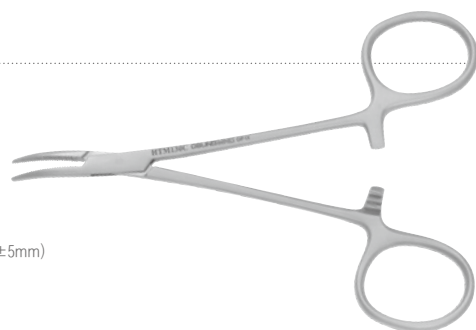
Multiple use for taking or removing something or pressing blood vessel.

Mosquito

- Useful for taking small fibrous tissue.



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

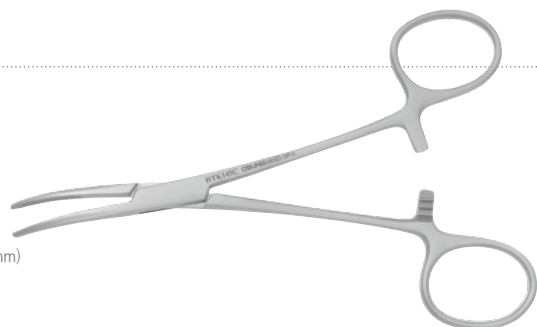


BEST
HTM130C
• Curved
• Length : 130mm(±5mm)

Kelly



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



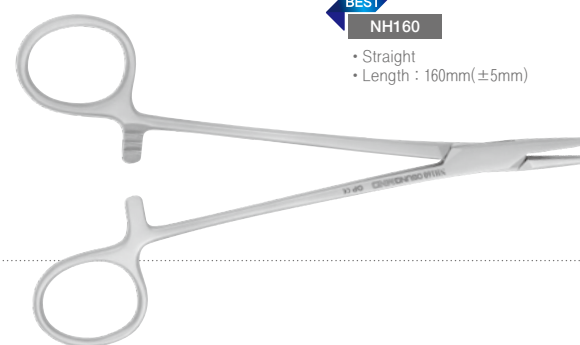
HTK145C
• Curved
• Length : 145mm(±5mm)

Surgery

Needle Holders

Used for taking & guiding the needle.

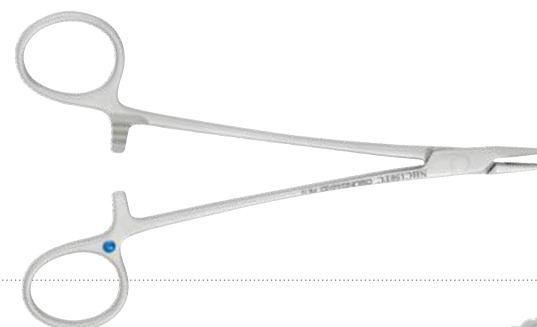
Needle Holders



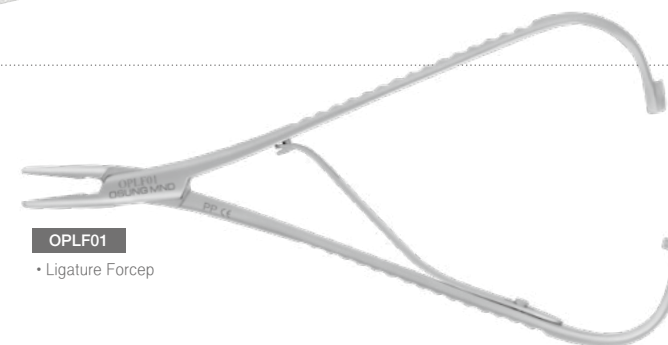
BEST
NH160
• Straight
• Length : 160mm(±5mm)



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



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



OPLF01
• Ligature Forcep

Surgery

Needle Holders · Anatomic Dressing Forceps

Needle Holder

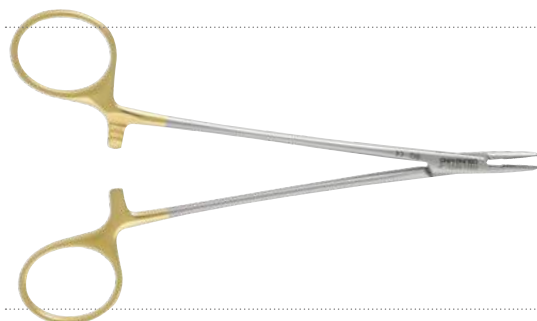
NEW
NHC130TC

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



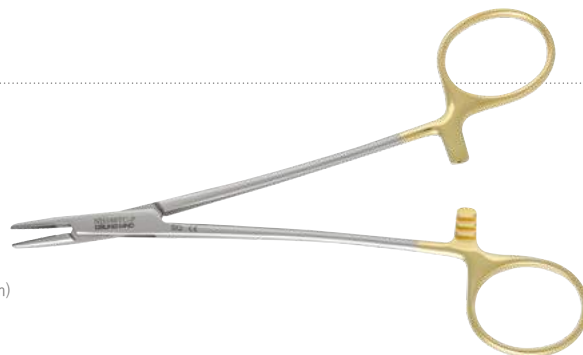
NEW
NH150TC-P

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



NEW
NH160TC-P

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



Anatomic Dressing Forceps

- Used for holding soft tissue.

BEST
PT41

- Length : 128mm (±5mm)



PTB19

- Length : 154mm (±5mm)



Surgery

Scissors · Tissue Pliers

Metzemaum Scissors

NEW
SCMB130

- Metzemaum Scissors
- Length : 130mm(±5mm)



NEW
SCMB145

- Metzemaum Scissors
- Length : 150mm(±5mm)



Tissue Plier

- A sharp tooth inside the beak. • Useful for suturing soft tissue which is relatively firm.



NEW
PTG1

- Length : 178mm (±5mm)



PT52C

- Length : 150mm (±5mm)



PTS22C

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



PT42

- Length : 122mm (±5mm)

Surgery

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



Surgery

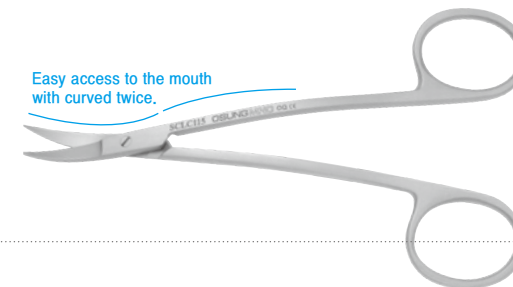
Scissors

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



Surgery

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



5.0mm

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.



5.0mm

BEST

CHCO2

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

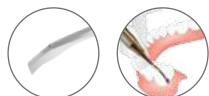


3.5mm

BEST

CHC36-37

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



Surgery

Periodontal Chisels · Periodontal Surgical Curette

Periodontal Chisel



3.3mm

4.9mm

CHS13K-13KL

- Kirkland
- Curved
- For removing and reshaping bone



3.3mm

3.3mm

CHC13K-TG

- Curved
- Suitable for root forming



1.1mm

1.1mm

CHCP3-4

- Straight



3.1mm

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

Surgery

Periosteal Elevators for Maxillofacial Surgery

For oral & maxillofacial surgery

Kang's Elevator

Designed by NARA KANG, DDS

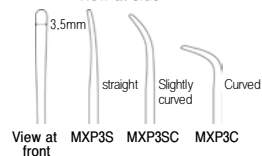


3.5mm

MXP3S

• Straight

View at side



MXP3SC

• Slightly Curved



MXP3C

• Curved

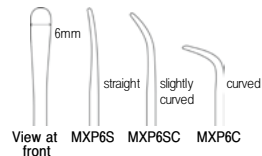


6.0mm

MXP6S

• Straight

View at side



MXP6SC

• Slightly Curved



MXP6C

• Curved

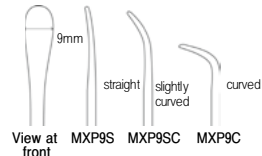


9.0mm

MXP9S

• Straight

View at side



MXP9SC

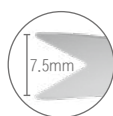
• Slightly Curved



MXP9C

• Curved

V-NOTCH Periosteal Elevator



MXP75S

Surgery

Channel Retractors · Spatula Periosteal Chisels



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

MXS1

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

Channel Retractor

• Surgery for lower jaw



RTCN8



RTCN10

Spatula Periosteal Chisel



6.0mm

MXSP6

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



9.0mm

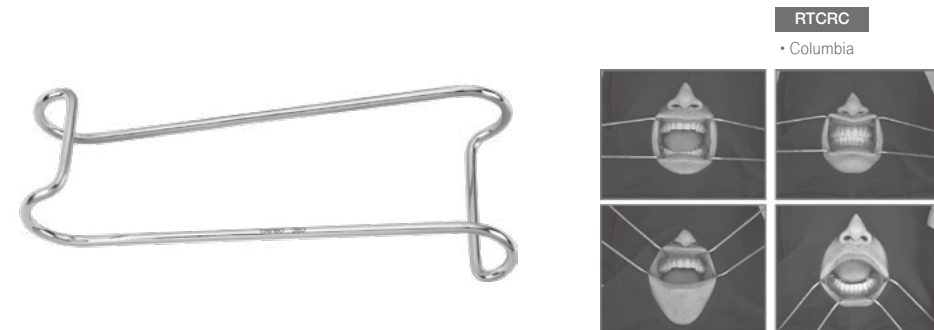
MXSP9

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

Surgery

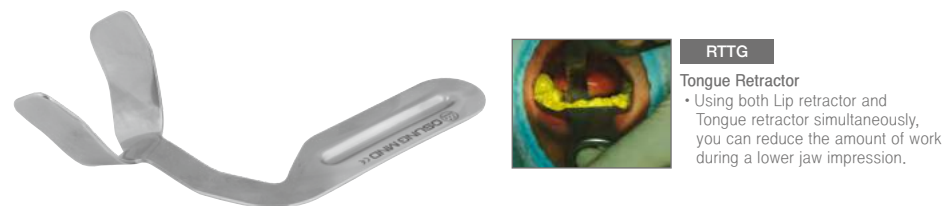
Retractors

Lip and Cheek Retractor



Lip and Tongue Retractor

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



Surgery

Retractors

Cheek Retractor

Patent pending 2015-0173145



Langenbeck Retractor

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

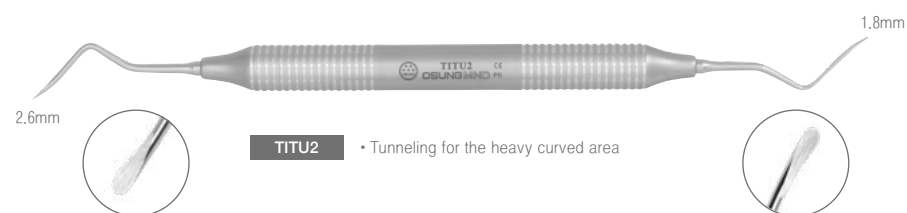


Surgery

Tunneling Instruments

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

Tunneling Instrument



Surgery

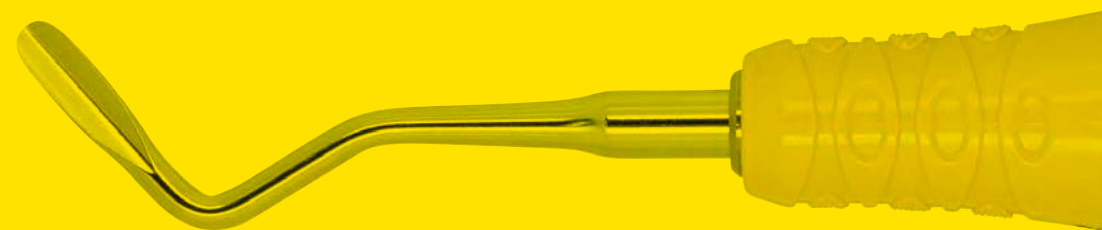
Simple Extraction

Simple Extraction

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

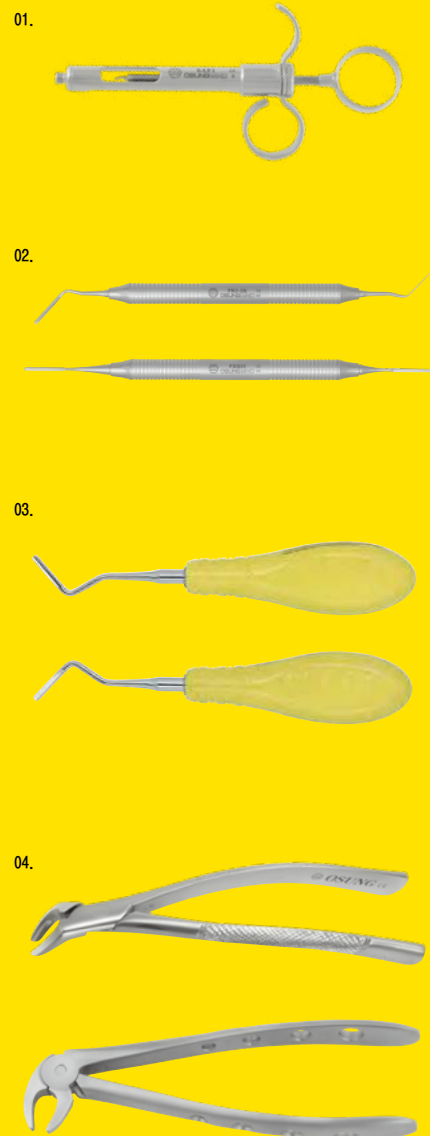
Luxating Elevator

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. Anesthesia Syringe	SAF1.....	P.073
02. Periotome	PR2-2R, PRRS3.....	P.078
03. Luxating Elevator	3ELL303, 3ELL302.....	P.080
04. Forceps	FX151, FXX13.....	P.087,085



Process

SAF1 ▶
PR2-2R ▶
PRRS3 ▶



01. Local anesthesia

3ELL303 ▶
3ELL302 ▶



02. Periodontal ligaments cutting

FX151 ▶
FXX13 ▶



03. Luxation



04. Extraction

Practice

01. Local anesthesia

✦ Used

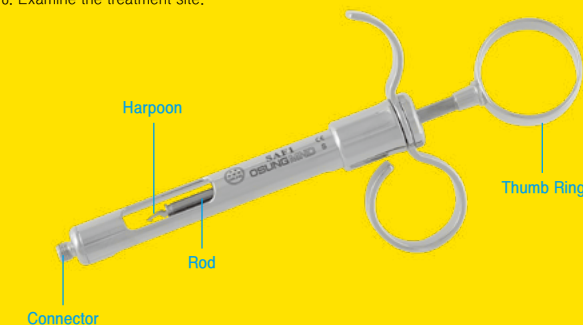
Local anesthesia syringe. Harpoon type syringe provides stable aspiration during nerve block anesthesia.

✦ 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 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 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.

Surgery

Simple Extraction

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.

◉ 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_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.

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.

Surgery

Excision of Torus

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, SHCP.074
03. Periosteal Elevator	EP9, EP9H.....P.076
04. Bone Rongeur	RNG178.....P.094
05. Periodontal Chisel&mallet	CHBC1, ML20P.103, 095
06. Periodontal Chisel	CHCO1, CHCO2P.102
07. Bone File	BF1XP.095
08. Tissue Plier	PTS22CP.099
09. Scissors	SCLSS115P.101
10. Needle Holder	NHC150TC.....P.097

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.
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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.

Surgery

Excision of Torus

❖ 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.

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.

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.

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.

Surgery

Excision of Torus

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.

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.

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)

❖ 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. Grid 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.

Surgery

Excision of Torus

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

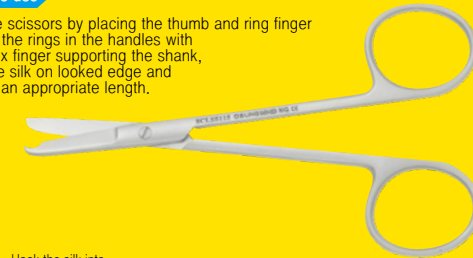
Scissors are used for cutting silk during suturing. Used for eliminating excessive soft tissue & granulation tissue.

❖ 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 2020°2021



IMPLANT

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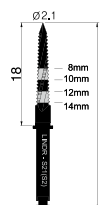


Implant

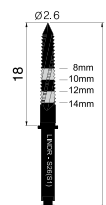
Lindemann Drill · Implant Depth Gauge · Caliper

Lindemann Drill

- 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.



LLS21

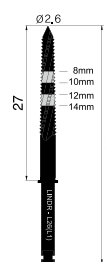


LLS26



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.



Side cutting at the ridge of a socket



Change the path and cut sidewall of a socket

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

Implant

Bone Spreaders

Bone Spreader



BOC22

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



BOC28



BOC35

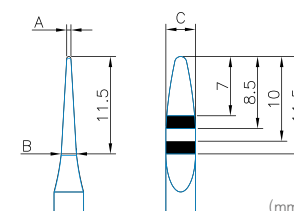


BOC35R

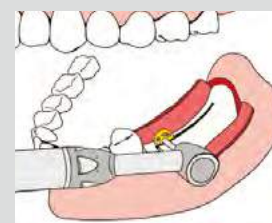
Character

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.

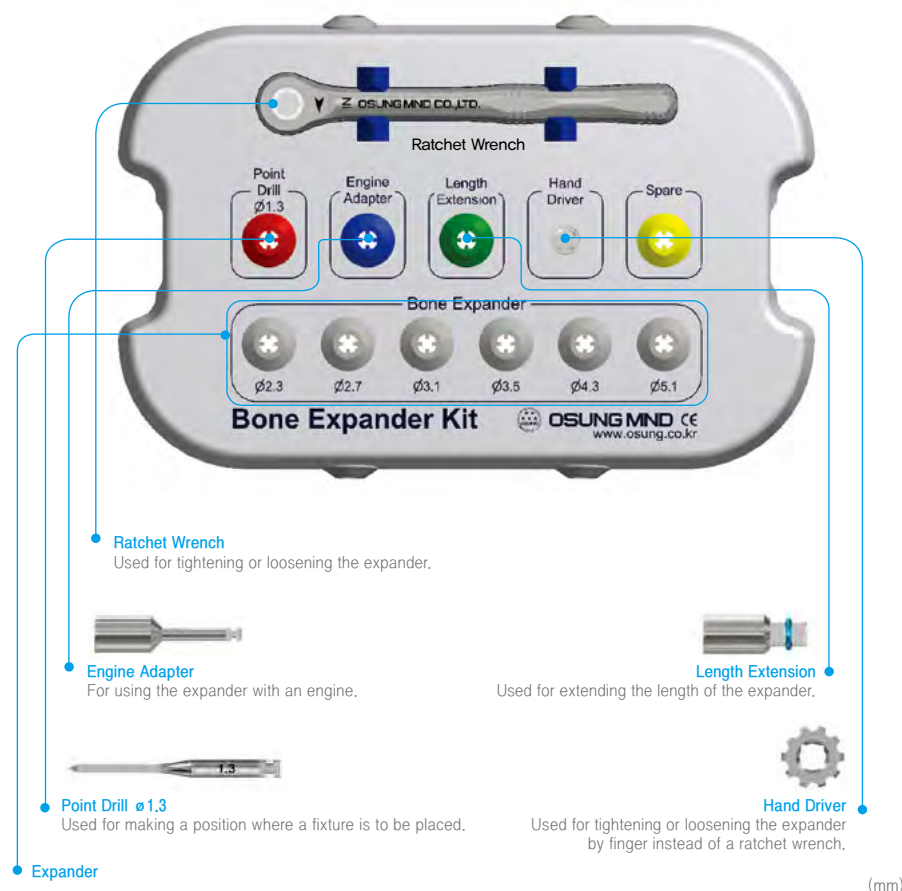
Implant

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.



Apical 8mm 10mm 12mm 13mm Diameter	• 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	ø 1.0	ø 1.4	ø 1.8	ø 2.2	ø 3.0	ø 3.8
	Diameter	ø 2.3	ø 2.7	ø 3.1	ø 3.5	ø 4.3	ø 3.8

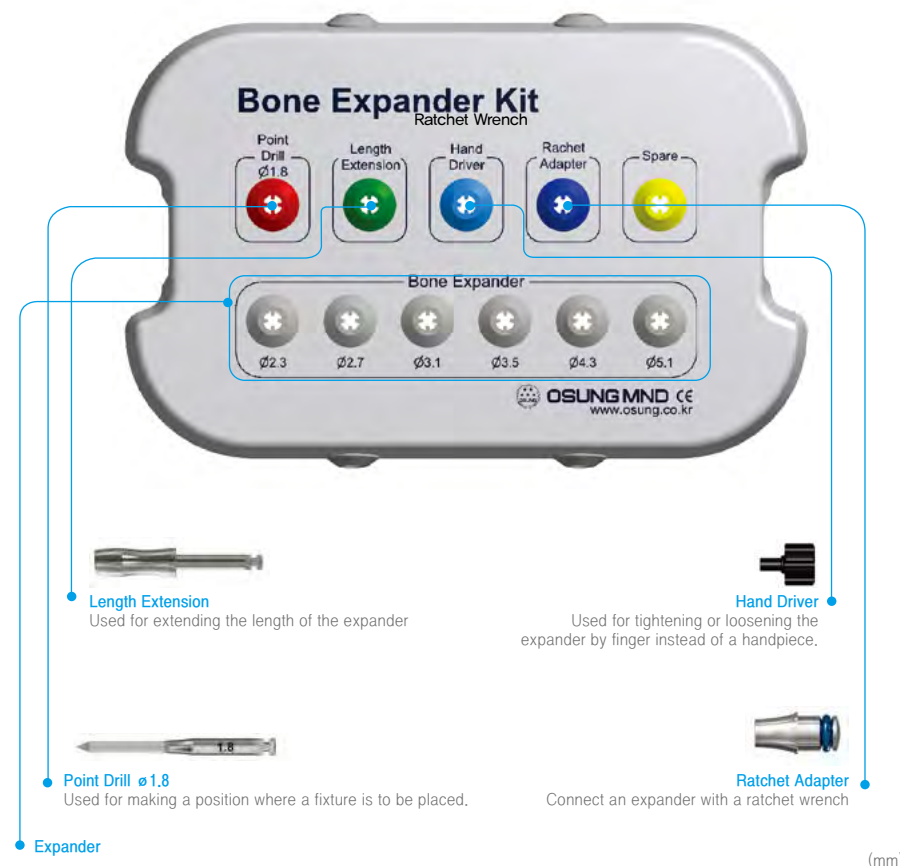
Implant

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.



Apical 8mm 10mm 12mm 13mm Diameter	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	ø 1.0	ø 1.4	ø 1.8	ø 2.2	ø 3.0	ø 3.8
	Diameter	ø 2.3	ø 2.7	ø 3.1	ø 3.5	ø 4.3	ø 3.8

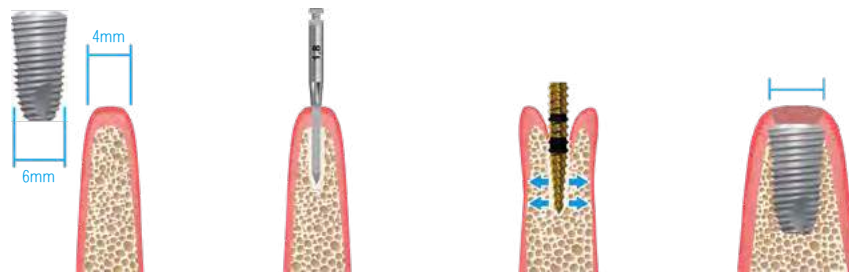
Implant

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

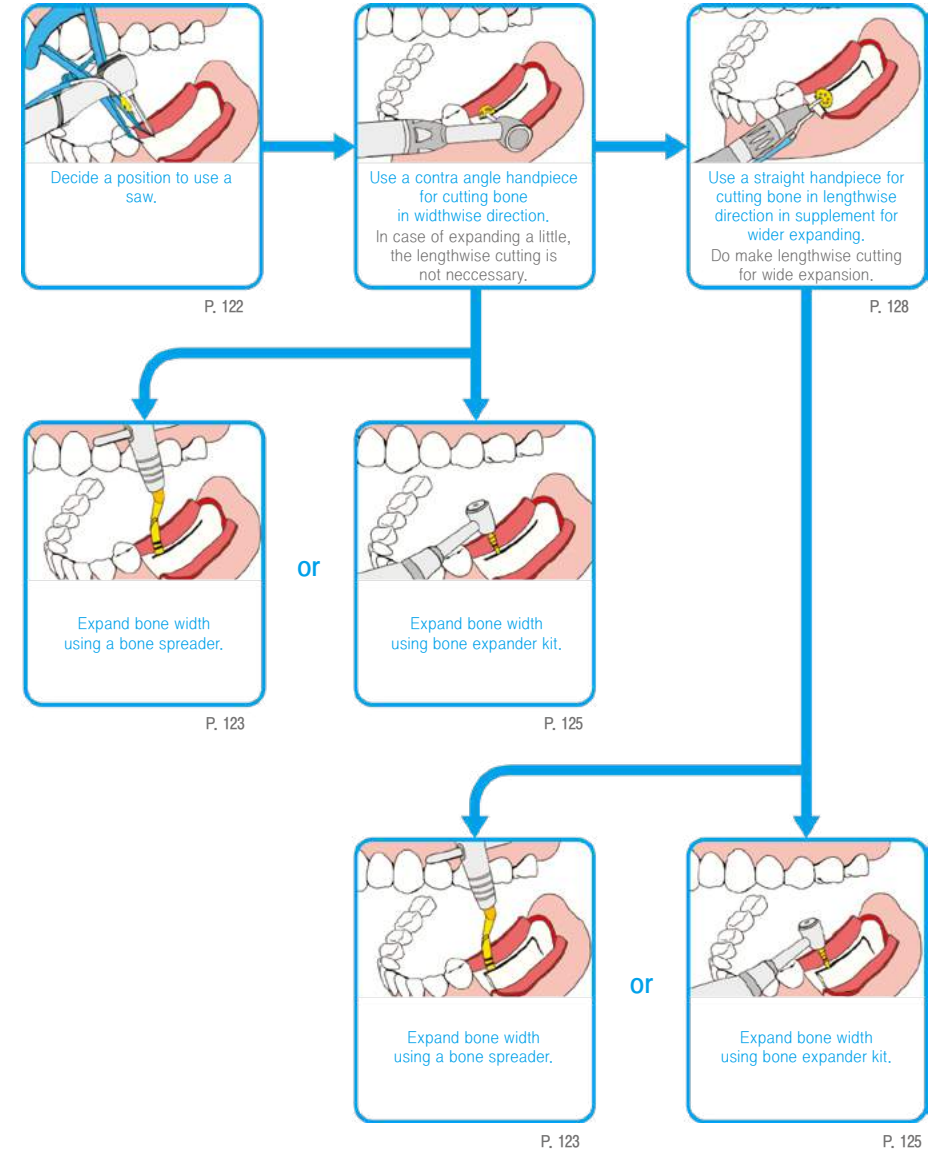
Getting better initial fixation with higher bone density

Implant

Bone Expander Hand Kit · Bone Expander Engine Kit

Practice

Diagram of ridge split



Implant

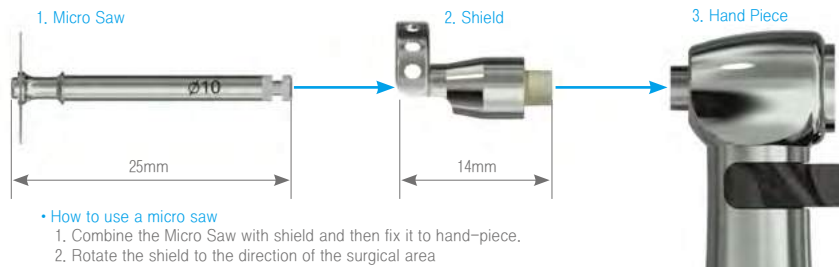
Micro Saw Shield

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° 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.



Implant

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



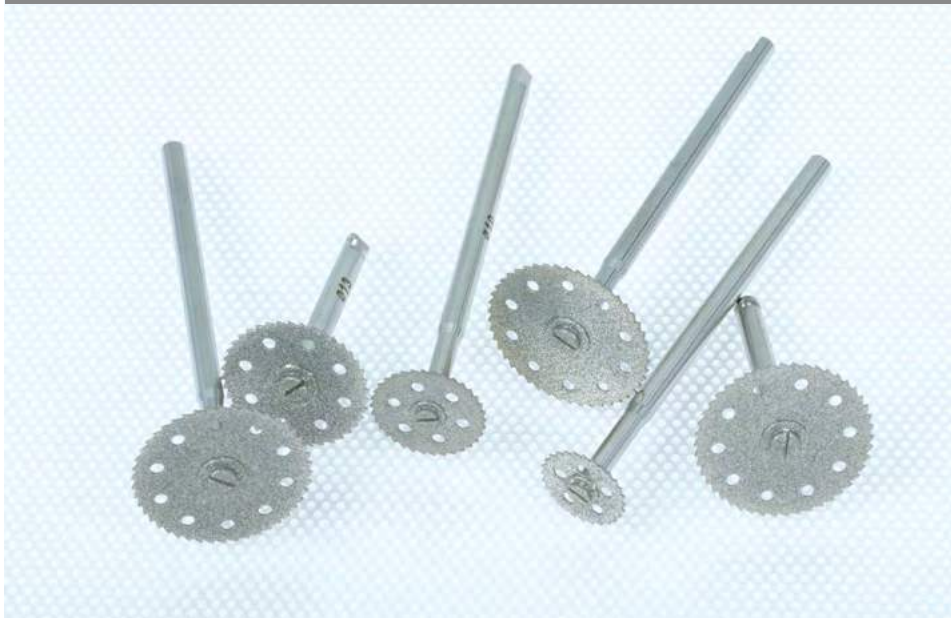
Micsa10S
• Ø10mm



Micsa13S
• Ø13mm

Micro Saw

Micro Saw



Contra Angle

MICSA08
• Ø8mmMICSA10
• Ø10mmMICSA13
• Ø13mm

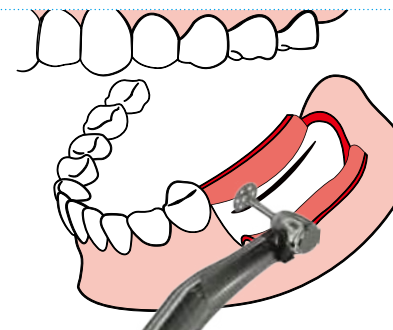
Straight Angle

MICSS08
• Ø8mmMICSS10
• Ø10mmMICSS13
• Ø13mm

Micro Saw

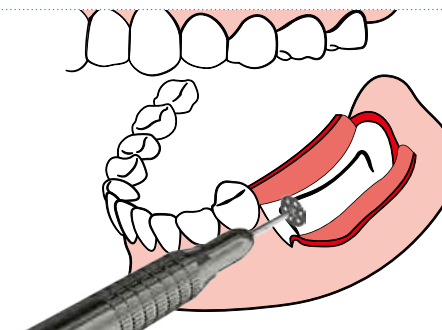
Micro saw is a rotary cutting instrument for removing unnecessary bone torus or extremely thin ridge crest. Also it can be used for ridge split or block bone surgery.

Micro Saw



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

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



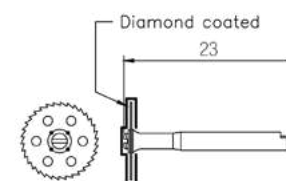
Use a straight handpiece for cutting bone in lengthwise
direction in supplement for wider expanding.

Do make lengthwise cutting for wide expansion.

Advantages compared to competitors

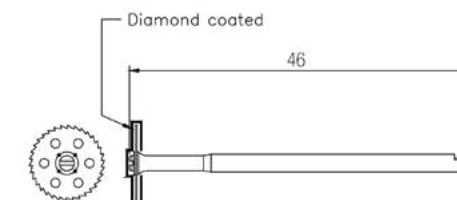
- Holes for lessening bone heating.
- Saw thickness : 0.35mm including diamond coating layer.
- No shaking and superior cutting power.
- The vibration is minimized during bone cutting because of the diamond coating surface.
- Possible to change direction gradually during bone cutting.

Contra angle type



Order No.	MICSA08	MICSA10	MICSA13
Diameter	Ø8	Ø10	Ø13

Straight angle type



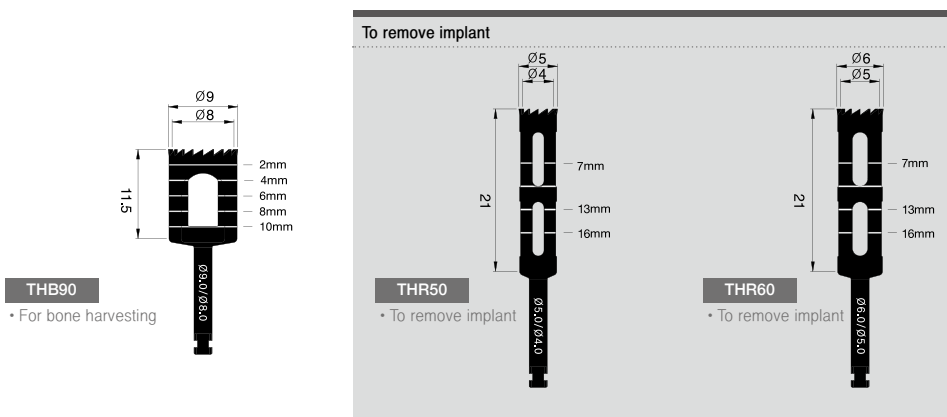
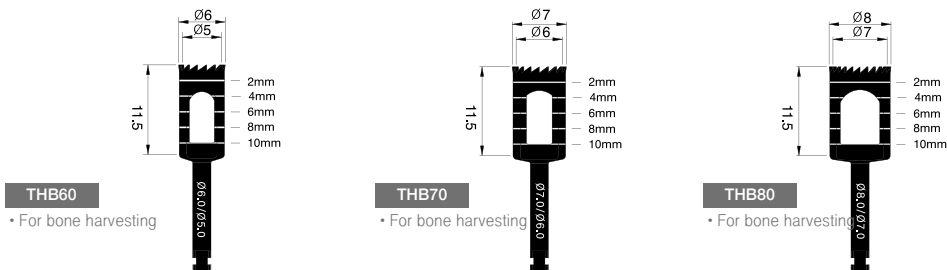
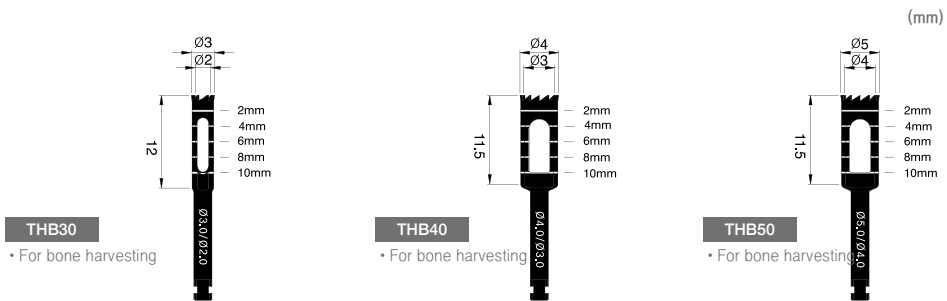
Order No.	MICSS08	MICSS10	MICSS13
Diameter	Ø8	Ø10	Ø13

Implant

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.

