ROOTT

True optimization

The package that works for you

Each **ROOTT R** implant comes with **free** multi-functional part **CRE**

CRE helps you to reduce costs

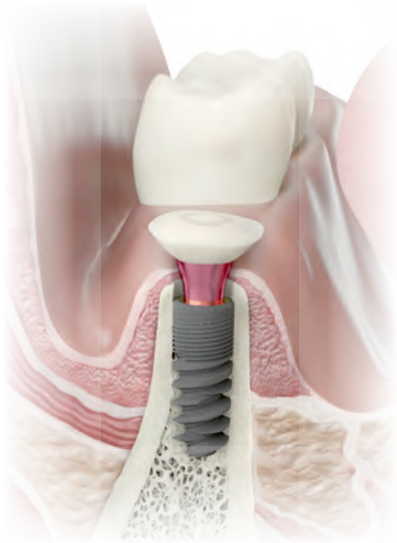
It can be used in:

Direct scan

Time-efficient. No traditional impression, no need to install scan posts.

Cost-efficient. Less chair time, no extra parts, scan bodies.

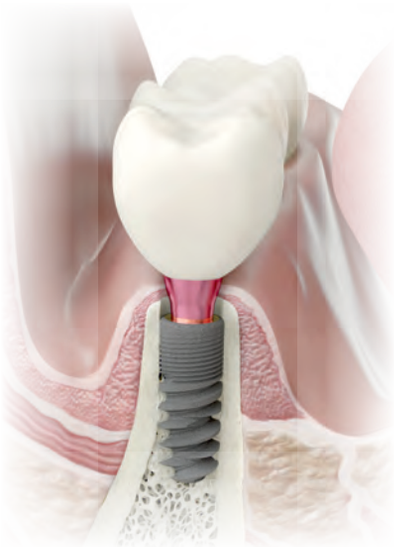
Easy & smart. More convenience with less patient operations, less components to handle.



Customizable healing abutment

Easy handling. With grooves to shorten, form healing abutment and fit perfectly to avoid patient discomfort during the healing period.

Cost-efficiency. As there is no need for additional parts – CRE is created to avoid contaminations and help to achieve aesthetic results for temporary solutions.



Regular abutment

Functionality. For time-efficient and long-term implantology solutions, CRE could be used as a regular abutment, which avoids defilement and withstands longevity measures with easy and precise handling.

Transfer

Effortless impression. CRE and HE-end connected together can be used for impression taking. With firm connection together creating stability and precision.

ROOTT R

Cement & screw retained

Two-piece implant

- Multiple and single restorations.
- Immediate & delayed placement.

Single platform

- 10° cone & internal hex
- Secure connection
- No microgap / no micromovement

Primary stability

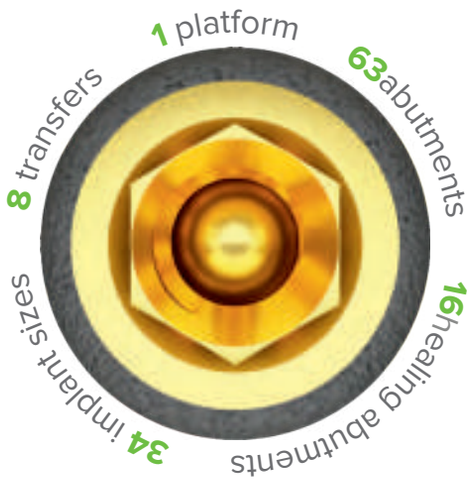
- V-shape design
  Efficient insertion
- RBM blasted, acid etched surface
  Optimum adhesion
- Variable threads
  Bone condensation

1 package – does it all

- Healing abutment
- Regular abutment
- Direct scan
- Transfer

Multiple possibilities

ROOTT R



Freedom and flexibility with switching platform and morse taper connection for all prosthetic components & all implant sizes of

