

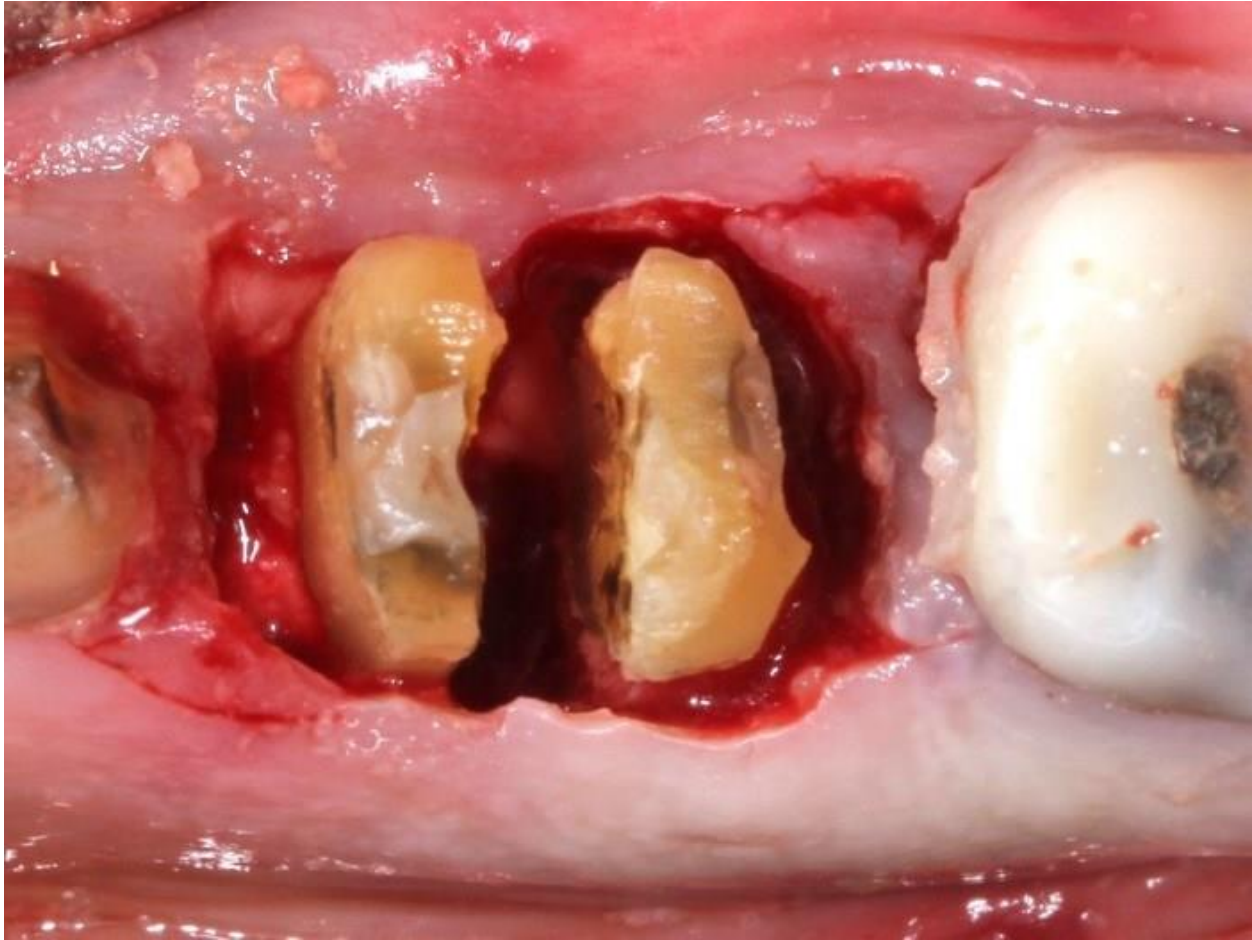
Socket Graft Injectable™ and the 4-Week Implant