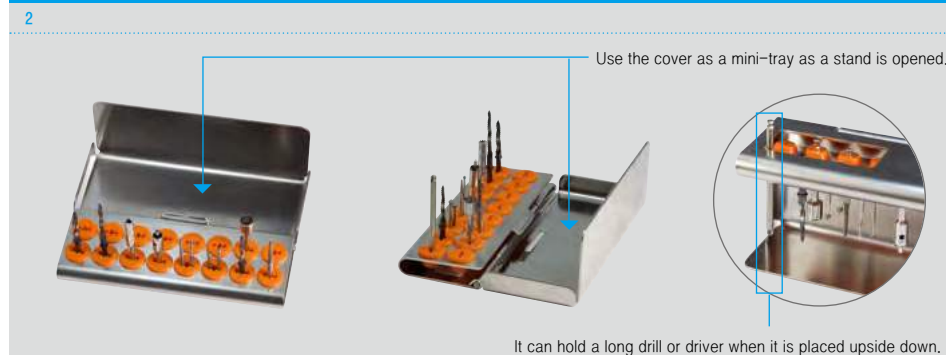
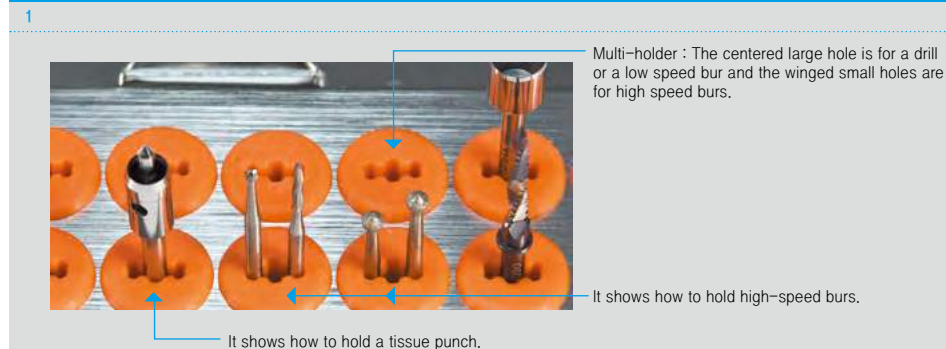
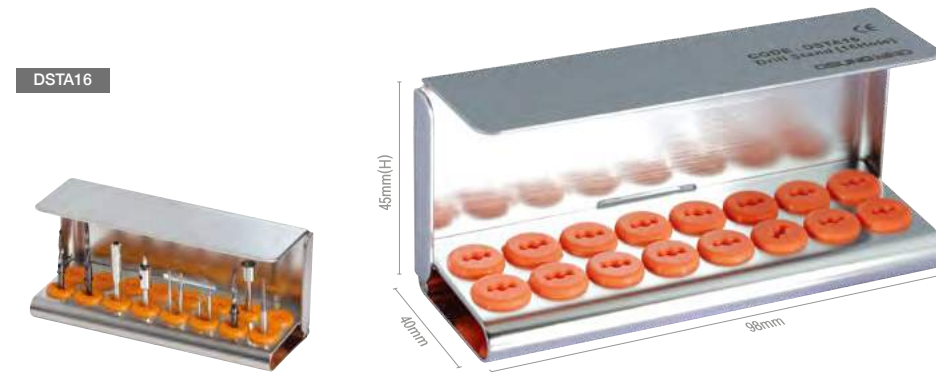


Implant

Surgi-Drill Stand

Surgi-Drill Stand

- Surgi-Drill Stand is a perfect solution for managing surgical drills and burs.
- The stand has 16 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.



Implant

Convex Osteotomes

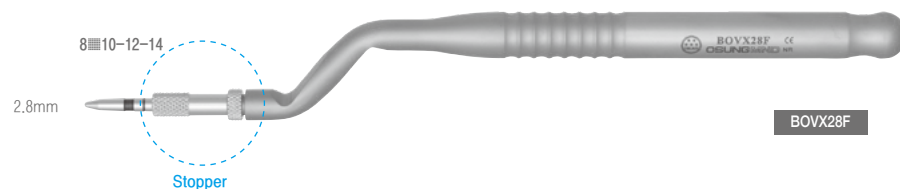
BOVXSET
Convex Osteotome
5ea + Cassette



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.

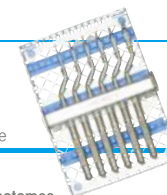
Convex Osteotome **Parkman Design**



Implant

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**



Implant

Bone Scraper · Block Bone Clamps

Bone Scraper

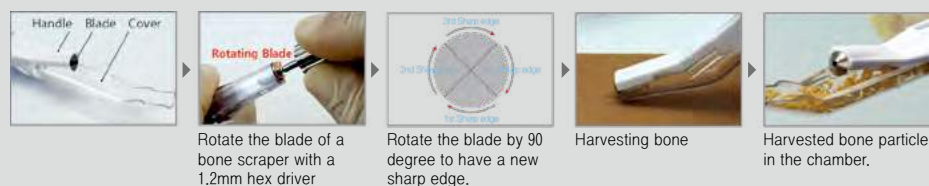
BSF

- 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

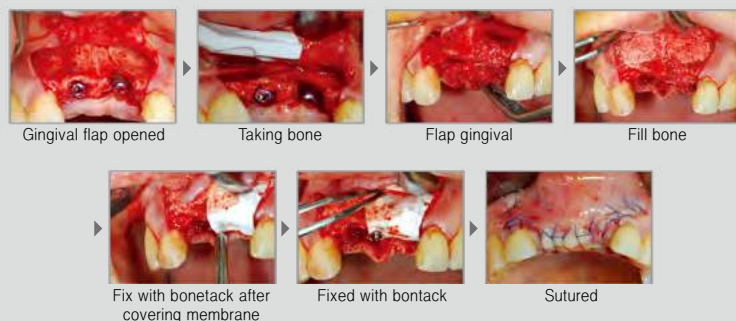


The bone scraper comes packed as sterile products. It is very convenient to use.

Practice



Clinical case



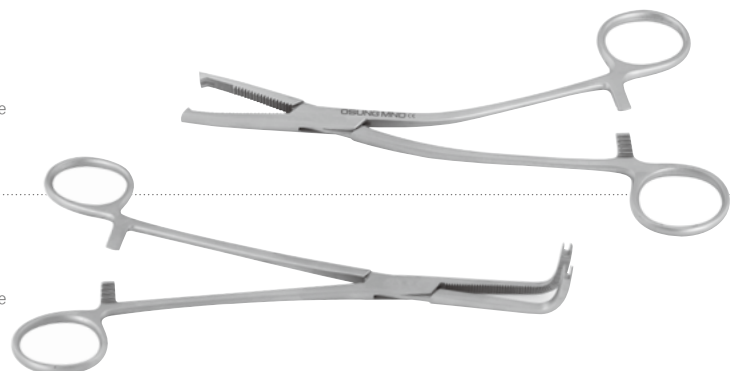
Block Bone Clamp

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



Implant

Bone Collect Chisel · Bone Collector · Hexa Wrenchs

Bone Collect Chisel

STBC-1

- Used for collecting osseous coagulum, Back-action



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 saliva.
- 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



IDH7-15N

15N Toque Wrench

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



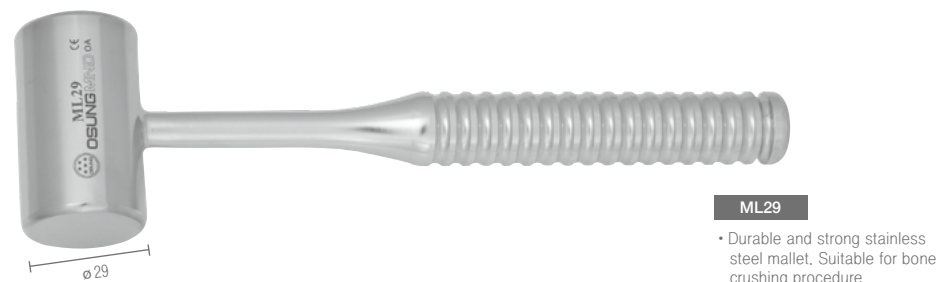
Implant

Bone Crusher · Bone Crusher Mallet

Bone Crusher



Bone Crusher Mallet



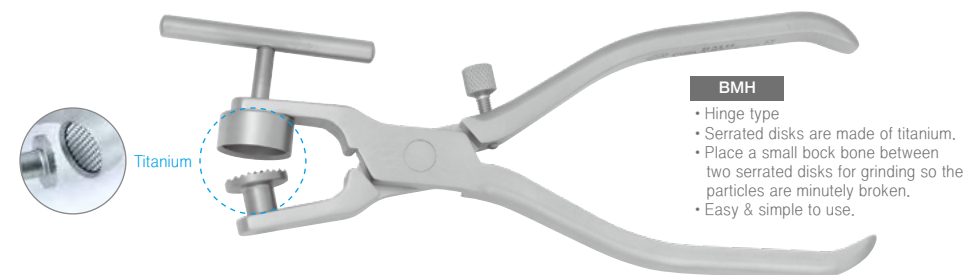
Bone Crusher / Bone Crusher Mallet Set



Implant

Bone Mill · Bone Syringes

Bone Mill



Bone Syringe

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



Practice



Implant

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



Implant

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



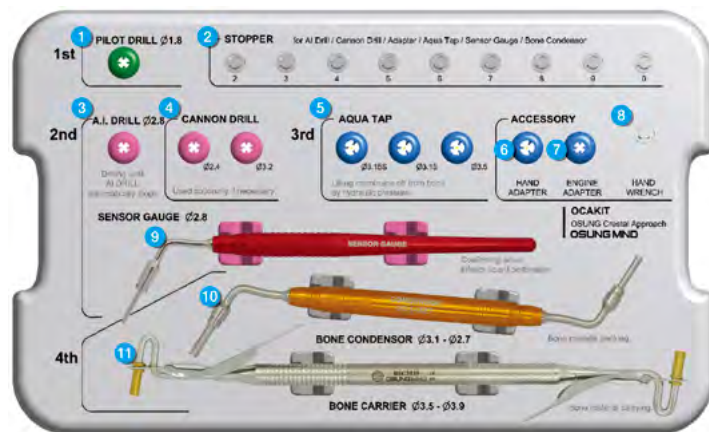
Implant

Crestal Approach Kit



OCAKIT

- Everyone gets the same result in operation as the drill stops by itself when it touches the sinus membrane.
- Size 260 x 165 x 75H(mm)
- 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 $\phi 1.8$		• 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 $\phi 2.4$ Cannon Drill $\phi 3.2$		• Initial drill to access the sinus before the use of A.I. drill. • 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												
			<table border="1"> <thead> <tr> <th></th><th>3.15S</th><th>3.15</th><th>3.5</th></tr> </thead> <tbody> <tr> <td>Diameter</td><td>$\phi 3.15$</td><td>$\phi 3.15$</td><td>$\phi 3.5$</td></tr> <tr> <td>Length</td><td>28mm</td><td>33mm</td><td>33mm</td></tr> </tbody> </table>		3.15S	3.15	3.5	Diameter	$\phi 3.15$	$\phi 3.15$	$\phi 3.5$	Length	28mm	33mm	33mm
	3.15S	3.15	3.5												
Diameter	$\phi 3.15$	$\phi 3.15$	$\phi 3.5$												
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												

Implant

Crestal Approach Kit

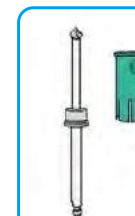
Practice



01

Pilot Drilling

- $\phi 1.8$ 1,200rpm
- Mark a drilling position on the cortical bone with a pilot drill.



02

Attaching a stopper

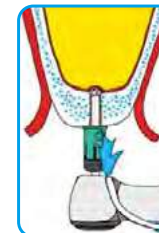
- Take a stopper which is 1mm longer in length than the length measured from alveolar bone to sinus membrane.
- Then attach the stopper to the Canon drill.



03

Cannon Drilling

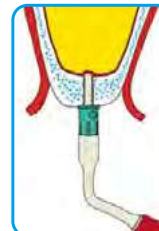
- Run the Canon drill 2.4mm with a stopper at 1,200rpm.
- Use 3.2mm drill if necessary for a large hole.
- Drill by the spot which is 1mm away to the sinus membrane.



04

Cannon A.I. Drilling

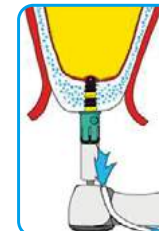
- $\phi 2.8$ 1,200rpm
- Select the stopper which is 2mm shorter than the stopper used with Canon drill.
- Attach the stopper to the A.I. drill, and run it at 1,200rpm.
- The A.I. drill stops automatically when the end of the drill reaches the membrane.



05

Checking the perforation

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



06

Aqua Tapping

- $\phi 3.15 \sim \phi 3.5$ 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

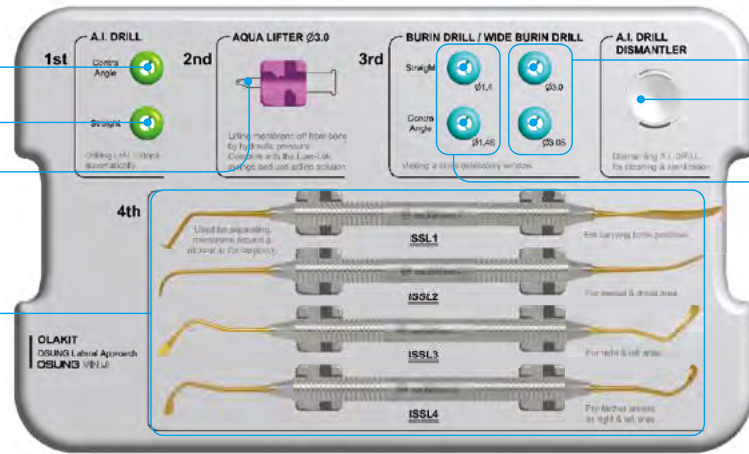


OLAKIT

- Everyone gets the same result in operation as the drill stops by itself when it touches the sinus membrane.
- Size 260 x 165 x 75H(mm)
- 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

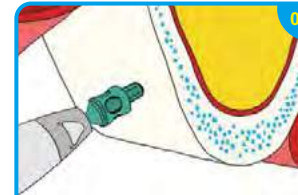
- Tool for changing Lateral A.I. Drill to Contra Angle.

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.

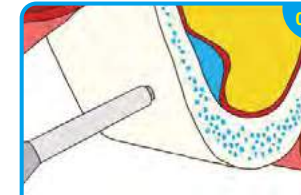
Lateral Approach Kit

Practice



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.



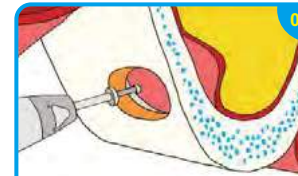
Lateral Aqua Lifter

- 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.



Burin Drilling

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



Enlarging the size of window

- Use wide Burin drill to enlarge



Sinus Membrane And Elevation

- Lift sinus membrane from the side and the lower area through the window.



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.

Implant

Sinus Lifts

Sinus Lift

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

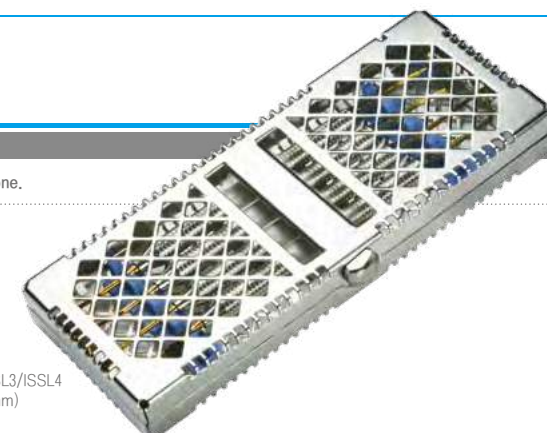


Implant

Sinus Lifts

Sinus Lift

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



Implant

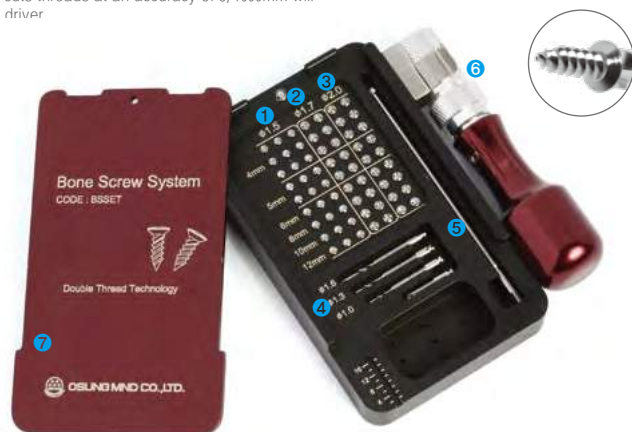
Bone Screw

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.



Products Constitution

- 1 Bone Screw ϕ 1.5mm
- 2 Bone Screw ϕ 1.7mm
- 3 Bone Screw ϕ 2.0mm
- 4 Drill
- 5 Driver
- 6 Driver Holer
- 7 Case



Practice



Consist of product

Name	Size	Code	(ea)
Bone Screw ϕ 1.5mm	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 ϕ 1.7mm	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 ϕ 2.0mm	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

Implant

Bone Tack

Bone Tack Kit

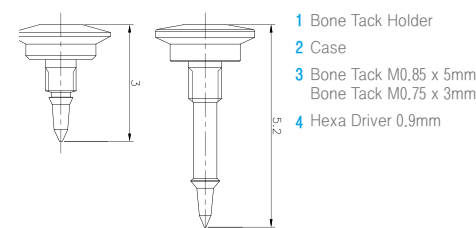
This Bone tack is designed to be driven in using a mallet at the time of insertion while being screwed out using a driver at the time of removal, with a view to fixing membranes or foils.



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 are for soft bone.

Products Constitution



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

Consist of product

Name	Code	(ea)
Bone Tack Holder	BTSHC(Straight)	1
Case	BTSC	1
Bone Tack M0.85x5mm	BTS85-50	5
Bone Tack M0.75x3mm	BTS75-30	9
Hexa Driver 0.9mm	BTIDH09	1

Bone Tack Offset Holder

BTSHCO

- Offset
- For posterior



Implant

Tissue Punches

Hand Tissue Punch

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



TPH35S

• Hand Tissue Punch, Straight



TPH35C

• Hand Tissue Punch, 90 Angled



TPH40S

• Hand Tissue Punch, Straight



TPH40C

• Hand Tissue Punch, 90 Angled



TPH45S

• Hand Tissue Punch, Straight



TPH45C

• Hand Tissue Punch, 90 Angled



TPH50S

• Hand Tissue Punch, Straight



TPH50C

• Hand Tissue Punch, 90 Angled

Implant

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

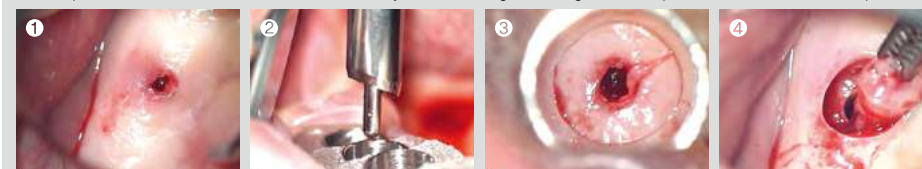


Practice

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.



Implant

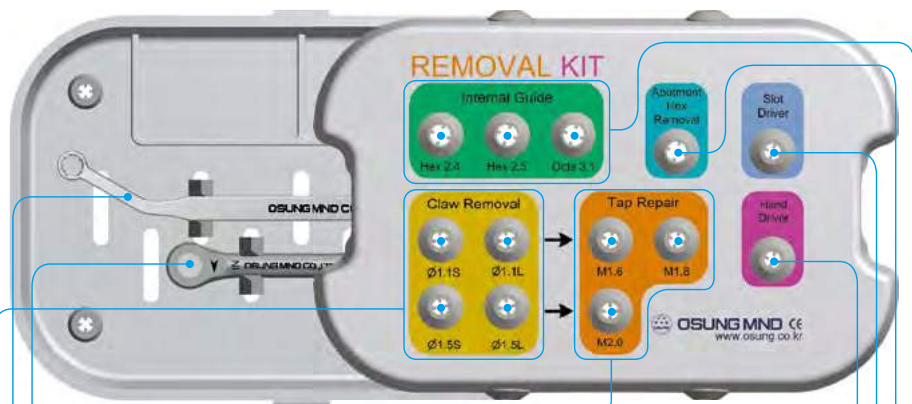
Screw Removal Kit

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

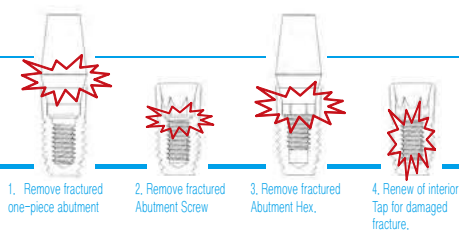


Abutment Hex Removal

• 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



Implant

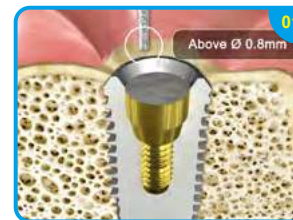
Screw Removal Kit

Video
Clip

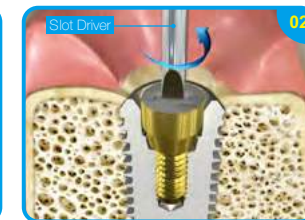


Practice

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.

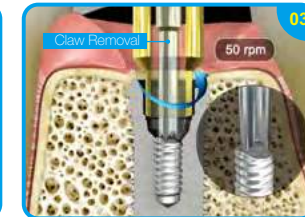
2. Remove fractured Abutment Screw



01. Fractured screw



02. Hold guide handle not to move internal guide.

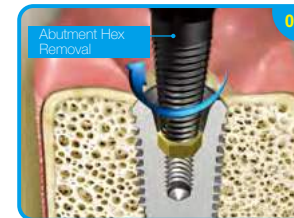


03. Put claw removal to reach the screw through an internal guide.

3. Remove fractured Abutment Hex



01. Fractured abutment hex

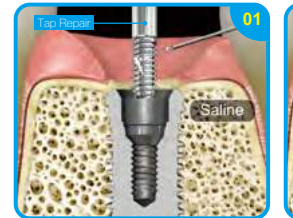


02. Turn Abutment Hex removal clockwise until it hangs to fractured Abutment hex (Fixture can be moved if you put excessive power)

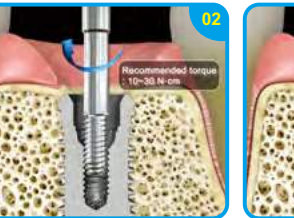


03. Remove Hex.

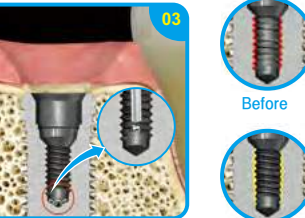
4. Renew of interior Tap for damaged fracture



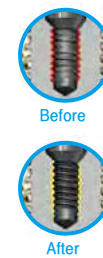
01. Do not harm by heat injecting saline continuously.



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



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

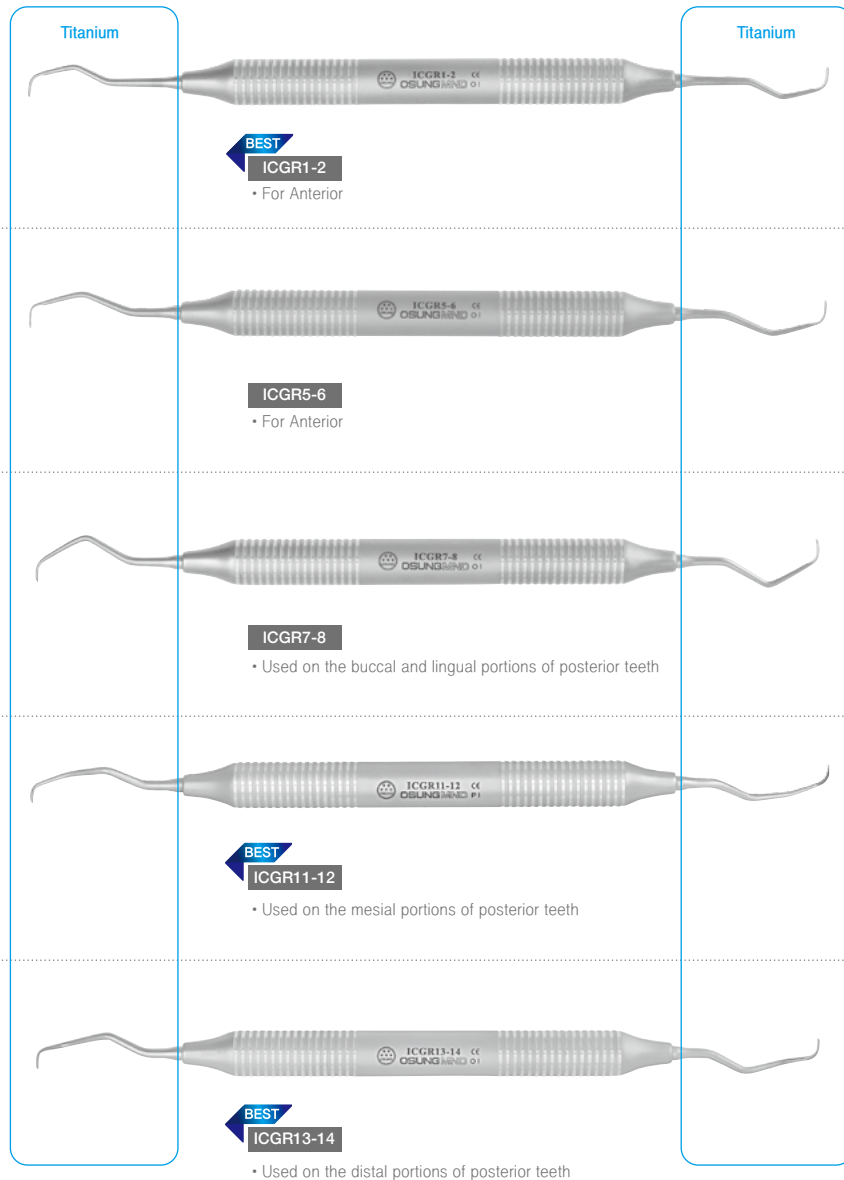


Implant

Implant Currettes

Implant Curette

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



Implant

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	EFCL1	329p
21		Wrapping Cloth	WR7575	332p
22		Surgical Drape	WDMA	332p

Products for Dentistry

OSUNG Catalogue 2020/2021

Restorative

Products for Dentistry

OSUNG Catalogue 2020°2021



RESTORATIVE

Cavity Preparation	Excavator	160
	Gingival Retractor	163
	Margin Trimmer	164
	Placement	164
Amalgam	Amalgam Carrier	165
	Amalgam Well	165
	Amalgam Plugger	166
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	Amalgam Burnisher	168
Composite Resin	Composite Resin Instrument	169
	Composite Instrument Kit	176
Amalgam Filling Resin Filling	Manual	177
	Manual	183



Restorative

Excavators

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

Plastic Handle / Double-Ended

 Autoclavable



Restorative

Excavators

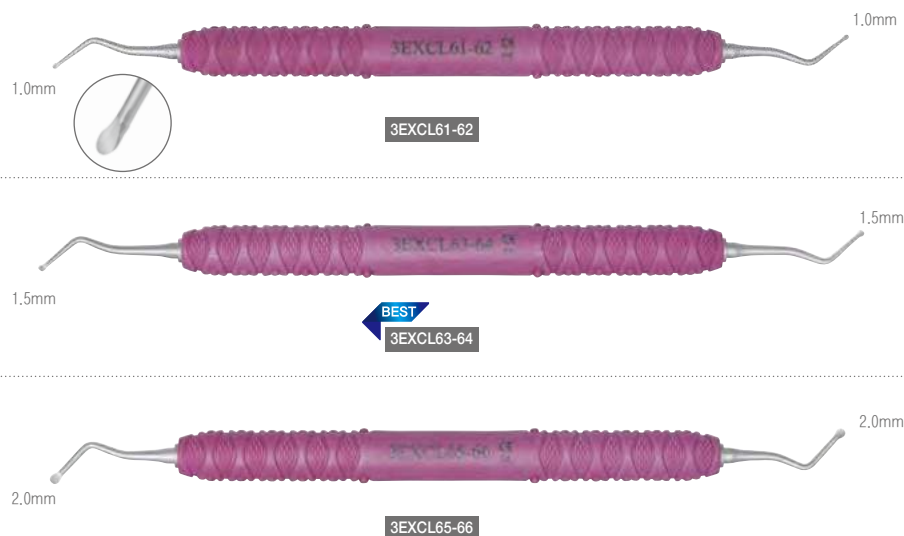
Metal Handle / Double-Ended



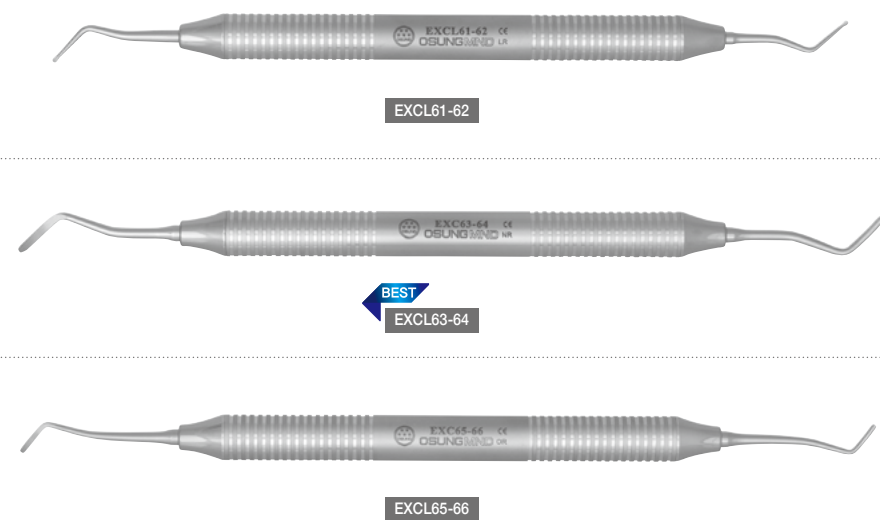
Restorative

Excavators

Plastic Handle/ Double-Ended

 Autoclavable


Metal Handle/ Double-Ended



Restorative

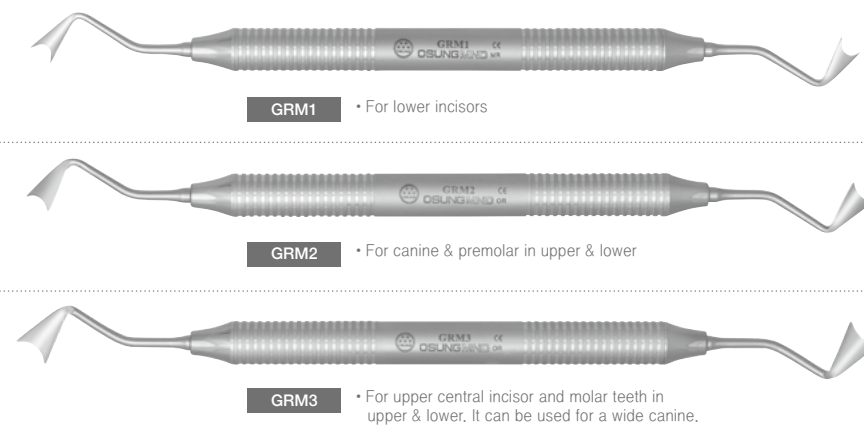
Gingival Retractors

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

Plastic Handle/ Double-ended

 Autoclavable


Metal Handle/ Double-Ended



Practice



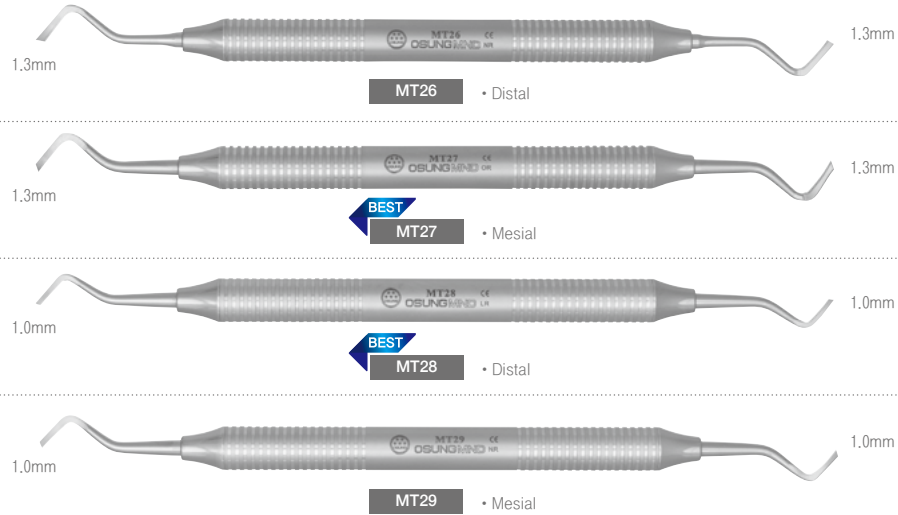
- Used for protecting gingival tissue while cavity preparation or resin filling.

Restorative

Margin Trimmers · Placements

Margin Trimmer

- Used for making proper bevel on enamel margins



Placement

- Used for applying calcium hydroxide or liner in cavity
- Useful as mini Burnisher



Practice



Mixing dycal

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

Restorative

Amalgam Carriers · Amalgam Well

Amalgam Carrier

PM1520

- Mini/Regular



PM2025

- Regular/Large



PM2030

- Regular/Jumbo

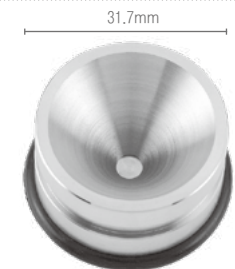


Amalgam Well

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

PLGWL1

- Can be available as a bone well.