Ø: 3.0–5.5mm
L: 6–16mm

Easy management

TRS

TRS-mini

Clinical cases

By Dr. Mohamad El Moheb

By Dr. Roman Novichenko

More cases

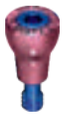
Prosthetic workflows

Healing abutments R

Bone build-up


SC


GF0, GFN0


GFNx


GFx


GFI

Transfers R

Open tray
TOS, TO

Closed tray
TR+TC

Scan posts R

Intra-oral
SPCOIO

Implant analogs R

AN

Scan posts R

Laboratory
SPCO

Implant analogs R

Digital
AND

Abutments R

Mx

MxA15

MxA30

MxA45

Abutments M P

AM
Regular

ABMUA
Burn out
Angled

ABMU
Burn out

PCOM
Titanium base


SFPCOML
Laboratory screw


SDx

Screwdrivers U


SFPCOM
Clinical screw
15Ncm

Mx

MxA15

MxA30

MxA45


GFMx

Healing abutments M P

Transfers M P

Open tray
TOM, TOML

Transfers M P

Closed tray
TRM

Scan posts M P

Intra-oral
SPCOMIO

Implant analogs M P

ANM

Scan posts M P

Laboratory
SPCOM

Implant analogs M P

Digital
ANMD

Abutments M P

AM
Regular

ABMUA
Burn out
Angled

ABMU
Burn out

PCOM
Titanium base

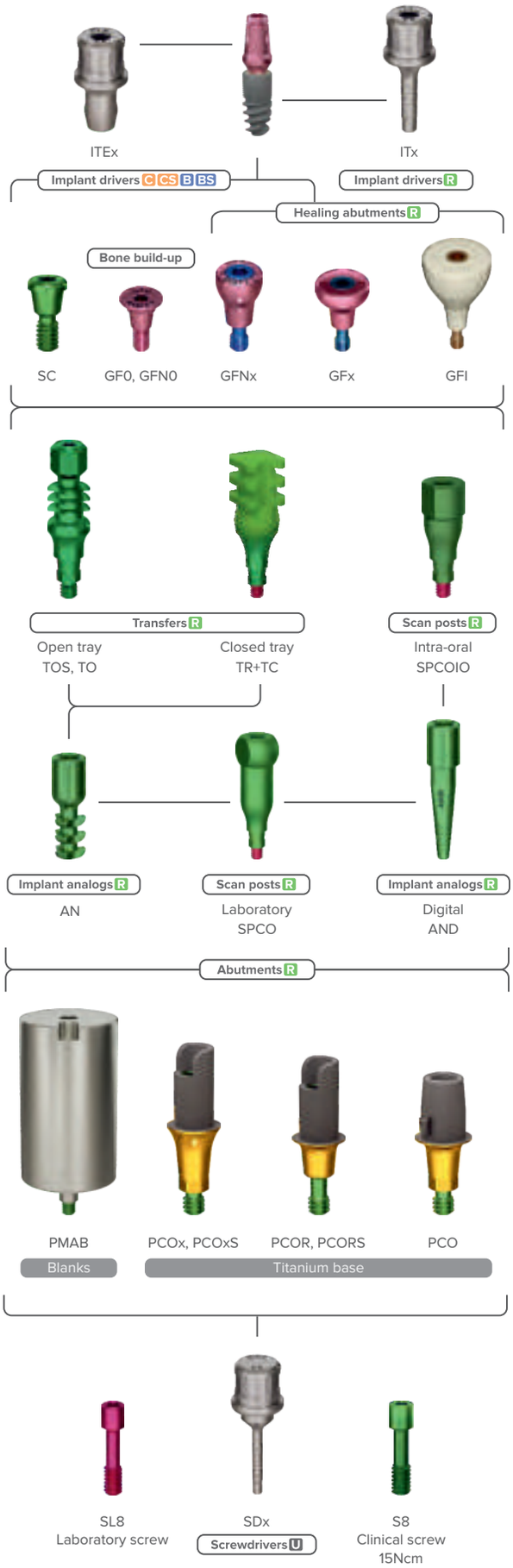

SFPCOML
Laboratory screw

SDx

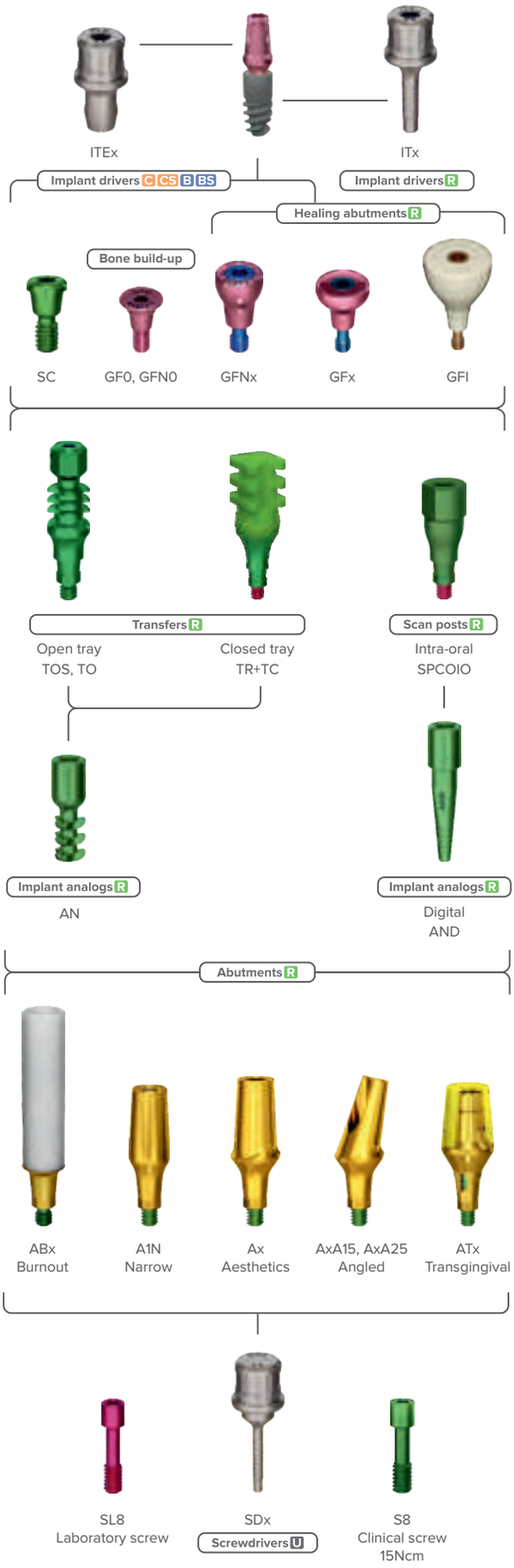
Screwdrivers U

SFPCOM
Clinical screw
15Ncm

ROOTT R



ROOTT R



ROOTT R

Healing abutments R

Bone build-up

SC

GF0, GFN0

GFNx

GFx

GFI

Transfers R

Open tray
TOS, TO

Closed tray
TR+TC

Scan posts R

Intra-oral
SPCOIO

Implant analogs R

AN

Scan posts R

Laboratory
SPCO

Implant analogs R

Digital
AND

Abutments R

MSx

Abutments S

AMS
Regular

ABMUSA
Burn out
Angled

ABMUS
Burn out

PCOMS
Titanium base

SFPCOML
Laboratory screw

SDx

Screwdrivers U

SFPCOM
Clinical screw
15Ncm

ROOTT R

MSx

GFMSx

Healing abutments S

Transfers S

Open tray
TOMS

Transfers S

Closed tray
TRMS

Scan posts S

Intra-oral
SPCOMIOS

Implant analogs S

ANMS

Scan posts S

Laboratory
SPCOMS

Implant analogs S

Digital
ANMSD

Abutments S

AMS
Regular

ABMUSA
Burn out
Angled

ABMUS
Burn out

PCOMS
Titanium base

SFPCOMSL
Laboratory screw

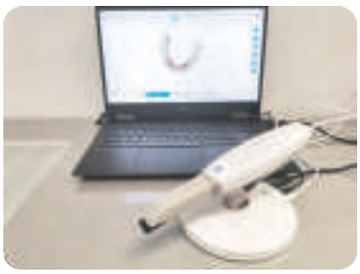
SDx

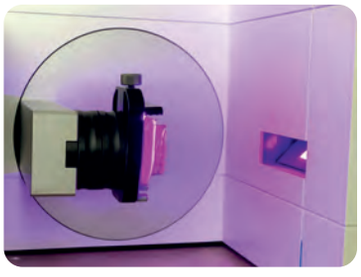
Screwdrivers U

SFPCOMS
Clinical screw
15Ncm

Digital workflow

Intraoral scanner





Extraoral scanner

SPCOMIO + SPCOMIOS +

CRE SPCOIO M1 MS1

PMAB** PCO*

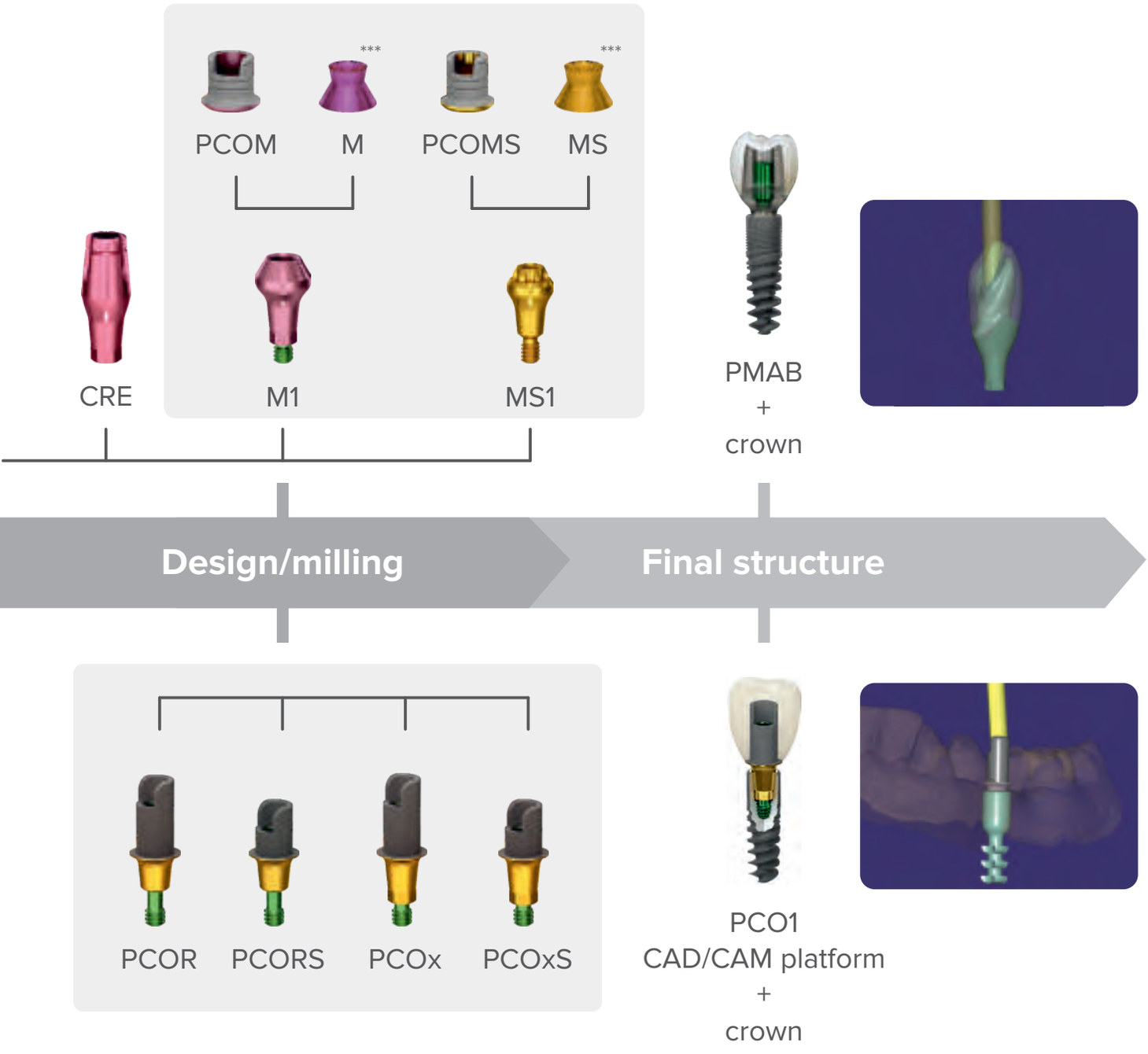
AND

Scan/Impression

AN

SPCO SPCOM + SPCOMS +

M1 MS1



* Cerec part for Sirona.
** Premilled abutment blank.
*** MU abutment is only accessible in digital library with angulation option and used with SFPCOMS screw for MS1, SFPCOM screw for M1.

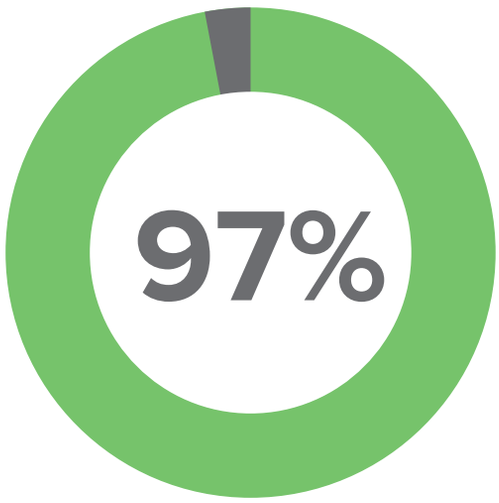
Abutments in the light grey background are angulated from 0° to 20° and are easily handled with an SDLB screw driver.

Excellent 5 years clinical evidence with ROOTT implants

Confidence with traditional approach

Cement Screw Telescopic

ROOTT R



Average survival rate

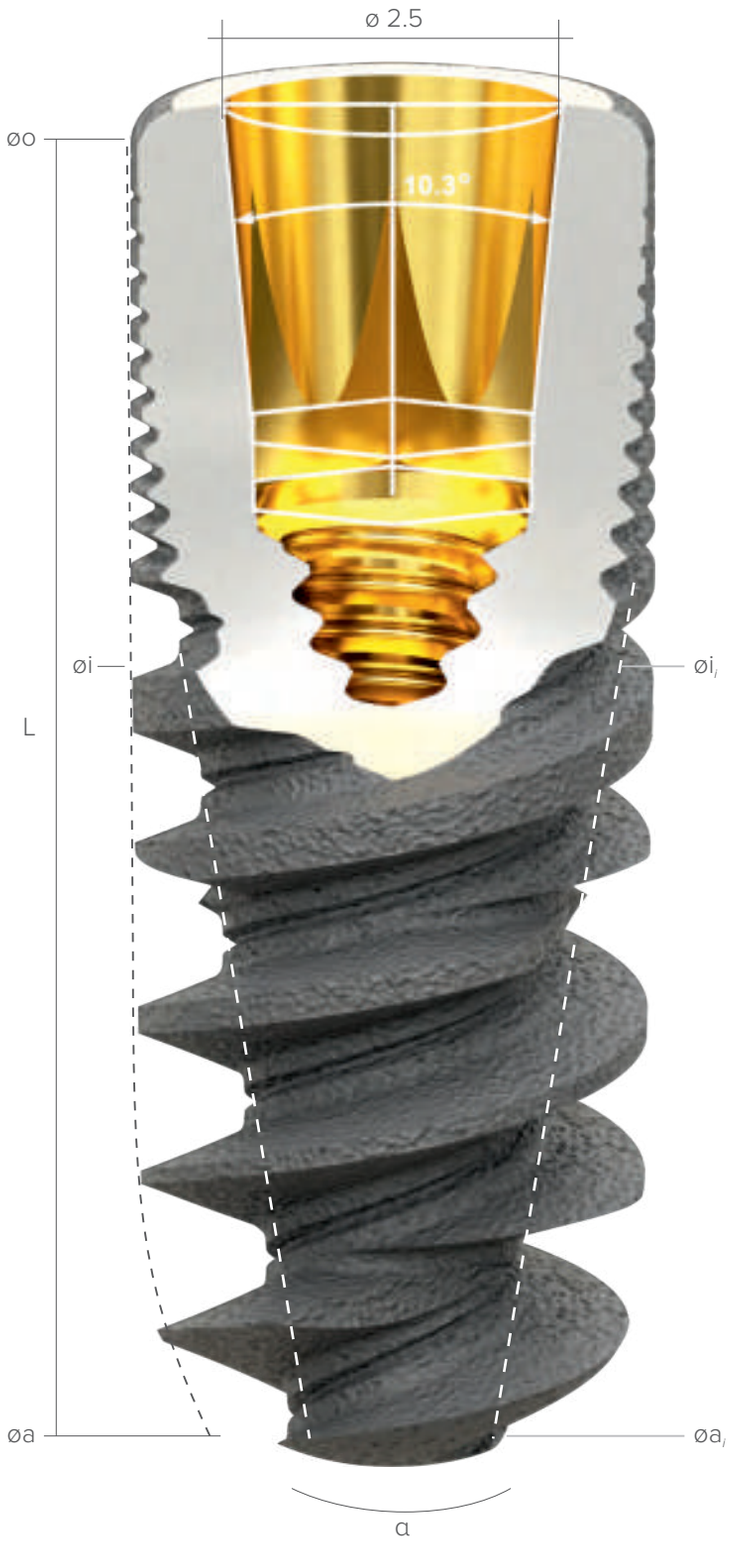
The post-market clinical follow-up study showed a significantly high average survival rate of 97.86% of the entire ROOTT Dental Implant System.
Report from 2021-05-24

High quality and safety standards

Medical devices under this catalog are in compliance with established EU regulatory requirements.

ROOTT R

M1.6x0.35 6H



o - occlusal diameter (mm); i - intraosseous diameter (mm); a - apical diameter (mm);
α - total internal angle (°); s - intraosseous square area (mm^2); *i* = internal.