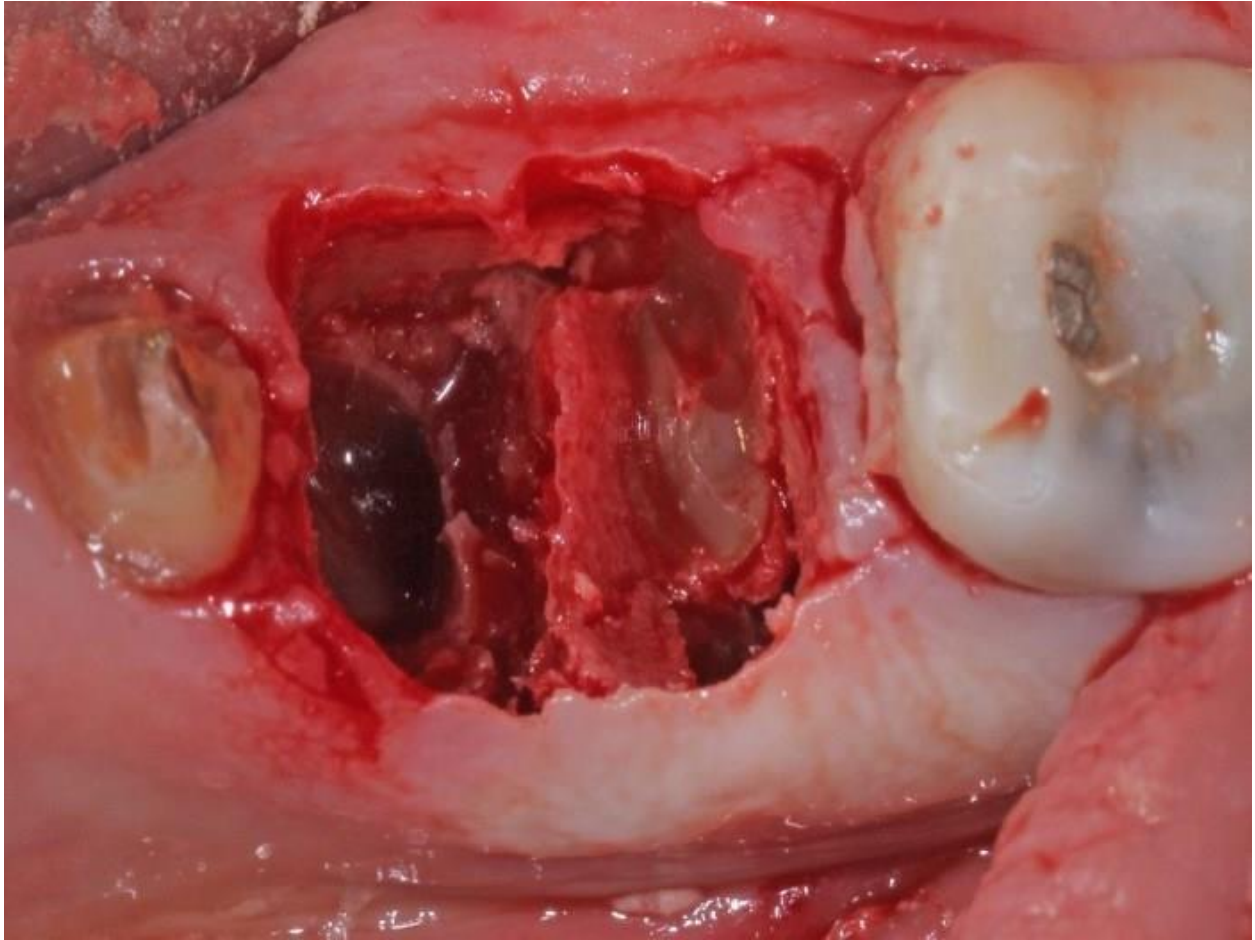
This patient presented with an unrestorable #19. The long narrow roots and proximity of to the adjacent teeth are sure to complicate the extraction.