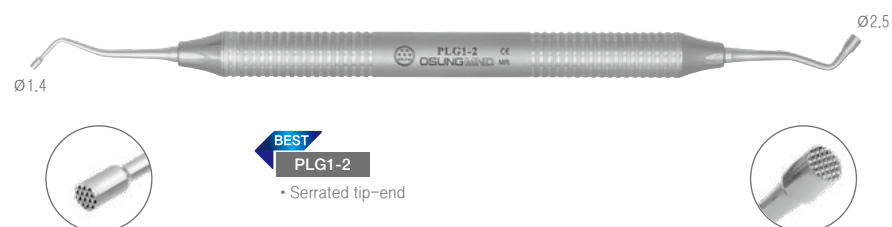


Restorative

Amalgam Pluggers

Amalgam Plugger

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



Restorative

Carvers

Carvers / Double-Ended

- To carve occlusal shape or remove excessive condensed material.



Restorative

Amalgam Burnishers

Amalgam Burnishers / Double-Ended

- Used to condense, smooth, and polish amalgam.

**BB26-27S**

- Ball Burnisher

**BEST****BB27-29**

- Ball & Egg (Football) Burnisher

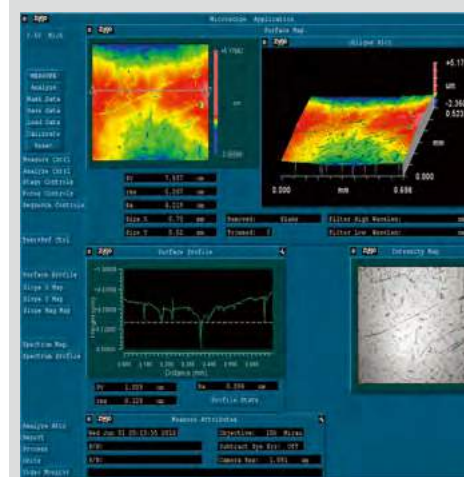
**BB31-32****BBL3**

- Ladmore 3

Restorative

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

Autoclavable

**2CSAT6**

- Silicone Handle/Double-Ended

**CSAT6**

- Metal Handle/Double-Ended

Flowable

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

Autoclavable

**2CSCT15**

- Silicone Handle/Double-Ended

**CSCT15**

- Metal Handle/Double-Ended

Restorative

Composite Instruments

Plastic Handle / Double-Ended

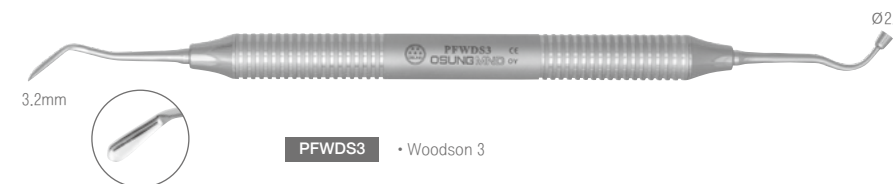
Autoclavable



Restorative

Composite Instruments

Metal Handle / Double-Ended



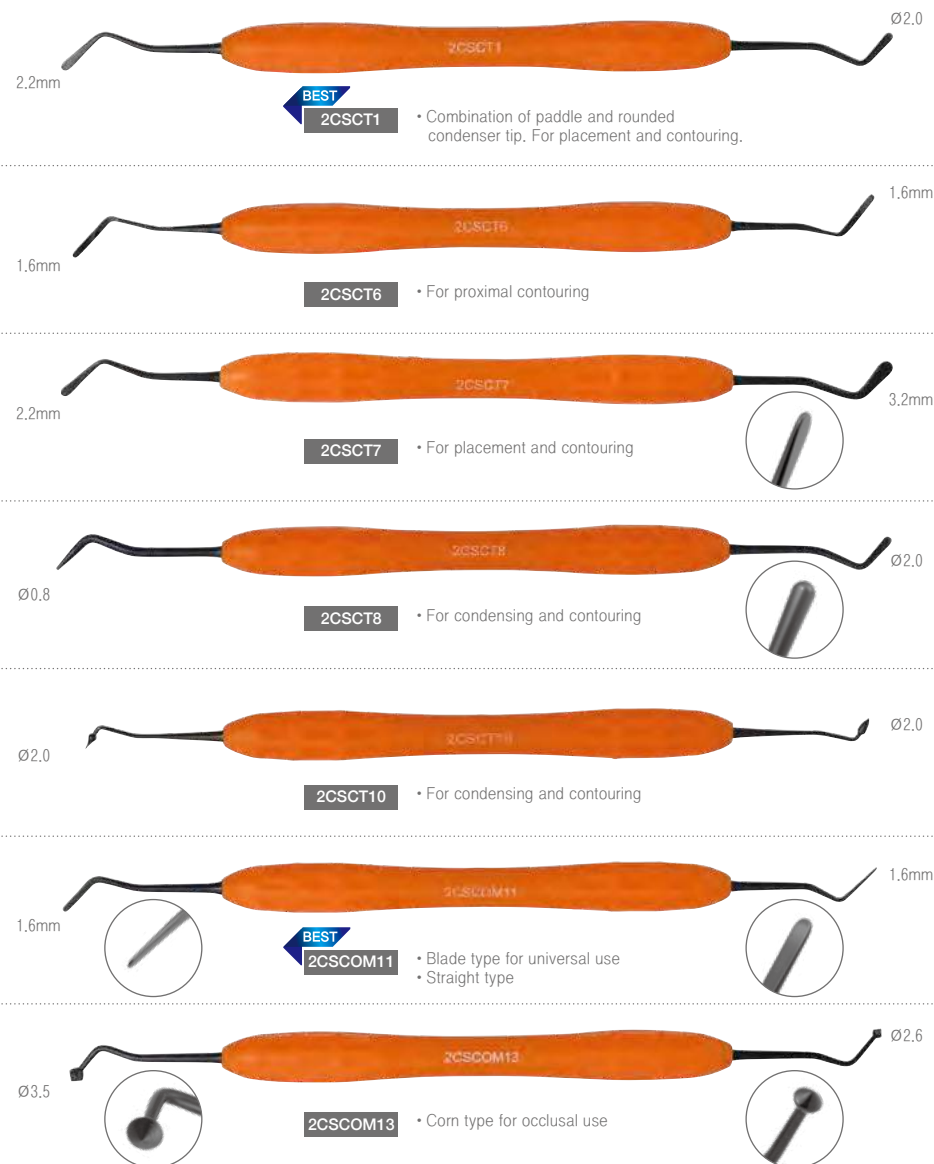
Restorative

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.

Silicone Handle / Double-Ended

Autoclavable

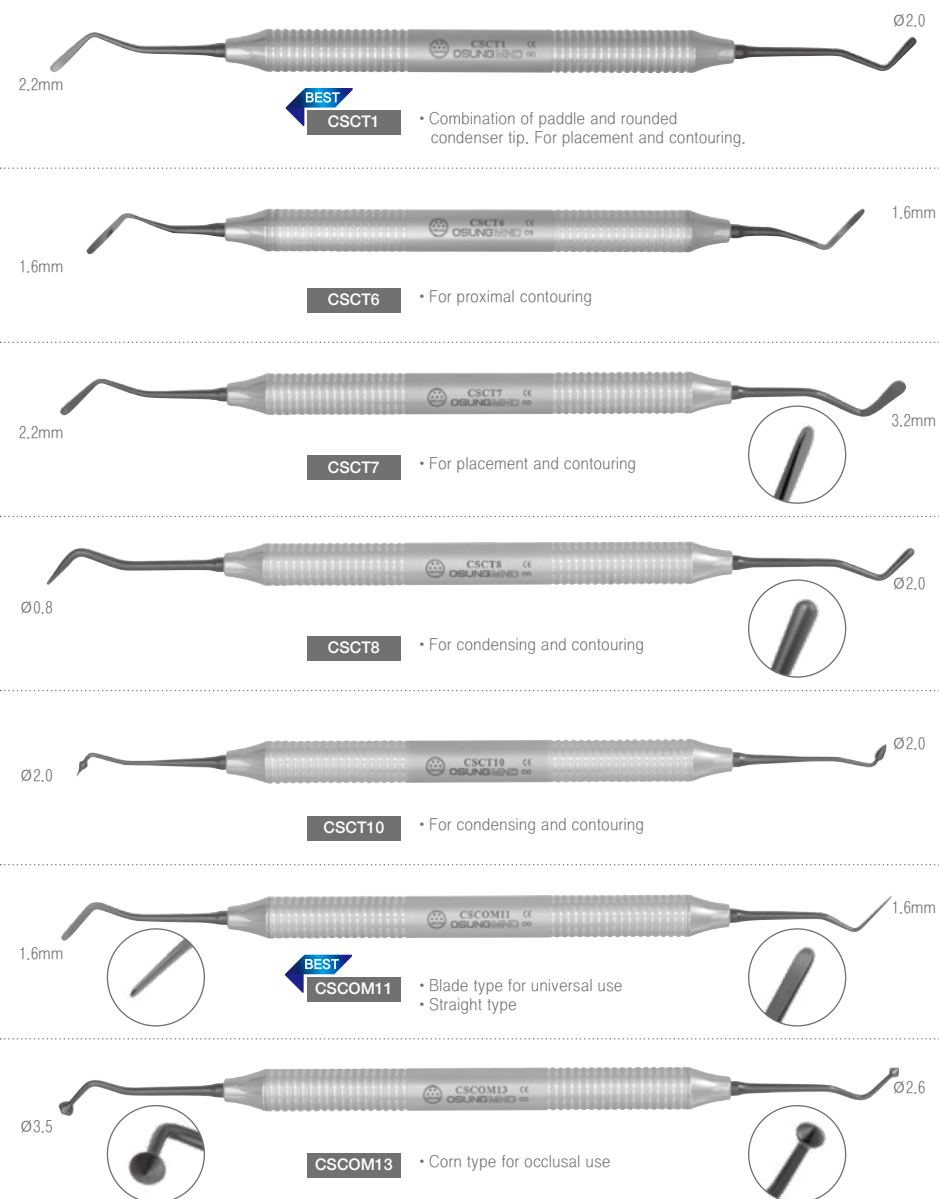


Restorative

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.

Metal Handle / Double-Ended



Restorative

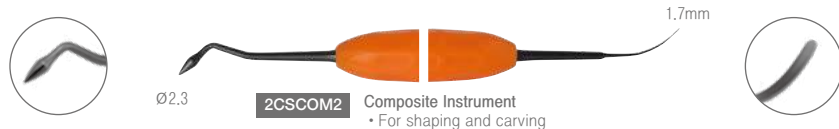
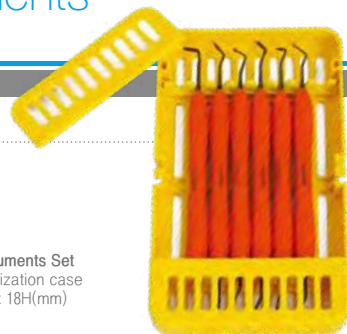
Composite Instruments

Silicone Handle / Double-Ended

134°C Autoclavable

2CSCOMKIT

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



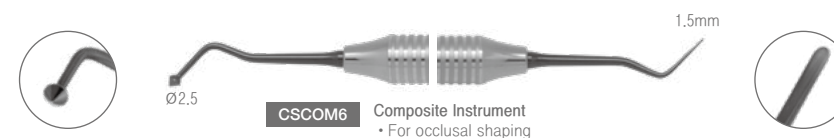
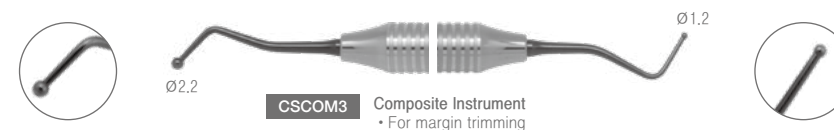
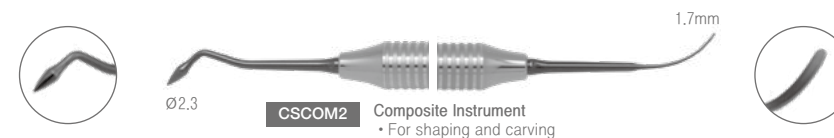
Restorative

Composite Instruments

Metal Handle / Double-Ended

CSCOMKIT

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



Restorative

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.



Restorative

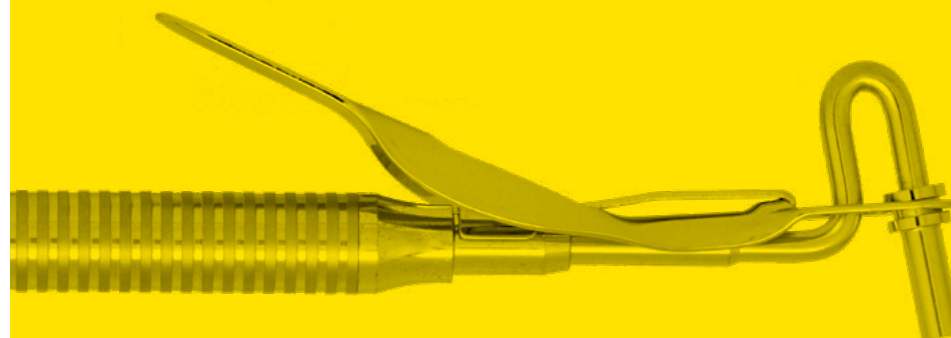
Amalgam Filling

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

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 ▶

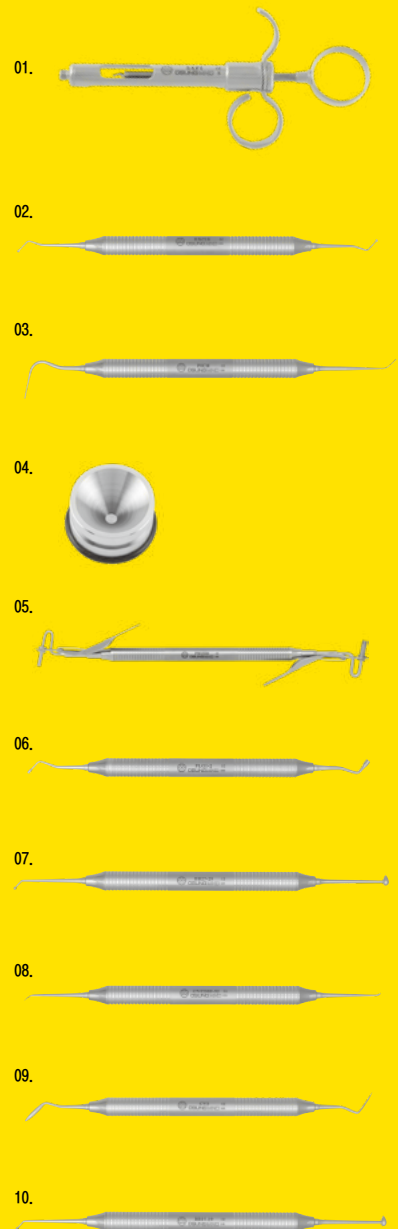


07. Pre-carve Burnishing 08. 09. Carving

BB27-29 ▶



10. Post-carve Burnishing



Practice

01. Local anesthesia

✧ Used

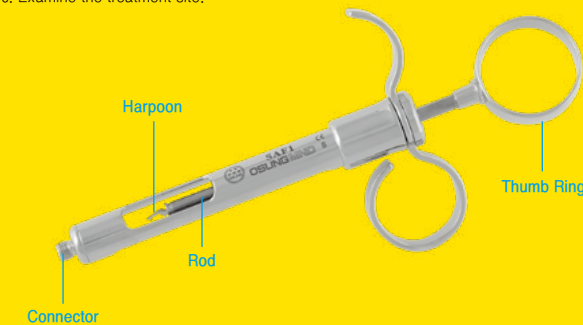
Local anesthesia syringe, Harpoon type syringe provides stable aspiration during nerve block anesthesia.

✧ 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 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 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.

Restorative

Amalgam Filling

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 grooves 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.

Restorative

Amalgam Filling

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 the 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-curve 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.

Restorative

Amalgam Filling

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.

Restorative

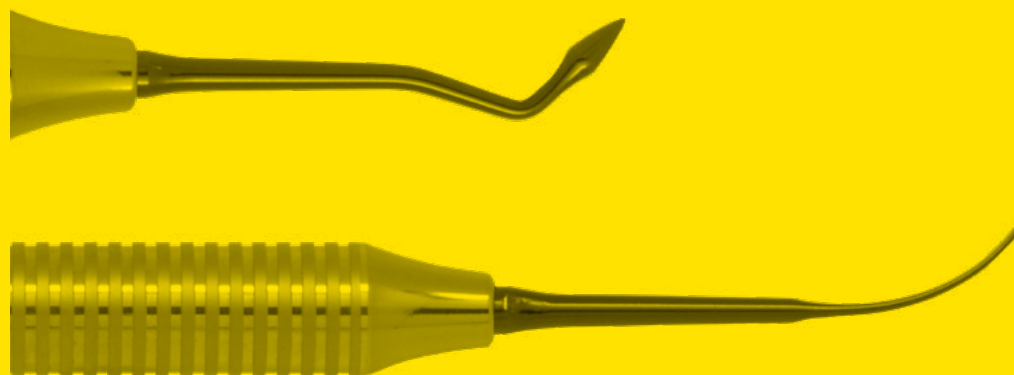
Resin Filling

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.



Restorative

Amalgam Filling

Arrangement

- | | | |
|--|---------|-------|
| 01. Excavator | EXC18 | P.161 |
| 02. (echant, 3way syringe) | | |
| 03. (bonding, 3way syringe, Light curing unit) | | |
| 04. Carrier Placement | CSCT7 | P.173 |
| 05. Condenser | CSCT8 | P.173 |
| 06. Carver | CSCOM2 | P.175 |
| 07. Occlusal shaping | CSCOM13 | P.173 |
| 08. (Light curing unit) | | |
| 09. Paper holder | PHNS | P.273 |

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

Restorative

Amalgam Filling

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.

02. Cavity preparation

03. Applying the composite resin primer

04. Composite resin filling

✧ **Used**
Carry composite resin to the cavity preparation.

✧ **Character**
Paddle shaped working end.

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.

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.

(Etching, 3Way Syringe)

(Bonding, 3Way Syringe, Light curing unit)

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.

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.

Restorative

Resin Filling

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 2020/2021

Endodontic

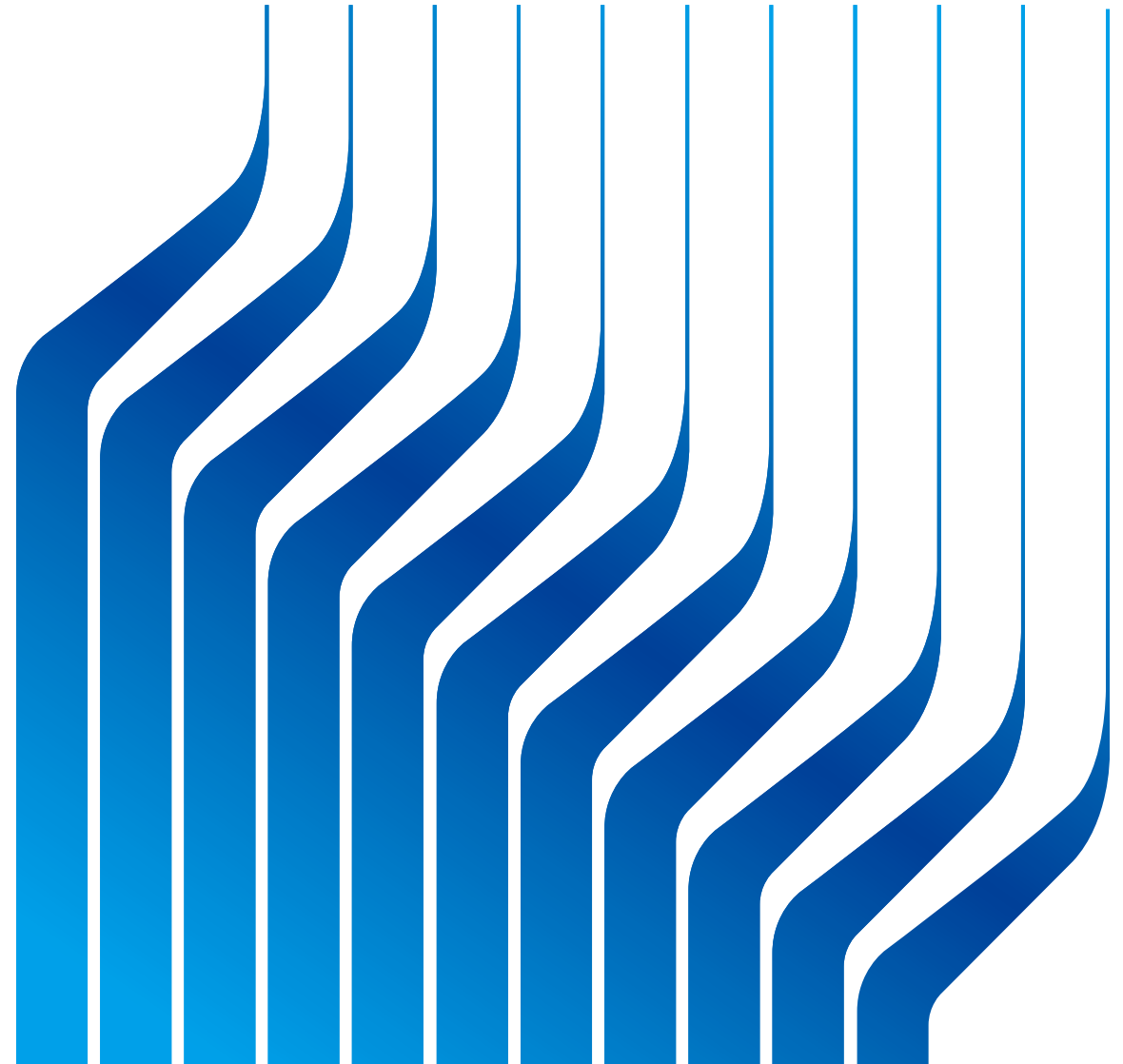
Products for Dentistry

OSUNG Catalogue 2020°2021



ENDODONTIC

Cavity Preparation	Intraligamentary Syringe	190
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	Locking Plier	192
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Rubber Dam Instrument	Rubber Dam Sheet	194
	Rubber Dam Punch/Plier/Frame	195
	Rubber Dam Clamp	196
	Endo Ruler / Endo File Boxes	198
Root Canal Treatment	Manual	199



Endodontic

Intraligamentary Syringe · Endo Explorers · Broach Holder

Intraligamentary Syringe

BEST

SAE1

- Designed to incorporate a leverage factor which enables the syringe to develop the high injection pressure, required for intraligamentary anesthesia with less energy.
- One complete squeeze of the trigger releases one dose(0.2cc), which is sufficient to anesthetize a single Video root tooth for 30 minutes to one hour.



Video
Clip



Endodontic Explorer

134°C
Autoclavable



2EXD5-8 • Silicone Handle/ Double-Ended

134°C
Autoclavable



2EXDG16 • Silicone Handle/ Double-Ended



EXDG16 • Metal Handle/ Double-Ended

Broach Holder



Video
Clip



- BRH
- Used for holding broach files.
 - Trisection chucking structure for powerful grip.
 - 10pcs

Endodontic

Endodontic Excavators

The shank of the tip is long enough so that it can reach canals. To curettage inside of tooth to base of pulp chamber.

Plastic Handle / Double-Ended

134°C
Autoclavable



3EXC31L



3EXC32L



3EXC33L

Metal Handle / Double-Ended



EXC31L



EXC32L



EXC33L

Endodontic

Spreaders · Locking Plier

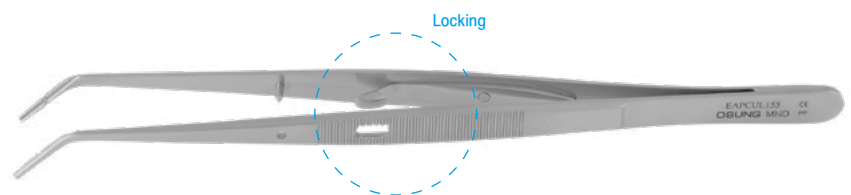
Metal Handle / Single-Ended



Endo Locking Plier

EAPCUL155

• Length : 155mm (± 5mm)



Endodontic

Root Canal Pluggers

Metal Handle / Double-Ended

• Used to compact canal filling material during vertical condensation.



Metal Handle / Single-Ended



Endodontic

Rubber Dam Sheets · Rubber Dam Set

Rubber Dam Sheet



Size	152mm X 152mm
Unit	36unit / Box
Thickness	Thin: 0.14mm Medium: 0.18mm Heavy: 0.22mm
Edge	Square
Physical intensity	Tensile strength : 24.0 MPA/min
Maximum tension (tensile strength)	700%/mm
Powder remainder	5.0mg or less/per sheet
Scent	Mint

DA614GM

Rubber Dam Sheet 6x6, Thin
• Size 152mmX152mm
• Thickness : 0.14mm, Thin

DA618GM

Rubber Dam Sheet 6x6, Medium
• Size 152mmX152mm
• Thickness : 0.18mm, Medium

DA622GM

Rubber Dam Sheet 6x6, Heavy
• Size 152mmX152mm
• Thickness : 0.22mm, Heavy

Rubber Dam Set

RDSET

• Frame 2pcs, Clamp Set, Punch, Plier with a stainless steel cassette.



Endodontic

Rubber Dam Punch · Rubber Dam Plier ·
Rubber Dam Frames

Rubber Dam Punch

RDPN1P



• To punch a hole on Rubber Dam

RDPN1



* Greatly improved the cutting force with prolonged durability by using a flexible spring type punch pin. It provides excellent tactile sensitivity with great performance even for long-term use with repetitive stress.

* OSUNG Rubber dam punch can cut the small hole to the large hole on rubber dam uniformly due to 3D deformation and resilient spring structure unlike existing punches which consist of hard type punch pin.

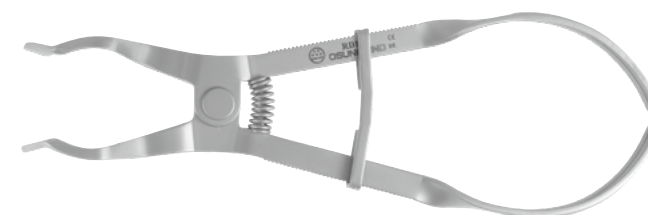


Hole size
Ø0.8-Ø1.0-Ø1.4-Ø1.6-Ø1.8-Ø2.0-Ø2.3

Rubber Dam Plier

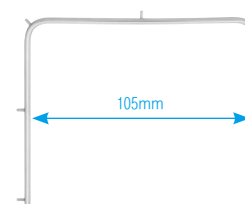
RDPL1

• For mounting rubber dam clamp to tooth

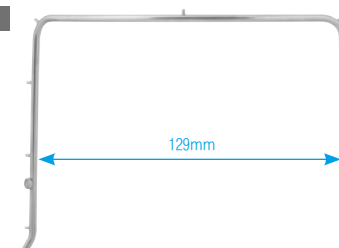


Rubber Dam Frame

RDFR1



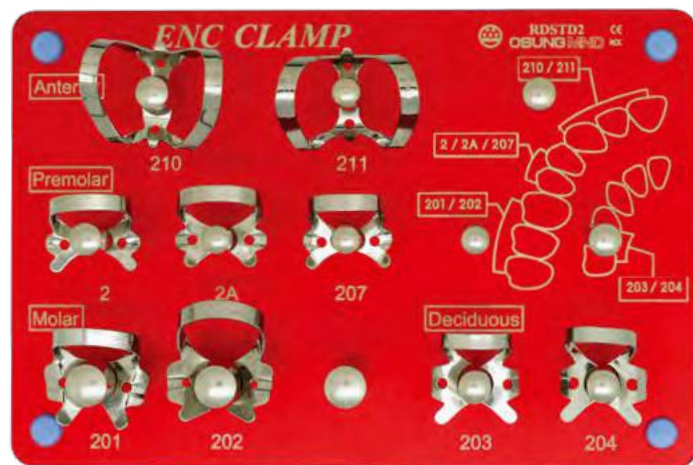
RDFR2



Endodontic

Rubber Dam Clamps

Rubber Dam Clamp



RDCSET

Rubber Dam Clamp Set
• Including a sterilization stand
• 9 kinds of clamp

RDSTD2

Clamp Stand
• Sterilization stand

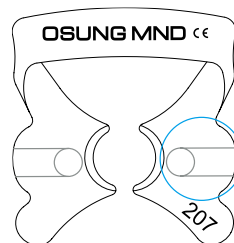


Video
Clip



The stand has long posts to pile clamps

Added spare posts for additional capacity.
Pile up anterior 210, 211 by 6ea, other clamps by 7ea.



Furrow structure for
easy removal of rubber

Character

1. Designed not to press the peripheral soft tissue during setting on a tooth (In case of current type, the beak of clamp often presses the gingiva).
2. The hole and furrow are formed to take out rubber and the instrument easily.
3. The metal which is hard and has high durability is used, so the clamping force is superior.

Practice



As it fits teeth very well, there is
no gap between tooth & clamp.
Also, it doesn't press soft tissue
too much thanks to its special
design.

Endodontic

Rubber Dam Clamps

Anterior Adult

RDC210

Rubber Dam Clamp, 210
• For adult anterior
(Upper jaw)



RDC211

Rubber Dam Clamp, 211
• For adult anterior
(Lower jaw)



Premolar Adult

RDC2

Rubber Dam Clamp, 2
• For adult premolar
(Upper jaw)



RDC2A

Rubber Dam Clamp, 2A
• For adult premolar
(Lower jaw)



RDC207

Rubber Dam Clamp, 207
• For adult premolar
(Upper jaw, Lower jaw)



Molar Adult

RDC201

Rubber Dam Clamp, 201
• For adult molar
(Upper jaw)



RDC202

Rubber Dam Clamp, 202
• For adult molar
(Lower jaw)



Molar Child

RDC203

Rubber Dam Clamp, 203
• For podo primary tooth, adult premolar
(Upper jaw left, lower jaw right)



RDC204

Rubber Dam Clamp, 204
• For podo primary tooth, adult premolar
(Upper jaw right, lower jaw left)



Endodontic

Endo Ruler · Endo File Boxes

Endo Bath

It holds up to 44 files and reamers for autoclave sterilization.



EAA1

Endo Bath, Silver
• Size 78 x 59(H)mm

Endo Can

It is a small-sized box for each patient to prevent infection.
It holds up to 20 files and reamers for autoclave sterilization.



EAB1

Endo Can, Silver
• Size 46 x 60(H)mm

Endodontic

Root Canal Treatment

Root Canal Treatment

Treatment to remove the dental pulp and seal it with canal filling materials maintaining the teeth in function in case of tooth pain including dental carious or external irritation.

Rubber Dam Clamp

Specially developed clamp improved the disadvantages of current standard clamps.
The hole and furrow are formed to easily bend the rubber back.
Designed for not pressing surrounding soft tissues when placing the clamp in position.



Endodontic

Root Canal Treatment

Arrangement

- | | | |
|---|--------------------------------------|------------|
| 01. Anesthesia Syringe | SAF1 | P.073 |
| 02. Rubber Dam Kit | RDCSET, RDPN1, RDPL1, RDRF2, DA614GM | P.194, 195 |
| 03. Intraligamentary Syringe | SAE1 | P.190 |
| 04. ENDO Z-Bur | 215, 16C1 | P.237 |
| 05. Endodontic Spoon Excavator (Long-Shank Spoon Excavator) | EXC32L | P.191 |
| 06. Endodontic Explorer | EXDG16 | P.014, 100 |
| 07. Broach Holder | BRH | P.190 |
| 08. (file) | | |
| 09. (NaOCl Saline Syringe) | | |
| 10. Endo Locking Plier | EAPCUL155 | P.029, 192 |
| 11. Canal Spreader | SR1S | P.192 |
| 12. Canal Plugger | RCP1-3, RCP5-7, RCP9-11 | P.193 |
| 13. Plastic Filling Instrument | PFWDS2 | P.171 |

Process

SAF1
RDCSET
RDPN1
RDPL1
RDRF2
DA614GM

01. Local anesthesia



02. Isolation and moisture control

SAE1
Endo Z-Bur

03. Intraligamentary anesthesia



04. Access cavity preparation (Pulp chamber opening and removal of pulp chamber roof)

EXC32L
EXDG16

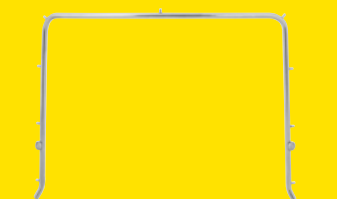
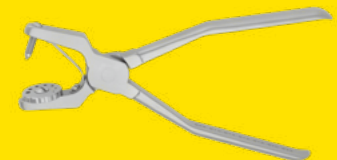
05. Access cavity preparation (Removal of all the pulp chamber contents)



06. Access cavity preparation (Identify the location and number of root canal orifice)



02.



Endodontic

Root Canal Treatment



03.



04.



05.



06.



07.



10.



11.



12.



13.



13.



07. Pulp extirpation



08. Measuring working length and root canal preparation (Canal enlargement)

◀ BRH



09. Root canal preparation (Canal irrigation)



10. Root canal drying and intracanal medicaments

◀ EAPCUL155



11. Canal filling (Lateral compaction of gutta-percha)



12. Canal filling (Vertical compaction of gutta-percha)

◀ SR1S
◀ RCP1-3
◀ RCP5-7
◀ RCP9-11

13. Sealing

◀ PFWDS2

Endodontic

Root Canal Treatment

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 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.

Rubber Dam KIT_RDCSET **How to use**

RDPN1
RDPL1
RDFR2
DA614GM

1. Check the tooth position and punch the sheet.
2. Pick an appropriate clamp and attach it to the sheet with the clamp bow facing the distal side.
3. Carry the rubber dam clamp to the tooth held with a forcep and stably open the clamp and position the clamp around the tooth to be treated, being careful not to damage the gingival tissues.
4. Stretch and fix the frame to tighten the rubber dam sheet.
5. Bend the rubber dam on the clamp wing under the wing with explorer. (The dental floss may be tied to the clamp to prevent the accident swallowing of rubber dam clamp.)

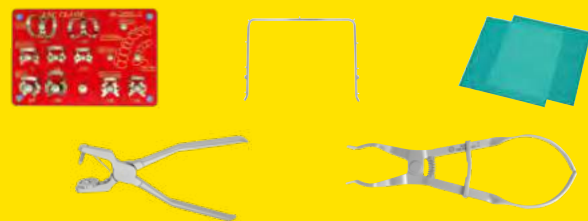


Figure of eq uipped with upper anterior teeth clamp.