ø 3.0	ø 3.5	ø 3.8	ø 4.2	ø 4.8	o / L
øi | *øii* øa | *øai* S | α Ti6Al4V ELI	R3506 3.5 | 3.3 3.4 | 1.8 85 | 24 	R3806 3.8 | 3.4 3.7 | 1.6 95 | 28 	R4206 4.2 | 3.6 4.1 | 1.9 106 | 26.5 	R4806 4.2 | 3.8 4.1 | 1.7 114 | 29 	6 mm
	R3508 3.5 | 3.3 3.4 | 1.7 111 | 20 	R3808 3.8 | 3.4 3.7 | 1.3 128 | 21 	R4208 3.6 | 3.2 3.5 | 1.2 125 | 21 	R4808 4.2 | 3.8 4.1 | 1.7 147 | 24 	8 mm
R3010 3.0 | 2.5 2.8 | 1.4 114 | 14 	R3510 3.5 | 3.2 3.3 | 0.8 137 | 21 	R3810 3.8 | 3.4 3.6 | 1.2 159 | 15 	R4210 3.6 | 3.2 3.4 | 1.2 154 | 15 	R4810 4.2 | 3.8 4.0 | 1.6 182 | 17 	10 mm
R3012 3.0 | 2.5 2.7 | 1.4 137 | 10 	R3512 3.4 | 3.2 3.3 | 0.7 164 | 17 	R3812 3.7 | 3.4 3.6 | 1.2 190 | 12 	R4212 3.5 | 3.2 3.4 | 1.1 182 | 12 	R4812 4.1 | 3.8 4.0 | 1.5 217 | 14 	12 mm
R3014 3.0 | 2.5 2.5 | 1.4 159 | 7.5 	R3514 3.4 | 3.2 3.2 | 0.7 188 | 14 	R3814 3.7 | 3.4 3.5 | 1.1 220 | 10 	R4214 3.5 | 3.2 3.3 | 1.1 209 | 10 	R4814 4.1 | 3.8 3.9 | 1.4 249 | 11 	14 mm
R3016 2.9 | 2.4 2.4 | 1.4 178 | 6 	R3516 3.3 | 3.2 3.1 | 0.6 215 | 12 	R3816 3.6 | 3.4 3.4 | 1.0 249 | 9 	R4216 3.4 | 3.2 3.1 | 0.8 234 | 10 	R4816 4.0 | 3.8 3.8 | 1.4 285 | 10 	16 mm

ROOTTR

o - occlusal diameter (mm); i - intraosseous diameter (mm); a - apical diameter (mm);
α - total internal angle (°); s - intraosseous square area (mm^2); *i* = internal.

ø 5.5	ø 6.5	ø 7.5	ø 8.5	o / L
R5506 5.5 | 3.9 4.1 | 1.8 167 | 38.5 	R6506 6.5 | 3.9 4.1 | 1.8 226 | 38.5 	R7506 7.5 | 3.9 4.1 | 1.8 302 | 38.5 	R8506 8.5 | 3.9 4.1 | 1.8 381 | 38.5 	6 mm
R5508 5.5 | 3.9 4.1 | 1.8 230 | 38.5 	R6508 6.5 | 4.0 4.1 | 1.8 317 | 38.5 	R7508 7.5 | 4.0 4.1 | 1.8 431 | 38.5 	R8508 8.5 | 4.0 4.1 | 1.8 550 | 38.5 	8 mm
R5510 5.5 | 3.2 1.7 | 1.0 246 | 40 	R6510 6.5 | 3.5 3.8 | 1.0 338 | 40 	R7510 7.5 | 3.5 3.8 | 1.0 456 | 40 	R8510 8.5 | 3.5 3.8 | 1.0 566 | 38.5 	10 mm
R5512 5.5 | 3.2 1.7 | 1.0 315 | 40 	R6512 6.5 | 3.5 3.8 | 1.0 435 | 40 	R7512 7.5 | 3.5 3.8 | 1.0 591 | 40 	R8512 8.5 | 3.5 3.8 | 1.0 741 | 40 	12 mm
R5514 5.5 | 3.2 1.7 | 1.0 385 | 40 	R6514 6.5 | 3.6 3.8 | 1.0 533 | 40 	R7514 7.5 | 3.6 3.8 | 1.0 726 | 40 	R8514 8.5 | 3.6 3.8 | 1.0 917 | 40 	14 mm
R5516 5.5 | 3.2 1.7 | 1.0 454 | 40 				16 mm

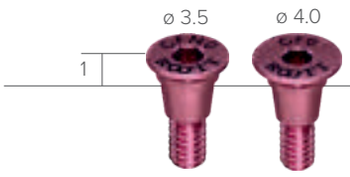
øi \| ø*i*
øa \| ø*a*
S \| α

Ti6Al4V ELI

Healing abutments

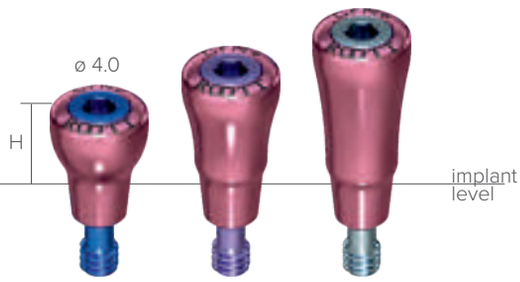
Instructions

Bone build-up



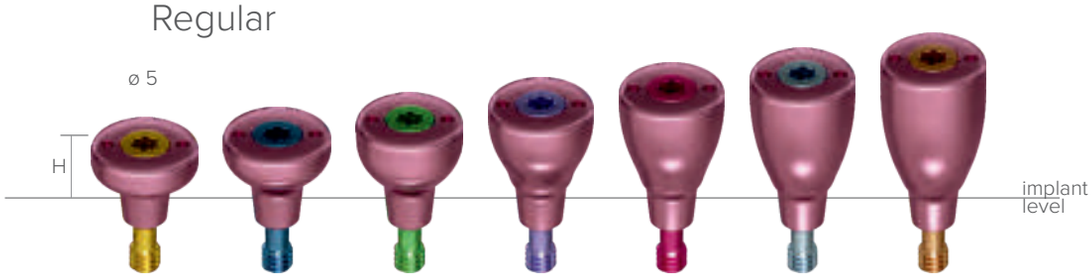
REF	GFN0	GF0

Narrow



REF	GFN2	GFN4	GFN6
H	3.8 mm	5.8 mm	7.8 mm

Regular

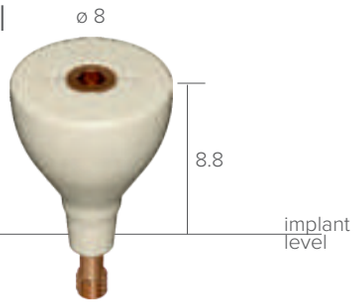


REF	GF1	GF2	GF3	GF4	GF5	GF6	GF7
H	3.1 mm	3.8 mm	4.8 mm	5.8 mm	6.8 mm	7.8 mm	8.8 mm

One-piece

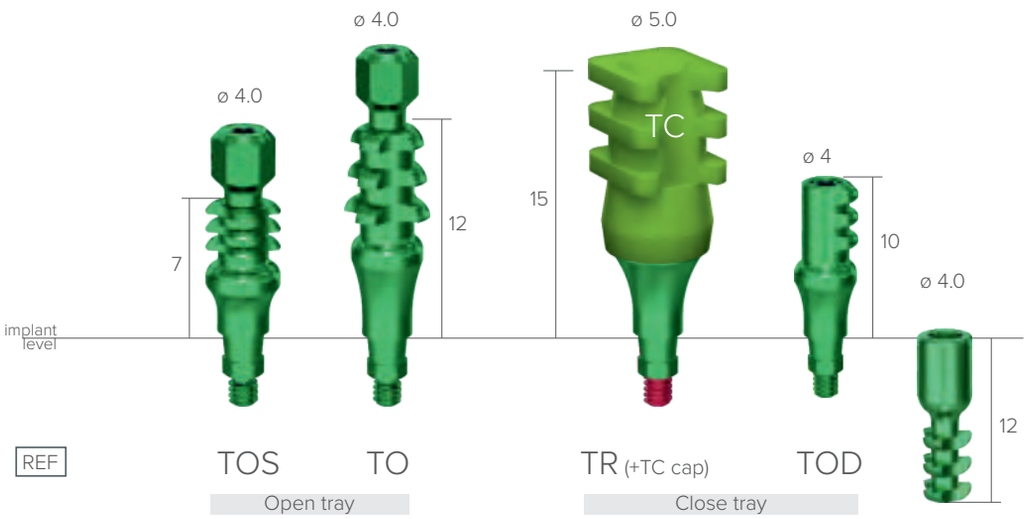
REF	GFP3	GFP4	GFP5
H	5 mm	6 mm	7 mm

Individual (PEEK)