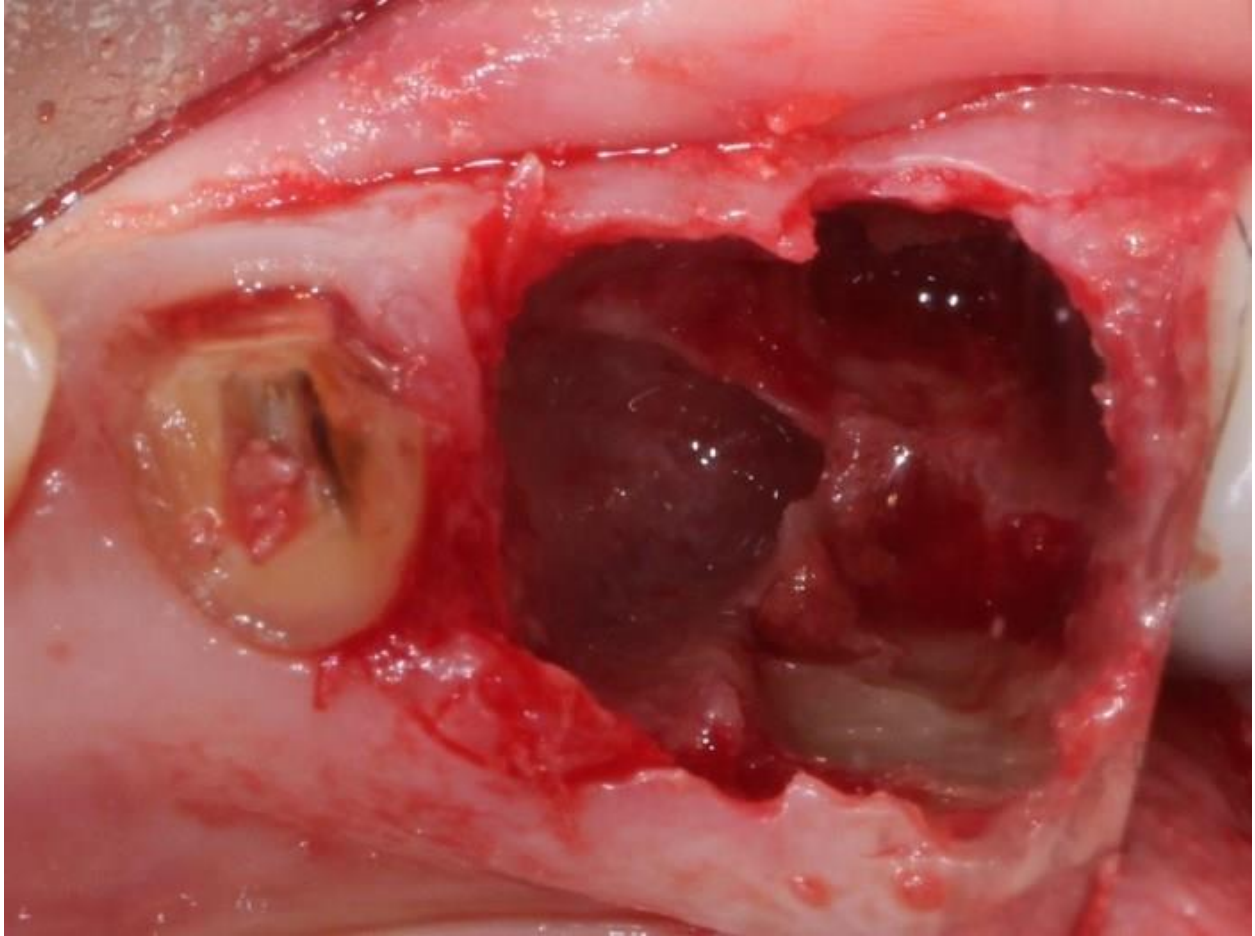
#19, clinically



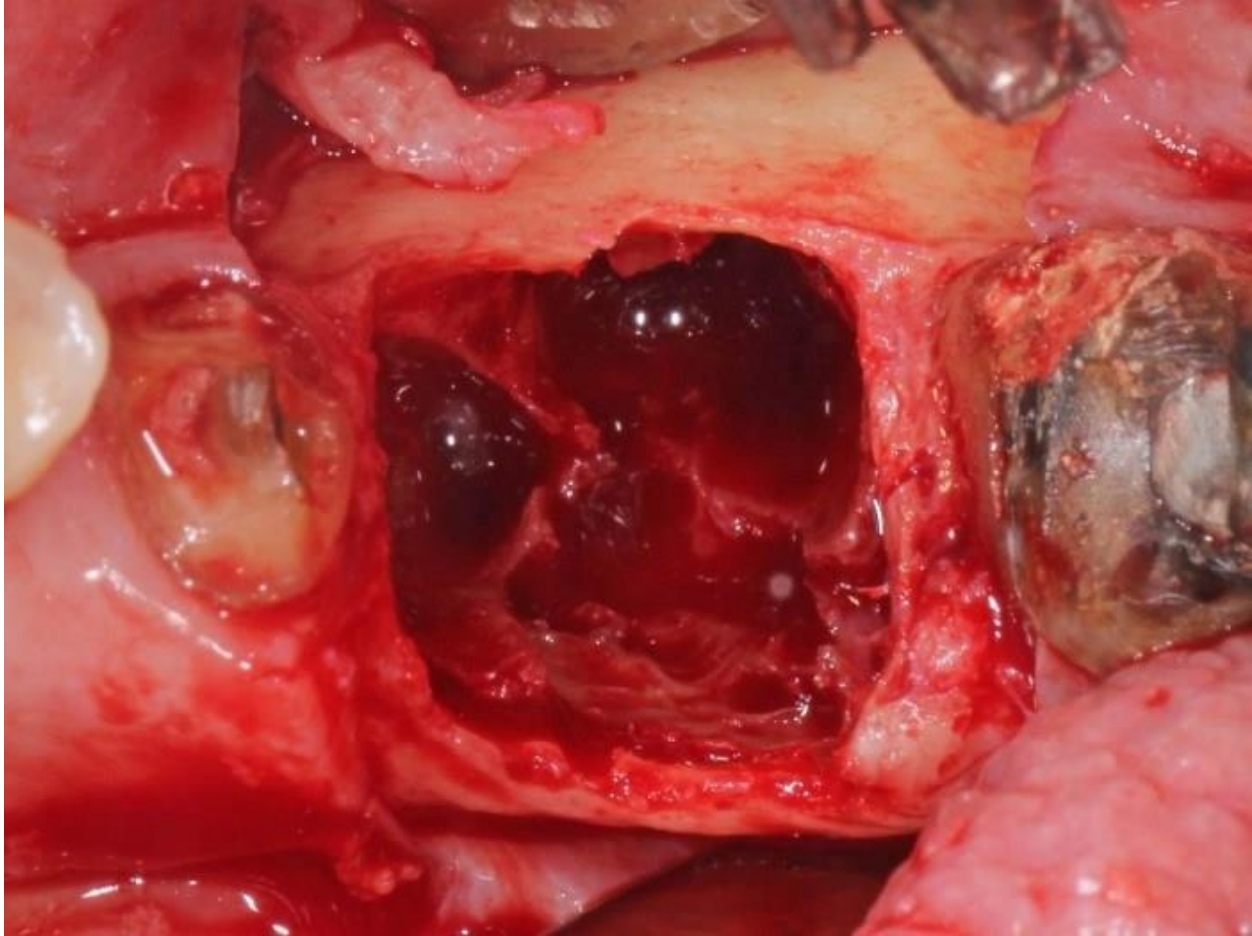
The roots were sectioned, but were unable to elevate, so the roots were throughted to gain leverage.