In case of large cavity or the cavity wall is too thin, place the clamp in to the adjacent tooth.



Dental floss should be tied to rubber dam frame to avoid accidental swallowing of rubber dam clamp.

02. Isolation and moisture control

❖ Used

Isolate the treatment site to prevent soft tissue damage due to medication and contamination from saliva.

❖ Character

Use rubber dam frame, rubber dam clamp, rubber dam punch and rubber dam plier.

Endodontic

Root Canal Treatment

03. Intraligamental anesthesia

❖ Used

For periodontal ligament anesthesia of individual teeth.

❖ Character

Gun Type.

Intraligamentary Syringe_SAE1 **How to use**

The needle is inserted into each tooth with an axis of 10-30°. Hold the handle and pull the trigger to inject a minimal amount of anesthetic solution.



To install the ampoule, arrange a barrel in the groove and unscrew the syringe.



When releasing it after use, push Release and pull Rod lever to remove the ampoule.

04. Access cavity preparation
(Pulp chamber opening and removal of pulp chamber roof)

❖ Used

Ideal for opening the pulp chamber.

❖ Character

Diamond coated ball end.

ENDO Z-bur **How to use**

Endo Z-burs fit into a high speed dental handpiece.



Use Endo Z-bur to the 1/3 depth of the coronal pulp.



Endo Z-Bur and Surgical Bur (Enlarged picture of diamond coated part)



Comparison of existing Endo Z-Bur (Enlarged picture of the tip)

05. Access cavity preparation
(Removal of all the pulp chamber contents)

❖ Used

It is used to remove all the pulp chamber contents.

❖ Character

Regular spoon excavator form. Very long shank to reach the pulp chamber.

Endodontic Spoon Excavator_EXC32L **How to use**
(Long-Shank Spoon Excavator)

Insert the spoon excavators to the pulp chamber floor and remove the tooth structure and pulp.



Remove coronal pulp with Endo Z-Bur with depth of 1/3.



Endo Z-Bur and Surgical Bur (Enlarged picture of diamond coated part)



Comparison of existing Endo Z-Bur (Enlarged picture of the tip)

Endodontic

Root Canal Treatment

Practice

06. Access cavity preparation

(Identify the location and number of root canal orifice)

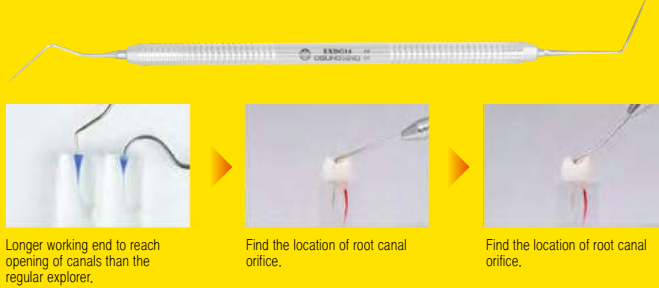
◊ **Used**
Used to probe and detect canal openings within the pulp chamber.

✦ **Character**
Double ended, both long and slender tips.

Endodontic Explorer_EXDG16

How to use

Grasp it with Pen Grasp and explore the canal orifice.



07. Pulp extirpation

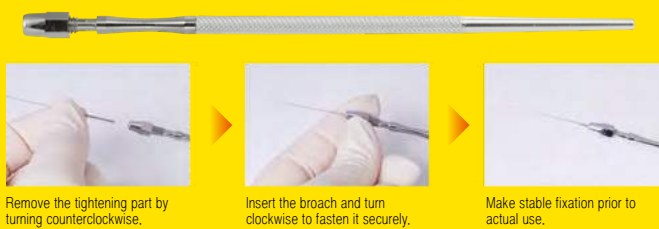
◊ **Used**
Insert disposable smooth broach and bared broach into the broach holder for dressing a canal or extracting the pulp.

✦ **Character**
Straight locking nut shaped.

Broach Holder_BRH

How to use

Prior to use, insert the broach into the broach holder and turn clockwise to lock. In order to loosen the broach, turn it in a counterclockwise direction after use.



(file)

(NaOCl Saline Syringe)

08. Measuring working length and root canal preparation (Canal enlargement)

09. Root canal preparation (Canal irrigation)

10. Root canal drying and intracanal medicaments

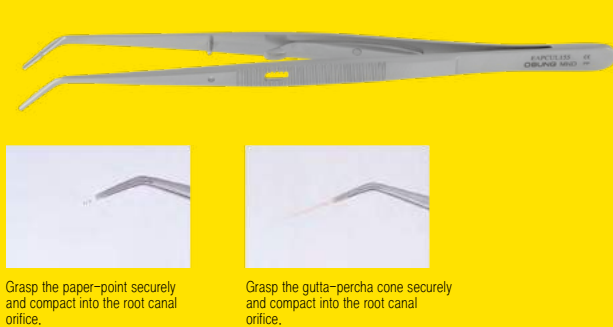
◊ **Used**
It is used to grasp and lock materials for transfer into and out of the oral cavity.

✦ **Character**
Tweezer shaped locking mechanism to secure material on the working end.

Endo Locking Plier_EAPCUL155

How to use

Grasp the material and press the lock to secure it.



Endodontic

Root Canal Treatment

11. Canal filling (Lateral compaction of gutta-percha)

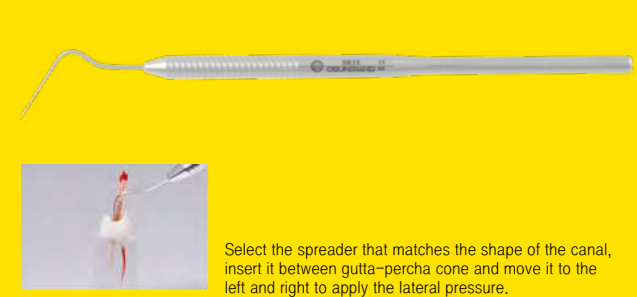
◊ **Used**
Used to compress gutta percha and sealer filling material against the sides of the canal to make room for additional gutta percha cones and sealer.

✦ **Character**
It has a slender tip and the size varies with the shape of the canal and the gutta-percha cone.

Canal Spreader_SR1S

How to use

Correctly adapt the canal spreader using proper pen grasp. Insert the spreader and laterally compact gutta-percha cone.



12. Canal filling (Vertical compaction of gutta-percha)

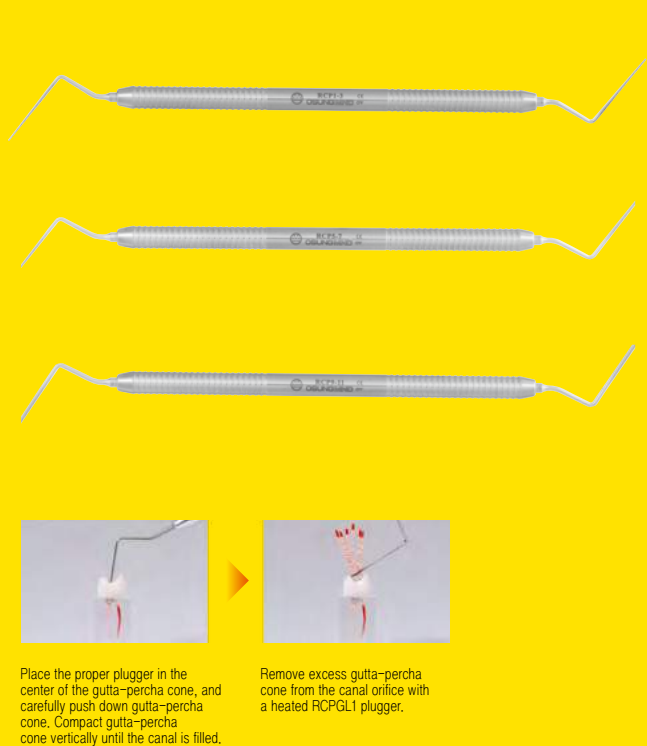
◊ **Used**
Canal plugger used to compact the inserted gutta percha cone that is cut off at the tip into the root canal during vertical condensation.

✦ **Character**
Flat working end and the size varies with the shape of the canal and the gutta-percha cone.

Canal Plugger_RCP1-3
RCP5-7
RCP9-11

How to use

Use proper pen grasp, vertically compact the gutta-percha cone to fill root canals.



Endodontic

Root Canal Treatment

13. Sealing

◦ Used

Used for placing and removing excess temporary sealing materials such as amalgam, composite and etc.

✦ Character

(Paddle End) It is used to move temporary retentive materials into the cavity.
(Plugger End) It is used for compacting the retentive materials

Plastic Filling Instrument
_PFWDS2

How to use

Put the material in a conical shape on the paddle end, put it into the cavity and compact with a plugger.



Put the temporary sealing material in a conical shape on the paddle end and move it into the cavity.



Compact with a plugger end.

Products for
Dentistry

OSUNG Catalogue 2020/2021

Prosthodontic

Products for Dentistry

OSUNG Catalogue 2020-2021

PROSTHODONTIC

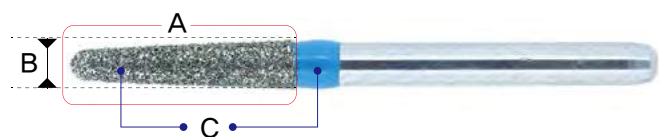
Dental Diamond Bur	Dental Diamond Bur	210
	Bur Kit	239
	Bur Block	272
	My Bur Kit Case	272
Impression	Spatula	273
	Paper Holder	273
	GingiCord Packer	274
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Articulator	Occlusal Plane Plate	283
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Prosthodontic Treatment	Manual	285



Numbering system



Numbering system of OSUNG diamond bur



A + B + C + D
194. 18 M 2

A : ISO shape classification

B : Head dimension

(Diameter of the head at the biggest part in the tenth of millimeter)

C : Grit size & roughness

- E: Extra fine (20-30 μm)
- F: Fine (53-63 μm)
- M: Medium (106-125 μm)
- C: Coarse (125-150 μm)
- E: Extra coarse (180-210 μm)

Our numbering system is based on ISO standards. Abbreviations are used on diameter, roughness, and additional classification for the simplicity of order number.

Shank information



Ø1.6

FG SHANK Friction grip type

It fits into the turbine of a high-speed handpiece, and it is the type mostly used by dentists.



Ø2.35

RA SHANK Latch type

It fits into the latch of the contra-angle which is a kind of slow speed handpiece



Ø2.35

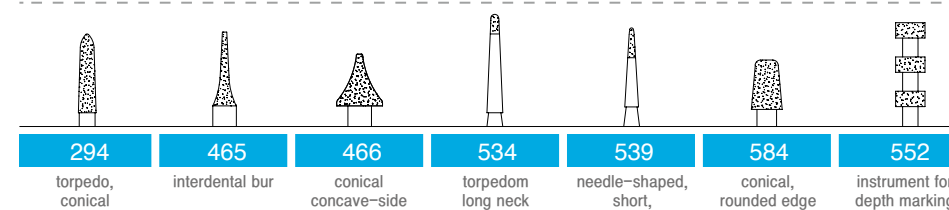
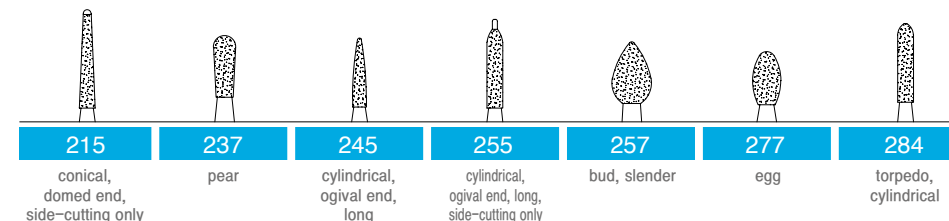
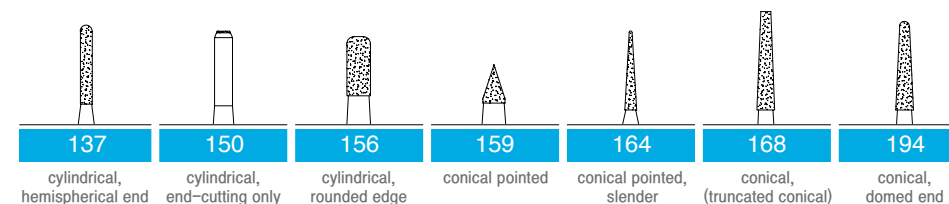
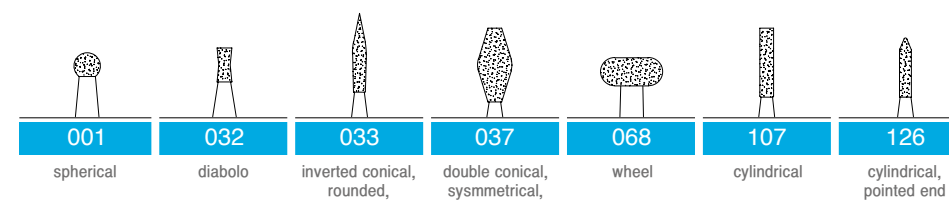
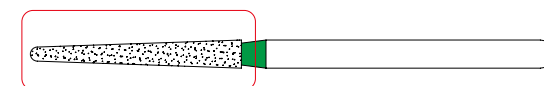
HP SHANK Long straight type

It fits into the nose cone of the slow speed handpiece.

ISO code no. for the shape



ISO provides a general number coding system for each shape of dental diamond bur.



GALAXY

Our new pattern design is motivated by a star which is our symbol .

We express the beauty of star as a bright circle assemblage like GALAXY.

It pursues unlimited technology, and moves into the unknown science world.



Laminate

Dental laminates (also referred to as porcelain veneers), are wafer-thin shells made out of dental ceramic that are bonded onto the front side of teeth. These shells are bonded to the teeth changing their color, shape, size, or length. They're generally about 0.5 to 0.6 mm thick. That's about twice the thickness of an eggshell. The primary function of veneers is improving the appearance of teeth. People can think of placing one as a way of resurfacing a tooth.

Although porcelain is inherently brittle and is easily fractured if dropped or flexed, when it's firmly bonded to a sturdy substructure (its tooth) it's supported in a manner that avoids these weaknesses. (Minimal flexure occurs. Forces directed to it are passed onto and withstood by the strong, rigid tooth structure underneath.)

The hard, ceramic (glass-like) nature of a veneer creates a very durable surface. (It's impervious to the compounds it is exposed to and resists wear well.)

As detailed below, there are three characteristics that make porcelain laminates especially unique. They are:

- Placing veneers is a relatively conservative process. – As compared to placing dental crowns, much less tooth trimming is required.
- The way they handle light is similar to natural teeth. – When taken advantage of, this property can result in laminates that give an exceedingly life-like appearance. And one unsurpassed by any other type of dental restoration.
- Due to their ceramic surface, they offer superior stain resistance.



Prosthodontic

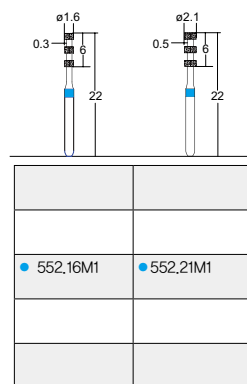
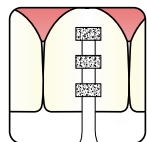
● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

For laminate

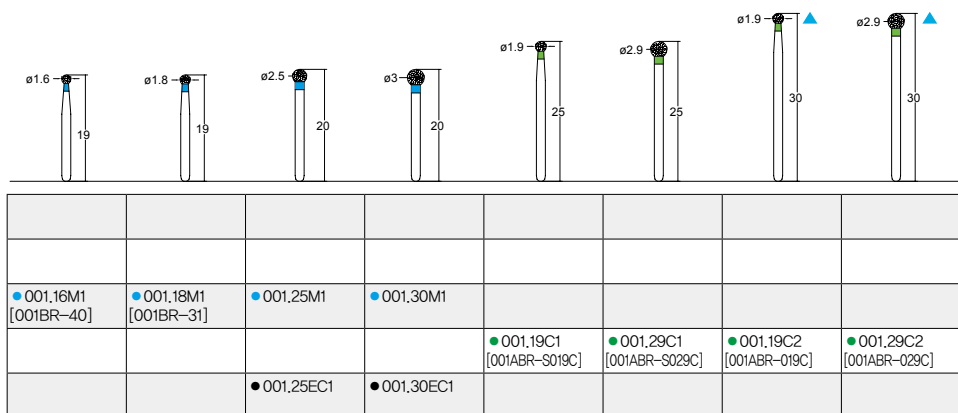
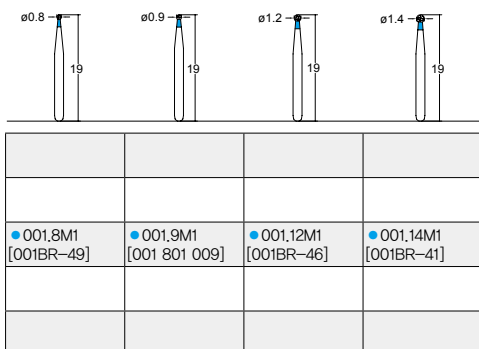
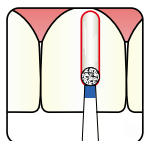
/ Depth orientation

▲ 3EA/1PACK

Knife edge [Removing labial surface depth 0.3 mm or 0.5 mm instruction ditch]



Ball round



Prosthodontic

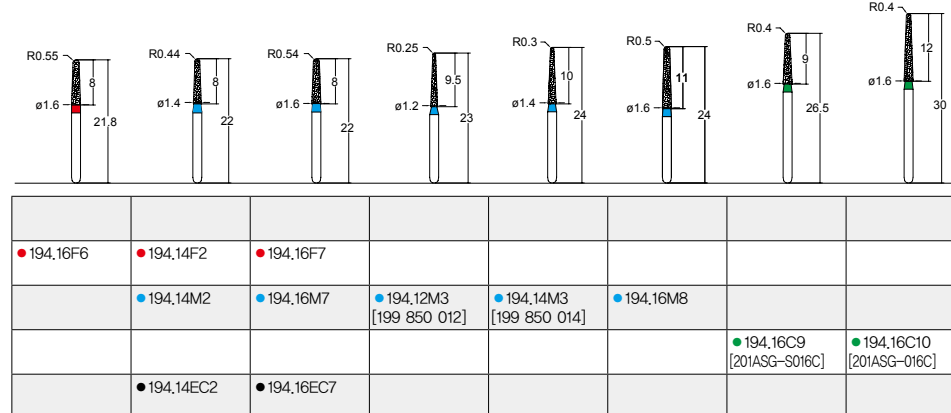
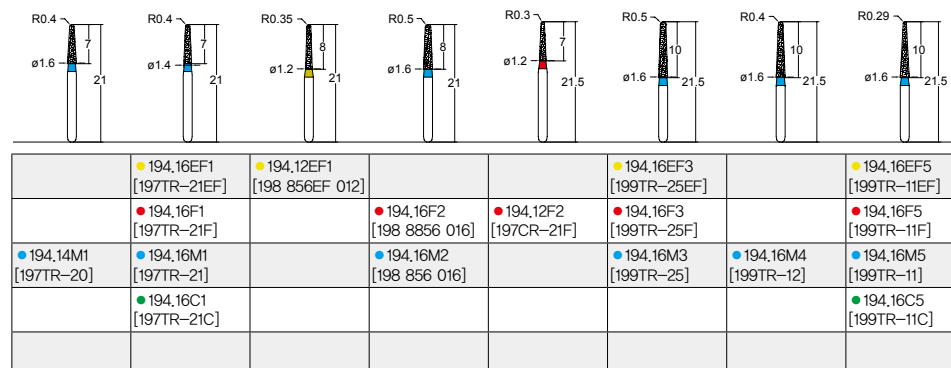
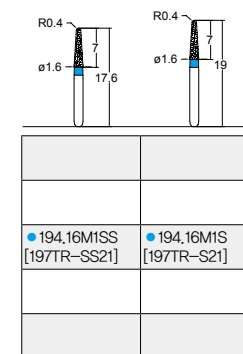
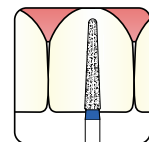
● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

For laminate

/ Labial reduction

▲ 3EA/1PACK

Chamfer [Taper]



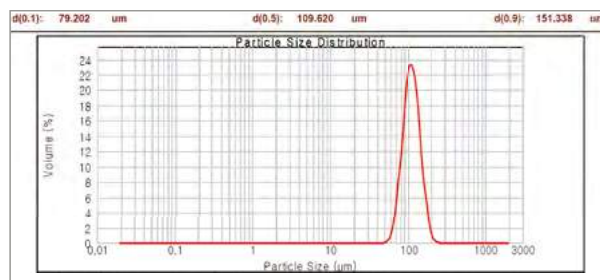
Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

Performance test



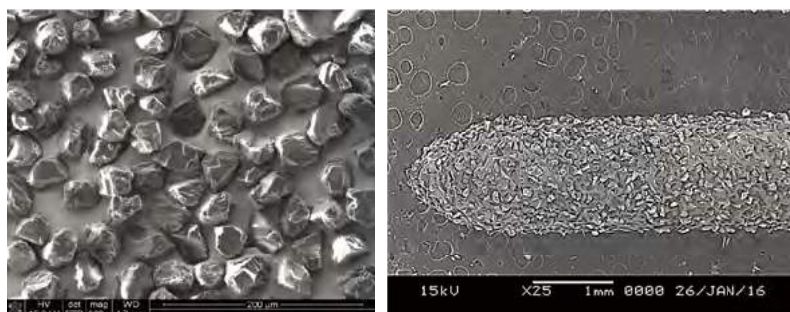
Grading analysis



Particle size curve

Diamond grit is classified in detailed size by special technology.

Arrangement & density



Arrangement & distribution of diamond grits are managed by our unique technology.

Cutting force measurement

Cutting efficiency & durability

We have an evaluation system to verify our quality and compare it with other brands.



Crown [Anterior]

Anterior crowns are crowns at the front of the mouth. They require special considerations in comparison to posterior (back) crowns, as esthetics and cosmetics are of the utmost importance.

Anterior crowns are done for a variety of reasons, including large fillings/cavities, deep fillings/cavities, cracks in teeth, large chips in a front tooth, or a tooth that has undergone a root canal treatment.

Anterior crowns are also used for cosmetic purposes to improve the shape or shade of the front teeth — they are very similar to veneers but stronger and longer lasting for a similar investment.

Anterior crowns are made from either porcelain or porcelain fused to a metal core. All-porcelain crowns are the most natural looking option because they are translucent and subtly reflect light very similarly to a natural tooth.

Additionally, if the gumline were to pull away from the tooth as it sometimes can with time and aging, the edge of the all-porcelain crown will be less noticeable than it would be with a porcelain-fused-to-metal crown, or PFM, which can show a small black line where the porcelain meets the metal portion.



Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

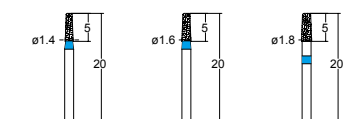
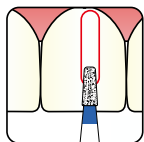
For crown [Anterior]

/ Depth orientation



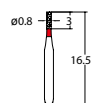
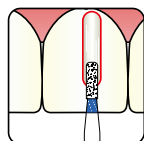
▲ 3EA/1PACK

Flat round [Taper]

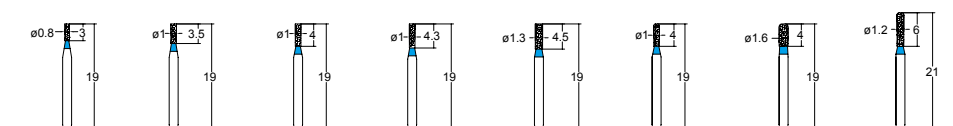


● 584.14F1	● 584.16F2	● 584.18F2
● 584.14M1	● 584.16M2	● 584.18M2
● 584.14EC1	● 584.16EC2	● 584.18EC2

Flat [Straight]



● 107.8F1 [108CD-58F]



● 107.8M2 [108JSF-008]	● 107.10M1 [108JSF-010]	● 107.10M2 [109JSF-010]	● 107.10M3 [109SF-41]	● 107.13M1 [109SF-31]	● 156.10M1 [156 835KR 010]	● 156.16M1 [156 835KR 016]	● 156.12M1 [157 836KR 012]

Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

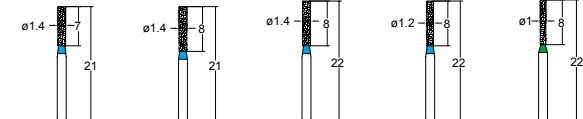
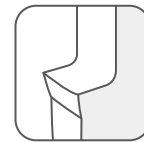
For crown [Anterior]

/ Labial, axial, lingual axial reduction and margin



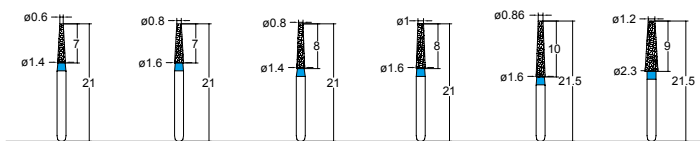
▲ 3EA/1PACK

Shoulder [Straight]

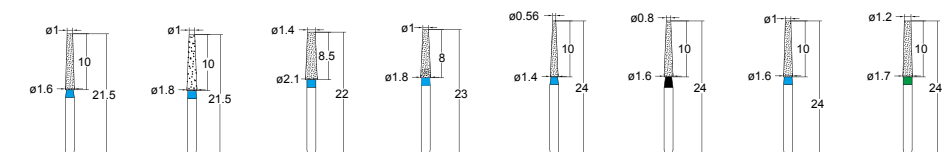


● 107.14M1 [110SF-21]	● 107.14M2 [111 837 014]	● 107.14M3 [111SF-12]	● 107.12M1 [111SF-11]	● 107.10C4

Shoulder [Taper]



	● 168.16EF2 [171TF-21EF]				
	● 168.16F2 [171TF-21F]				
● 168.14M3 [171TF-20]	● 168.16M2 [171TF-21]	● 168.14M4 [172 847 014]	● 168.16M3 [172 847 016]	● 168.16M4 [173TF-12]	● 168.23M1 [172TF-14]



	● 168.18EF2 [173TF-13EF]	● 168.21EF2 [172APB-021EF]	● 168.18EF3 [172APB-018EF]				
	● 168.18F2 [173TF-13F]	● 168.21F2 [172APB-021F]	● 168.18F3 [172APB-018F]				
● 168.16M6S	● 168.18M2 [173TF-13]	● 168.21M2 [172APB-021]	● 168.18M3 [172APB-018]	● 168.14M5 [173TF-11]		● 168.16M6 [173 848 016]	
	● 168.18C2 [173TF-13C]						● 168.17C1
					● 168.16EC5		

Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

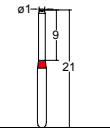
For crown [Anterior]

/ Labial, axial, lingual axial reduction and margin

▲ 3EA/1PACK

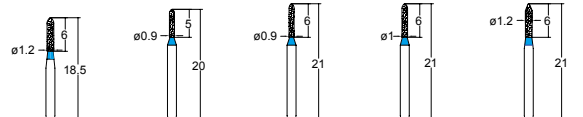
FG
SHANK

End-cutting only

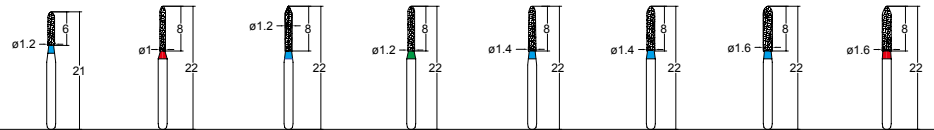


● 150.10F1 [150EX-18F]
● 150.10M1

Sloped shoulder [Taper]



● 284.12M1S [288SO-S20]	● 284.9M1 [287 876 009]	● 284.9M2 [288 877 009]	● 284.10M1 [288 877 010]	● 126.12M1 [129 884 012]



					● 284.16EF1 [141SR-13EF]	
	● 284.10F2 [289 8878 010]				● 284.16F1 [141SR-13F]	● 284.16F2 [289 8878 016]
● 284.12M1 [288SO-20]		● 126.12M2 [130 885 012]		● 284.14M1 [289SO-21]	● 284.14M2 [289 878 014]	● 284.16M1 [141SR-13]
		● 284.12C2 [289 6878 012]		● 284.14C2 [289 6878 014]	● 284.16C1 [141SR-13C]	

Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

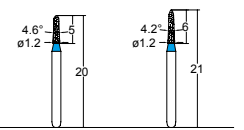
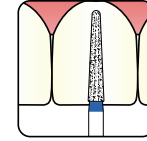
For crown [Anterior]

/ Labial, axial, lingual axial reduction and margin

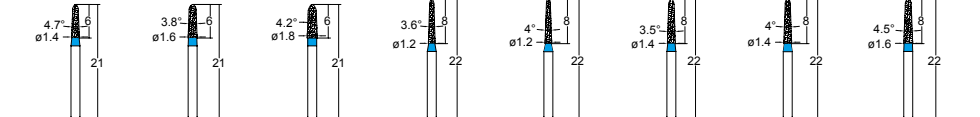
▲ 3EA/1PACK

FG
SHANK

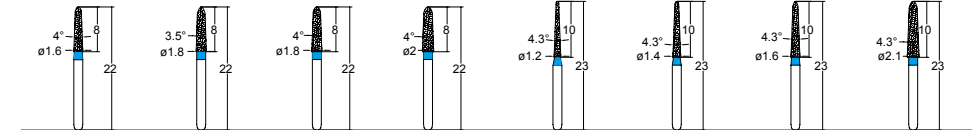
Sloped shoulder [Taper]



● 294.12M1 [296 876K 012]	● 294.12M2 [297 877K 012]



						● 294.14F3
● 294.14M1 [297 877K 014]	● 294.16M1 [297 877K 016]	● 294.18M1 [297 877K 018]	● 294.12M3 [298 878K 012]	● 294.12M4	● 294.14M2 [298 878K 014]	● 294.14M3
						● 294.16M2 [298 878K 016]
				● 294.12EC4		● 294.14EC3



● 294.16F3		● 294.18F3	● 294.20F1			
● 294.16M3	● 294.18M2 [298 878K 018]	● 294.18M3	● 294.20M1	● 294.12M5 [299 879K 012]	● 294.14M4 [299 879K 014]	● 294.16M4 [299 879K 016]
	● 294.18C2 [298 6878K 018]					● 294.21M1 [299 879 021]
● 294.16EC3		● 294.18EC3	● 294.20EC1			

Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

For crown [Anterior]

/ Labial, axial, lingual axial reduction and margin

▲ 3EA/1PACK

FG
SHANK

Chamfer [Taper]



● 194.20EF1 [196CR-11EF]	● 194.18F2 [198 8856 018]	● 194.18M2 [198 856 018]	● 194.18C2 [198 6856 018]
● 194.20F1 [196CR-11F]			
● 194.18M5S [198TR-S13]	● 194.25M1 [197 855 025]		
	● 194.18C1 [197TR-62C]		

● 194.18F3	● 194.20F2	● 194.18F4 [198TR-26F]	● 194.18F5 [198TR-13F]	● 194.18M4 [198TR-26]	● 194.18M5 [198TR-13]	● 194.18C5 [198TR-13C]	● 194.20EC2
● 194.18M3	● 194.20M2	● 194.18M4 [198TR-26]	● 194.18M5 [198TR-13]	● 194.23M1 [198TR-14]	● 194.18M6 [199 850 018]	● 194.22M1 [199TR-15]	● 194.24M1 [199TR-19]
● 194.18EC3							

Deep chamfer [Straight]



● 137.9M1	● 137.12M1 [141SR-11]	● 137.14M1 [141SR-12]	● 137.16M1	● 137.18M1	● 137.20M1

Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

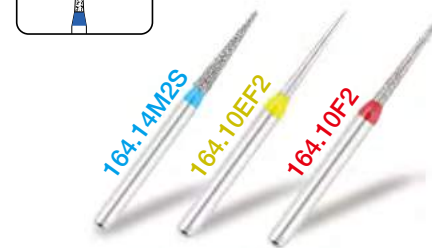
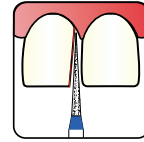
For crown [Anterior]

/ Proximal cutting, Lingual reduction

▲ 3EA/1PACK

FG
SHANK

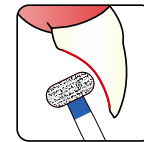
Straight



● 164.14M2S [160TC-S21]	● 164.10M1 [160TC-26]	● 164.10M2 [165 858 010]	● 164.12M1 [223 868 012]

● 164.12F2	● 164.14F1	● 164.14F2 [160TC-21EF]	● 164.16F1 [160TC-11F]	● 164.10F3	● 164.10F4 [167 859 010]	● 164.10M4 [167 859 010]	● 164.16C2 [160ACN-016C]
● 164.12M2	● 164.14M1	● 164.14M2 [160TC-21]	● 164.16M1 [160TC-11]	● 164.18M1 [167 859 018]			
			● 164.16C1 [160TC-11C]				
● 164.12EC2	● 164.14EC1						

Wheel round



● 068.42M1 [068WR-13]	● 068.42C1 [068WR-13C]

Prosthodontic

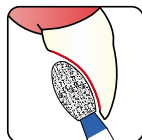
● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

For crown [Anterior]

/ Lingual reduction

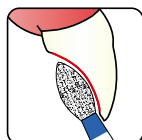
▲ 3EA/1PACK

Egg



● 277.18F1 [277 8379 018]		● 277.21F1 [277 8379 021]		● 277.23F1 [277 8379 023]	
				● 277.23M1 [277 379 023]	

Flame



				● 257.23EF1	
				● 257.18M1 [257JFO-018]	
				● 257.23M1 [257JFO-023]	

● 257.32F1 [257FO-27F]		● 257.18F2 [257FO-32F]				● 257.25F1			
● 257.32M1 [257FO-27]		● 257.18M2 [257FO-32]		● 257.21M1 [257 368 021]		● 257.23M2 [257 368 023]		● 257.25M1	
								● 257.25EC1	

Crown [Posterior]

A crown, sometimes known as dental cap, is a type of dental restoration which completely caps or encircles a tooth or dental implant.

Crowns are often needed when a large cavity threatens the ongoing health of a tooth.

They are typically bonded to the tooth using a dental cement.

Crowns can be made from many materials, which are usually fabricated using indirect methods. Crowns are often used to improve the strength or appearance of teeth.

