



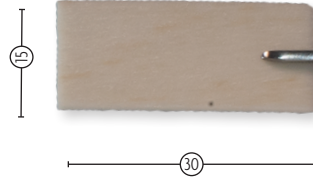
OraGRAFT[®]

Cortical Plate

Clinical Overview The shell technique involves using a thin plate of cortical bone, secured to host bone with at least two osteosynthesis screws, to create a biologic container that maintains the necessary space for bone graft particulates. The cortical plate functions as a stable, slowly resorbed material that can be used as a substitute for autologous bone recovered from the mandibular shelf, eliminating the need for a second surgical site.

Applications Procedures utilizing the shell technique

- Features & Benefits**
- **Convenience:** Ready to use out of the package, no need for rehydration. The graft is preserved using LifeNet Health's proprietary Preservon[®] technology to maintain it in a hydrated state. Preservon-treated grafts have been shown to have strength similar to that of frozen grafts and greater than freeze-dried grafts.¹
 - **Safety:** Sterilized using patented and proprietary Allowash XG[®] technology, which provides a Sterility Assurance Level (SAL) of 10⁻⁶ without compromising the graft's inherent osteoconductive properties.² No need for a second surgical site, which can eliminate the risk of donor-site morbidity and/or infection.
 - **Osteoconductive:** Natural bone matrix facilitates cell attachment and proliferation.



OraGraft Cortical Plate

Ambient Temperature*/5 Year Shelf Life

Volume	Order Code
30 x 15 x 1	CP301501

*While ambient room temperature has not been defined by regulatory bodies, LifeNet Health would recommend storage at 2°C to 37°C with excursions of less than 24 hours up to 40°C. If an excursion outside this range occurs, please contact LifeNet Health.

Instructions for use available at LifeNetHealth.org/IFU

References

1. Independent sources include the Virginia Commonwealth University Medical Center and the American Association of Mechanical Engineers. Data on file at LifeNet Health, Virginia Beach, VA. Technical Report #TR-0216.
2. Eisenlohr LM. "Allograft Tissue Sterilization Using Allowash XG®". 2007 Bio-Implants Brief. (#68-0089)
3. Khoury F. (2017) Augmentation of severe bony defects with intraoral bone grafts: biological approach and long-term results. <http://dx.doi.org/10.1016/j.ijom.2017.02.099>
4. Khoury F. and Hanser T. (2015) Mandibular bone block harvesting from the retromolar region: a 10-year prospective clinical study. *Int J Oral Maxillofac Implants.* 2015 May-Jun;30(3):688-97. doi: 10.11607/jomi.4117
5. Peck MT (2015) Alveolar Ridge Augmentation Using the Allograft Bone Shell Technique *J Contemp Dent Pract* 2015; 16 (9): 768-773
6. Pendarvis WT, Sandifer JB. (2008) Localized ridge augmentation using a block allograft with subsequent implant placement: A case series. *Int J Periodontics Restorative Dent.* 2008 Oct;28(5):509-515.
7. Walloway P, Dorow A. (2012) Lateral Augmentation of the Maxilla and Mandible Using Framework Technique With Allogenic Bone Grafts. *Journal of Oral Implantology*, Dec 2012, Vol 38 No. 2: 661-668

Speak to your local Business Development Manager for further information or contact us using the details below:

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