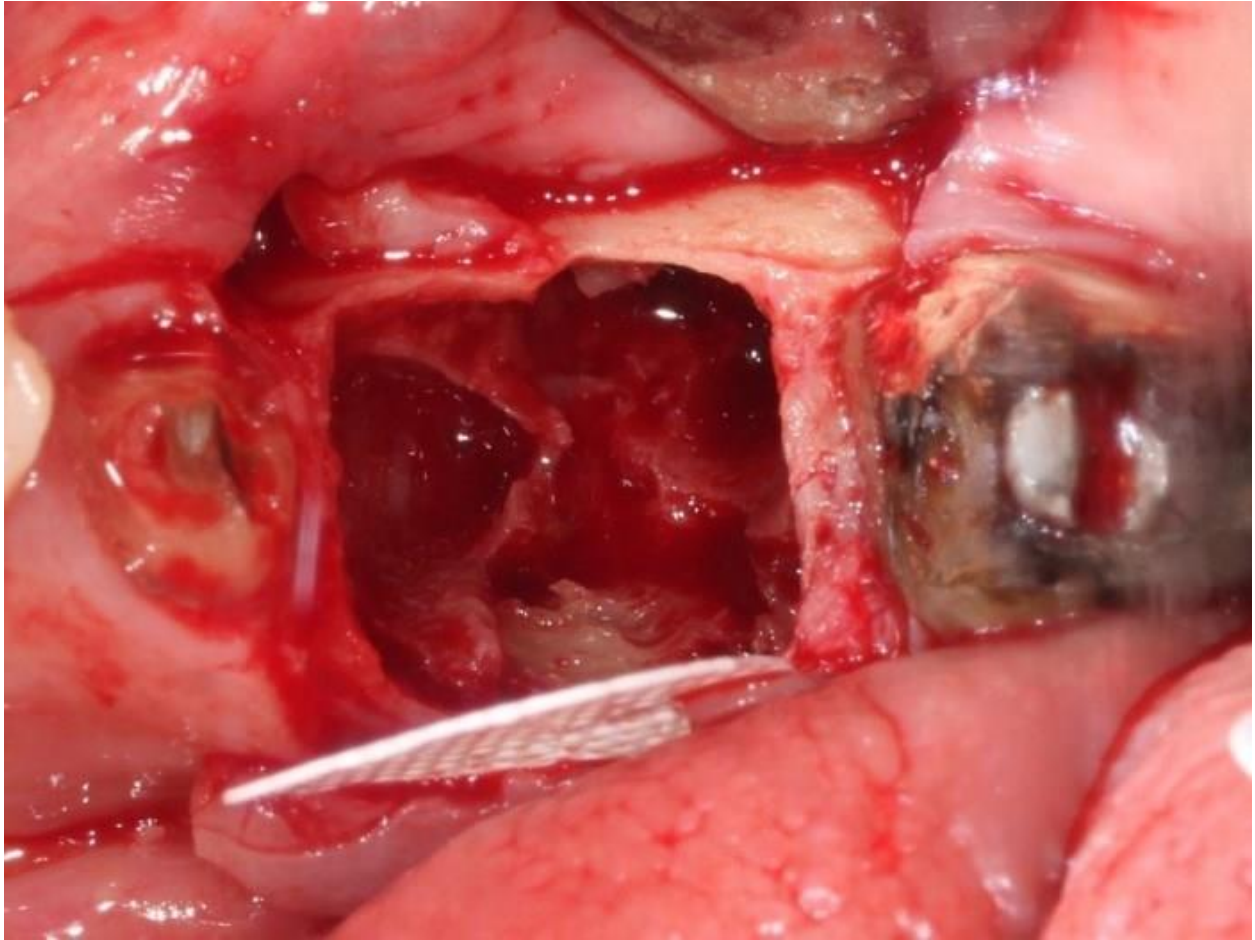
The photograph shows the fractured distal root.