While inarguably beneficial to dental health, the procedure and materials can be relatively expensive. For the treatment of posterior crown, the entire occlusal surface should be reduced by a certain size and interproximally contacts should be cleared by cutting a mesial and distal portion



Prosthodontic

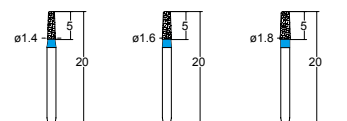
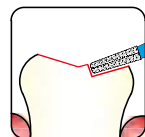
Extra fine Find Medium Coarse Extra coarse

For crown [Posterior]

/ Occlusal reduction

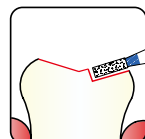
▲ 3EA/1PACK

Flat round [Taper]

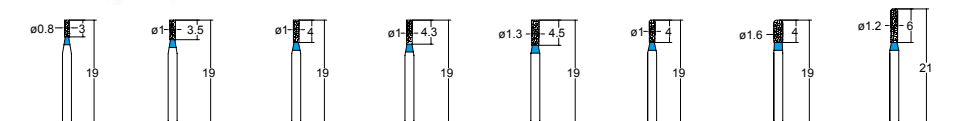


● 584.14F1	● 584.16F2	● 584.18F2
● 584.14M1	● 584.16M2	● 584.18M2
● 584.14EC1	● 584.16EC2	● 584.18EC2

Flat [Straight]



● 107.8F1 [108CD-58F]



● 107.8M2 [108JSF-008]	● 107.10M1 [108JSF-010]	● 107.10M2 [109JSF-010]	● 107.10M3 [109SF-41]	● 107.13M1 [109SF-31]	● 156.10M1 [156 835KR 010]	● 156.16M1 [156 835KR 016]	● 156.12M1 [157 836KR 012]
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Prosthodontic

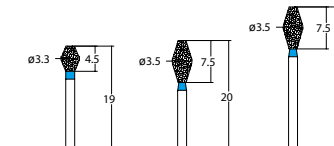
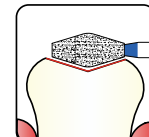
Extra fine Find Medium Coarse Extra coarse

For crown [Posterior]

/ Occlusal reduction

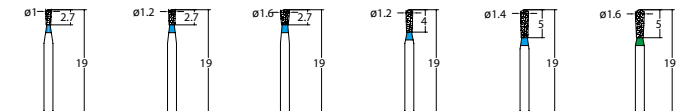
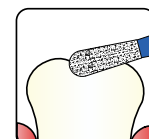
▲ 3EA/1PACK

Double conical

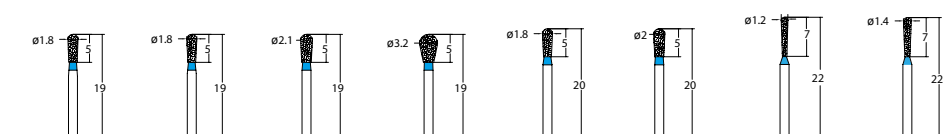


● 037.35F1 [039EX-12F]	
● 037.33M1 [038 811 033]	● 037.35M1 [039EX-12]
	● 037.35M2 [039ATP-035]

Pear



● 237.10M1 [233 830 010]	● 237.12M1 [233 830 012]	● 237.16M1 [233 830 016]	● 237.12M2 [238 830RL 012]	● 237.14M2 [238 830RL 014]	
					● 237.16C2 [238 6830RL 016]



● 237.18M1 [237EX-20]	● 237.18M2 [238 830RL 018]	● 237.21M1 [237EX-21]	● 237.32M1 [237EX-26]	● 237.18M3	● 237.20M1	● 237.12F3	● 237.14F3
	● 237.18C2 [238 6830RL 018]	● 237.21C1 [237EX-21C]					
				● 237.18EC3	● 237.20EC1	● 237.12EC3	● 237.14EC3

Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

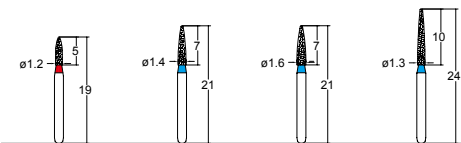
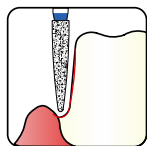
For crown [Posterior]

/ Labial, axial, lingual axial reduction and margin

▲ 3EA/1PACK

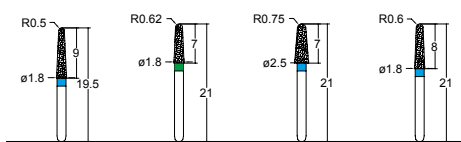
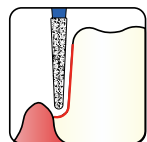
FG
SHANK

Knife edge

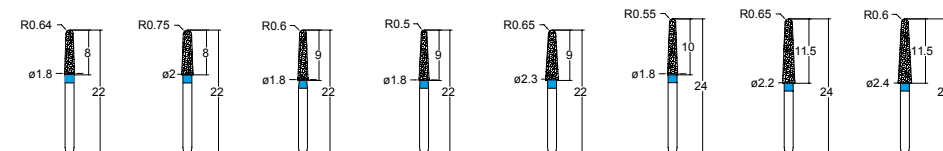


	● 245.14EF1 [298FO-21EF]	● 245.16EF1 [298FO-22EF]	
● 245.12F1 [245 8860 012]	● 245.14F1 [298FO-21F]	● 245.16F1 [298FO-22F]	● 245.13F1 [299FO-11F]
	● 245.14M1 [298FO-21]	● 245.16M1 [298FO-22]	● 245.13M1 [299FO-11]

Chamfer [Taper]



			● 194.18F2 [198 8856 018]
● 194.18M5S [198TR-S13]		● 194.25M1 [197 855 025]	● 194.18M2 [198 856 018]
	● 194.18C1 [197TR-62C]		● 194.18C2 [198 6856 018]



		● 194.18EF4 [198TR-26EF]	● 194.18EF5 [198TR-13EF]				
● 194.18F3	● 194.20F2	● 194.18F4 [198TR-26F]	● 194.18F5 [198TR-13F]				
● 194.18M3	● 194.20M2	● 194.18M4 [198TR-26]	● 194.18M5 [198TR-13]	● 194.23M1 [198TR-14]	● 194.18M6 [199 850 018]	● 194.22M1 [199TR-15]	● 194.24M1 [199TR-19]
			● 194.18C5 [198TR-13C]				● 194.24C1 [199TR-19C]
● 194.18EC3	● 194.20EC2						

Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

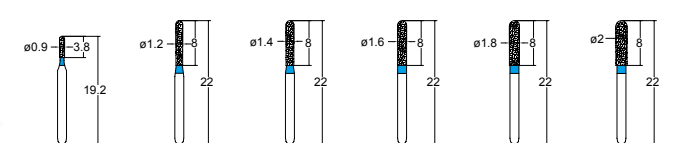
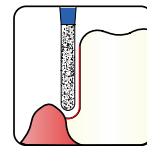
For crown [Posterior]

/ Labial, axial, lingual axial reduction and margin / Proximal cutting

▲ 3EA/1PACK

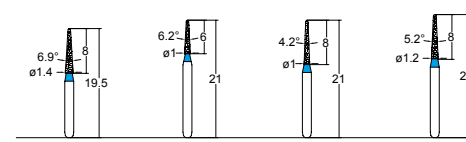
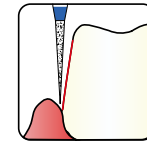
FG
SHANK

Deep chamfer [Straight]

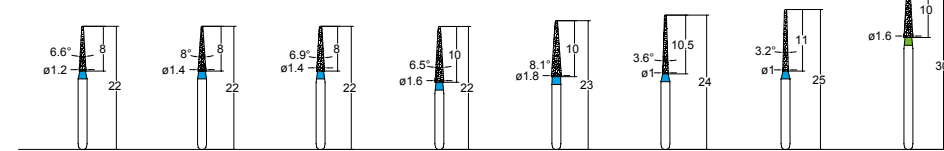


		● 137.14F1	● 137.16F1	● 137.18F1	● 137.20F1
● 137.9M1	● 137.12M1 [141SR-11]	● 137.14M1 [141SR-12]	● 137.16M1	● 137.18M1	● 137.20M1
		● 137.14EC1	● 137.16EC1	● 137.18EC1	● 137.20EC1

Straight



		● 164.10EF2 [165 858EF 010]	
		● 164.10F2 [165 8858 010]	
● 164.14M2S [160TC-S21]	● 164.10M1 [160TC-26]	● 164.10M2 [165 858 010]	● 164.12M1 [223 868 012]



		● 164.14EF2 [160TC-21EF]	● 164.16EF1 [160TC-11EF]			● 164.10EF4 [167 859EF 010]	
● 164.12F2	● 164.14F1	● 164.14F2 [160TC-21F]	● 164.16F1 [160TC-11F]		● 164.10F3	● 164.10F4 [167 8859 010]	
● 164.12M2	● 164.14M1	● 164.14M2 [160TC-21]	● 164.16M1 [160TC-11]	● 164.18M1 [167 859 018]		● 164.10M4 [167 859 010]	
			● 164.16C1 [160TC-11C]				● 164.16C2 [160ACN-016C]
● 164.12EC2	● 164.14EC1						

FEATURES

For exceptional performance

- Diamond grit is classified in detailed size by a specialist for quality performance.
- The selected blocky shape of diamond grit is used for durability.
- Modernist plating technology is applied for a durable binding layer.
- The ideal arrangement of diamond grit is managed for outstanding cutting efficiency.

- Metal base has a precise machining process for good concentricity.
- Anticorrosion alloy is used for corrosion resistance.
- The smooth surface of the shank for a neat lock with a handpiece

Inlay

Sometimes, a tooth is planned to be restored with an intracoronal restoration, but the decay or fracture is so extensive that a direct restoration such as amalgam or composite would compromise the structural integrity of the restored tooth or provide substandard opposition to occlusal (i.e., biting) forces.

In such situations, an indirect gold or porcelain inlay restoration may be indicated.

When an inlay is used, the tooth-to-restoration margin may be finished and polished to a very fine line of contact to minimize recurrent decay.

Opposed to this, direct composite filling pastes shrink a few percent in volume during hardening.

This can lead to shrinkage stress and rarely to marginal gaps and failure. Although improvements of the composite resins could be achieved in the last years, solid inlays do exclude this problem.

Another advantage of inlays over direct fillings is that there is almost no limitations in the choice of material. While inlays might be ten times the price of direct restorations, it is often expected that inlays are superior in terms of resistance to occlusal forces, protection against recurrent decay, precision of fabrication, marginal integrity, proper contouring for gingival (tissue) health, and ease of cleansing offers.

However, this might be only the case for gold. While short term studies come to inconsistent conclusions, a respectable number of long-term studies detect no significantly lower failure rates of ceramic or composite inlays compared to composite direct fillings. Another study detected an increased survival time of composite resin inlays but it was rated to not necessarily justify their bigger effort and price.



Prosthodontic

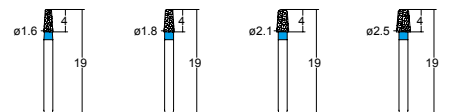
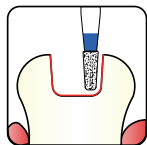
● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

For inlay

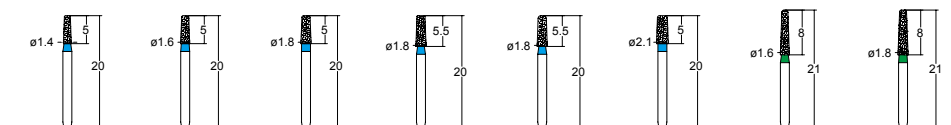


▲ 3EA/1PACK

Flat round [Taper]



	● 584.18EF1 [544 845KREF 018]		● 584.25EF1 [544 845KREF 025]
	● 584.18F1 [544 8845KR 018]		● 584.25F1 [544 8845KR 025]
● 584.16M1 [544 845KR 016]	● 584.18M1 [544 845KR 018]	● 584.21M1 [544 845KR 021]	● 584.25M1 [544 845KR 025]



● 584.14F1	● 584.16F2	● 584.18F2			● 584.21F2	● 584.16F3 [546 8847KR 016]	
● 584.14M1	● 584.16M2	● 584.18M2	● 584.18M3 [584 959 018]	● 584.18M4 [584 959KR 018]	● 584.21M2		
						● 584.16C3 [546 6847KR 016]	● 584.18C5 [546 6847KR 018]
● 584.14EC1	● 584.16EC2	● 584.18EC2			● 584.21EC2		



We have a black bur which has
extra-coarse roughness



Etcetera



Prosthodontic

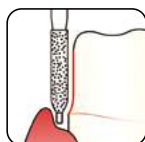
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Etcetera



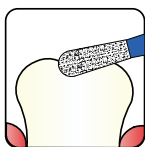
▲ 3EA/1PACK

Safety / Gingival



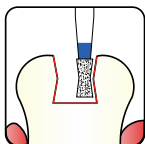
● 255.18M1 [147SRP-018]		
	● 255.14C1 [255SOP-014C]	● 255.16C1 [255SOP-016C]

Pear



● 237.10M2 [237EX-41]	● 237.14M1 [234EX-31]

Double inverted cone



● 032.10M1 [019DI-41]	● 032.14M1 [019DI-42]	● 032.15M1

Prosthodontic

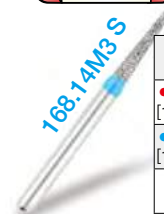
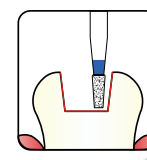
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Etcetera



▲ 3EA/1PACK

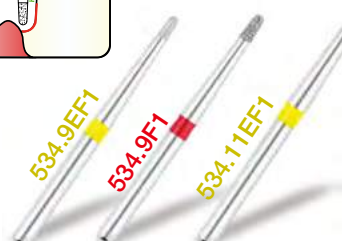
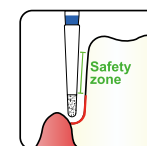
Flat [Taper]



● 168.16F1SS [170TF-SS31F]	● 168.16F1S [170TF-S31F]						
● 168.16M1SS [170TF-SS31]	● 168.11M1S [169TF-S41]	● 168.16M1S [170TF-S31]	● 168.21M1S [170TF-S22]	● 168.18M1S [170TF-S23]	● 168.14M3S [171TF-S20]	● 168.16M2S [171TF-S21]	

● 168.12F1 [170TF-42F]	● 168.14F1 [170TF-43F]	● 168.16F1 [170TF-31F]					
● 168.11M1 [169TF-41]	● 168.12M1 [170TF-42]	● 168.12M2 [168 845 012]	● 168.14M1 [170TF-43]	● 168.14M2 [168 845 014]	● 168.16M1 [170TF-31]	● 168.21M1 [170TF-22]	● 168.18M1 [170TF-23]

Safety margin finishing



● 534.9EF1 [194ASM-016EF]	● 534.11EF1 [194ASM-018EF]
● 534.9F1 [194ASM-016F]	● 534.11F1 [194ASM-018F]
● 534.9M1 [194ASM-016]	● 534.11M1 [194ASM-018]

Prosthodontic

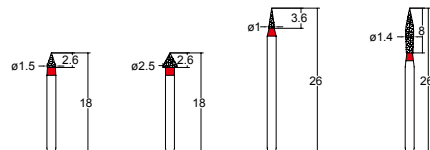
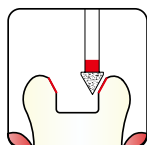
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Etcetera



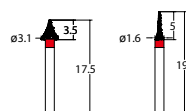
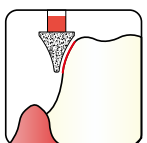
▲ 3EA/1PACK

Finishing bur



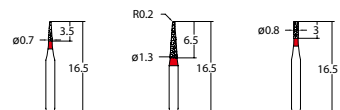
● 159.15EF1 [162AOB-015EF]	● 159.25EF1 [162AOB-025EF]	● 159.10EF1 [161AFN-010EF]	● 033.14EF1 [243AFN-014EF]
● 159.15F1 [162AOB-015F]	● 159.25F1 [162AOB-025F]	● 159.10F1 [161AFN-010F]	● 033.14F1 [243AFN-014F]

Extra shape



● 466.31F1 [466AOC-031F]	● 465.16F1 [465 8392 016]

Extra shape



● 164.7F1 [247CD-57F]	● 194.13F1 [171CD-59F]	● 107.8F1 [108CD-58F]

Prosthodontic

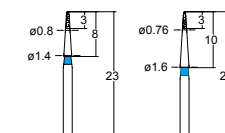
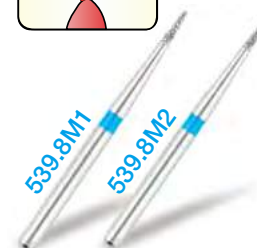
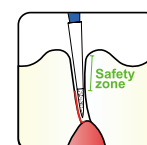
● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

Etcetera



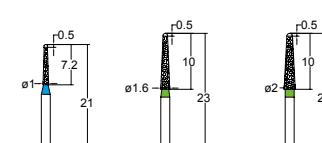
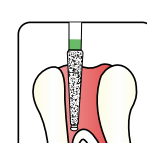
▲ 3EA/1PACK

End proximal safety cutting



● 539.8F1 [160APC-014F]	● 539.8F2 [160APC-016F]
● 539.8M1 [160APC-014]	● 539.8M2 [160APC-016]

Endo Z bur



● 215.10M1	● 215.16C1 [220AEZ-016C]	● 215.20C1 [220AEZ-020C]



Prosthodontic

● Extra fine ● Fine ● Medium ● Coarse ● Extra coarse

>
BUR-KIT

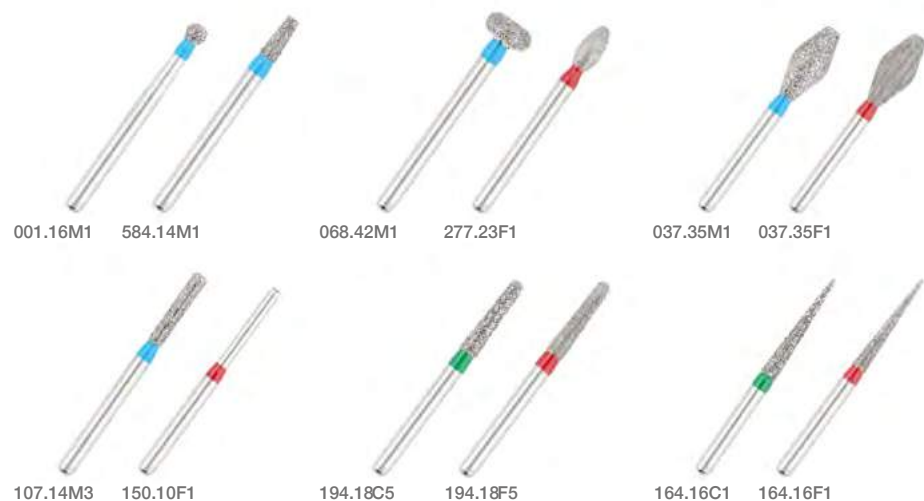
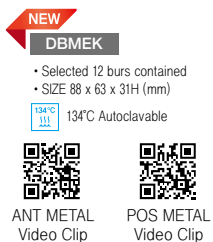
Metal ceramic restoration.....	240
Glass ceramic restoration.....	246
Zirconia restoration.....	252
Gold crown restoration.....	258
Inlay restoration	262



Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

Metal ceramic restoration



Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

Metal ceramic restoration



Metal ceramic restoration



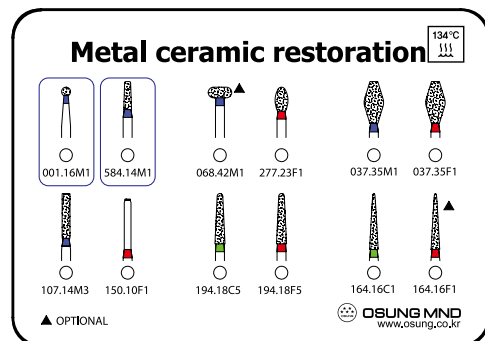
The metal ceramic restoration first became available commercially during the later 1950s. This is composed of a metal coping, which fits over the tooth preparation and ceramic that is fused to the coping. This is more resistant to fracture than the first all ceramic restoration [porcelain jacket crown], because the combination of ceramic and metal bonded together is stronger than the ceramic alone. Historically, this was fabricated with metal margins, and the veneer was limited to visible areas. With technological advances, the use of porcelain on occlusal and lingual surfaces has become common. Several techniques have been developed to obtain porcelain margins on the labial aspect of the restoration. A metal collar may be used in posterior areas in which esthetic appearance is a lesser issue, whereas the latter technique is common for teeth in the esthetic zone. Today this restoration is considered a routine procedure with excellent clinical performance.

Features of OSUNG diamond bur kit



1. A perfect combination for beginner & professional both.
2. Copious video guidance.
3. Autoclavable premium engineering plastic case.
4. Refill burs available
5. Fine straightness, concentricity and Roundness.
6. Excellent abrasive strength

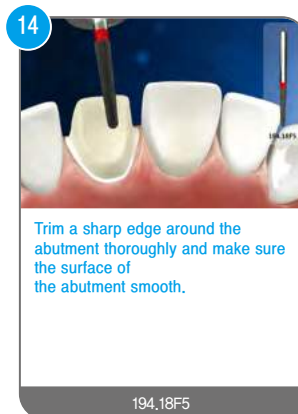
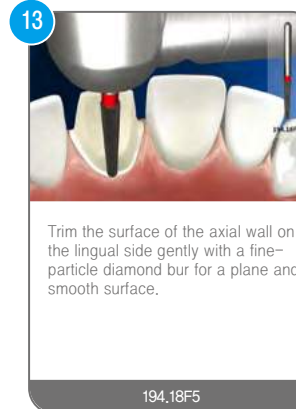
Metal ceramic restoration



Procedure for Anterior Metal Ceramic Preparation



Metal ceramic restoration



Metal ceramic restoration



Metal ceramic restoration 134°C

▲ OPTIONAL

OSUNG MND
www.osung.co.kr



POS METAL
Video Clip

Procedure for posterior
metal ceramic preparation



1

Make 1.5 mm-2.0 mm depth orientation grooves on the occlusal surface using a tapered diamond bur.

584.14M1

2

Remove the occlusal surface to the level of the grooves, and try to make the surface as natural occlusal appearance.

037.35M1

3

Make depth orientation grooves on the buccal and lingual surfaces.

194.18C5

4

Remove the buccal and lingual surfaces to the level of grooves along with forming a deep chamfer finish line.

194.18C5

5

Trim the mesial and distal surfaces with a long-narrow diamond bur. Put the bur on the buccal side first and then move the bur softly toward the lingual side.

164.16C1

6

When there are enough interproximal spaces, remove both mesial and distal surfaces with a chamfer diamond bur. The part of the tooth surface which is not covered by ceramic should have a chamfer finish line on itself. The line angle bordering to a proximal surface must be trimmed roundly.

194.18C5

Metal ceramic restoration



7

Trim the cusp in a 45 degree angle to an axial wall, and the surface facing the ceramic layer should be trimmed 1.5 mm-2.0 mm.

194.18C5

8

Trim the surface of axial wall and the approximal surfaces gently with a fine-particle diamond bur. At the same time, make a deep chamfer finish line on the surface facing metal layer.

194.18F5

9

Trim the surface smooth and plane to avoid the problems caused during the process of impression, stone pouring and casting.

194.18F5

10

Trim the occlusal surface gently again for a smoother and rounded surface.

037.35F1

11

View of the abutment prepared for posterior metal-ceramic restoration.

Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

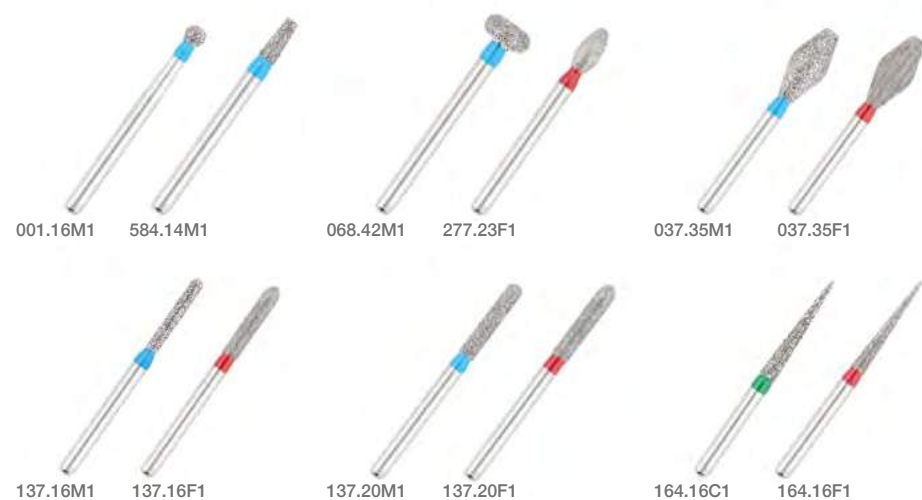
Glass ceramic restoration


NEW
DBGLK

- Selected 12 burs contained
- SIZE 88 x 63 x 31H (mm)

134°C Autoclavable


ANT GLASS
Video Clip

POS GLASS
Video Clip


Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

Glass ceramic restoration



Glass ceramic restoration



Glass ceramic restoration has been popular in restorative dentistry since the early 1990s. This is waxed, invested, and pressed in a manner somewhat similar to that for gold casting restoration. Marginal adaptation seems to be better with heat pressing than with the high-strength alumina core restoration. Most heat-pressed materials contain leucite or lithium disilicate as a major reinforcing crystalline phase, dispersed in a glassy matrix. Two finishing techniques can be used: a characterization technique and a layering technique, involving the application of a veneering porcelain. The indications for higher-strength pressable dental ceramic restoration include crowns and anterior three-unit fixed dental prostheses.

Features of OSUNG diamond bur kit



1. A perfect combination for beginner & professional both.
2. Copious video guidance.
3. Autoclavable premium engineering plastic case.
4. Refill burs available
5. Fine straightness, concentricity and Roundness.
6. Excellent abrasive strength

Glass ceramic restoration



Glass ceramic restoration

134°C

001.16M1 584.14M1 068.42M1 277.23F1 037.35M1 037.35F1

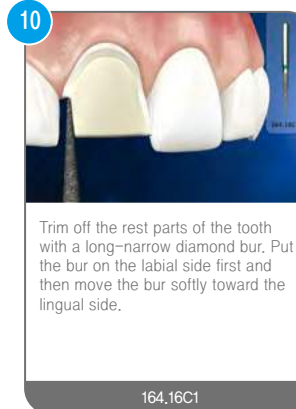
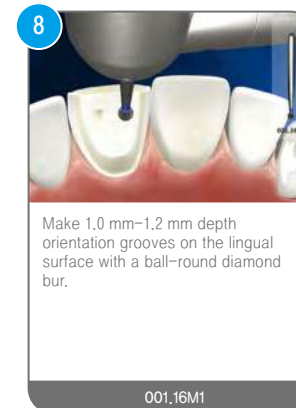
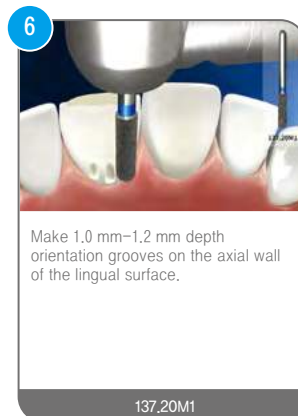
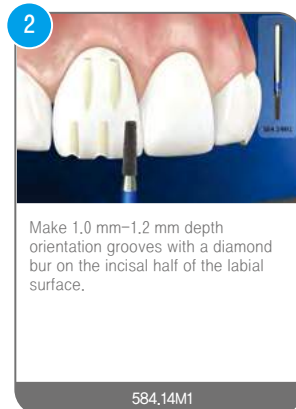
137.16M1 137.16F1 137.20M1 137.20F1 164.16C1 164.16F1

▲ OPTIONAL

OSUNG MND
www.osung.co.kr

ANT GLASS
Video Clip

Procedure for anterior
glass ceramic preparation



Glass ceramic restoration



Glass ceramic restoration



Glass ceramic restoration 134°C

▲ OPTIONAL

OSUNG MND
www.osung.co.kr



POS GLASS
Video Clip

Procedure for posterior
glass ceramic preparation



1

Make 1.5 mm-2.0 mm depth orientation grooves on the occlusal surface using a tapered diamond bur.

584.14M1

2

Remove the occlusal surface to the level of the grooves, and try to make the surface as a natural occlusal appearance.

037.35M1

3

Make 1.2 mm-1.5 mm depth orientation grooves on the buccal and lingual surfaces.

137.20M1

4

Remove the buccal and lingual surfaces to the level of grooves along with forming a deep chamfer finish line.

137.20M1

5

Trim off the mesial and distal surfaces with a long-narrow diamond bur. Put the bur on the buccal side first and then move the bur softly toward the lingual side.

164.16C1

6

When there is enough interproximal space, remove both mesial and distal surfaces with a deep chamfer diamond bur. The line angle bordering to a proximal surface must be trimmed roundly.

137.20M1

Glass ceramic restoration



7

Trim the cusp in a 45 degree angle to a vertical wall, and the surface facing ceramic layer should be trimmed 1.5 mm-2.0 mm.

137.20M1

8

Trim the axial and interproximal surfaces gently with a fine-particle diamond bur. At the same time, make a deep chamfer finish line.

137.20F1

9

Trim all the line angles thoroughly and make sure the surface smooth and plane to avoid the problem caused during the process of impression, stone pouring and casting.

137.20F1

10

Trim the occlusal surface gently again for a smoother and rounded surface.

037.35F1

11

View of the abutment prepared for posterior glass-ceramic restoration.

Features of OSUNG Diamond bur kit

1. Perfect combination for beginner & professional both.
2. Copious video guidance.
3. Autoclavable premium engineering plastic case.
4. Refill burs available
5. Fine straightness, concentricity and Roundness.
6. Excellent abrasive strength

Zirconia restoration



NEW
DBZIK

- Selected 12 burs contained
- SIZE 88 x 63 x 31H (mm)



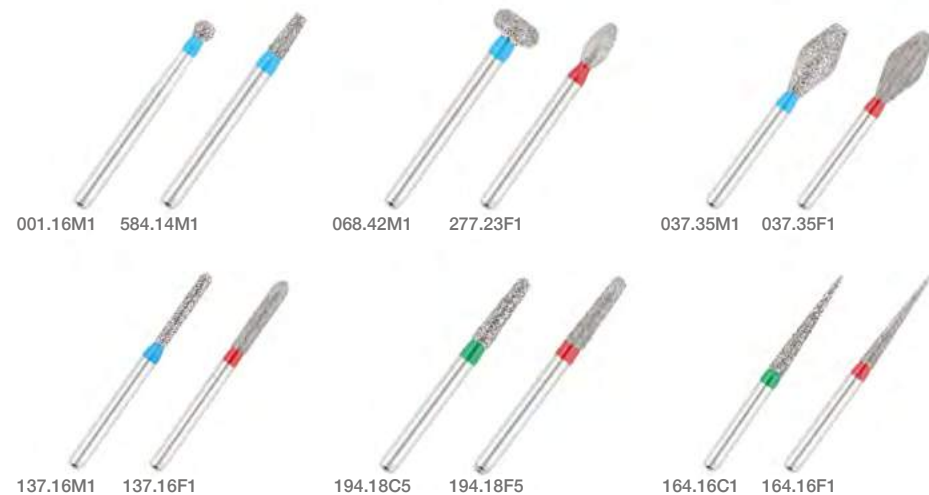
134°C Autoclavable



ANT ZIR
Video Clip



POS ZIR
Video Clip



Zirconia restoration



Zirconia restoration



Extensive research in the field of zirconia ceramics and CAD/CAM technology has led to the development of zirconia restorations. Zirconia exhibits very high strength and high fracture toughness. Enlarged zirconia copings are machined from pre-sintered zirconia blocks to compensate for the sintering shrinkage.

The restorations are later sintered at a high temperature for several hours. Matching veneering ceramics are available to achieve an esthetic restoration for an anterior tooth.

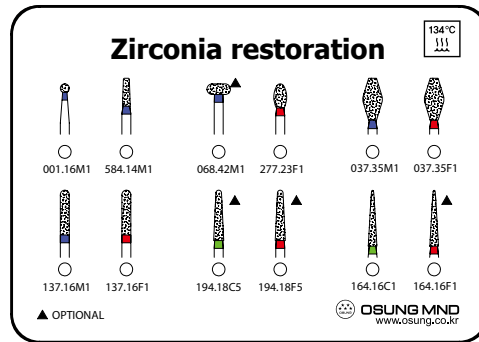
For posterior teeth, monolithic restorations in which the color is imparted with an intrinsic dye are used.