REF	GFI

Transfers & implant analogs



REF

TOS TO

Open tray

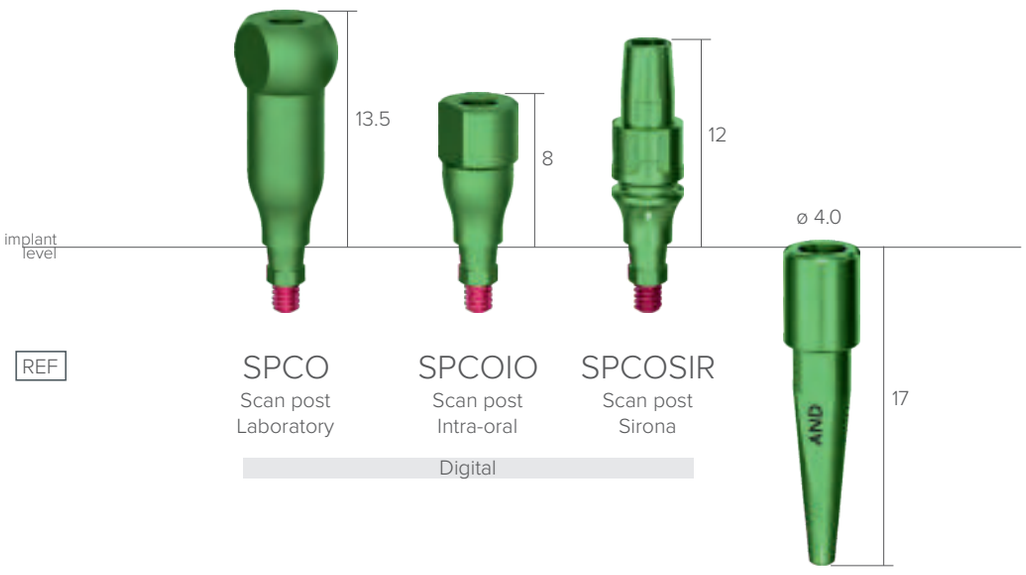
TR (+TC cap) TOD

Close tray

AN

Analog

Instructions



REF

SPCO
Scan post
Laboratory

SPCOIO
Scan post
Intra-oral

SPCOSIR
Scan post
Sirona

Digital

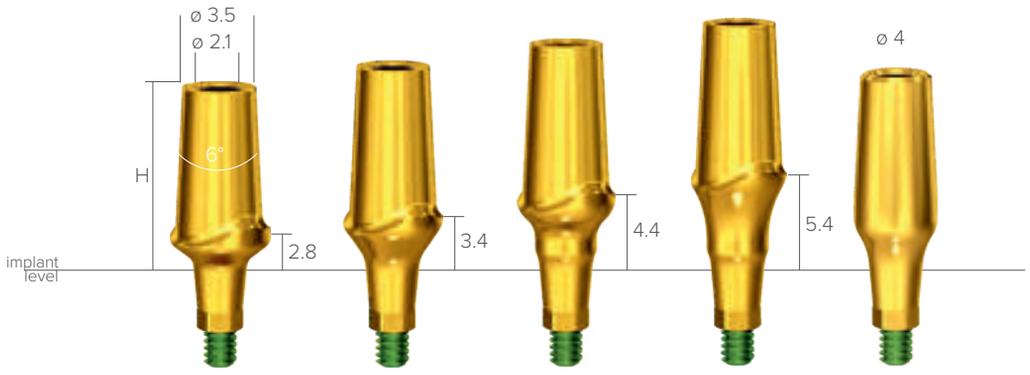
AND

Digital analog

Abutments

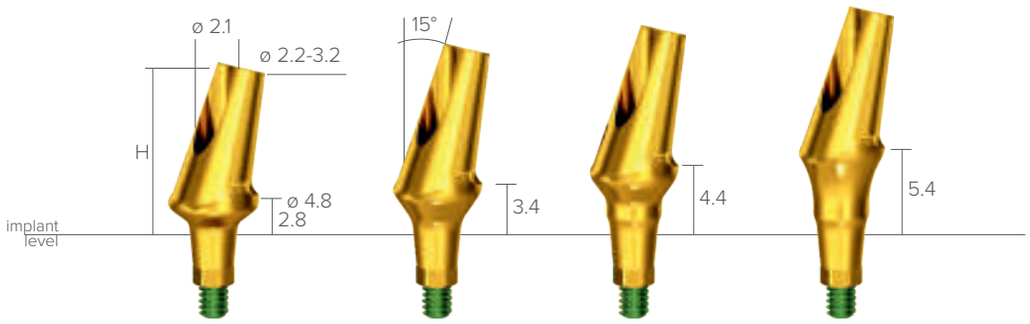
Instructions

Straight anatomical abutments



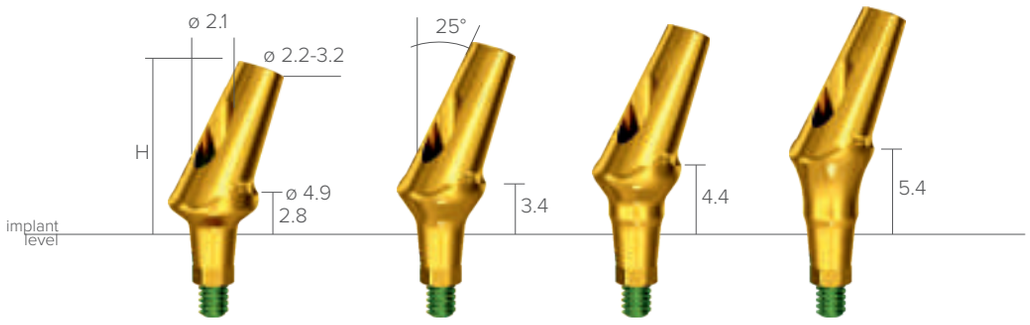
REF	A1	A2	A3	A4	A1N
H	9.3 mm	10.3 mm	11.3 mm	12.3 mm	9.75 mm

15° angled anatomical abutments



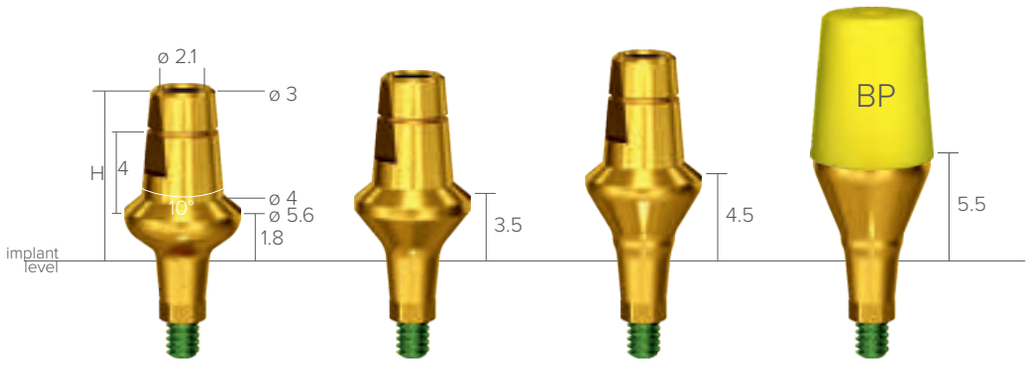
REF	A1A15	A2A15	A3A15	A4A15
H	9.4 mm	10.4 mm	11.4 mm	12.4 mm

25° angled anatomical abutments



REF	A1A25	A2A25	A3A25	A4A25
H	9.4 mm	10.4 mm	11.4 mm	12.4 mm

Transgingival abutments



REF	AT1	AT2	AT3	AT4
H	8.9 mm	9.4 mm	10.4 mm	11.4 mm

BP — free burn out part with each transgingival abutment

How it works

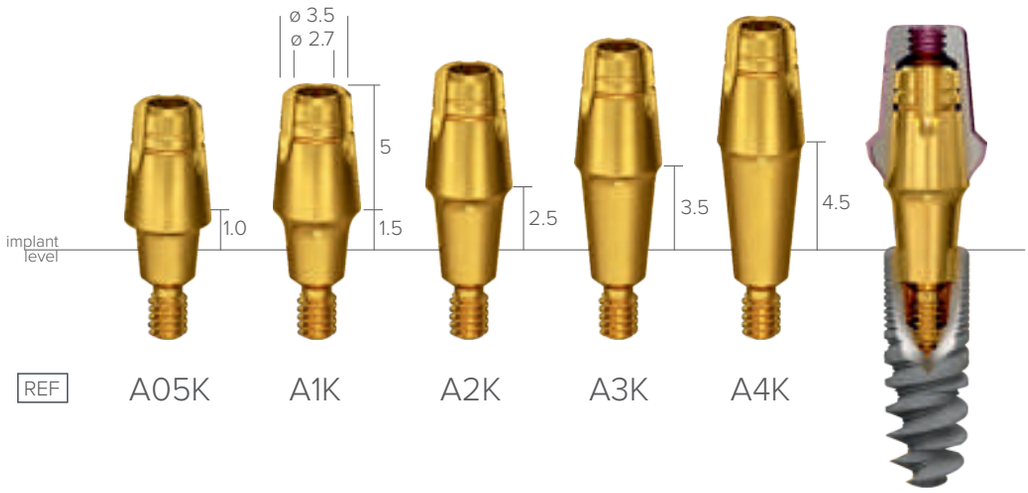
Place BP cap on AT abutment

Adjust height by cutting

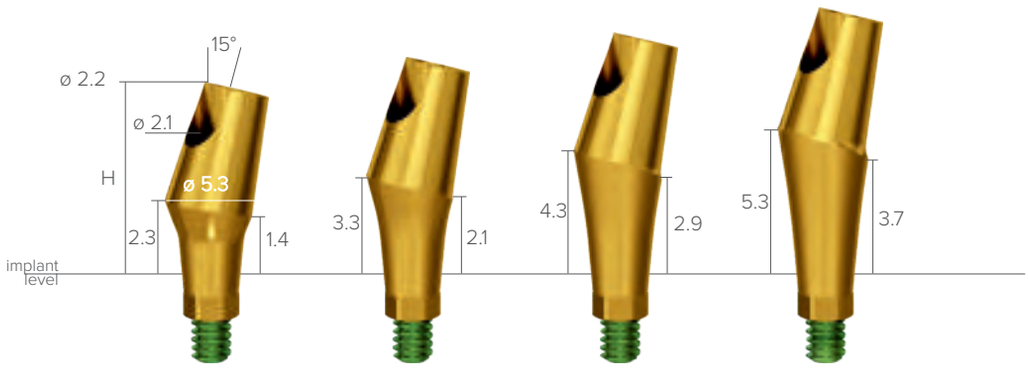
Use wax for modelling future crown

Fix crown to AT abutment

One-piece abutments for telescopic fixation



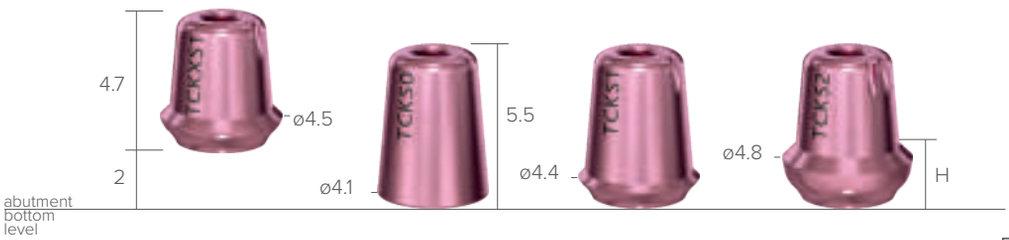
Narrow abutments for telescopic fixation



REF	A1A15K	A2A15K	A3A15K	A4A15K
H	6.9	7.9	8.9	9.9

Titanium abutments for telescopic fixation

	TCK0	TCK1	TCK2	TCK3	REF
H	0 mm	1 mm	2 mm	3 mm	



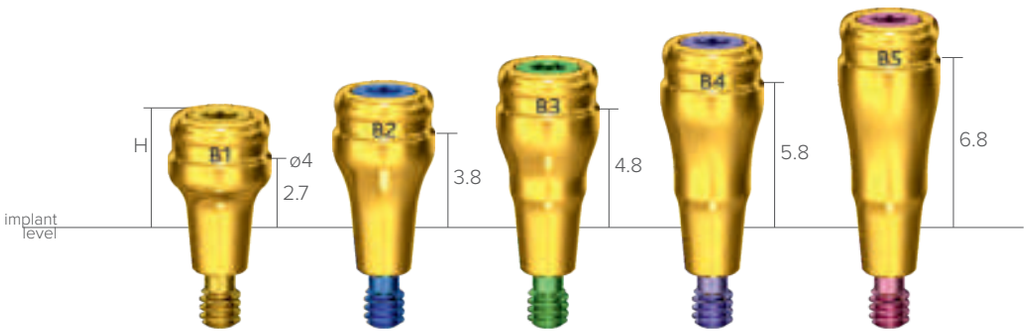
	TCKXS1	TCKS0	TCKS1	TCKS2	REF
H	1 mm	0 mm	1 mm	2 mm	