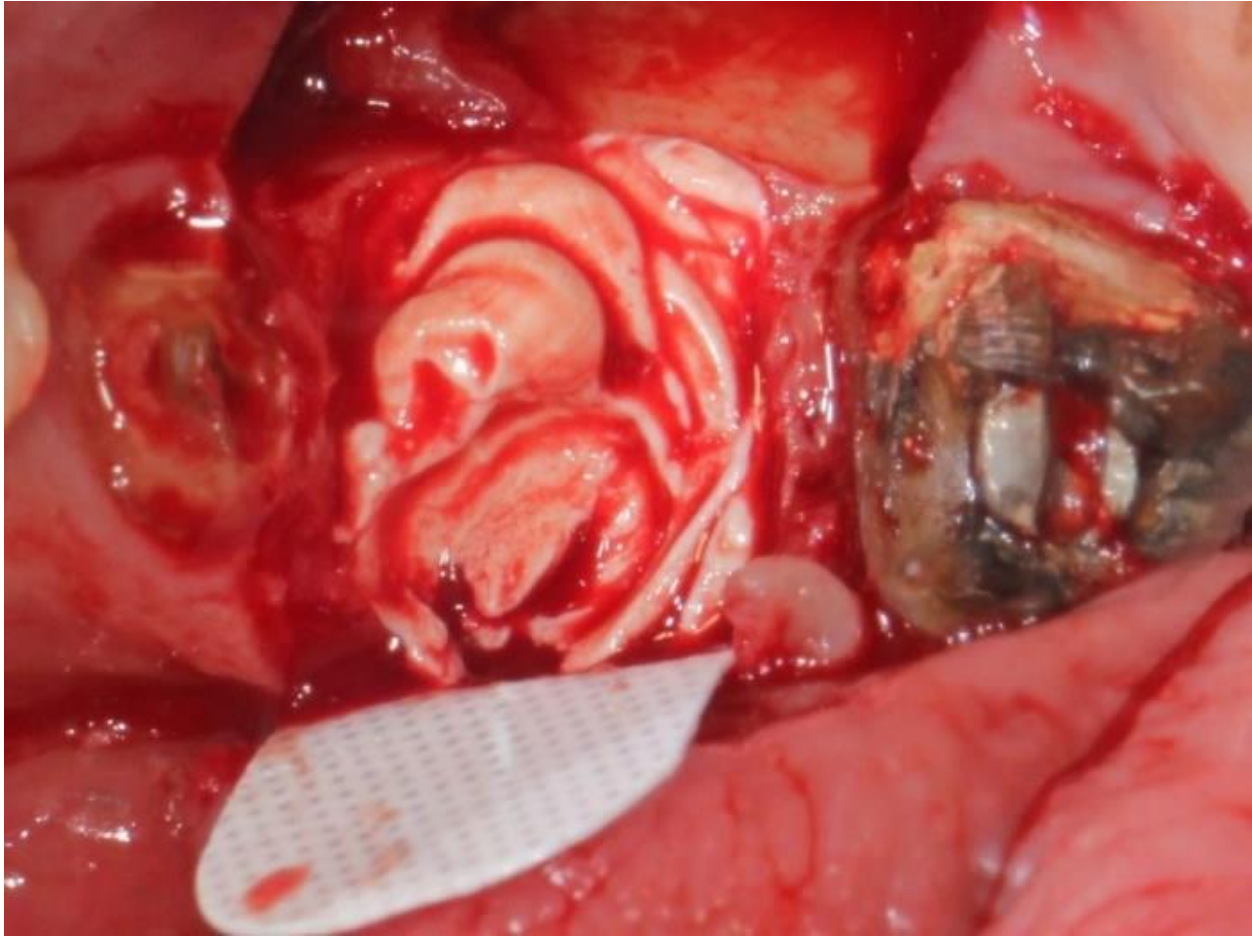
The distal root was removed, however a radiograph showed a root tip of the mesial root under the interradicular septum.



All roots are finally removed and the gingiva is prepared for the membrane.