Features of OSUNG diamond bur kit



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4. Refill burs available
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6. Excellent abrasive strength

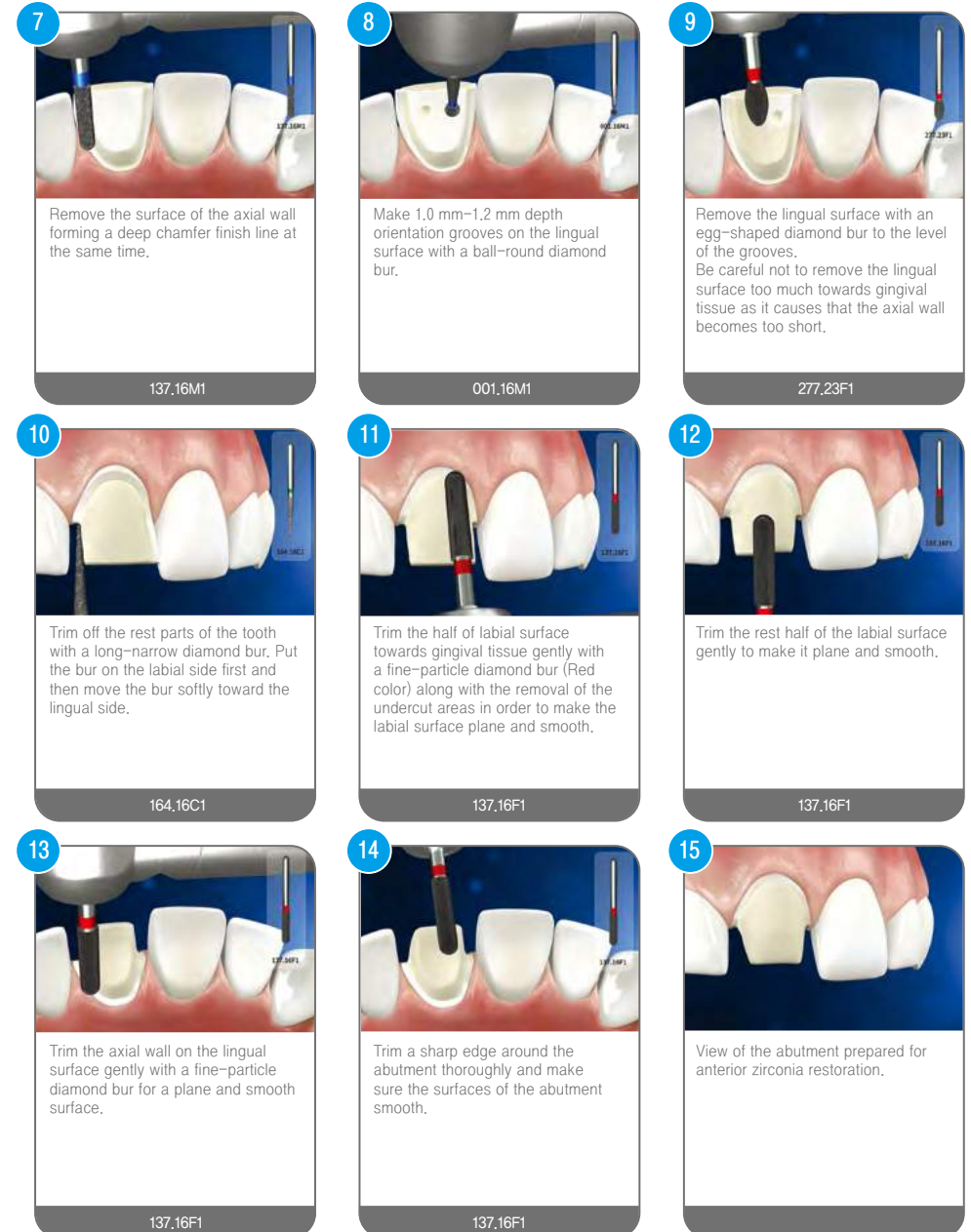
Zirconia restoration



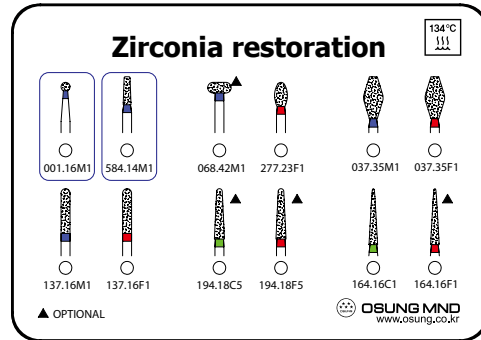
Procedure for anterior zirconia preparation



Zirconia restoration

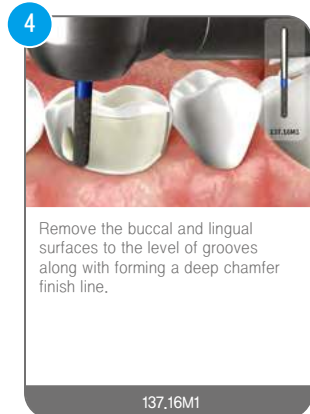
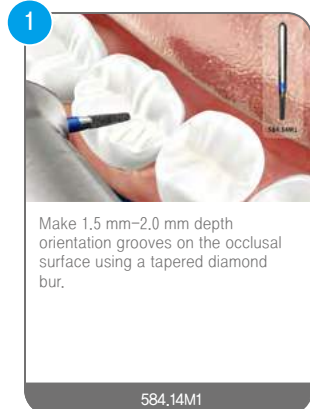


Zirconia restoration

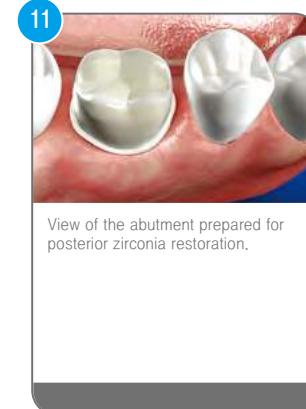
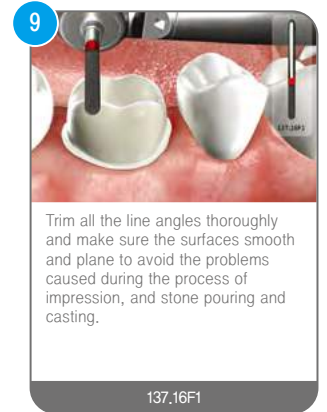
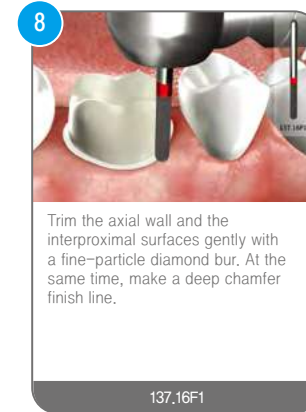
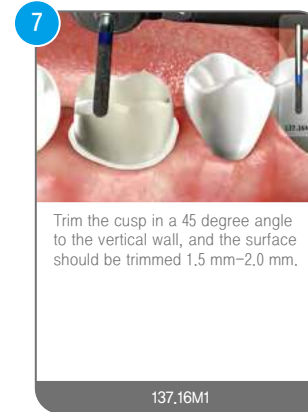


POS ZIR
Video Clip

Procedure for posterior
zirconia preparation



Zirconia restoration



Features of OSUNG Diamond bur kit

1. Perfect combination for beginner & professional both.
2. Copious video guidance.
3. Autoclavable premium engineering plastic case.
4. Refill burs available
5. Fine straightness, concentricity and Roundness.
6. Excellent abrasive strength

Gold crown restoration



NEW
DBGOK

- Selected 12 burs contained
- SIZE 88 x 63 x 31H (mm)

134°C
134°C Autoclavable



POS GOLD
Video Clip



Gold crown restoration



Gold crown restoration



A gold crown restoration is the treatment of choice for the restoration of a tooth that has been greatly weakened by caries or large, failing restorations. For such weakened teeth, the superior physical properties of gold alloy are desirable to withstand occlusal loads placed on the restoration.

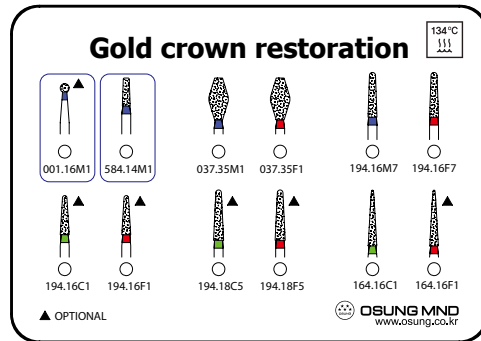
This can be designed to distribute masticatory forces over the tooth in a manner that decreases the chance of tooth fracture in the future. The advantages of the restoration are superior strength, superior longevity, superior fit, and less required tooth reduction.

Features of OSUNG diamond bur kit



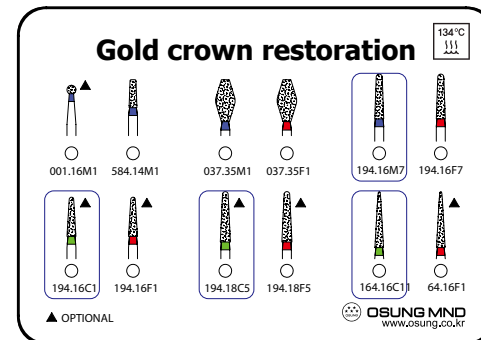
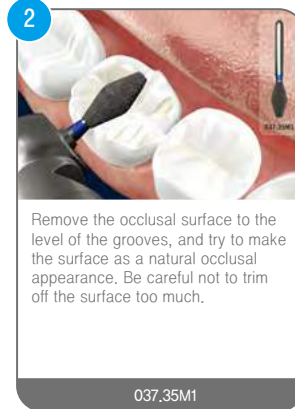
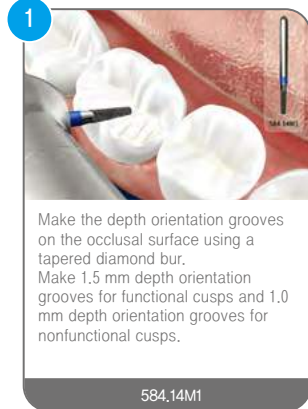
1. A perfect combination for beginner & professional both.
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Gold crown restoration



Procedure for posterior gold crown preparation

* Choose one of the two burs in pair with your preference

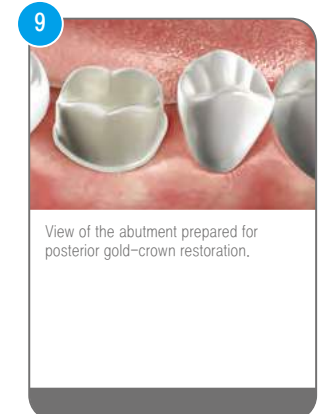
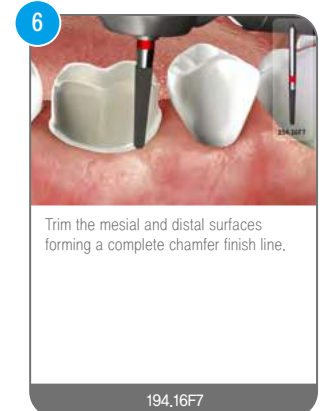
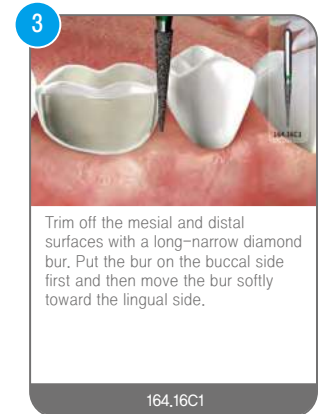
POS GOLD
Video Clip

Procedure for posterior gold crown preparation

삭제량에 따라 다음의 4개 다이아몬드 버 중에서 선택한다.



Gold crown restoration



Inlay restoration

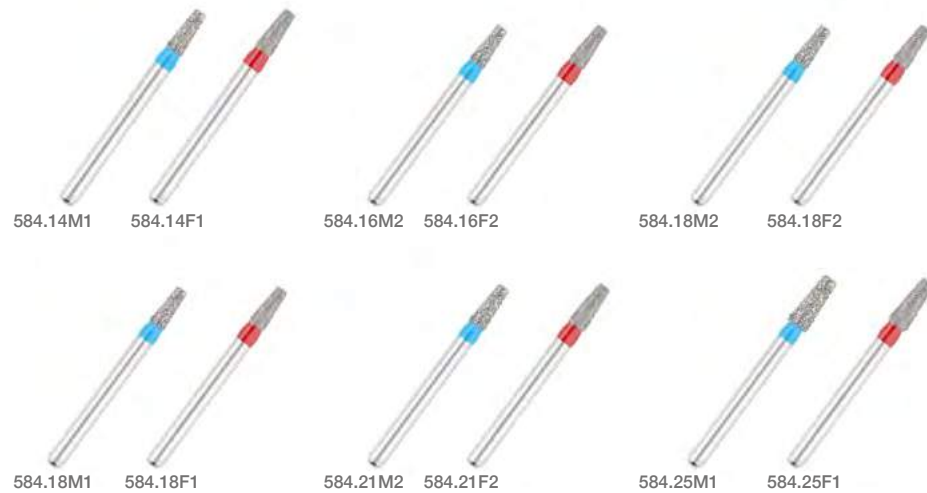


NEW

DBINK w 44,000

- Selected 12 burs contained
- SIZE 88 x 63 x 31H (mm)

134°C Autoclavable

INLAY
Video Clip

Inlay restoration



Inlay restoration



Historically inlay restoration has been made from gold and this material is still commonly used today over an amalgam restoration when the higher strength of gold alloy is needed or when the superior control of contours and contacts that the indirect gold technique provides is desired. Alternative materials such as porcelain were first described being used for inlays. Due to its tooth like color, porcelain provides better aesthetic value for the patient. In more recent years, inlays have been made out of ceramic materials. The first ceramic inlay created by a chair-side CAD-CAM machine was used in 1985.

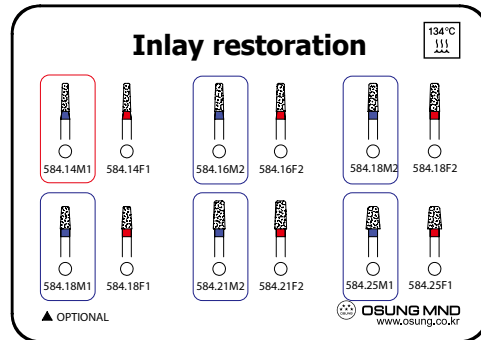
This allows for inlays to be created and fitted all within a day or one appointment. Furthermore, impression taking is not needed due to the three dimensional scanning capabilities of the intraoral scanner.

Features of OSUNG diamond bur kit

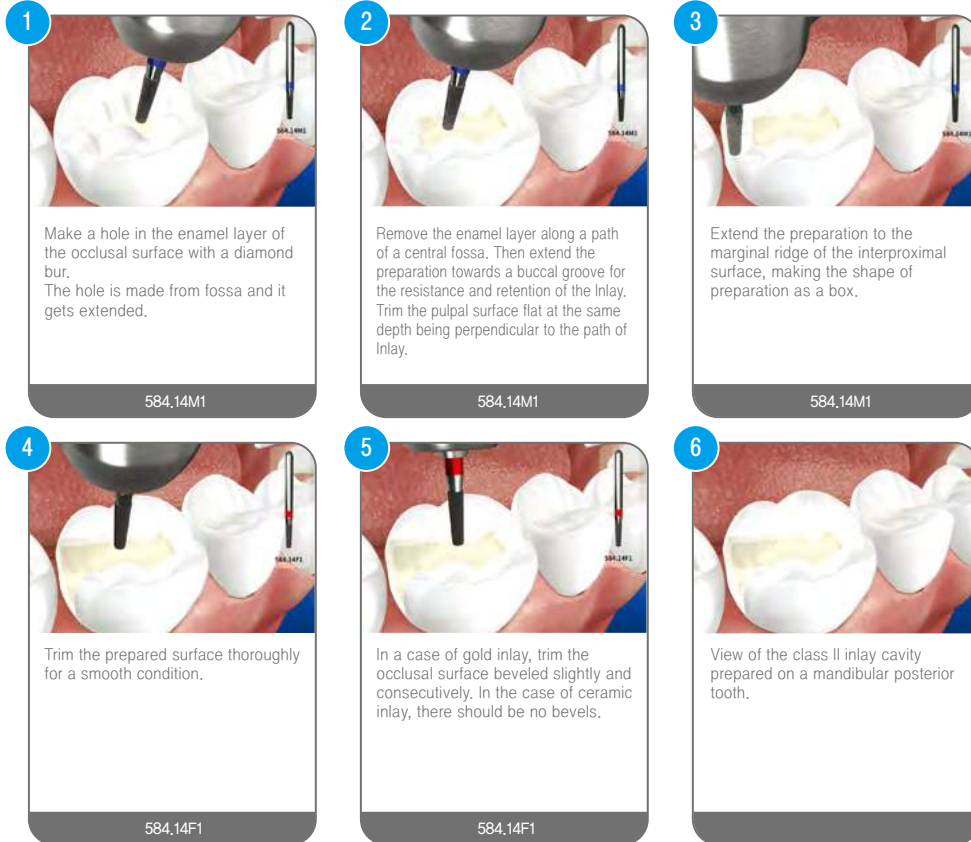


1. A perfect combination for beginner & professional both.
2. Copious video guidance.
3. Autoclavable premium engineering plastic case.
4. Refill burs available
5. Fine straightness, concentricity and Roundness.
6. Excellent abrasive strength

Inlay restoration



Procedure for inlay preparation



My bur kit case



NEW
DBKC-A

• SIZE 88 x 63 x 31H (mm)



NEW
DBKC-B

• SIZE 88 x 63 x 31H (mm)



Make your own kit!!!!



- 12 holes for your own selective burs
- 12 FG burs contained (No matter carbide or diamond)
- Autoclavable engineering plastic case
- 2 optional : A & B



[Instruction]

- Make one kit as a master, and do not use it.
- Just keep that in a cabinet for the reference of your staff.
- Then have your staff prepare an extra bur kit for practical treatment.

Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

OSUNG diamond bur Index



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Prosthodontic

● Extra fine ● Find ● Medium ● Coarse ● Extra coarse

OSUNG diamond bur Index



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Prosthodontic

Bur Block · My Bur Kit Case

Bur Block

134°C Autoclavable

EBSTAFR87

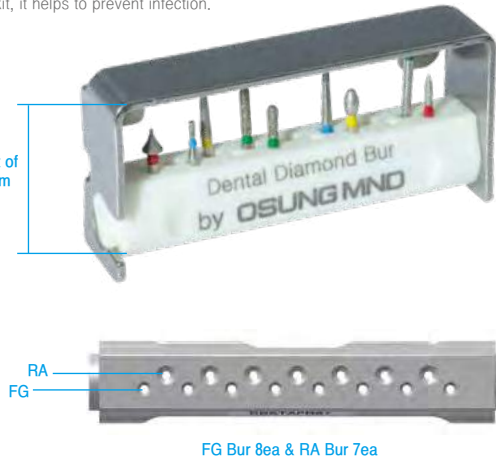
- Size 61 x 15 x 29H(mm)

Merits of EBSTAFR87

- Make better use of space as compact size
- Capacity of FG Bur 8ea & RA Bur 7ea.
- As it has a hinged-locking cover, you can keep the burs held in the block while carrying.
- Use as a personal kit, it helps to prevent infection.



Max height of bur 25.5mm



RA
FG

FG Bur 8ea & RA Bur 7ea

My Bur Kit Case

134°C Autoclavable

NEW
DBKC-A

- Size 88 x 63 x 31H(mm)



NEW
DBKC-B

- Size 88 x 63 x 31H(mm)



Prosthodontic

Spatulas · Paper Holder

Spatula



LCS1 Cement Spatula



SPBT Spatula, Beaver's Tail

- If the cement can be applied to the inside of the crown thinly, it is easy to make accurate crown setting and remove the excess amount of cement later. You also don't need to remove a large amount of cement during the process. Therefore, you can prevent the contamination of moisture by removing only the smallest amount of cement possible.

Practice

SPATULA AND BEAVER'S TAIL MIX



Mix the cement using spatula, put a small amount on the spatula's tail part and then spread the cement thinly inside the crown by swirling the spatula's tail part once.

SPPS

- Plastic Spatula
- Spatular for alginate mixing
- Good elasticity
- Made of plastic



Paper Holder

BEST
PHNS

- Normal, Straight



"c" furrow structure of transverse to hold paper more strongly. (others are horizontal direction)



Prosthodontic

GingiCord Packers

GingiCord Packers / Double-ended

Non-serrated



Serrated



Serrated



Serrated



Serrated



Prosthodontic

Gingimaster Injector

GMJ48

Gingimaster Injector

GMTS40

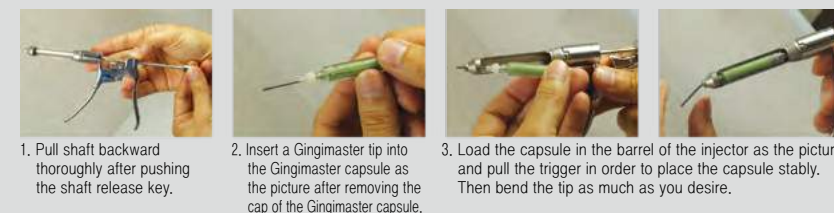
Gingimaster Tip
• 40pcs

► Disposable

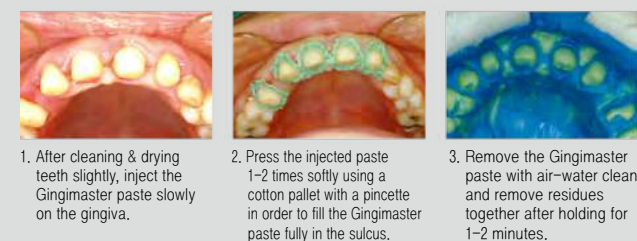


Practice

Ready



Action



Remove capsule and tip after use



Move shaft backward after pushing shaft release key like the picture and the tip and the capsule are separated if you turn the end of the tip with a finger as the picture.

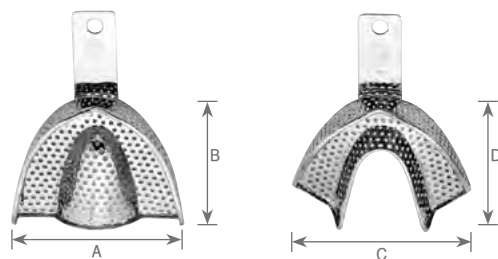
Prosthodontic

Impression Trays

Regular Tray

Nickel - Plated

Full Size



TBWZ6

Impression Tray Set, Full

- Consists of upper (L/M/S) and lower (L/M/S)
- XL is optional.

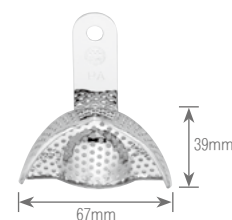
	Upper	Length	
		A	B
TBWXLU	X-Large	85	62
TBWL	Large	75	61
TBWMU	Medium	74	55
TBWSU	Small	69	52

(mm)

	Lower	Length	
		C	D
TBWXL	X-Large	83	53
TBWL	Large	77	62
TBWM	Medium	74	57
TBWS	Small	69	54

(mm)

Partial Size



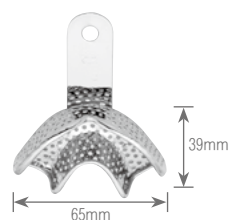
TBWPZ6

Partial Set

- 4pcs(PA, PB, P1, P2)

TBWPA

- PA(for upper jaw front)



TBWPZ6

Partial Set

- 6pcs (PA, PB, P1, P2, P3, P4)

TBWPB

- PB(for lower jaw front)



TBWP1

- P1(for upper jaw left & lower jaw right)



TBWP2

- P2(for upper jaw right & lower jaw left)



TBWP3

- P3(for upper jaw left & lower jaw right)



TBWP4

- P4(for upper jaw right & lower jaw left)

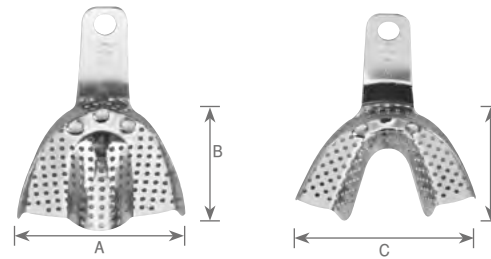
Prosthodontic

Impression Trays

Regular Tray

Aluminum

Full Size



TARZ10

Aluminum Impression Tray Set, Full

- Set/10pcs
- Consists of upper(L/M/S) and lower(L/M/S) and partial(PA, PB, P1, P2)

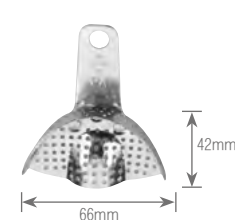
	Upper	Length	
		A	B
TARLU	Large	75	58
TARMU	Medium	70	56
TBWSU	Small	65	48

(mm)

	Lower	Length	
		C	D
TARLL	Large	82	57
TARML	Medium	75	50
TARSL	Small	68	47

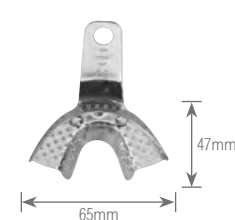
(mm)

Partial Size



TARPA

- PA(for upper jaw front)



TARPB

- PB(for lower jaw front)



TARP1

- P1(for upper jaw left & lower jaw right)



TARP2

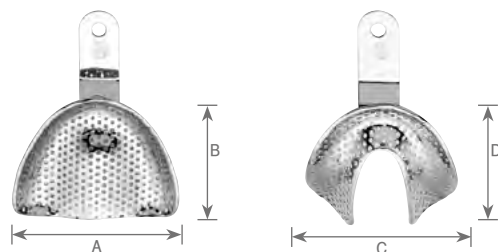
- P2(for upper jaw right & lower jaw left)

Prosthodontic

Impression Trays

Edentulous Tray

Nickel - Plated



TBEZ8

Edentulous Impression Tray Set

- These are for taking impressions of the edentulous mouth.
- We have 8 sizes in order to fulfill various needs.

	Upper	Length	
		A	B
TBEXLU	X-Large	79	68
TBELU	Large	79	64
TBEMU	Medium	70	65
TBESU	Small	66	56

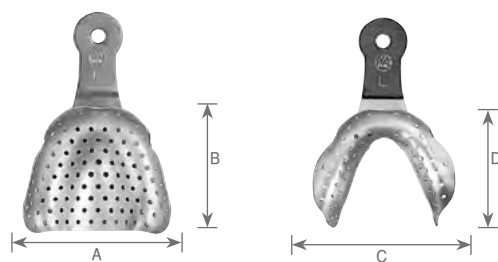
(mm)

	Lower	Length	
		C	D
TBEXLL	X-Large	84	62
TBELL	Large	68	63
TBESL	Small	70	57

(mm)

Edentulous Tray

Stainless Steel



TSEZ8

Edentulous Impression Tray Set

- These are for taking impressions of the edentulous mouth.
- We have 8 sizes in order to fulfill various needs.

	Upper	Length	
		A	B
TSEXLU	X-Large	79	66
TSELU	Large	70	62
TSEMU	Medium	68	58
TSESU	Small	64	54

(mm)

	Lower	Length	
		C	D
TSEXLL	X-Large	77	58
TSELL	Large	68	57
TSEML	Medium	67	56
TSESL	Small	66	55

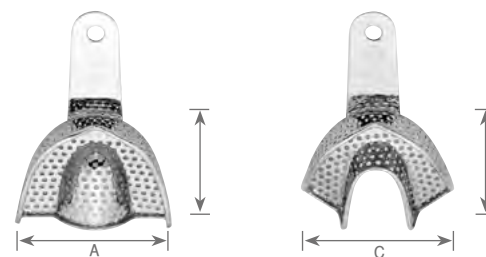
(mm)

Prosthodontic

Impression Trays · Agar Syringe

Pedo Tray

Nickel - Plated



TBOZ6

Orthodontia Impression Tray Set

- A set consists of 6 pieces, which are sized and shaped specifically for children.

	Upper	Length	
		A	B
TBOLU	Large	63	53
TBOMU	Medium	58	48
TBOSU	Small	56	43

(mm)

	Lower	Length	
		C	D
TBOLL	Large	62	52
TBOML	Medium	60	48
TBOSL	Small	45	45

(mm)

Rotating Tray

Stainless Steel

Partial size



TXARO

Partial Impression Tray
• Rotation Tray10ea / box



TXASP

Partial Impression Tray
• SP Tray 10ea / box

Agar Syringe

SBA18T1

Agar Syringe Tip



SBA18

Agar Syringe

SBA18T2

Agar Syringe Tip



SBA18T3

Agar Syringe Tip

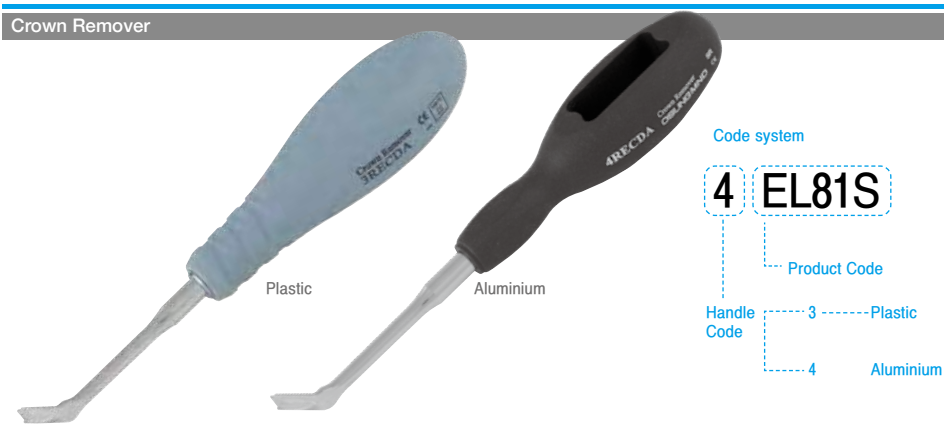


Prosthodontic

Crown Removers

Used for removing a crown easily. First, make a gap in the crown using a bur and twist the crown after putting a blade in the gap.

Crown Remover



3RECD A

4RECD A

- To easily remove a crown which is hard to strip. The 5 etching points make it possible to access to a crown from various sides.

Autoclavable



3RECD B

4RECD B

- Same instruction as 3RECD A but has only one point

Autoclavable



Prosthodontic

Crown Removers

Crown Remover



NEW
RECR3SKIT

Crown Remover, CR3S

- RECR3-A: For Bridges. Pull stroke after putting the tip of a remover under the pontic area.
- RECR3-B: For Single crowns. Pull stroke after putting the tip of a remover under the crown's margin.
- RECR3-C: For Single crowns. Pull stroke after putting the tip of a remover under the temporary hook of a crown.

RECR3S-A

Crown Remover Tip
• Tip A

RECR3S-B

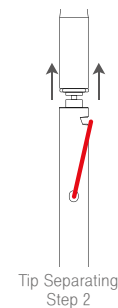
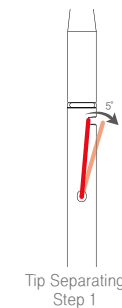
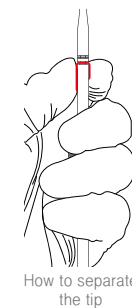
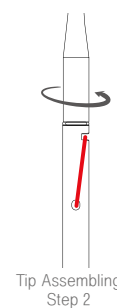
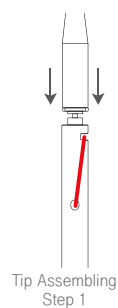
Crown Remover Tip
• Tip B

RECR3S-C

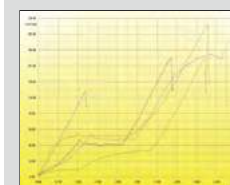
Crown Remover Tip
• Tip C

How to use

- 1) Make the crown crack with a bur and put one of 3 tips that are attaching on the handle into the crack and then remove the crown.
 - ① While you are assembling the tip into the shaft, please tweak and push the tip until the spring clacked on the shaft.
 - ② While you are separating the tip, grab the shaft and bend the spring back with thumb and index finger.

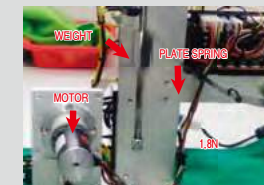


Practice



Drawing Test
(Tip separation by force)

Result: Withstanding
122~220kgf loading



Durability (Repetition Test)

Result: Set-up the power to hit with the power 1.8N, and then it proved the result of 100,000 times durability.

Prosthodontic

Crown Forceps · Crown Gripper

Crown Forceps

Easy to remove crown with rubber on both tips.

CF01

- Length : 145mm(±5mm)
- Rubber Tip 20pcs, Powder 5g



CF02

- Length : 145mm(±5mm)
- Rubber Tip 20pcs, Powder 5g



CFRT85

- 20pcs
- Rubber Tip



CFP5

- 5g
- Powder



Crown Gripper

Easy to remove crown & temporary crown

CG01

- Length : 155mm(±5mm)



Prosthodontic

Occlusal Plane Plate · Willis Gauge

Occlusal Plane Plate

ARP1



Willis Gauge

- Vertical measurement to make temporary teeth or prosthetics during esthetics.
- Being decided the teeth length by the length from eyes slant to oral angle and the length from the end of a nose to the end of the chin for edentulous jaw patients.
- The direction can be changed by rubber rivet.

NEW

WLG1



Prosthodontic

Occlusal Rim Plates

Occlusal Rim Plate

ARR1

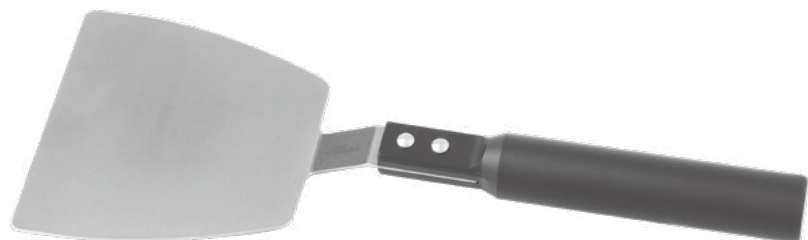
- Occlusal Rim Plate enables the dentists or technicians to make a parallel line of the wax rim easily. Also, it manages a perfect balance between the left and right sides of the occlusal plane. Available in both maxilla and mandible.



NEW

ARR2

- Occlusal Rim Plate enables the dentists to make parallel line easier and faster.



Prosthodontic

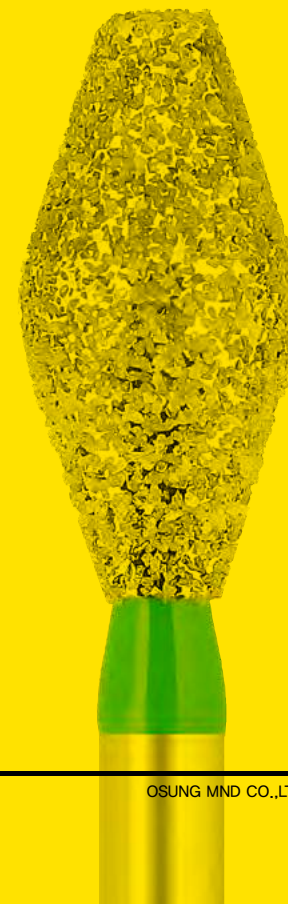
Prosthodontic Treatment

Prosthodontic Treatment

Treatment to restore the tooth to an artificial form when the teeth are broken, damaged or removed due to dental caries, gum disease or an accident.

OSUNG dental diamond bur

OSUNG's unique burs are designed based on years of clinical experience, to meet many clinical requirements. High quality diamond particles are homogeneous and have superior adhesive strength. That enables Star-line bur to last for a long time.