PEEK abutments for telescopic fixation

	PCK0	PCK1	PCK2	PCK3	REF
H	0 mm	1 mm	2 mm	3 mm	

	PCKXS1	PCKS0	PCKS1	PCKS2	REF
H	1 mm	0 mm	1 mm	2 mm	

Attachments



REF	B1	B2	B3	B4	B5
H	4.3 mm	5.2 mm	6.2 mm	7.2 mm	8.2 mm

REF	HBC	BCW	BCY	BCP

Burn-out abutments

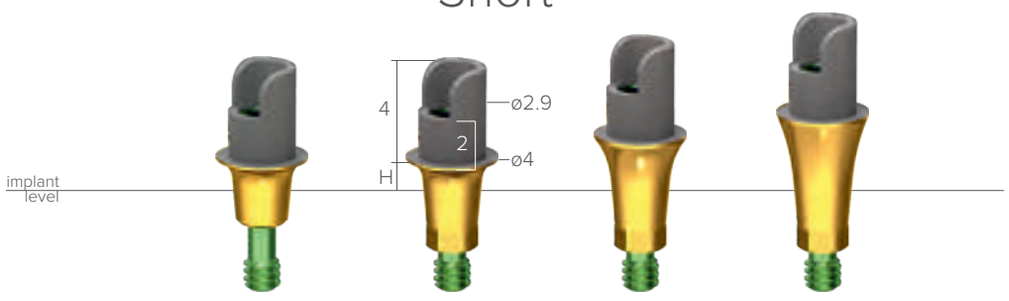
REF	AB	ABR	ABM	A1NP
	Burnout with positioning Can be used with PCO1S...PCO3S	Burnout without positioning Can be used with PCO1...PCO3, PCO1S....PCO3S	Burnout with titanium base	Burnout straight, narrow

Titanium base

Regular

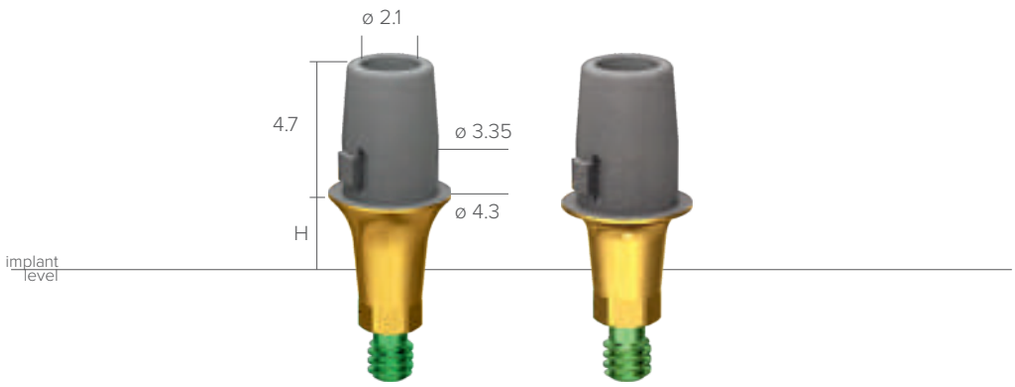
REF	PCOR	PCO1	PCO2	PCO3
H	1.5 mm	1.5 mm	2.5 mm	3.5 mm

Short



REF	PCORs	PCO1s	PCO2s	PCO3s
H	1.5 mm	1.5 mm	2.5 mm	3.5 mm

For Sirona



REF	ATR2	PCO
H	1.8	1.5 mm

Pre-milled abutments

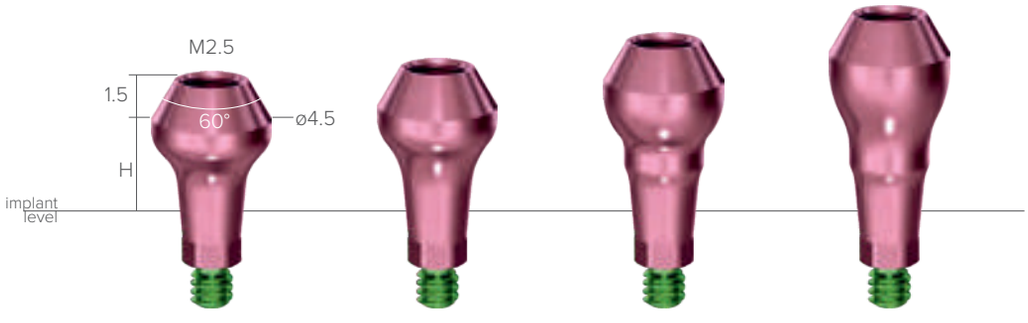
PMAB	PMABP
Ø 11.5mm	PEEK Ø 11.5mm

Multi-unit abutments

Small multi-unit abutments

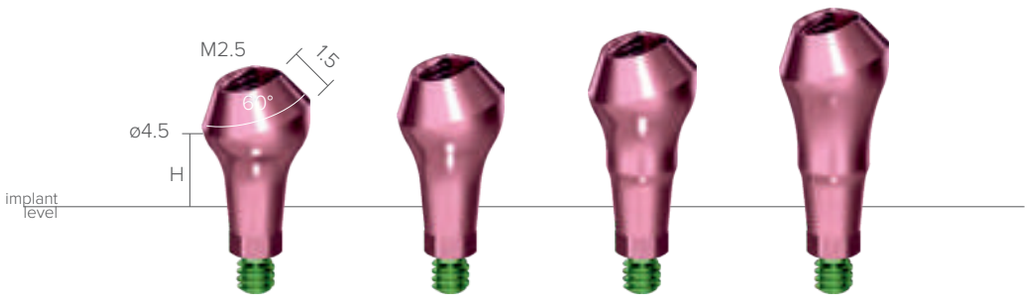
REF	MS1	MS2	MS3	MS4
H	3 mm	3.5 mm	4.5 mm	5.5 mm

Regular multi-unit abutments



REF	M1	M2	M3	M4
H	3 mm	3.5 mm	4.5 mm	5.5 mm

15° angled multi-unit abutments



REF	M1A15	M2A15	M3A15	M4A15
H	3 mm	3.5 mm	4.5 mm	5.5 mm

30° angled multi-unit abutments

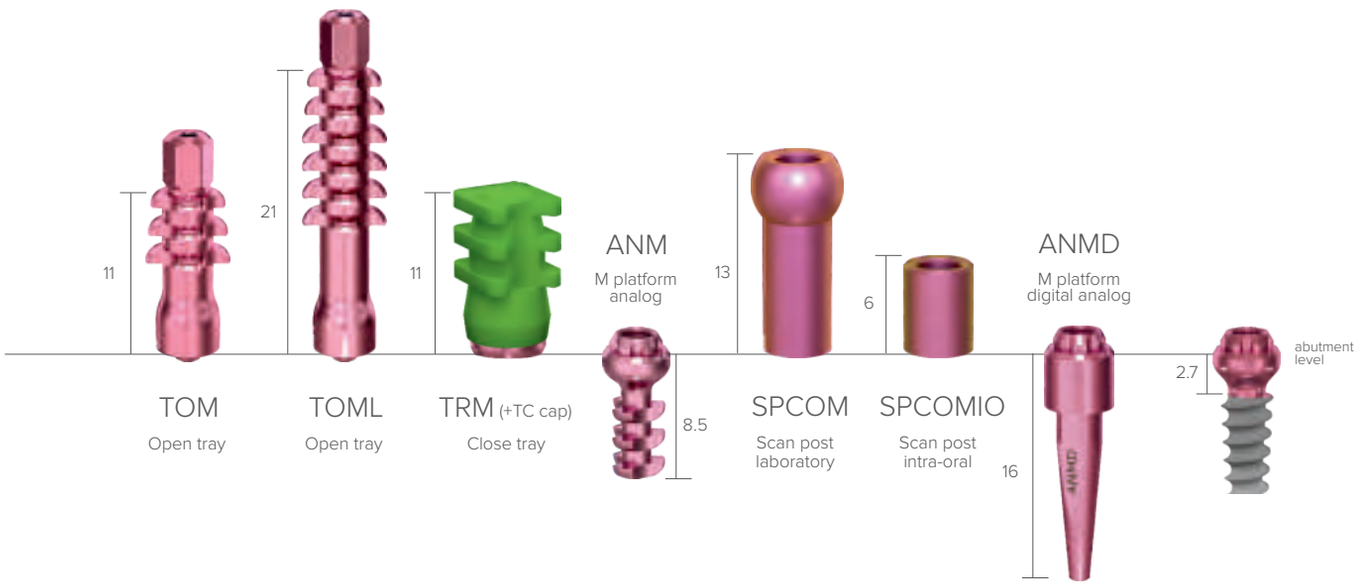
REF	M1A30	M2A30	M3A30	M4A30
H	3 mm	3.5 mm	4.5 mm	5.5 mm

45° angled multi-unit abutments

REF	M1A45	M2A45	M3A45	M4A45
H	3 mm	3.5 mm	4.5 mm	5.5 mm

Superstructures for multi-unit abutments

Transfers & analogs



TOM
Open tray

TOML
Open tray

TRM (+TC cap)
Close tray

ANM
M platform analog

SPCOM
Scan post laboratory

SPCOMIO
Scan post intra-oral

ANMD
M platform digital analog

Abutments

PCOM
Titanium base

AM
Straight abutment

ABMU
Burnout abutment

ABMUA
15° angled burn-out abutment

Healing abutments

GFM0
2.6 mm

GFM2
5 mm

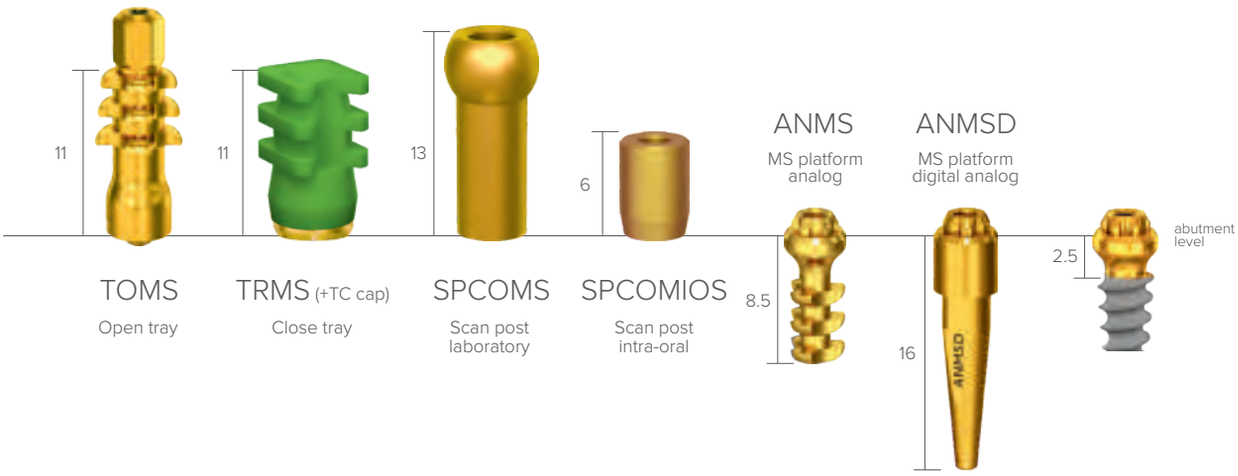
GFM4
7 mm

GFM6
9 mm

H

Superstructures for small multi-unit abutments

Transfers & analogs



Abutments

Healing abutments

ROOTT

Together with specialists for standards that matters

ROOTT has always sought excellence and reliability by utilizing innovative approaches and solutions right from the design stage. Since its foundation, ROOTT has put research and cutting-edge innovation at the forefront of its mission. This is the result of diligent, dedicated work and close cooperation with the Open Dental Community (Luxembourg) – an independent, international team of expert dentists and academic professionals, which provides a significant link between industry and dental professionals.