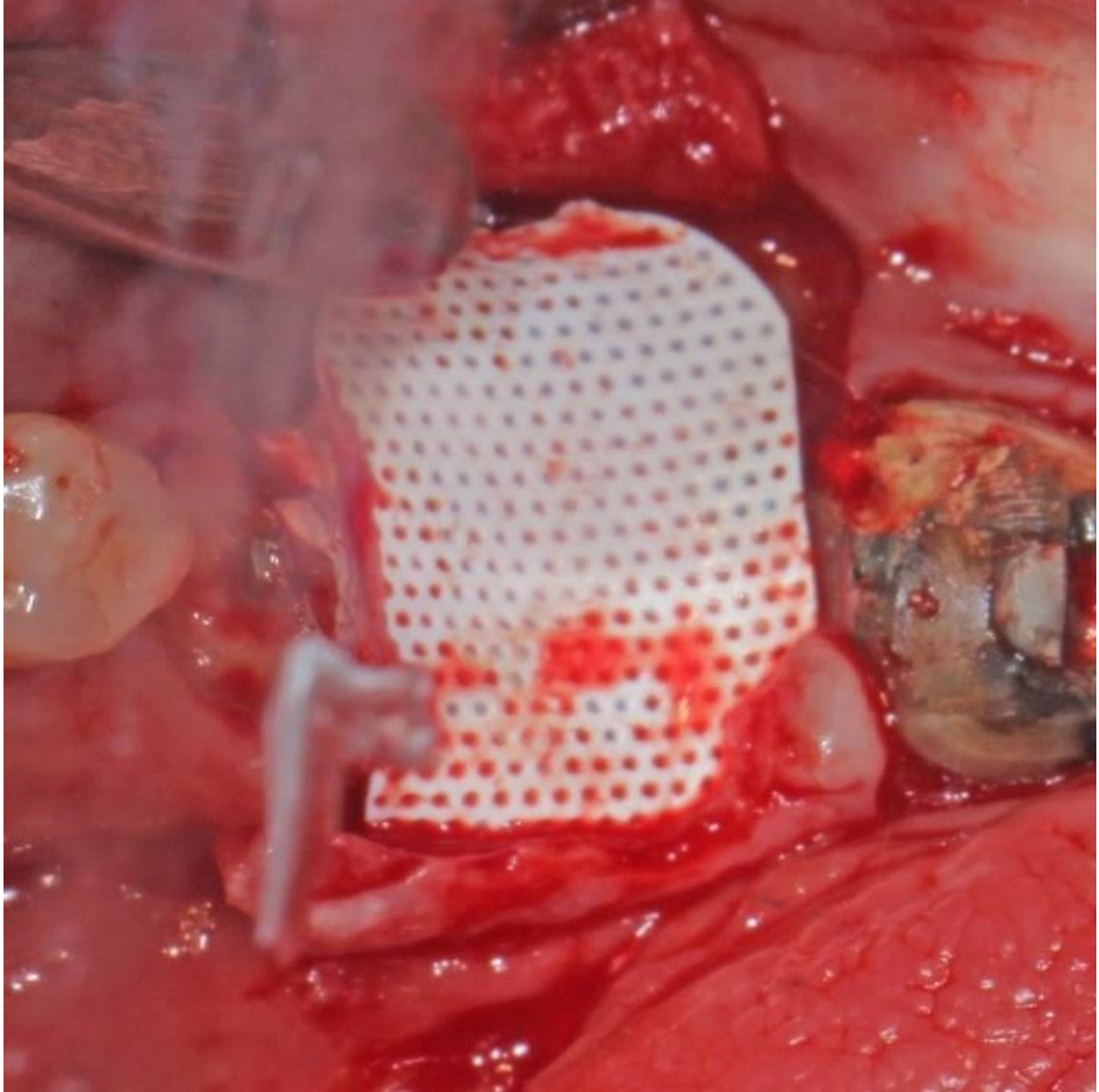
Membrane in place.



Site grafted with **Socket Graft Injectable™**. The site is slightly overfilled, ready to be compressed as Socket Graft Injectable™ requires no packing.



A spatula is used to compress the graft material.



The membrane is tucked under the gingiva.



The membrane is exposed, however due to bleeding, **Oral Bond™** adhesive mixes with the blood and membrane is obscured. No sutures are used.



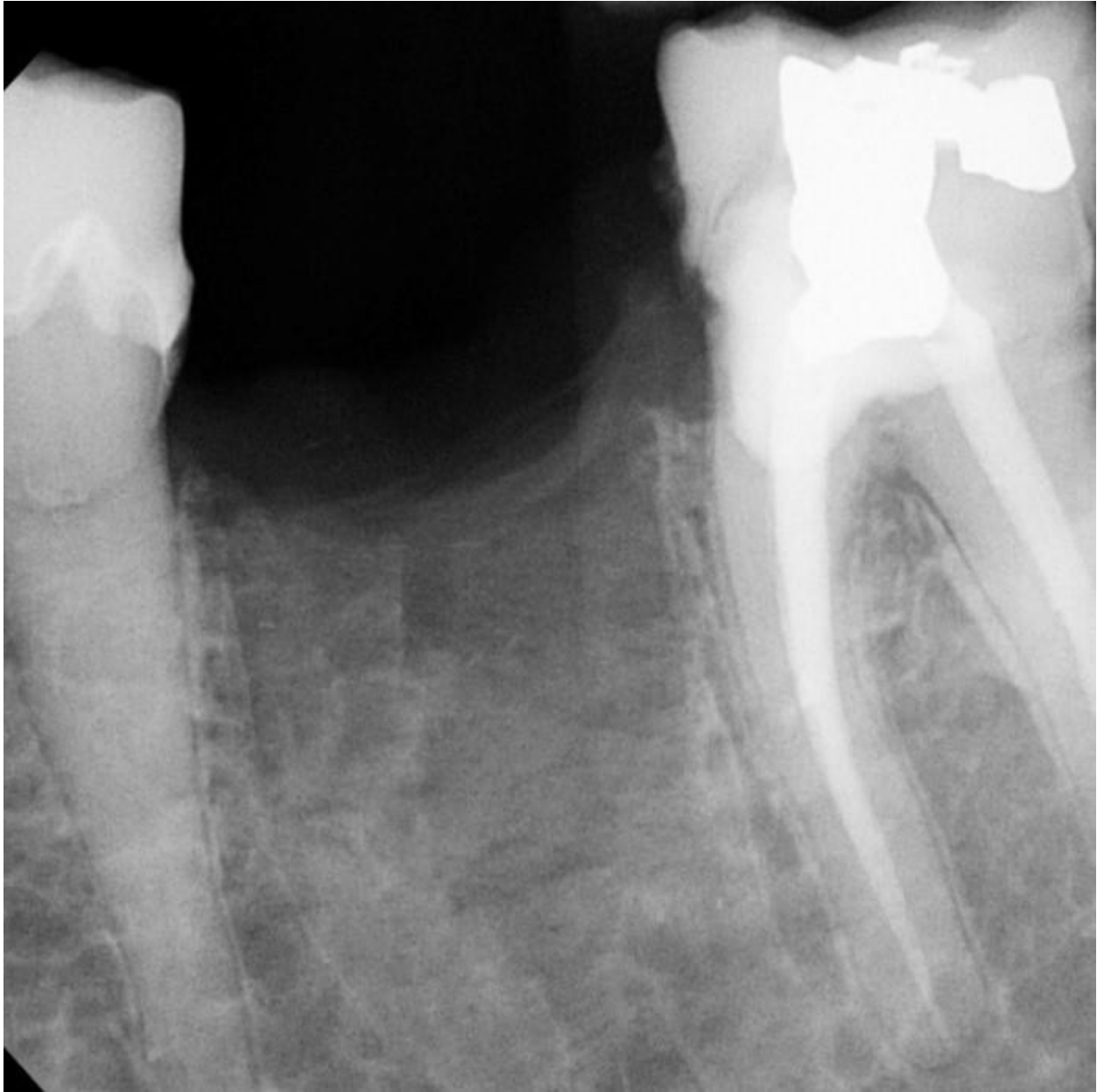
Day of grafting. Some voids are noted in the graft, most likely due to bleeding.