Prosthodontic

Prosthodontic Treatment

Arrangement

01. Para mirror	DMPRA, DMPRP	P.019
02. Scissors	SCTC115	P.100
03. Gingicord packer	GCP113	P.274
04. Tray	TBWZ6	P.276
05. Plastic spatula	SPPS	P.273
06. Tailed spatula	SPBT	P.273
07. Crown Forceps	CF01	P.282
08. Korean-type explorer	EXDK	P.015
09. Paper holder	PHNS	P.273
10. Crown remover	3RECDA	P.280
11. Crown remover	RECR3KIT	P.281
12. Crown Gripper	CG01	P.282

Process

DMPRA, DMPRP

GCP113, SCTC115



01. Prep



02. 03. Inserting cord before making impression

TBWZ6
SPPS
SPBT
EXDK
PHNS
CF01

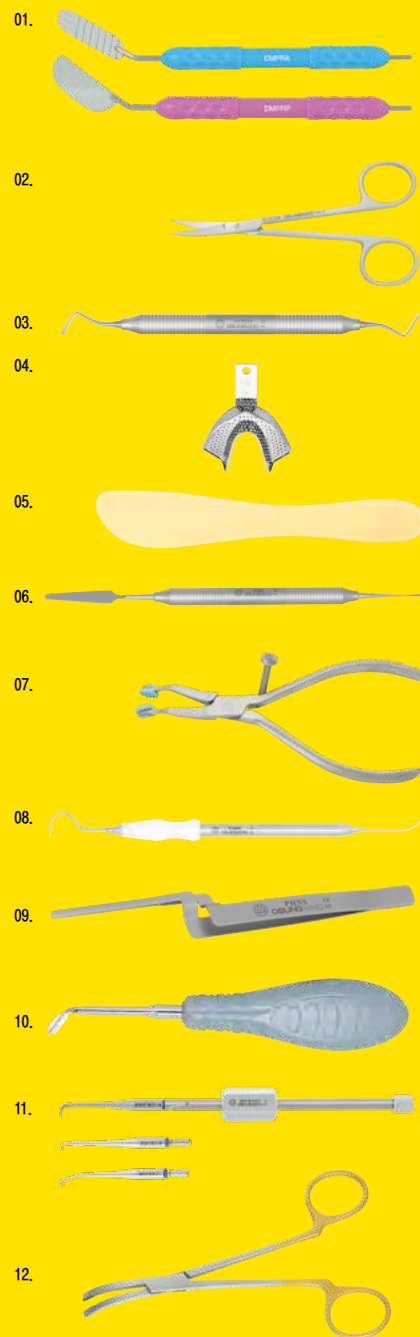
04. 05. Impression



06. 07. 08. 09. Crown Setting

3RECDA
RECR3KIT
CG01

10. 11. 12. Crown Removing



Prosthodontic

Prosthodontic Treatment

Practice

01. Prep

✧ Used

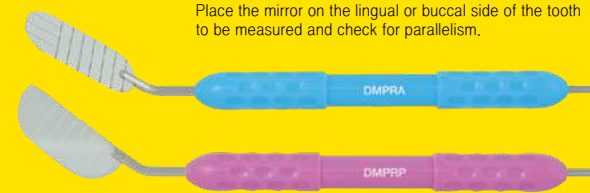
For measuring the parallelism of the path of the prosthesis.

✧ Character

For anterior application, there is a parallel measuring line of a mirror with a rounded corner. For posterior application, it is a shape of cutting the anterior mirror in half.

Para Mirror_DMPRA, DMPRP

How to use



Place the mirror on the lingual or buccal side of the tooth to be measured and check for parallelism.



Measure the lingual surface of anterior teeth.



Measure the lingual surface of posterior teeth.

02. Inserting cord before making impression

✧ Used

Designed for cutting the cord.

✧ Character

Curved shape.

Scissors_SCTC115

How to use

1. The appropriately sized cord is chosen for the sulcus and desired space and is cut with scissors to the length that is slightly longer than the cervical perimeter of the tooth.
2. How to measure the length of the cord (premolars: 1st finger joint of a baby finger, posterior: 1st finger joint of ring finger)



When it is used for premolar part, wrap the cord around the baby finger and cut it.



Use the tweezers to cut the proper length.

Gingicord Packer_GCP113

How to use

1. Position the cord looped around the prepared tooth held with a tweezer.
2. Secure the cord in the distal interproximal area with a gingicord packer.
3. After the cord is secured in the distal interproximal area, the cord is inserted from the mesiolingual to the distolingual corner.
4. After the cord is inserted into the gingival sulcus around the tooth, cut the excess amount of cord overlapping 2 mm.



Place the cord by pushing it into the gingival sulcus on the distobuccal area.



Place the cord by pushing it into the gingival sulcus on the mesiobuccal area.

Prosthodontic

Prosthodontic Treatment

04.05. Impression

❖ **Used**
For mixing of alginate material.

❖ **Character**
An angular plastic.

Plastic Spatula_SPPS **How to use**

1. Dispense the alginate powder and water following the manufacturer's instructions and put them into the rubber bowl.
2. Using a plastic spatula carefully mix the alginate
3. Use a figure-of-8 mixing motion or spread over the inner surface wall of the rubber bowl.
4. Load the maxillary tray with one large portion of mixed alginate, on the spatula using a wiping movement to avoid air being trapped in the material. For loading the mandibular tray, use two portions of mixed alginate in twice.



Use a figure-of-8 mixing motion or spread over the inner surface wall of the rubber bowl using the rounded part of the spatula.



Load the maxillary tray with one large portion of alginate.



Load the mandibular tray with two portions of alginate at the buccal side.

Tray **How to use**

Select the correct size impression tray and ensure its fit in the patient's mouth is correct. Allow 2-3mm of space between the tray, teeth, and soft tissues when the tray is positioned in the mouth.



Use the mirror handle or gauge to measure the width of the left and right buccal side of the first molar.



Select the tray based on the width of the buccal side of the first molar.



Insert one side of the tray with retracting the cheek and rotate the wrist so that the tray handle is positioned at the midline.



Insert the other side of the tray with retracting the cheek.



The tray handle should be positioned at the midline. Hold the tray until the impression material hardens

Tailed spatula_SPBT **How to use**

1. Mix the cement using the wide surface of the spatula on the mixing pad.
2. Load the cement into the prosthesis using the tail.



Mix the cement using the wide surface of the spatula.



Using the wide surface of the spatula, gather the cement.



Apply the gathered cement to the inside of the prosthesis using the narrow tail.

06.07.08.09. Crown Setting

❖ **Used**
Mix the cement and use it for filling in the prosthesis.

❖ **Character**
Using tailed spatula, cement can be spread into a thin film and it allows easy removal of excess cement. Furthermore, thin film coated cement can prevent cement from floating inside the prosthesis or contaminating with water.

Prosthodontic

Prosthodontic Treatment

07. Crown Setting

❖ **Used**
Used for setting and removal of a crown.

❖ **Character**
Plier type, Both rubber tips provide a secure and stable grip on the crown.

Crown Forceps_CF01 **How to use**

Grasp the crown with the rubber tips and remove it.



Grip the crown securely with rubber tip and start temporary seating or remove the crown with CF01.



Crown can temporarily be positioned or removed with CF01.

08. Crown Setting

❖ **Used**
Used for removal of excess cement, dental caries and calculus diagnosis and checking margins.

❖ **Character**
Silicone handle sided tip is convenient for removing cement without excessive force on your fingers. The metal handle sided tip is used as a flexible tip for exploring with delicate sensation.

Korean-type explorer_EXDK **How to use**

Hold it with a modified pen grasp, use strong force when removing cement and weak force for check margins.



Remove the excess cement with silicone handle sided tip.



Exploring the excess cement with metal handle sided tip.

09. Crown Setting

❖ **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 holder about 5mm longer from the tip of the paper holder.
2. Place the paper holder on the buccal and check the occlusion.



Serrated shape designed to fix the articulating paper.



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



Place the holder on the buccal and check the occlusal.

Prosthodontic

Prosthodontic Treatment

10.11.12. Crown Removing

❖ Used

For removing of the completely cemented crown.

❖ Character

Diagonal tip gives easier access to the tooth surface.

Crown Remover_3RECD

How to use

Once you have created a gap in one side of the crown which is difficult to remove, insert the one point of 3RECD and squeeze the handles to produce pressure on the crown to break the cement seal.



Insert the point into the gap of the excised crown and squeeze the handle to separate.



3RECD has a specially designed tip which can be used on all teeth.

❖ Used

It is used to perfectly remove the crown.

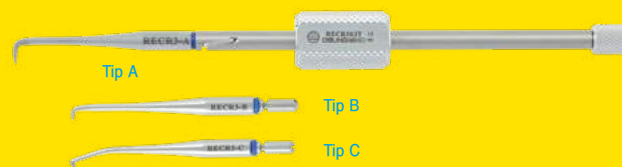
❖ Character

Traditional type crown remover.
- Tip A for bridge removal
- Tip B for single crown removal
- Tip C for single crown removal

Crown Remover_RECR3-A RECR3-B RECR3-C

How to use

Place the appropriate tip on the end of the handle and securely fasten the tip to the tooth with one hand. The crown is removed by the vibrating impact generated by hitting the cylindrical weight in the middle with the other hand.



For single crown removal, fix the V-shape tip to the buccal (labial) side of the margin.



For bridge removal, fix the curved shape tip to the lingual side of interdental papilla.

❖ Used

Used to remove or insert the prosthesis (temporary or final prosthesis).
Do not use for porcelain or zirconia prostheses.

❖ Character

Serrated jaws. Curved type.

Gripper.CG01

How to use

Put your thumb and middle finger into the thumb ring and finger ring and start operating. Excessive force may cause the scratches on the prosthesis.



Put your thumb and middle finger into the thumb ring and finger ring and start operating.

Products for Dentistry

OSUNG Catalogue 2020/2021

Orthodontic

Products for Dentistry

OSUNG Catalogue 2020°2021



ORTHODONTIC

Orthodontic Diagnosis	Photo Mirror	294
	Orthodontic Strip	298
	Strip Holder	298
	Orthodontic Arch Wire	300
	Splint PET	304
	Bracket Positioning Gauge	306
	Band Preparation Instrument	307
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Orthodontic

Photo Mirrors-Glass

Photo Mirrors-Glass

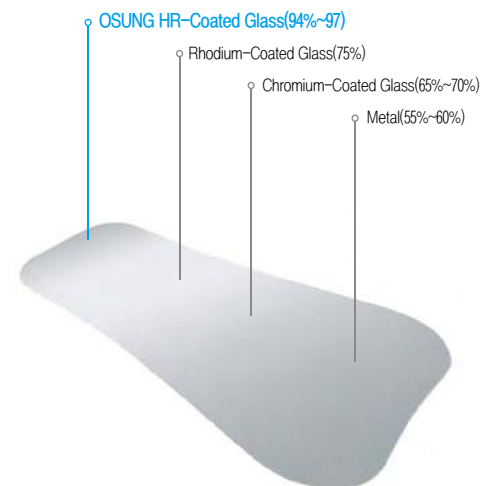
Ours has reflexivity of 94-97%

General Mirror : 85%
Other photo mirrors for dentistry have reflexivity of 65-80%

Best quality and 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%



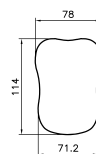
The world-best reflectance having a range of 94-97% in the visible spectrum!

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

Glass

DME6G

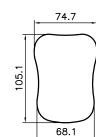
- Occlusal
- X-Large (Adult Size)
- Unit(mm)



Glass

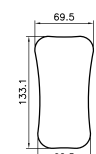
DME1G

- Occlusal
- Large (Adult Size)
- Unit(mm)



DME3G

- Occlusal
- Medium (Adult Size)
- Unit(mm)



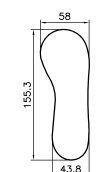
DME5G

- Occlusal
- Small (Pedo Size)
- Unit(mm)



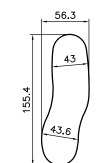
DME2G

- Buccal
- Unit(mm)



DME4G

- Lingual
- Unit(mm)



Orthodontic

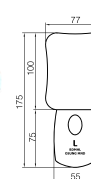
Photo Mirrors-Metal

Handle Photo Mirror (Metal)

NEW

BDMHL

- Occlusal, Large
- Unit(mm)



NEW

BDMHM

- Occlusal, Medium
- Unit(mm)



NEW

BDMHS

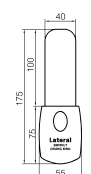
- Occlusal, Small
- Unit(mm)



NEW

BDMHLT

- Lateral
- Unit(mm)

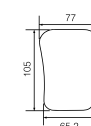


Metal

• Has less clear image than glass but not breakable.

DME1

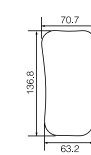
- Occlusal
- Large (Adult Size)
- Unit(mm)



Metal

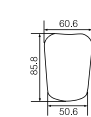
DME3

- Occlusal
- Medium (Adult Size)
- Unit(mm)



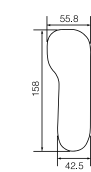
DME5

- Occlusal
- Small (Pedo Size)
- Unit(mm)



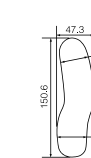
DME2

- Buccal
- Unit(mm)



DME4

- Lingual
- Unit(mm)



- Normal photo mirrors should be used with holding the middle area with fingertips as they have no handle.
- Sufficient mirror length covering the final tooth.
- As the handle makes the surface of the mirror uncontacted to the floor, the mirror becomes free from scratch.
- Stainless steel.

Orthodontic

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 is frequently taken in the clinic for defogging.

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

Both methods require additional staff to help.

Conventional lighting can be insufficient and it needs to be overcome by an additional light source.

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

FF-photo used



No FF-photo used

FF-photo used

Photo Mirror, FF-Photo



'Journal of Clinical Orthodontics'(2008. 2)

Orthodontic

Photo Mirror_FF-Photo

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

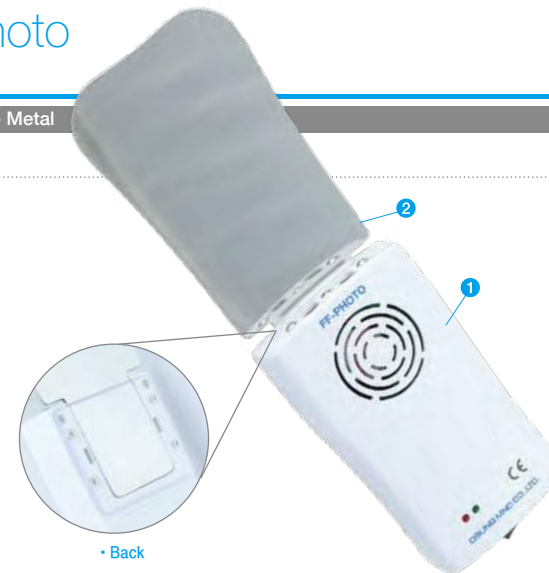
• Has less clear image than glass but not breakable.



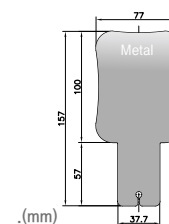
DMBF-220

Consists of :

- ① FF-PHOTO 1EA
- ② Occlusal Mirror, Adult standard size(DMBFM) 1EA
- ③ USB charging cable 1EA



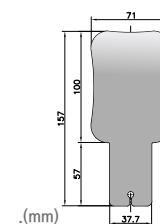
• Back



NEW

DMBFL

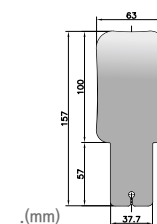
FF-Photo Mirror
• Occlusal
• Large



NEW

DMBFM

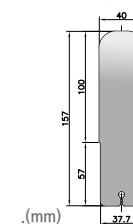
FF-Photo Mirror
• Occlusal
• Medium



NEW

DMBFS

FF-Photo Mirror
• Occlusal
• Small



NEW

DMBFLT

FF-Photo Mirror
• Lateral

FF-Photo(Fog-Free Intraoral Photo Mirror)

• It fits with any kinds of glass photo mirrors from any companies.

DMBF1-220

Consists of :

- ① FF-PHOTO
- ② USB charging cable

It can be used with various types of glass and metal mirrors



Orthodontic

Orthodontic Strips · Strip Holders

Orthodontic Strip



Strip Holder

SRTHS

Strip Holder
• Straight



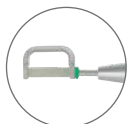
SRTHA

Strip Holder
• Angle



SRTHD

Strip Holder
• Double



Orthodontic

Orthodontic Strips

Orthodontic Strip

Straight Type



	Type		Color	Diamond Size(μm)	Diamond shape
	Straight Type	Hole Type			
Code	SRTD15	SRTD15H	Yellow	15	EXTRA FINE
	SRTD25	SRTD25H	White	25	FINE
	SRTD40	SRTD40H	Red	40	MEDIUM
	SRTD60	SRTD60H	Gray	60	COARSE
	SRTD90	SRTD90H	Green	90	EXTRA COARSE

Serrated Type



	Type	Color	Diamond Size(μm)	Diamond shape
	Straight Type			
Code	SRTSD15	Yellow	15	EXTRA FINE
	SRTSD40	Red	40	MEDIUM

Vertical Type



	Type		Color	Diamond Size(μm)	Diamond shape
	Straight Type	Hole Type			
Code	SRTVD15	SRTVD15H	Yellow	15	EXTRA FINE
	SRTVD25	SRTVD25H	White	25	FINE
	SRTVD40	SRTVD40H	Red	40	MEDIUM
	SRTVD60	SRTVD60H	Gray	60	COARSE
	SRTVD90	SRTVD90H	Green	90	EXTRA COARSE

Orthodontic

Orthodontic Arch Wire

Orthodontic Arch Wire Stainless Steel

ORTHODODNTIC
ARCHWIREStainless steel
ROUND

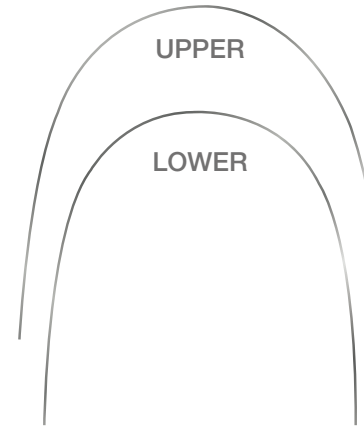
OSUNG develops and manufactures all stainless steel arch wires, which are as same quality as the advanced western company's products.

We will continue to research and develop the orthodontic items for the globalization.

Orthodontic

Orthodontic Arch Wire

Orthodontic Arch Wire Stainless Steel



The surface of steel wire is smooth, so that it can have a low friction between slot and wire.

Hyper pure stainless steel 304

Stress distribution is steady by the special method.

Realized the mechanical property for the orthodontic wire through the heat treatment.

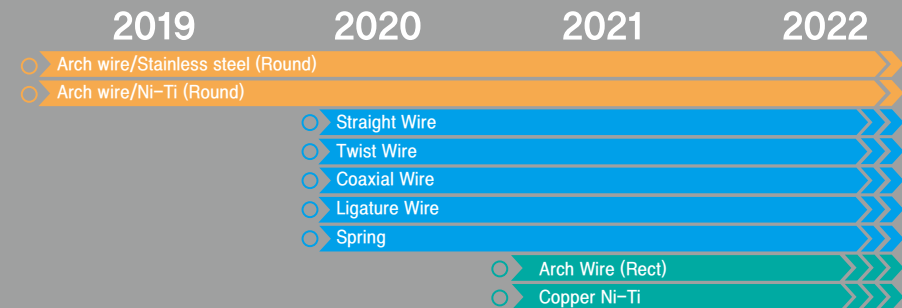


inch	mm	CODE (UPPER)	CODE (LOWER)	ea
0.012	0.3	WRARSTU012	WRARSTL012	25
0.014	0.35	WRARSTU014	WRARSTL014	25
0.016	0.4	WRARSTU016	WRARSTL016	25
0.018	0.45	WRARSTU018	WRARSTL018	25
0.02	0.5	WRARSTU020	WRARSTL020	25



OSUNG MND CO.,LTD.

Orthodontic Wire RoadMap



Orthodontic Arch Wire

Orthodontic Arch Wire Ni-Ti

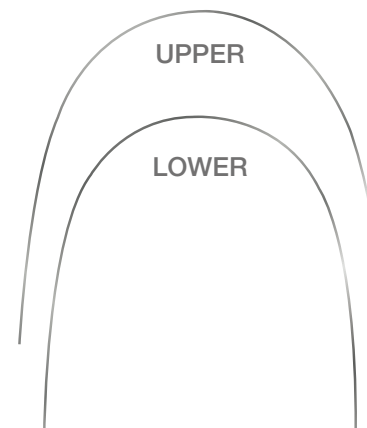
ORTHODODNTIC
ARCHWIRENi-Ti
ROUND

OSUNG MND develops and manufactures all stainless steel arch wires, which are as same quality as the advanced western company's products.

We will continue to research and develop the orthodontic items for the globalization.

Orthodontic Arch Wire

Orthodontic Arch Wire Ni-Ti



The surface of steel wire is smooth, so that it can have a low friction between slot and wire.

High quality of Ni-Ti Alloy

The maximization of memory effect by the special method.

Realized the mechanical property for the orthodontic wire through the heat treatment.

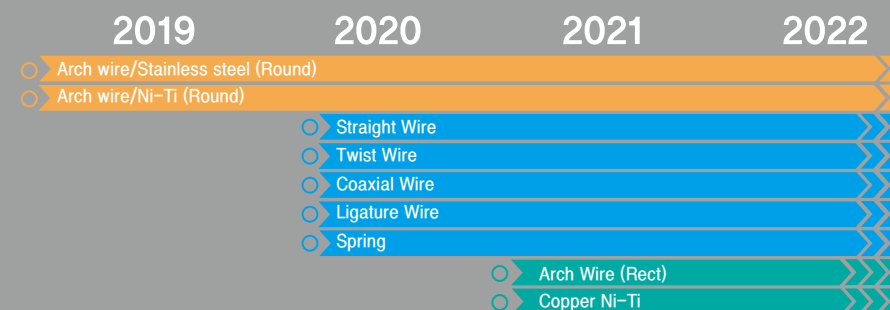


inch	mm	CODE (UPPER)	CODE (LOWER)	ea
0.012	0.3	WRARNTU012	WRARNTL012	10
0.014	0.35	WRARNTU014	WRARNTL014	10
0.016	0.4	WRARNTU016	WRARNTL016	10
0.018	0.45	WRARNTU018	WRARNTL018	10
0.02	0.5	WRARNTU020	WRARNTL020	10



OSUNG MND CO.,LTD.

Orthodontic Wire RoadMap



Splint PET

Orthodontic Splint PET



Typical Properties

Property	Test Method	Typical Value, Units
Mechanical Properties		
Elongation @ Break	D 638	130%
Izod Impact Strength, Notched @ 23°C (73°F) @ -40°C (-40°F)	D 256 D 256	101 J/m (1.9 ft · lbf/in.) 37 J/m (0.7 ft · lbf/in.)

Sheet Property (ASTM Method)

Property	Test Method		Typical Values
Mechanical			
Elongation @ Break 50mm/min (2 inch/min)	ASTM D638	%	70
Izod Impact Strength, Notched @ 23°C (73°F)	ASTM D256	J/m (kgf · cm/cm.) ft · lbf/in	90 (9.2) 1.7



Splint PET

Splint PET



Model	Size	Thickness(Inch)	pcs
OPFS-020	Ø125mm	0.020	40
OPFS-025	Ø125mm	0.025	30
OPFS-030	Ø125mm	0.030	30
OPFS-040	Ø125mm	0.040	20
OPFS-060	Ø125mm	0.060	15

Feature and Advantage

1. The most excellent property (Elasticity, Durability, Dynamic stability) among competitors who have been supplied into the domestic market.
2. Accurate and detailed forming.
3. Orthodontic treatment with high transparency.

	Test Method	저가제품	OSUNGMDN
Elongation @ Break	ASTM D683	70%	130%
Izod Impact Strength	ASTM D256	90 J/m	101 J/m
Test item which is happened to the crack and the break during put-on.			Same quality as the German products.

Practice Work Flow



1. Dimension is diameter 125mm as round shape.



2. Put Splint PET on the equipment and heat up



3. Cut the formed Splint PET and then orthodontic treatment.



4. Orthodontic appliance.

Orthodontic

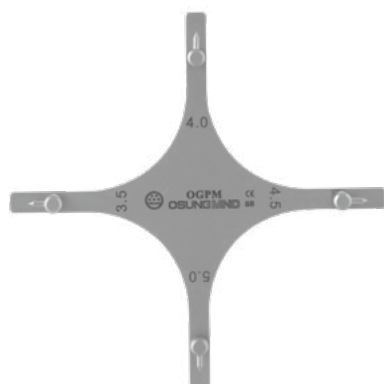
Bracket Positioning Instruments

Bracket Positioning Gauge

- The different thickness of gauge makes the user easily measure the posterior and anterior teeth with a wide scope of measurement from 2.0 to 5.0mm
- The user can measure and mark the point of the bracket on the patient's teeth or mockup

NEW

OGPM



Practice

Positioning Gauge

- The different thickness of gauge makes the user easily measure the posterior and anterior teeth with a wide scope of measurement from 2.0 to 5.0mm
- The user can measure and mark the point of the bracket on patient's teeth or mockup
- Users can maintain precisely 90° when measuring the posterior
- For more accurate measurement, OGPP is used for the posterior and OGPA is used for premolar & the anterior



Bracket Positioning Height Gauge

- It is possible to measure and mark the attaching position precisely and easily with not being interfered by side tooth during bracket bonding.

OGBH018

- Use bracket 018 only



OGBH022

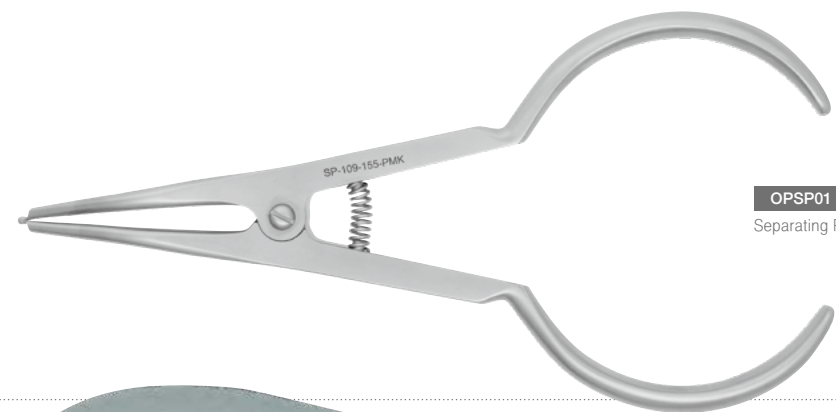
- Use bracket 022 only



Orthodontic

Band Preparation · Ligature Tucker Instruments

Band Preparation Instrument



OPSP01

Separating Plier



3ORWBP1

Wire Band Pusher

Ligature Tucker Instrument

Wire Bending Instrument

- Use to bend a wire or hang an elastin ring on the Bracket

ORWB1



ORWB3



NEW

ORWB4



Orthodontic

Bracket Instruments

Hook-Crimping Plier

OPBI01

130mm

- Hard steel
- Useful to push or hold a small-sized crimpable hook as it has V-notch on the beak.



Bracket Remover

OPBI02

135mm

- Straight type
- Hard steel
- Used to remove brackets.
- For the anterior



OPBI03

135mm

- Curved type
- Hard steel
- Used to remove brackets.
- For the posterior



Orthodontic

Wire Bending Pliers

Wire Bending Plier

OPWB01

130mm

Bird Beak Plier

- Used to bend a round wire.

max. 0.7mm

0.8mm / 0.8 x 0.8mm



OPWB02

130mm

Kims Plier

- Used to bend a wire.
- There is a cutter in the center of a plier.

max. 0.4mm

1.2; 1.8; 2.2mm / 1.5 x 2mm



OPWB03

135mm

Tweed Loop Forming

- Used to bend a wire to the loop-shaped.

max. 0.5mm

1.2; 1.8; 2.4mm



Wire Bending Pliers

Wire Bending Plier

OPWB04

Young's Plier

• Used to bend the round wire.



OPWB05

Three Jaw Plier

• For manufacturing and adjusting clasp.



OPWB06

Tweed Arch Bending Pliers (Ribbon Arch)

• A forming plier for handling square or rectangular wire
• To make offset to rectangular wire or bend 90° to all kinds of wire



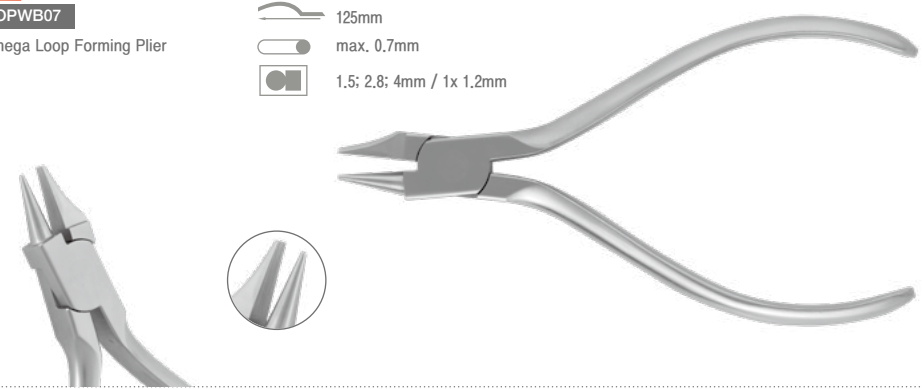
Wire Bending Pliers

Wire Bending Plier

NEW

OPWB07

Omega Loop Forming Plier



NEW

OPWB08

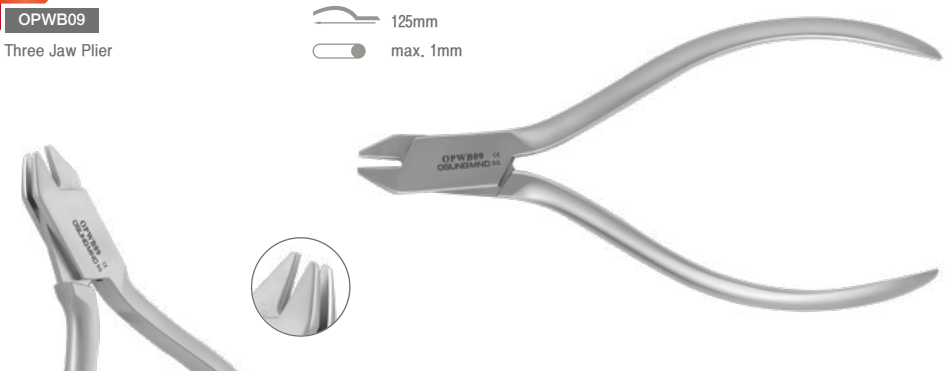
Hollow Chop Plier



NEW

OPWB09

Three Jaw Plier



Wire Bending Pliers · Band Remover

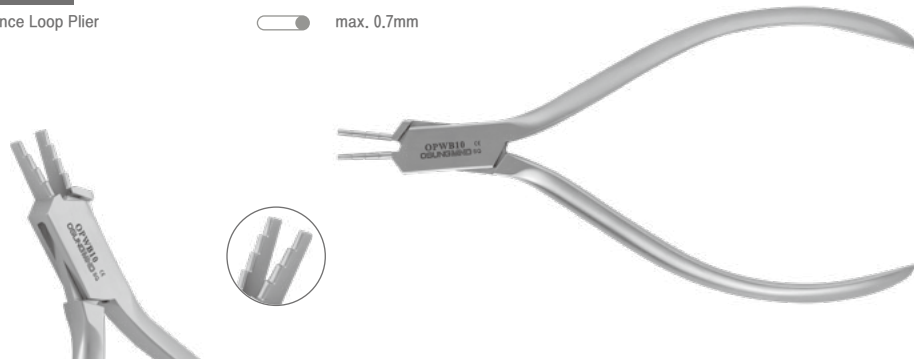
Wire Bending Plier

NEW

OPWB10

Nance Loop Plier

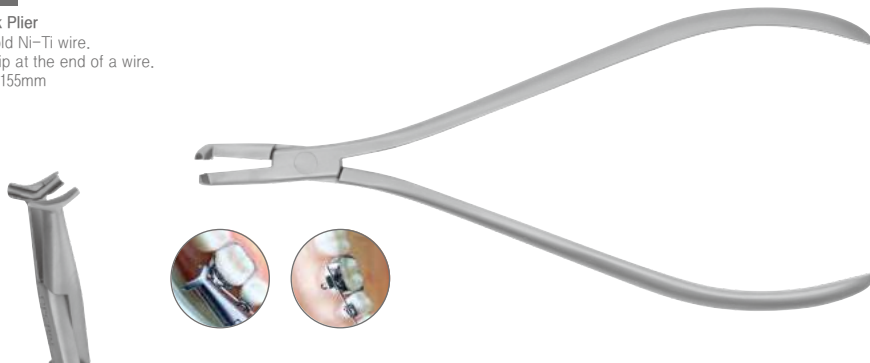
130mm
max. 0.7mm



OPCB01

Cinch Back Plier

- Use to fold Ni-Ti wire.
- Bend a tip at the end of a wire.
- Length : 155mm



Band Remover

NEW

OPBR01

• Hard Steel

140mm



Tying and Holding Pliers

Tying and holding Plier

OPUP01

Utility Plier (WEINGART)

- Multiple used plier.
- Used to put wire in or take wire out.

140mm
max. 0.5mm



OPLF01

Ligature forceps (Mathieu)

- Used to tie wire to bracket with ligature wire
- Length : 140mm



OPLM01

Ligature Forming Plier

- Used to make ligature wire from slender wire
- Length : 130mm



Wire Cutting Instruments

Wire Cutting instrument

OPPC01

Pin Cutter

Wire cutter (Soft)

- To cut ligature wire.
- Do not cut thick wire as knife is sharp and thin.
- Length : 130mm

130mm
max. 0.4mm



OPPC02

Pin Cutter

Wire cutter (Hard)

- To cut thick wire Max. 0.7mm thickness.
- Length : 130mm

130mm
max. 0.7mm



NEW

OPPC03

Pin Cutter

120mm
max. 0.3mm



Wire Cutting Instrument · Tweezer

Wire Cutting instrument

OPDE01

Distal End Cutter

- Used to cut the end of a wire
- Useful for cutting a thick wire
- To hold wire cut in order not to drop in the mouth.

130mm
min. 0.35mm
max. 0.55 x 0.64mm



OPDE02

120mm
min. 0.35mm
max. 0.55 x 0.64mm

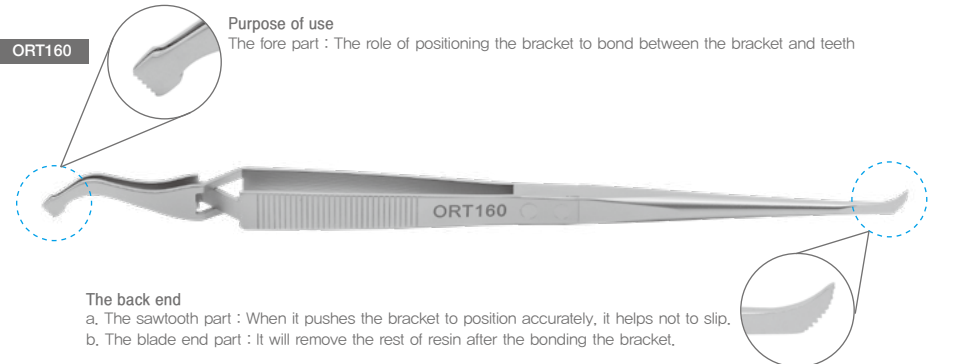


Tweezer

ORT160

Purpose of use

The fore part : The role of positioning the bracket to bond between the bracket and teeth



The back end

- The sawtooth part : When it pushes the bracket to position accurately, it helps not to slip.
- The blade end part : It will remove the rest of resin after the bonding the bracket.