ROOTT never compromises on functionality and simplicity dedicated to dental professionals.

Simplicity

Built with profound knowledge and insight of what is necessary for practitioners to achieve perfection in their successful clinical practice.

Functionality

To ensure functionality and flexibility every product is probed, diligent and dedicated for every specialist need. Each and every single piece of product is created with the research of doctors.

Open Dental Community

Innovations and development network of dental specialists around the world.
Life learning concept and constant improvement of global dental knowledge and skills.

Monthly events in Spain, Abu Dhabi, Dubai, Austria, Munich

Restoring smile in one day

Conrad Abu Dhabi Etihad Towers, Abu Dhabi

Open Dental Community

Full jaws re-invented: Innovative solutions made handy

The St.Regis Abu Dhabi

Open Dental Community

Infinite potential with immediate implantation. Secrets of successful cases

The Abu Dhabi EDITION, Abu Dhabi

Open Dental Community

Successful implantation in atrophied bone

Hilton Vienna Plaza, Austria

Open Dental Community

Full jaws re-invented: Innovative solutions made handy

Conrad Dubai Hotel, Dubai

Open Dental Community

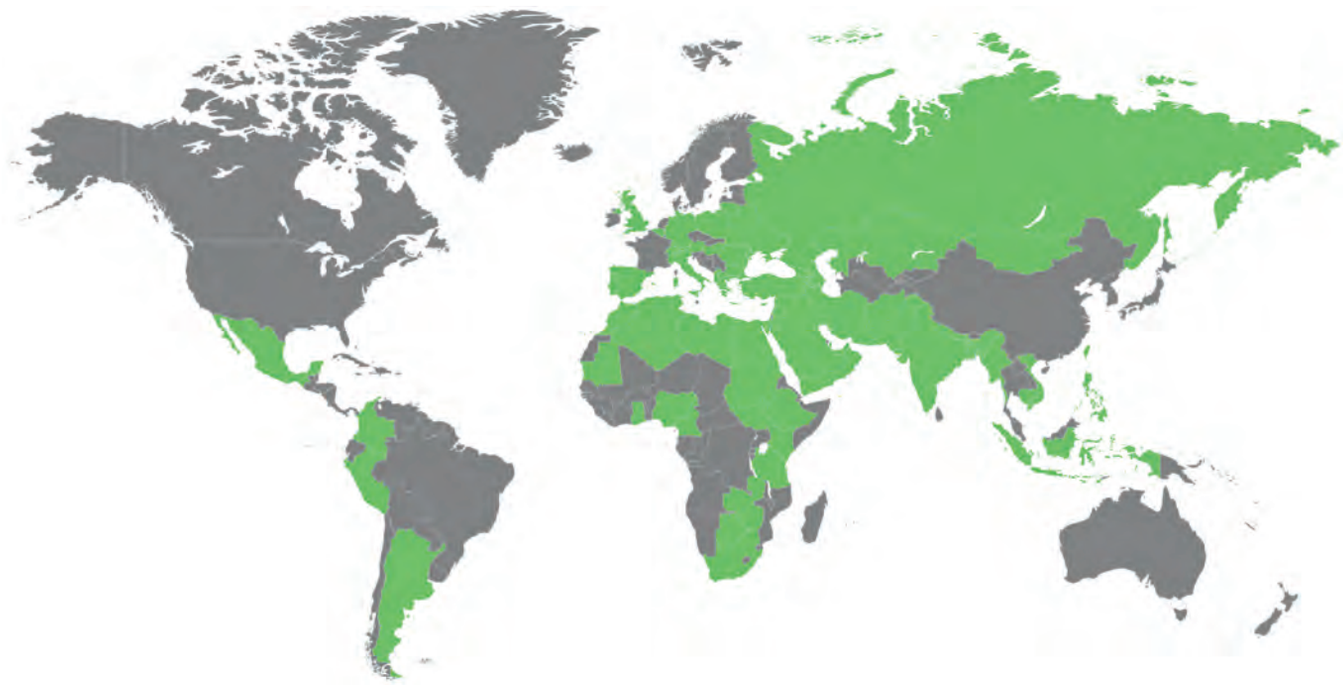
Infinite potential with immediate implantation. Secrets of successful cases

Conrad Dubai Hotel, Dubai

Open Dental Community

70+

distributors



ROOTT UK

www.roottuk

https://roottimplants.co.uk/

Facebook

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Training

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implant-range/

One Piece Screw Spec

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UK Training

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training/

How to use R

https://roottimplants.co.uk/
roott-r-how-to-use-videos/

Clinical cases

General

www.facebook.com/
opendentalcommunity/

Advanced

www.cortically fixed.com/
case-reports/

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United Kingdom

2022.06

ROOTT

DRILLING PROTOCOL FOR ROOTT IMPLANTS

CAVITY PREPARATION

Every person has a unique bone structure and the clinician has to adapt the drilling protocol to the individual bone quality and anatomical situation. Our drilling protocol is an optimal scheme for different types of bones: D1, D2-D3, D4.

IMPORTANT!
WHEN PREPARING THE CAVITY FOR THE IMPLANT, ALWAYS ENSURE COOLING.
USE ONLY SHARP INSTRUMENTS.

DRILLING SPEED

Recommended drilling speed:
- initial drilling – 1200–1500 Rpm;
- pilot drilling – 900–1200 Rpm;
- form drilling – 200–800 Rpm.

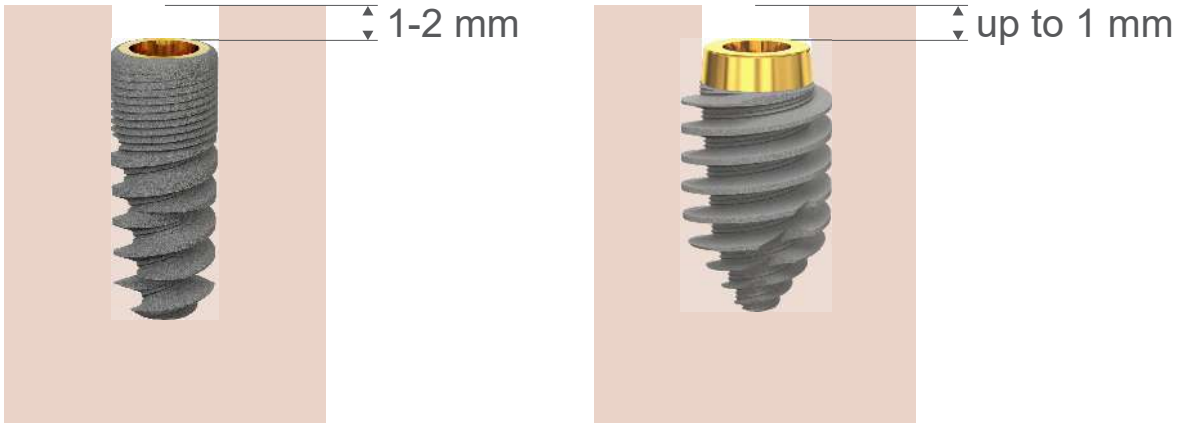
Implantologist is responsible of drilling speed choice, taking into consideration his experience, preferences and special necessities of the patient.

Important notice: this protocol was prepared with a max speed of 700 rpm, with insertion torque for implants is from 35 to 50 Ncm.

IMPLANT POSITION

We recommend the implant to place 1-2 mm deeper to help the bone grow over implant - subcrestal implant position. Drilling should go 1-2 mm deeper than implant length.

We recommend the new design ROOTT R implants (⌀ 4.2, ⌀ 4.8, ⌀ 5.5) to place up to 1 mm deeper than implant length.



ROOTT R implants installation using tapered drills

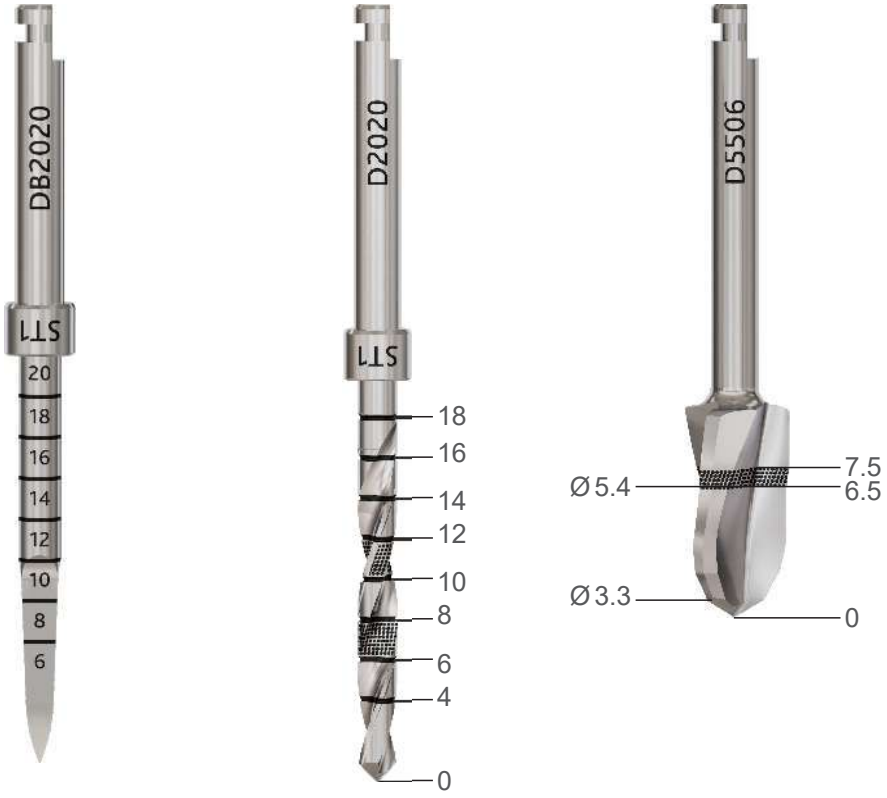
DRILLS

Lance drill DB2020 can be used for initial drilling by setting the drilling axis before using pilot drill D2020.

Drill with tapered drills to the appropriate depth, required for a specific case.

If after using the previous drill the torque is still more than 50 Ncm while inserting the implant, the cavity has to be widened. Just widen the osteotomy with drill D5506.

All drills have laser marking, which indicates drill's depth in the bone. Markings are lasered every 2 millimetres, pilot drill from 4 to 18 mm, tapered drills from 4 to 16 mm.