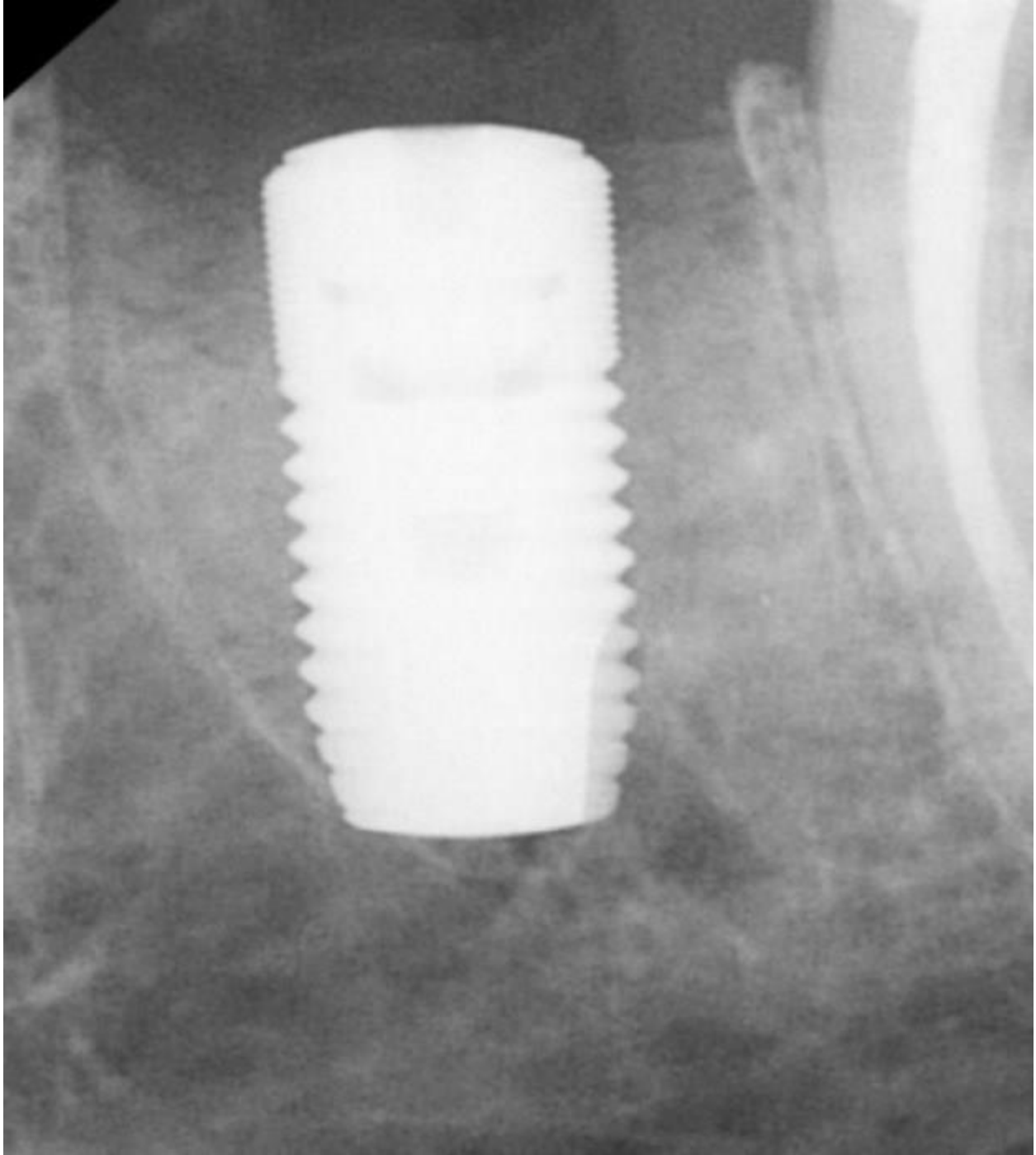
2 weeks post extraction. The membrane is visible and in two weeks the mineralization is within 2-3mm for the crest. The patient is scheduled for implant placement 4 weeks after extraction and grafting.