Orthodontic

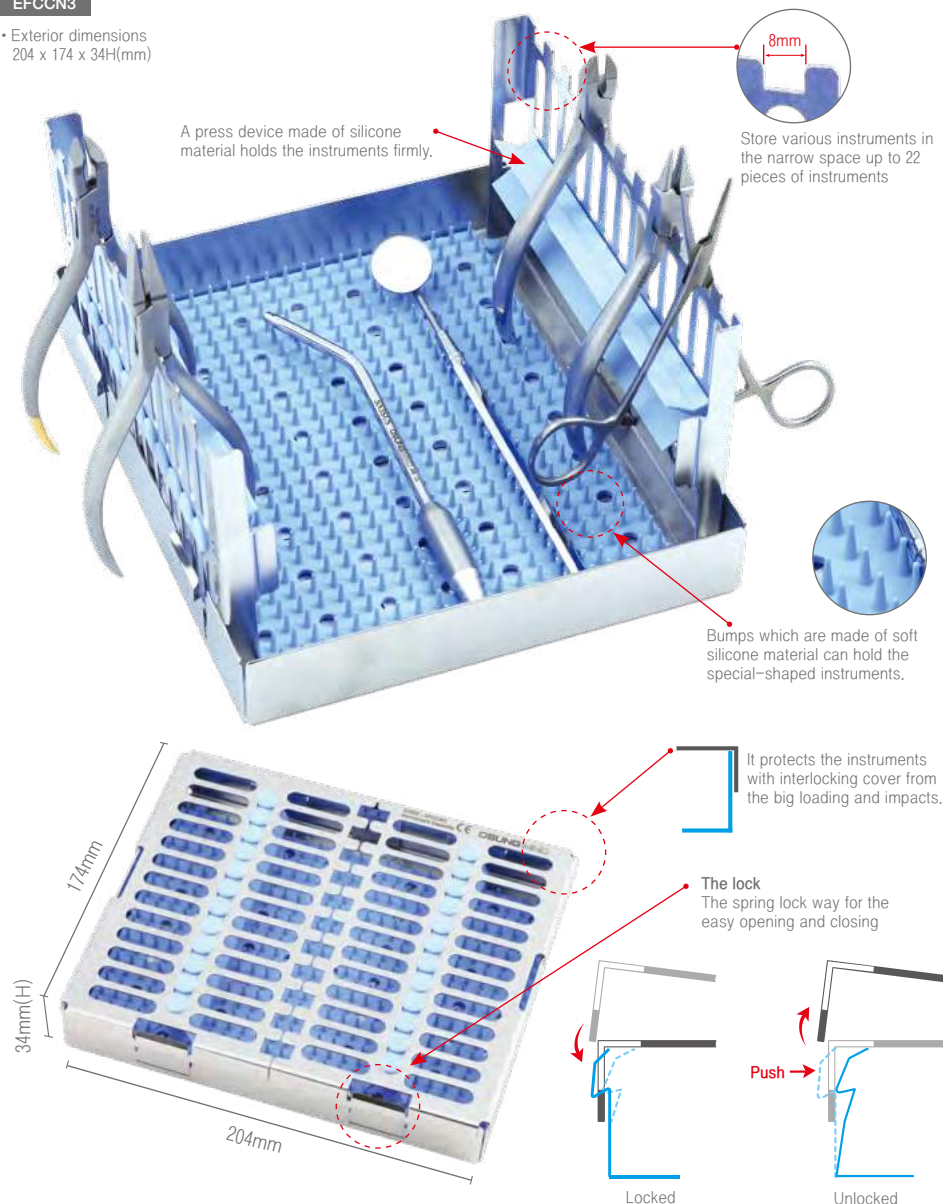
Orthodontic Instrument Cassettes

The Sterilized instrument cassettes, which stores and manages many instruments in the narrow space.

Patent Application: 10-2020-0030061

EFCCN3

- Exterior dimensions
204 x 174 x 34H(mm)



Orthodontic

Bos Sunny Orthodontic Plier Kit · Surgical Instrument Kit

Bos Sunny Orthodontic Plier Kit

BOS-OPK

- Exterior dimensions
204 x 174 x 34H(mm)



Components

No.	Product Name	Code
1	Pin Cutter	OPPC01
2	Distal End Cutter	OPDE01
3	Utility Plier	OPUP01
4	Cinch Back Plier	OPCB01
5	Tweed Arch Bending Pliers	OPWB06
6	Omega Loop Forming Plier	OPWB07
7	Hollow Chop Plier	OPWB08
8	Three Jaw Plier	OPWB09
9	Nance Loop Plier	OPWB10
10	Hemostat	HTM130
11	Hemostat	HTM130C
12	Ligature Tucker	ORWB1
13	Tweezer	ORT160
14	Instrument Cassette (blue silicone rails)	EFCCN3

Bos Sunny Surgical Instrument Kit

BOS-SIK

- Exterior dimensions
204 x 174 x 34H(mm)



Components

No.	Product Name	Code	ETC
1	Tying and holding Plier	OPUP01	Utility Plier
2	Periosteal Elevator	EP9	
3	Periosteal Elevator	EP9H	
4	Tweezer	PCU155	
5	Scalpel Handle	SHS	
6	Scalpel Handle	SHC	
7	Ex-Probe	XP23-12	
8	Mirror	MHS-DMSS4	
9	Needle Holder	NH160	
10	Hemostat	HTM130C	
11	Scissors	SCD170	
12	Suction Tip	SN3SUS	
13	Instrument Cassette	EFCCN3	purple silicone rails

Orthodontic

Orthodontic Instruments

Metal Strip Holder

- To hold metal strip during grinding teeth or trimming a model.



TS-H

• Length : 125mm

Band Cutting Scissors



SCC105

• Length : 105mm

Fixator

ACBA1

- Orthodontic articulator to make a removable orthodontic appliance.

• Use & purpose of the product

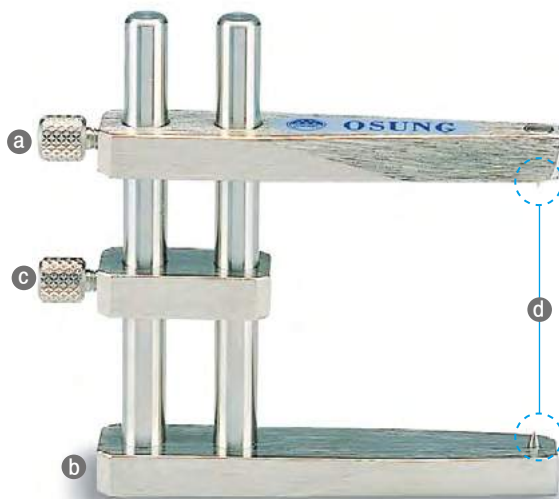
- 1) Analysis of the impression model
- 2) Measure the occlusion of right & left side
- 3) Check the periodical orthodontic status

• Explanation for each part

- a. For fixing a maxillary model.
- b. For fixing a mandibular model
- c. For preventing from the crash of the impression models & being a role as central support.
- d. Use to fix an impression model (project screw in the round)

• Explanation for each parts

- 1) Attach impression models on (a) & (b) and check orthodontic treatment status & Bite downing @ using an adjustable screw (rounded attachment in the backside)
- 2) Possible to check the specific area (side) not the whole impression.
- 3) Make a treatment plan & check the orthodontic status simply not using an orthodontic articulator.



Orthodontic

Orthodontic Treatment

Orthodontic
Treatment

A treatment that makes healthy oral tissue and a beautiful face by correcting abnormally arranged teeth and various skeletal problems that can occur during a growth process.

Utility Plier

Multi-purpose plier which has fine tapered tip.
Used to hold an archwire.



Arrangement

01. Separating Plier	OPSP01	P.307
02. Band Pusher	3ORWBP1	P.307
03. Bracket Height Gauge	OGBH018, OGBH022	P.306
04. Bracket Removing Plier	OPBI02, OPBI03	P.308
05. Weingart Utility Plier	OPUP01	P.313
06. Ligature Forceps	OPLF01	P.313
07. Pin Cutter	OPPC01	P.314
08. Distal End Cutter	OPDE01	P.315
09. Tucker	ORWB3	P.307
10. Cinch Back Plier	OPCB01	P.312

Process

OPSP01, 3ORWBP1
OGBH018, OGBH022
OPBI02, OPBI03

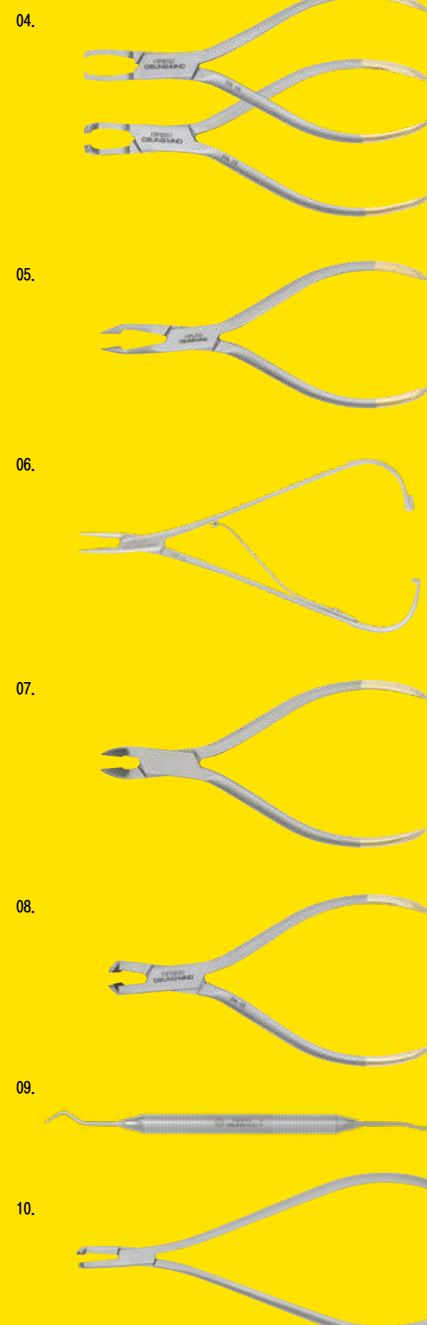


01. 02. Band placement 03. 04. Bracket placement

OPPC01
OPDE01
ORWB3
OPCB01



05. 06. Wire ligation 07. 08. 09. 10. Wire cutting



Practice

01. 02. Band placement

✧ **Used**
Hold the separating ring to allow space between the teeth before fitting and placement of orthodontic bands.

✧ **Character**
Angulated and grooved beaks for accurate accessibility.

Separating Plier_OPSP01

How to use

Insert the separating ring into the groove of the tip and spread the plier apart so that only one side of the band enters between the teeth with a sawing motion.



Insert the separating ring using a separating plier.



✧ **Used**
Used for seating and pushing orthodontic bands into the correct position on a tooth.

✧ **Character**
Serrated tip for the effective control of the band.

Band Pusher_3ORWBP1

How to use

While pushing the band pusher with the opposite finger, apply force in the mesio-distal direction so that the edges of the band snap into the gaps between teeth.



Press and align the band with a pushes to the mesio-distal direction, then fit the buccal and lingual side of a tooth.



03. 04. Bracket placement

✧ **Used**
Bracket height gauge used to measure the distance from the incisal edge to the bracket slot, ensuring accurate bracket positioning.

✧ **Character**
The straight type/bracket height gauge does not interfere with the lateral teeth during bracket bonding.

Bracket Height Gauge_OGBH018

OGBH022

Place the bracket height gauge to the band to the corresponding height of the bracket slot.



Place the cord by pushing it into the gingival sulcus on the distobuccal area.

Orthodontic

Orthodontic Treatment

❖ **Used**
For effective removal of bracket from the tooth surface.

❖ **Character**
a sharp tapered tip.

Bracket Removing Plier_OPB102
OPB103

How to use

Place the tip of a bracket removing plier on the bracket wing and squeeze the bracket wings mesiodistally and lift the bracket with the peel force at once.



Grasp the bracket wing for bracket removing.

05. 06. Wire ligation

❖ **Used**
Ensure a positive grip when operating thin wire. Useful for archwire placement and removal.

❖ **Character**
Fine pointed tip gives excellent access and visibility during operation.

Weingart Utility Plier_OPUP01

How to use

Insert the tip into the bracket slot and start moving the wire with minimum force during the archwire fitting.



Place the archwire to the bracket slot precisely using utility plier.

Orthodontic

Orthodontic Treatment

❖ **Used**
For holding the ligature wire securely when placing the wire to the brackets.

❖ **Character**
Similar to Hemostat

Ligature Forceps_OPLF01

How to use

Ligate wires by rotating the forceps using the thumb, index finger and middle finger after positioning the ligature wire.



Ligate the O-ring or ligature wire wrapping around the bracket.



Ligate the ligature wire to the archwire and bracket using a ligature forceps.

07. 08. 09. 10. Wire cutting

❖ **Used**
Designed to cut soft ligature wire.

❖ **Character**
Finely tapered tips allow cutting in difficult and inaccessible areas with minimal access.

Pin Cutter_OPPC01

How to use

Open the plier beaks and cut the ligature wire leaving approximately 2~3mm.



Cut the ligature wire using a pin cutter.

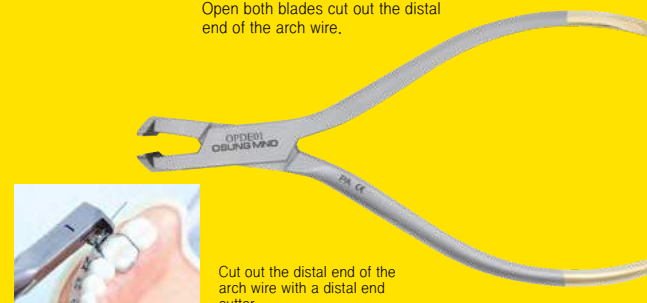
❖ **Used**
Designed to cut off the ends of the archwires.

❖ **Character**
The cutting part is bent at a right angle. Hold an arch wire during the wire cutting in the oral cavity.

Distal End Cutter_OPDE01

How to use

Open both blades cut out the distal end of the arch wire.



Cut out the distal end of the arch wire with a distal end cutter.

Orthodontic

Orthodontic Treatment

❖ Used

Designed to push the cut end of the ligature wire downward into the arch wire so that the ligature wires don't irritate lips or gums.

❖ Character

A fine notch is created on the surface of the tucker tip, where the wire can easily be placed and turned even in tight places.

Tucker_ORWB3

How to use

Wrap the end of the ligature wire around the archwire and push it into the interdental space.



Push the excess ligature wire with tucker wrapping around the archwire.



Push the excess ligature wire with weingart utility plier wrapping around the archwire.

❖ Used

Bend the archwire tip to prevent damage to the soft tissue.

❖ Character

A concave and convex beak design allows you to easily bend and adjust many sizes of archwires.

Cinch Back Plier_OPCB01

How to use

For maxillary archwire bending, make the concave part of the beak head toward the occlusal surface, causing the wire to bend towards the gums. (For mandibular, do the opposite.)



Bend the excess archwire with the cinch back plier.

Products for
Dentistry

OSUNG Catalogue 2020/2021

Instrument
Management

Products for Dentistry

OSUNG Catalogue 2020°2021



INSTRUMENT
MANAGEMENT

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Instrument Management

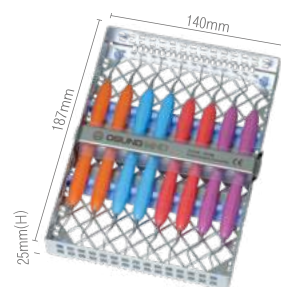
Instrument Cassettes

1. No lid
2. Fix with pressure bar
3. Easy to clean and set instruments
4. Silicone on the bottom prevents products from damage.

Economical & essential product

EFS8

- Exterior dimensions 187 x 140 x 25H(mm)
- Capacity of 8 periodontal & diagnostic instruments. (Max. length 184mm)



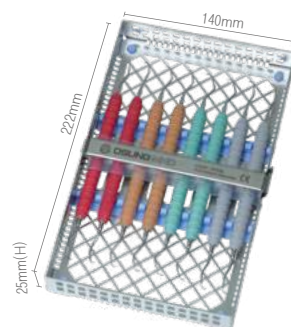
Essential for protection of blades. The best cost-effectiveness product

EFS8L

- Exterior dimensions 222 x 140 x 25H(mm)
- 8 instruments' capacity. (Max. length 221mm)

Character

Designed for long-sized instruments like periosteal elevators, sinus lifts and so on.



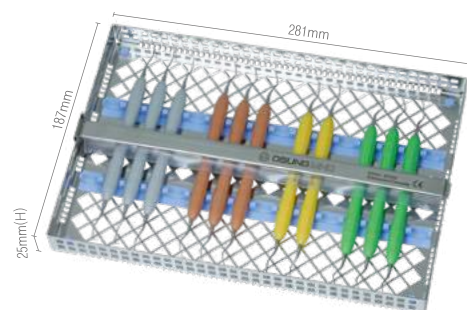
Simple type & high economics

EFS16

- Exterior dimensions : 281 x 187 x 25H(mm)
- Capacity of 16 periodontal & diagnostic instruments. (Max. length 184mm)

Character

Possible to make an important surgical kit with other instruments such as osteotome.



Instrument Management

Instrument Cassettes

1. Silicone on the bottom prevents products from damage.
2. The spring lock system is easy to open & close.

For students of dental hygienic

EFCCN1

- Exterior dimensions : 144 x 185 x 21.7H(mm)
- Capable of 10 periodontal instruments.

Character

It comes in with a lid and is compact, easy to keep and portable. This product is made of stainless steel. And it is designed to sustain big loads and impacts for students to make convenient use of it.



For composition of surgical operation kit with enhanced durability

EFCCL1

- Exterior dimensions : 305 x 210 x 34H(mm)

Character

A cassette for periodontal and implant surgery. The lock employs a spring lock system, which offers easy opening and closing without mechanical failures.

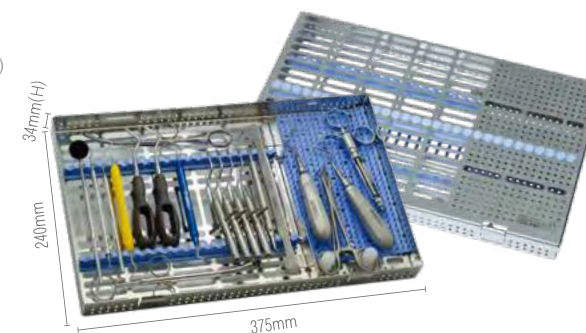


For composition of surgical operation kit

Pls check whether it is suitable to your autoclave as it is a large size.

EFCCL2

- Exterior dimensions : 375 x 240 x 34H(mm)

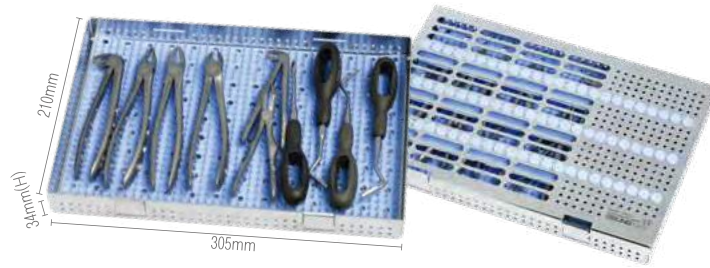


Instrument Cassettes

This is a cassette designed to store such large tools as forceps and elevators

EFCCL1-F

- Exterior dimensions : 305 x 210 x 34H(mm)



Character

1. For surgical operation
2. The silicone pad is inserted for protection of the product
3. Spring lock type locking system

This cassette is designed for the storage of elevators and luxators

EFCCL1-L

- Exterior dimensions : 305 x 210 x 34H(mm)

Character

1. For surgical operation
2. The silicone pad is inserted for protection of the product
3. Spring lock type locking system



Cassette specifically designed to optimize cleaning, sterilization and instrument protection

EFCCL15

- Exterior dimensions : 210 x 271 x 34H(mm)
- Capacity of 15 periodontal & diagnostic instruments.

Character

1. Easy to clean instruments
2. The silicone pad is inserted for protection of the product



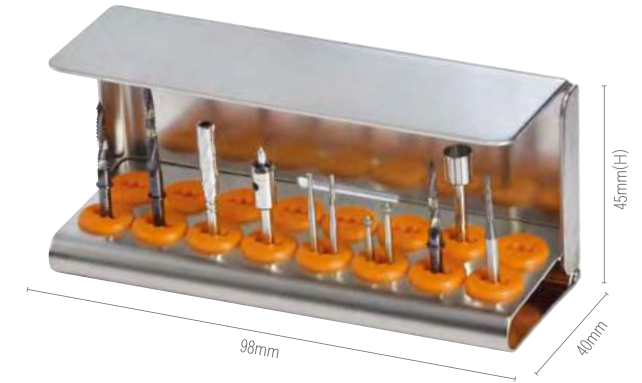
Surgi-Drill Stand

Surgi-Drill Stand

Surgi-Drill Stand is a perfect solution for managing surgical drills and burs. The stand has 16 multi-silicone-holders and the multi-holder can hold any kinds of drill & bur.

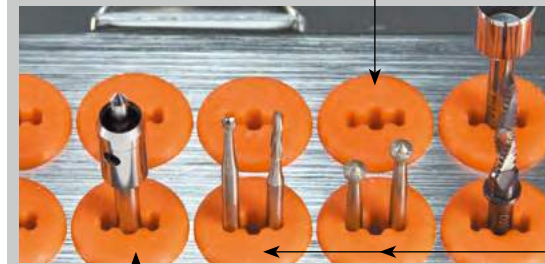
DSTA16

- Size 98 x 40 x 45H(mm)



The long-sized drill can be contained by overturning the stand. Long drills can be contained like the picture, as some part of the bottom is windowed for long drills. In this case, the upper side of the cover becomes the bottom.

1



Multi-holder : The centered large hole is for a drill or a low-speed bur, and the winged-small holes are for high-speed burs.

implant tissue punch

One holder can hold two FG burs.

2



The cover can be used as a mini-tray when it is opened.

Surgical Drape · Wrapping Clothes · Instrument Pouches

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 diameter : 90mm

* When sterilization, pls take out the magnet and put magnet again after autoclave.

Wrapping Cloth



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

WR5050

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

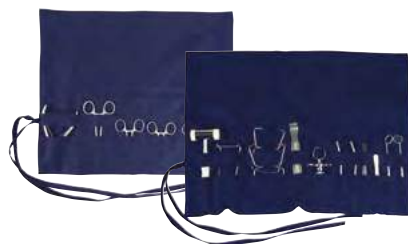
WR7575

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



Video Clip

Durable fabric and luxurious color! Best choice for those who prefer a cloth pouch for instrument storage and sterilization



- Used to store and sterilize dental instruments. Also, it can be used as an instrument cassette during operation. It is recommended to the dentists who prefer soft material to hard material like a metal cassette. It is made of two-layered linen.
- Made in Korea.

WPA

- Size : 470 x 400 (mm)

WPB

- Size : 550 x 400 (mm)

Endo File Boxes

Endo Bath

It holds up to 44 files and reamers for autoclave sterilization.



EAA1

- Endo Bath, Silver
- Size 78 x 59(H)mm

Endo Can

It is a small sized box for each patient for preventing infection. It holds up to 20 files and reamers for autoclave sterilization.



EAB1

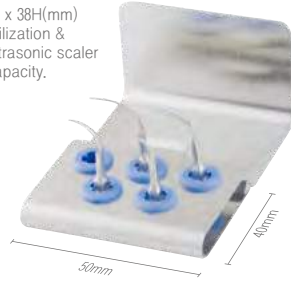
- Endo Bath, Silver
- Size 46 x 60(H)mm

Scaler Tip Management

Scaler Tip Stand

USSTA5

- Size : 50 x 40 x 38H(mm)
- Used for sterilization & storage of ultrasonic scaler tips, 5 tips capacity.



CHARACTER

1. Superior durability by stainless steel
2. Easy to move and sterilize by the small size and use it on chair-side

Scaler Tip Torque Wrench

USETW

- EMS / SATELEC



CHARACTER

1. Use as a tip stand during sterilization.
2. It is safe from the infection as the tip is not touched to hand when a scaler tip is connected to the handpiece.
3. The handpiece is protected by uniformed torque power.

Sharpening Stone

SST-C3

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



Bur Block

EBB1

Bur Block, Silver

- Size 56 x 26 x 29(H)mm
- It can shorten treatment time if kits are prepared individually for each treatment as FG burs & RA burs can be kept together.

 Autoclavable



Bur Management

My Bur Kit Case

 Autoclavable

NEW

DBKC-A

- Size 88 x 63 x 31H(mm)



NEW

DBKC-B

- Size 88 x 63 x 31H(mm)



Bur Block

 Autoclavable

EBSTAFR87

- Size 61 x 15 x 29H(mm)



Merits of EBSTAFR87

Make better use of space as compact size

- Capacity of FG Bur 8ea & RA Bur 7ea at the same time.
- No loss during keeping or moving by hinge type's cover
- Use as a personal kit, it helps to prevent infection.
- Locking Standing



Max height of bur 25.5mm



RA

FG

FG Bur 8ea & RA Bur 7ea

Cotton Pellet Devices

Cotton Pellet Dispenser

RGCPD

- Size 45 x 60 x 54H(mm)



Cotton Pellet Push Device

- Need just one touch. Convenient to use.

RGCP1

- Stainless Steel
- Size 45 x 45 x 48H(mm)



Autoclavable



One touch! Cotton Pellet Push Device pushes up cotton pellet automatically using cotton pellet dispenser's weight so it is easy to pick cotton pellet up by pincette.

Products for
Dentistry

OSUNG Catalogue 2020/2021

Laboratory

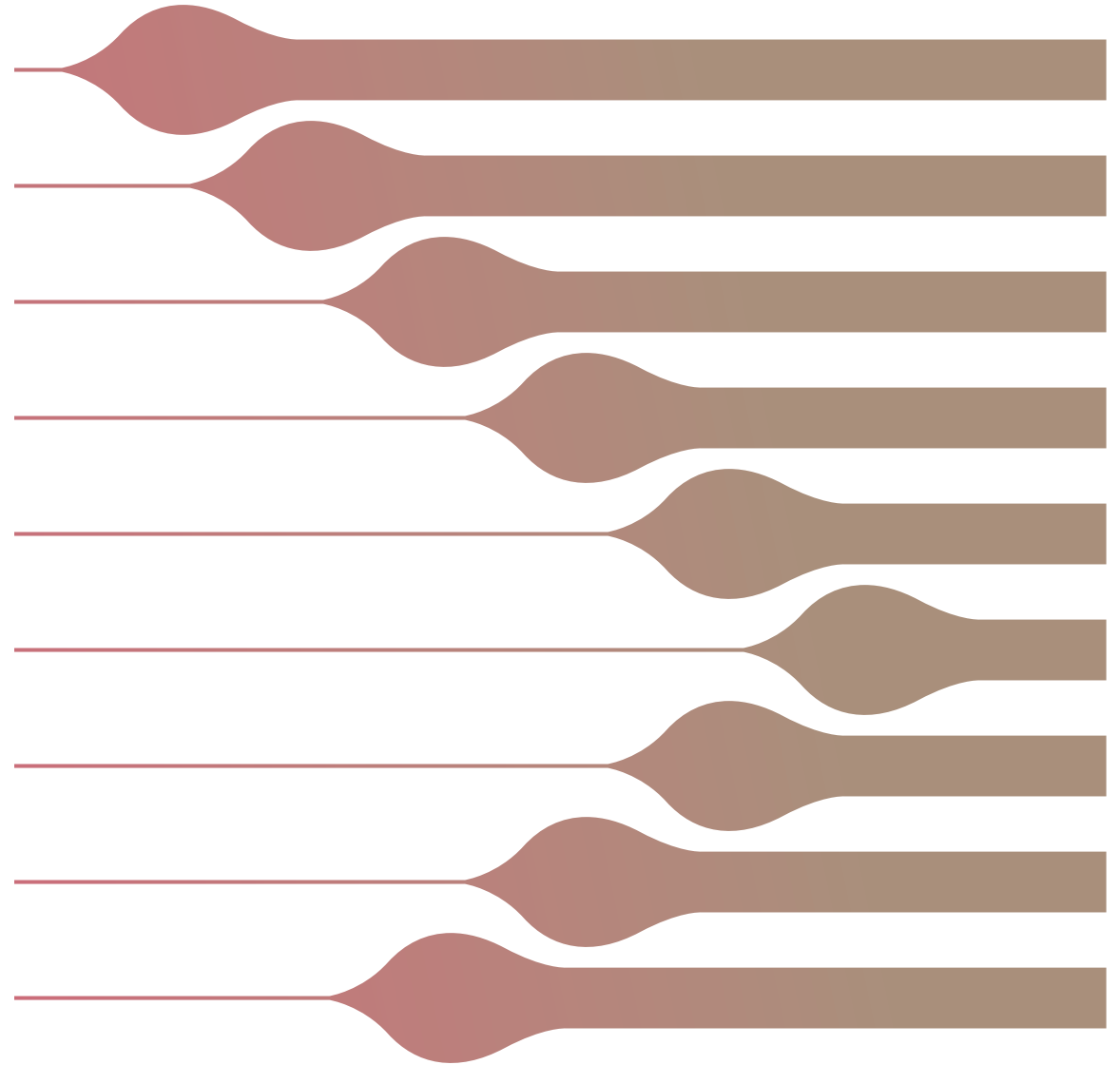
Products for Dentistry

OSUNG Catalogue 2020°2021

LABORATORY

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Laboratory

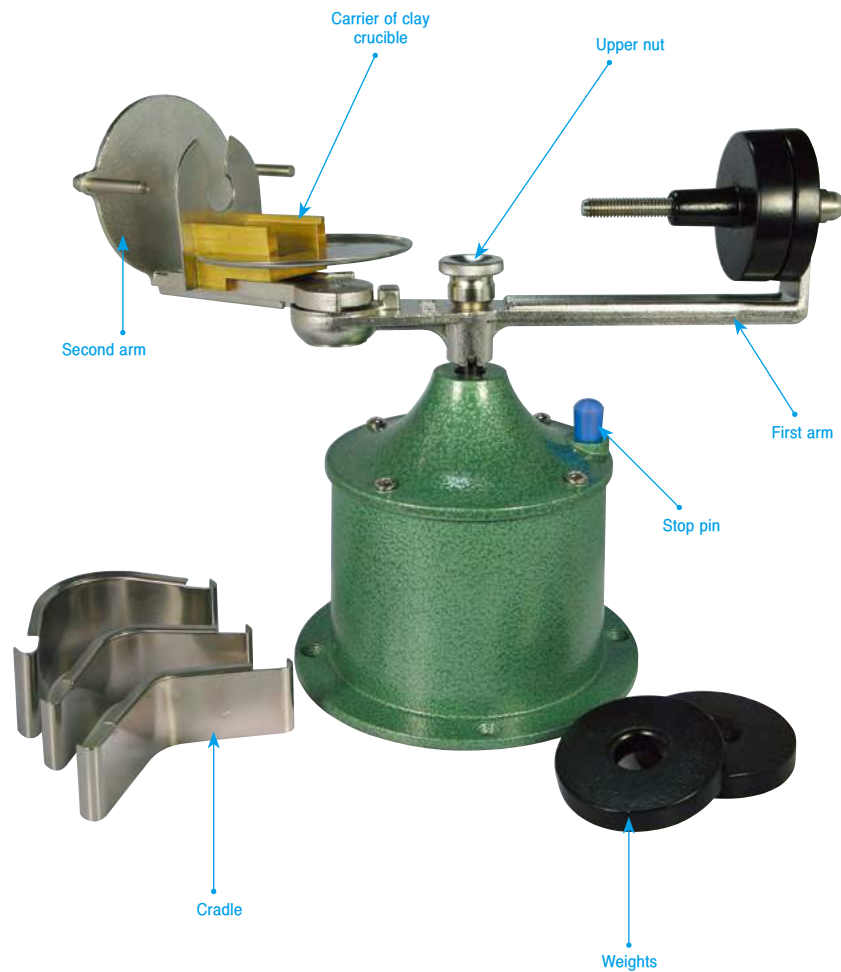
Casting Machine

Spring-operated with a precision stainless casted arm & die-casted barrel.

LEC1

Technical data

- Diameter (arm straightened) 370mm Depth / Height 270mm / Weight 6.8kg



Laboratory

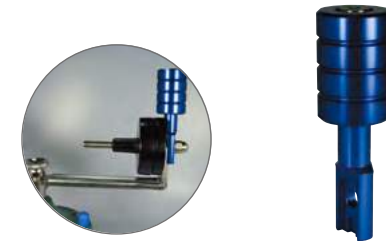
Casting Machine

Casting Machine

LEC1KB

Casting knob

Used as a handle connected to the first arm.



L-UAB-01-TG

Flask tong



Stainless Flask



LEC1FK83

Inner dia 83mm
Outer dia 86mm
Height 62mm



LEC1FK60

Inner dia 60mm
Outer dia 63mm
Height 67mm



LEC1FK41

Inner dia 41mm
Outer dia 44mm
Height 38mm



LEC1FK29

Inner dia 29mm
Outer dia 32mm
Height 38mm

Sprue Base



LEC1SB83



LEC1SB60



LEC1SB41



LEC1SB29

Laboratory

Waxing & Carving Instruments

P.K. Thomas

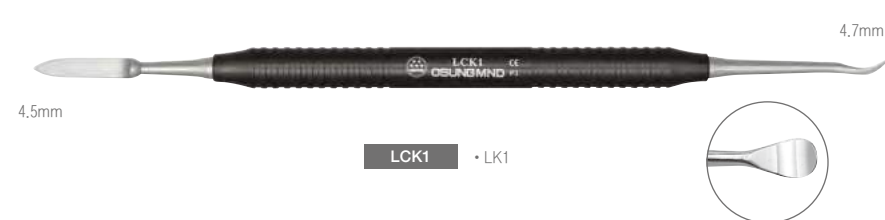


L-PKT • PKT SET
• PKT 1, PKT 2, PKT 3, PKT 4, PKT 5

Laboratory

Waxing & Carving Instruments

Wax Knife



Laboratory

Waxing & Carving Instruments

Cement Spatula / Wax Spatula



Porcelain Spatula

Products for
Dentistry

OSUNG Catalogue 2020/2021

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