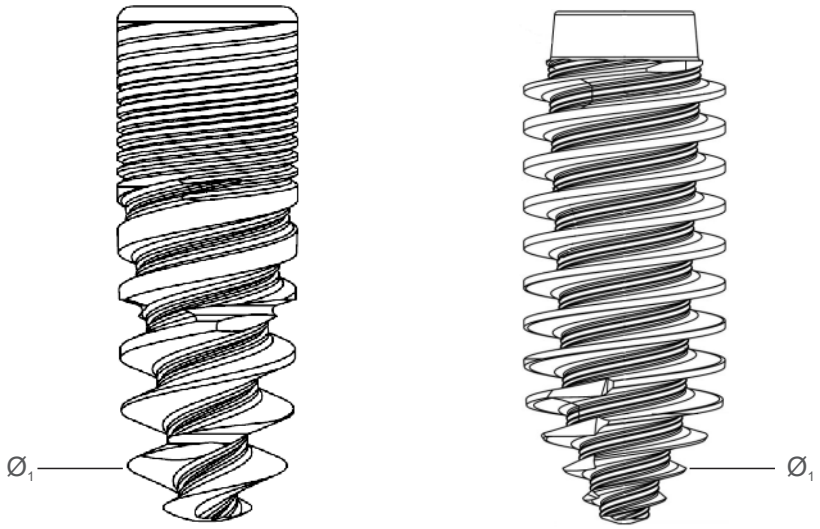
Tapered drills have V-shaped tips, for better correlation with the implant, 3 cutting edges offer good stability. The tapered shape reduces frictional heating. Variable helix for enhanced drilling control and twisted flute for bone extraction. Angled back cutting edge allows compressing of bone when drilling in counter-clock wise (reverse).

$Ø_2$	2.5	2.8	3.2	3.6	4.0	4.3	4.6	5.0	5.3
$Ø_1$	2.0	2.3	2.5	2.8	2.8	3.0	3.5	3.8	4.0

NOTE
For the best result it is recommended to use a smaller diameter drill and try inserting the implant.

IMPLANTS

ROOTT R implant sizes from R3010 to R3816 are “U” shape. Sizes from R4206 to R5516 have different shapes of threads.

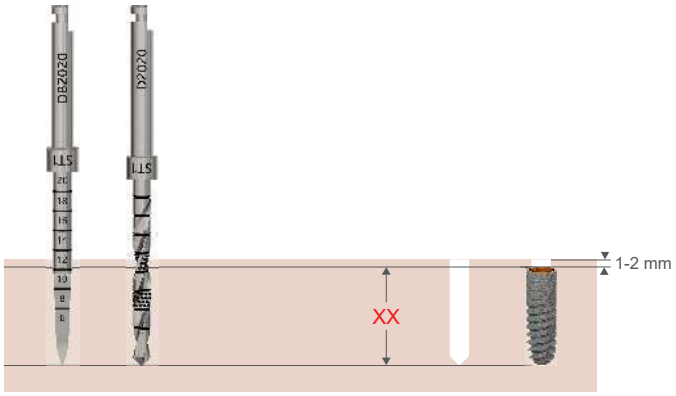


Diameter of the second thread, mm

	Ø 3.0	Ø 3.5	Ø 3.8	Ø 4.2	Ø 4.8	Ø 5.5
L 6 mm		R3506	R3806	R4206	R4806	R5506
$Ø_1$		3.4	3.7	3.4	3.6	3.9
L 8 mm		R3508	R3808	4208	R4808	R5508
$Ø_1$		3.3	3.7	3.4	3.6	3.9
L 10 mm	R3010	R3510	R3810	R4210	R4810	R5510
$Ø_1$	2.8	3.3	3.6	1.7	1.7	1.7
L 12 mm	R3012	R3512	R3812	R4212	R4812	R5512
$Ø_1$	2.7	3.3	3.6	1.7	1.7	1.7
L 14 mm	R3014	R3514	R3814	R4214	R4814	R5514
$Ø_1$	2.5	3.2	3.5	1.7	1.7	1.7
L 16 mm	R3016	R3516	R3816	R4216	R4816	R5516
$Ø_1$	2.4	3.1	3.4	1.7	1.7	1.7