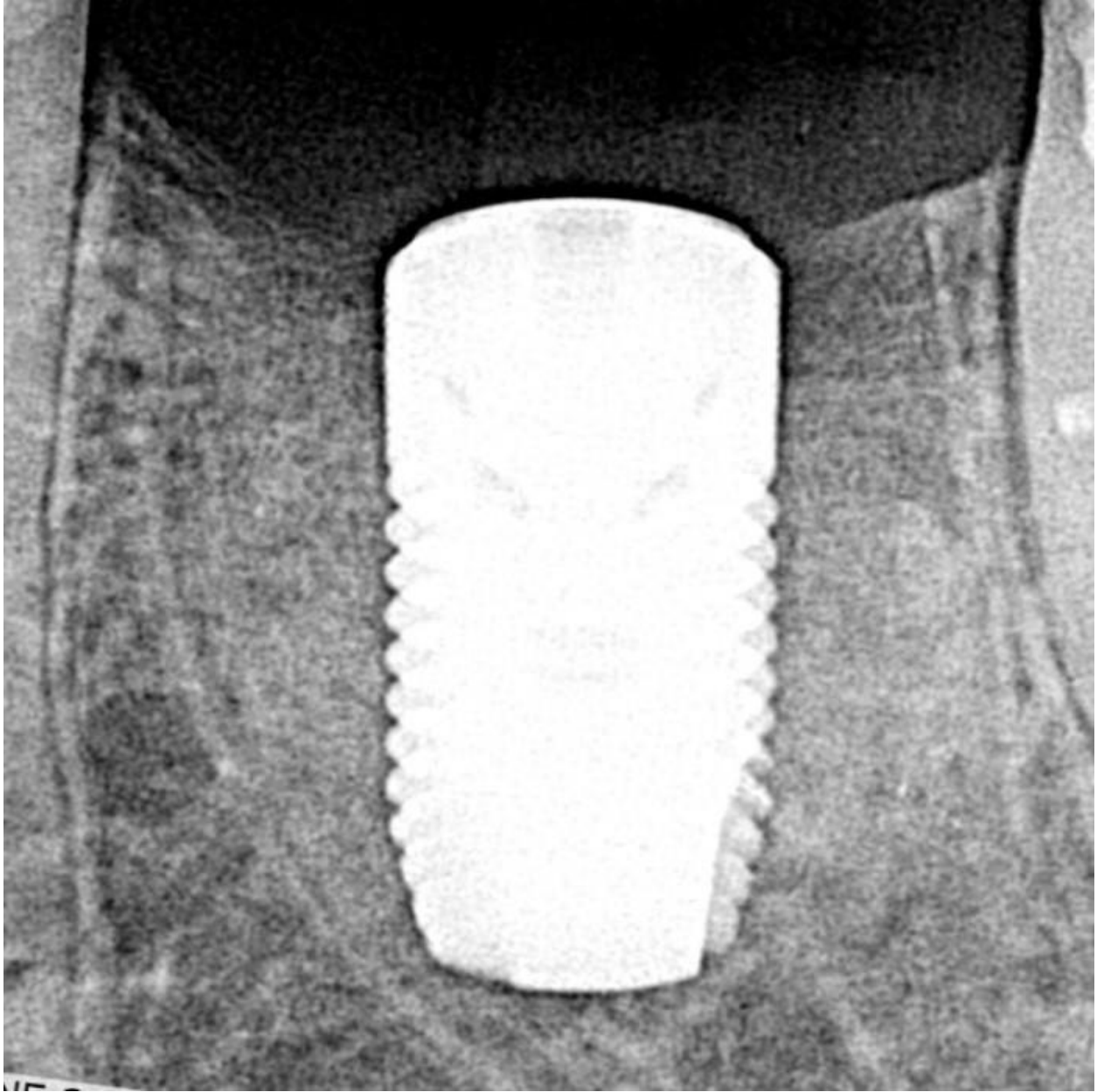
2 weeks post extraction the membrane is in place and covered with Oral Bond™.



Day of implant placement. 4 weeks after extraction and mineralization has reached the crest.



Day of implant placement. The top of the implant is positioned at the coronal position of the mineralization.



4 weeks after implant placement.