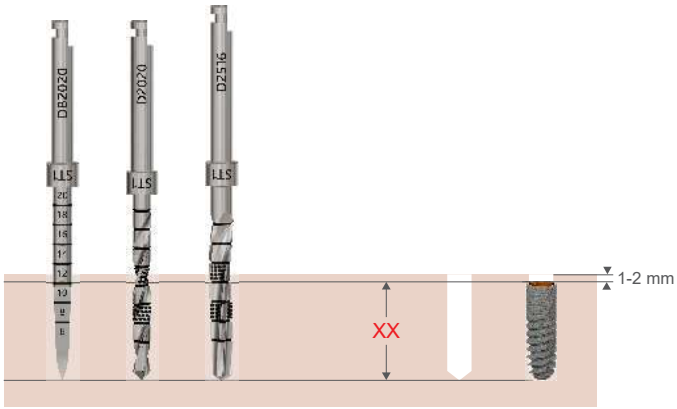
IMPLANTS **R30XX**

D4 BONE



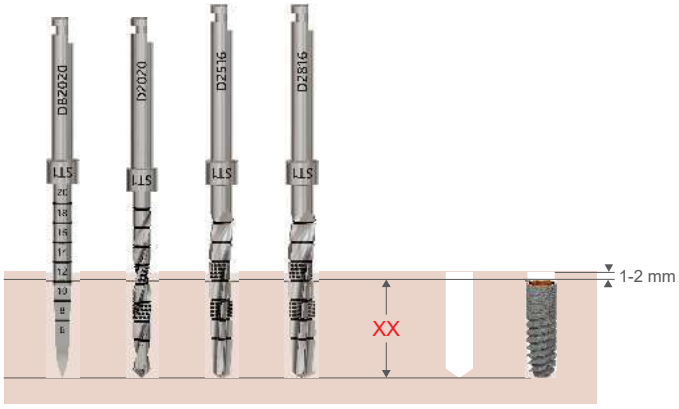
DB2020 D2020 R30XX

D2-D3 BONE



DB2020 D2020 D2516 R30XX

D1 BONE

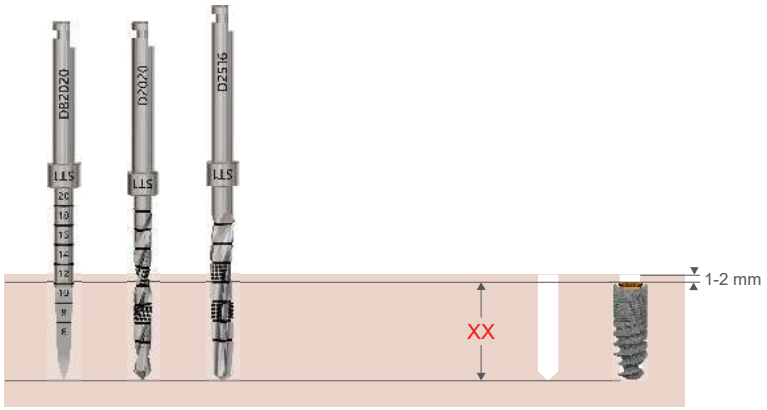


DB2020 D2020 D2516 D2816 R30XX

Here xx is the length of the implant, mm

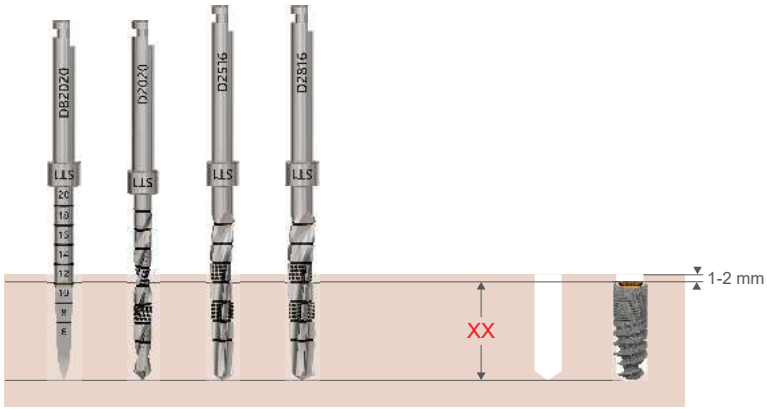
IMPLANTS **R35XX**

D4 BONE



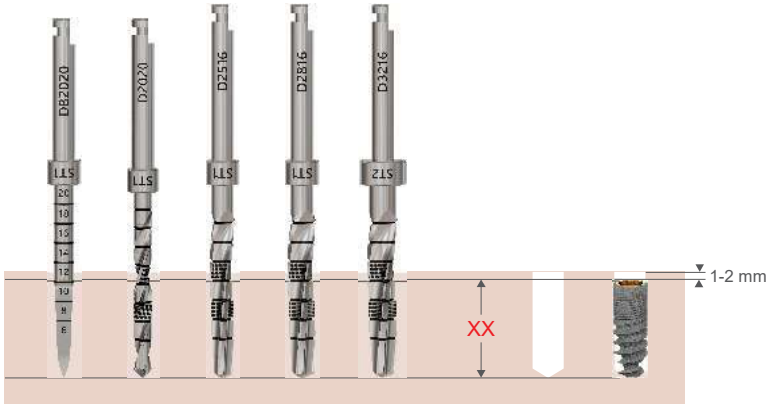
DB2020 D2020 D2516 R35XX

D2-D3 BONE



DB2020 D2020 D2516 D2816 R35XX

D1 BONE

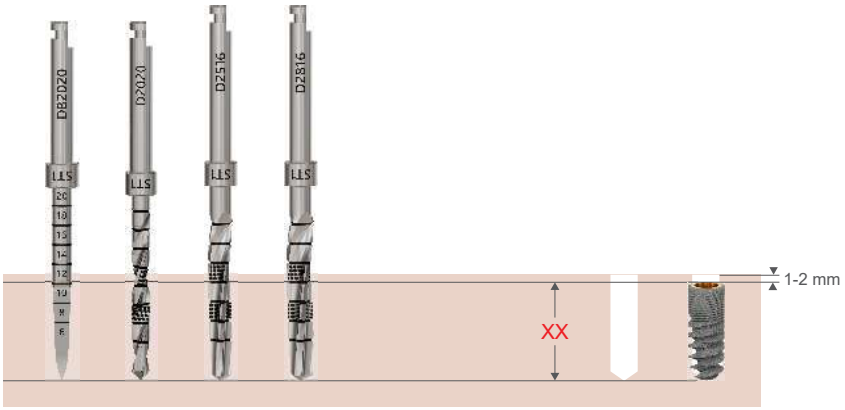


DB2020 D2020 D2516 D2816 D3216 R35XX

Here xx is the length of the implant, mm

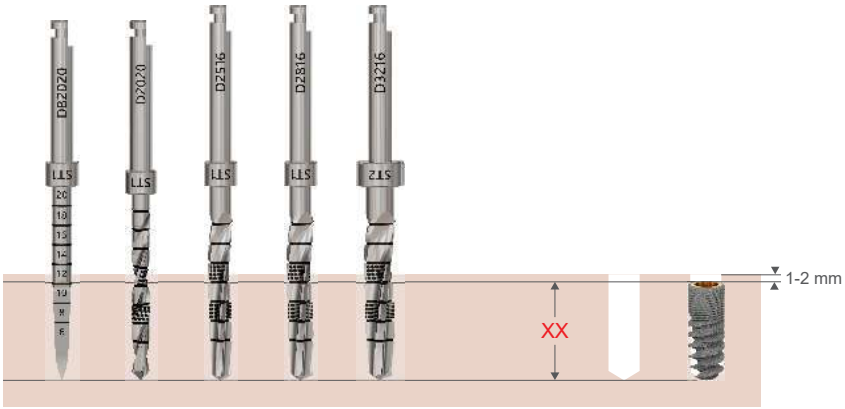
IMPLANTS **R38XX**

D4 BONE



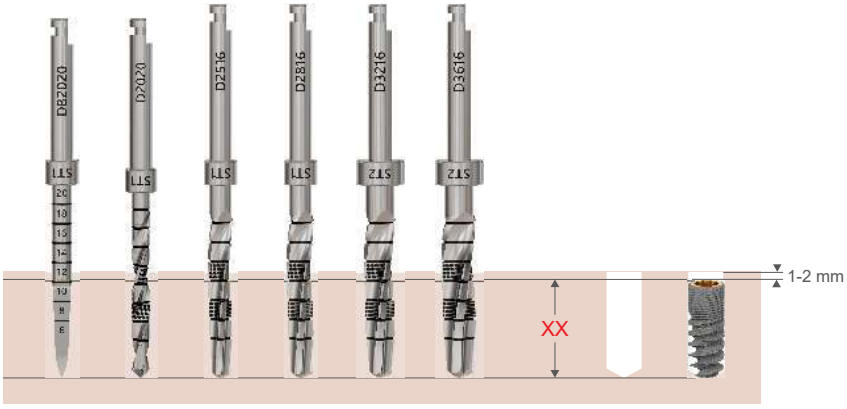
DB2020 D2020 D2516 D2816 R38XX

D2-D3 BONE



DB2020 D2020 D2516 D2816 D3216 R38XX

D1 BONE

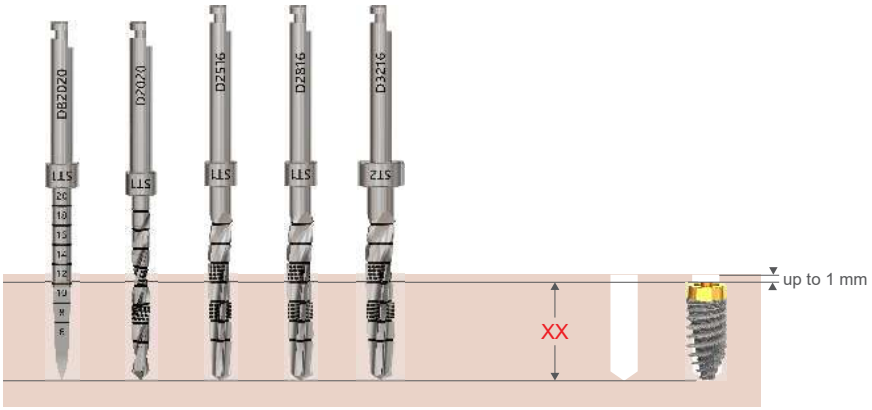


DB2020 D2020 D2516 D2816 D3216 D3616 R38XX

Here xx is the length of the implant, mm

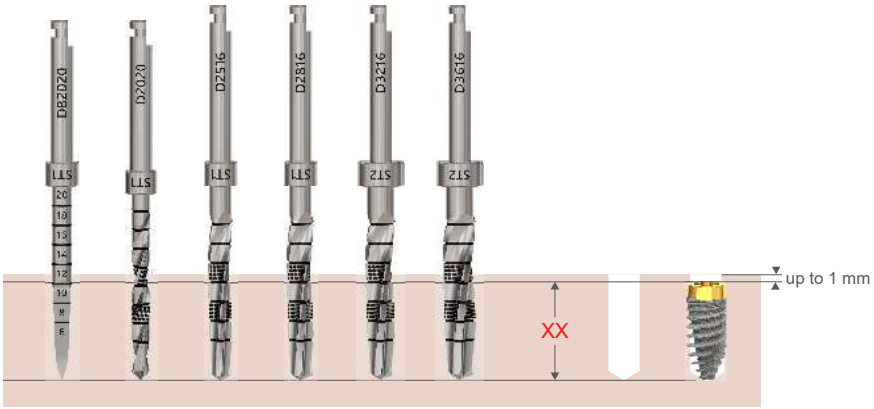
IMPLANTS **R42XX**

D4 BONE



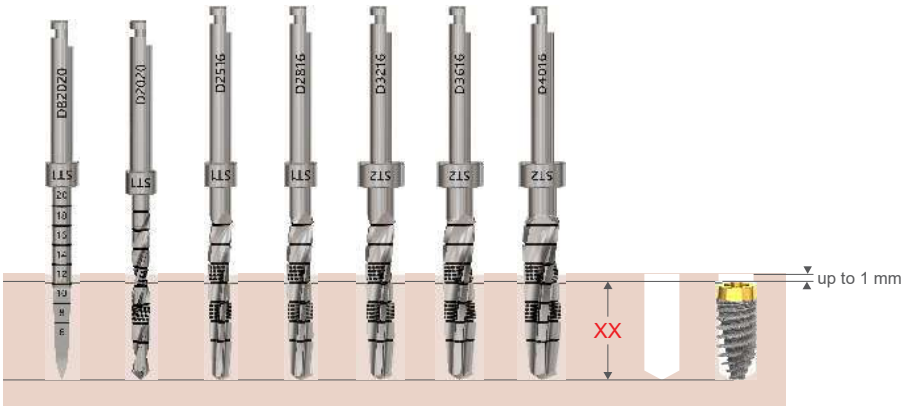
DB2020 D2020 D2516 D2816 D3216 R42XX

D2-D3 BONE



DB2020 D2020 D2516 D2816 D3216 D3616 R42XX

D1 BONE

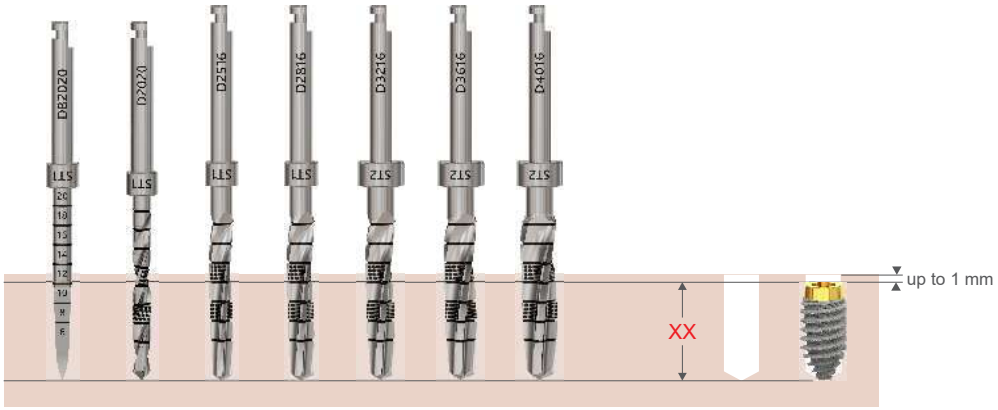


DB2020 D2020 D2516 D2816 D3216 D3616 D4016 R42XX

Here xx is the length of the implant, mm

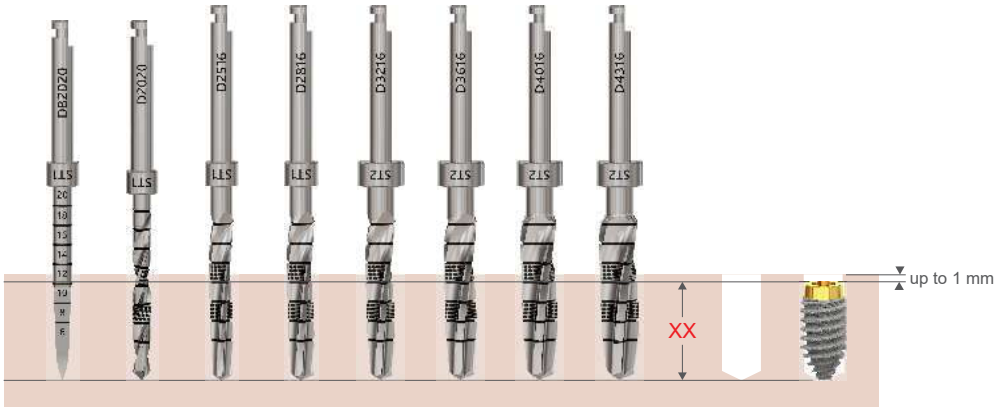
IMPLANTS **R48XX**

D4 BONE



DB2020 D2020 D2516 D2816 D3216 D3616 D4016 R48XX

D2-D3 BONE



DB2020 D2020 D2516 D2816 D3216 D3616 D4016 D4316 R48XX

D1 BONE

DB2020 D2020 D2516 D2816 D3216 D3616 D4016 D4316 D4616 R48XX

Here xx is the length of the implant, mm

IMPLANTS **R55XX**

D4 BONE

DB2020 D2020 D2516 D2816 D3216 D3616 D4016 D4316 D4616 R55XX

D2-D3 BONE

DB2020 D2020 D2516 D2816 D3216 D3616 D4016 D4316 D4616 D5016 R55XX

D1 BONE

DB2020 D2020 D2516 D2816 D3216 D3616 D4016 D4316 D4616 D5016 D5316 R55XX

Here xx is the length of the implant, mm

ROOTT R implants installation using tapered drills

Implant	D4 BONE	D2-D3 BONE	D1 BONE
Ø 3.0 mm	DB2020 D2020	DB2020 D2020 D2516	DB2020 D2020 D2516 D2816
Ø 3.5 mm	DB2020 D2020 D2516	DB2020 D2020 D2516 D2816	DB2020 D2020 D2516 D2816 D3216
Ø 3.8 mm	DB2020 D2020 D2516 D2816	DB2020 D2020 D2516 D2816 D3216	DB2020 D2020 D2516 D2816 D3216 D3616
Ø 4.2 mm	DB2020 D2020 D2516 D2816 D3216	DB2020 D2020 D2516 D2816 D3216 D3616	DB2020 D2020 D2516 D2816 D3216 D3616 D4016
Ø 4.8 mm	DB2020 D2020 D2516 D2816 D3216 D3616 D4016	DB2020 D2020 D2516 D2816 D3216 D3616 D4016 D4316	DB2020 D2020 D2516 D2816 D3216 D3616 D4016 D4316 D4616
Ø 5.5 mm	DB2020 D2020 D2516 D2816 D3216 D3616 D4016 D4316 D4616	DB2020 D2020 D2516 D2816 D3216 D3616 D4016 D4316 D4616 D5016	DB2020 D2020 D2516 D2816 D3216 D3616 D4016 D4316 D4616 D5016 D5316