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SAM®

SAM Präzisionstechnik GmbH

SURANAREE UNIVERSITY OF TECHNOLOGY

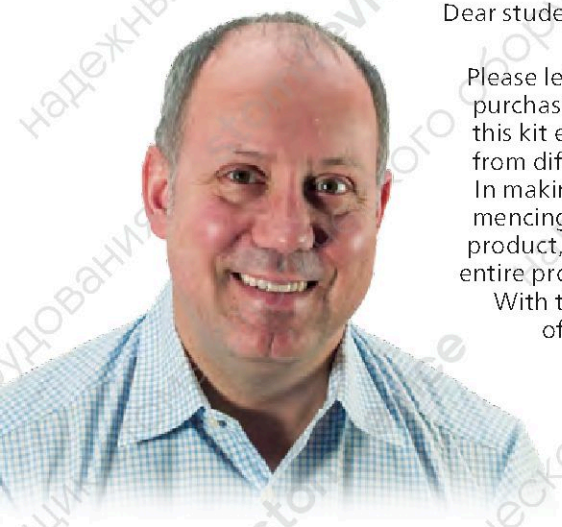
# SAM SE KIT



## SHORT MANUAL

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# Introduction



Dear student,

Please let me congratulate you personally for purchasing a SAM articulator kit. We configured this kit especially for your needs, with agreement from different dental specialists.
In making the decision to use SAM, you are commencing your dental career with a high quality product, and one which you will use during your entire professional life.
With this equipment you have entered the world of SAM, the articulator manufacturer with the world's largest accessories.
SAM will grow with your needs and requirements. Have a look at our homepage where you will find many helpful accessories, support, and further products.

SAM was established more than 45 years ago by my father the dentist Heinz Mack, who primarily developed an articulator for his own personal needs. Over the years giving lectures nationally and internationally, at universities, study clubs and dental technician schools, the SAM system was formed and has grown in worldwide popularity.

Today SAM is a world leading premium articulator manufacturer, with the reputation for the highest quality and precision.

Please read this instruction manual carefully and keep it in a safe place, to reference when you need.

I look forward to seeing you one day, on one of our courses in Thailand or somewhere else in the world.

Best Regards

Florian Mack


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# BIODESIGN - Anatomy as benchmark

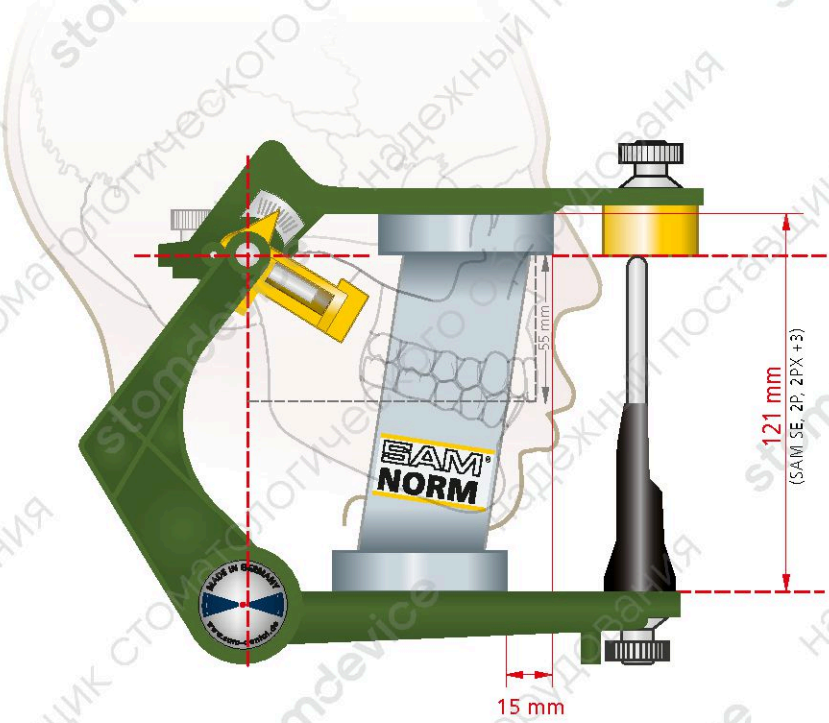


The SAM SE is a patient simulator which allows the end-user to reproduce anatomic patient mandibular movements for examination, diagnosis, and therapy.



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The articulator axis orbital (Frankfort horizontal) plane and all horizontal planes of the articulator are parallel with the table top. Centric relation mounted casts are anatomically related to the patient's cranium with enough space for all types of casts, including those with split casts.




The construction of the SAM SE articulator has the same functional dimensions as all other SAM articulators (Arcon principle).

The upper member guidance surfaces correspond to those found in the cranium as well as the condylar elements and the incisal pin found in the lower part of the articulators relates to the mandible and the lower teeth.

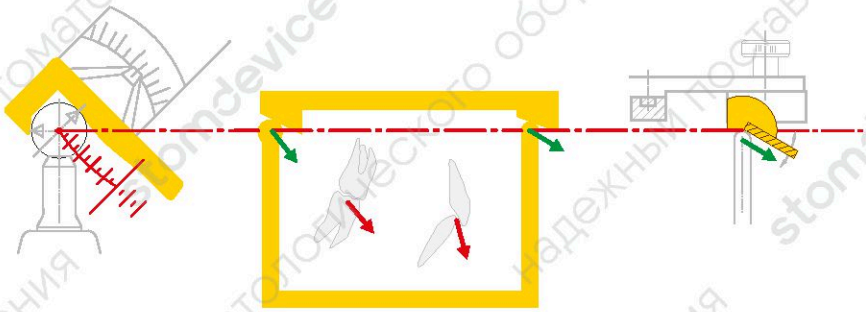

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# Anatomically correct based simulation

The upper member of the articulator comprise of condylar housings posteriorly and upper incisal guidance table anteriorly. Together, they simulate the TMJ and upper anterior teeth guidance.

The moving lower member of the articulator with condylar elements posteriorly and the incisal pin anteriorly, together, they simulate the mandibular condylar movement and lower anterior teeth guidance.

Therefore providing a very logical and natural laboratory simulation of the patient movements which are easy to understand and to reproduce.



The red dot in the center of condylar lower member correspond to a hinging axis rotation center of the mandibular condyles.
Also known as „Hinge Axis".

Above the red dotted/dashed line is the axis-orbital plane (AOP)

The upper anterior incisal table surface along with the posterior condylar element centers of rotation are on the same horizontal plane. The lower incisal pin in contact with the upper incisal guidance table is used to simulate the relationship of upper and lower incisal edges of the patients teeth. Thus promoting normal functional patterns.

**Natural anatomic movement simulation is logical and understandable.**

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# Content










**SAM SE articulator**

01 SAM SE Articulator lower member
02 SAM SE Articulator upper member
03 incisal pin SE, complete
04 incisal table, adjustable
05 vertical support rod

06 10 pcs. MPS magnetic mounting plates
(8 losely enclosed, 2 in articluator)
07 adhesion plates for MPS



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(8 closely enclosed, 2 in articulator)

09



11

12

08



10

13





14

**AXIOQUICK**
**Anatomic Facebow Kit AX**

08 AXIOQUICK® III transfer bow
09 nasion relator AX – S
10 blue hygienic earpiece caps
11 transfer fork AX assembly
12 transfer fork AX

13 telescopic transfer fork support
14 transfer stand SE

www.sds-dental.de
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# Articulator SE upper member





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# Articulator SE lower member





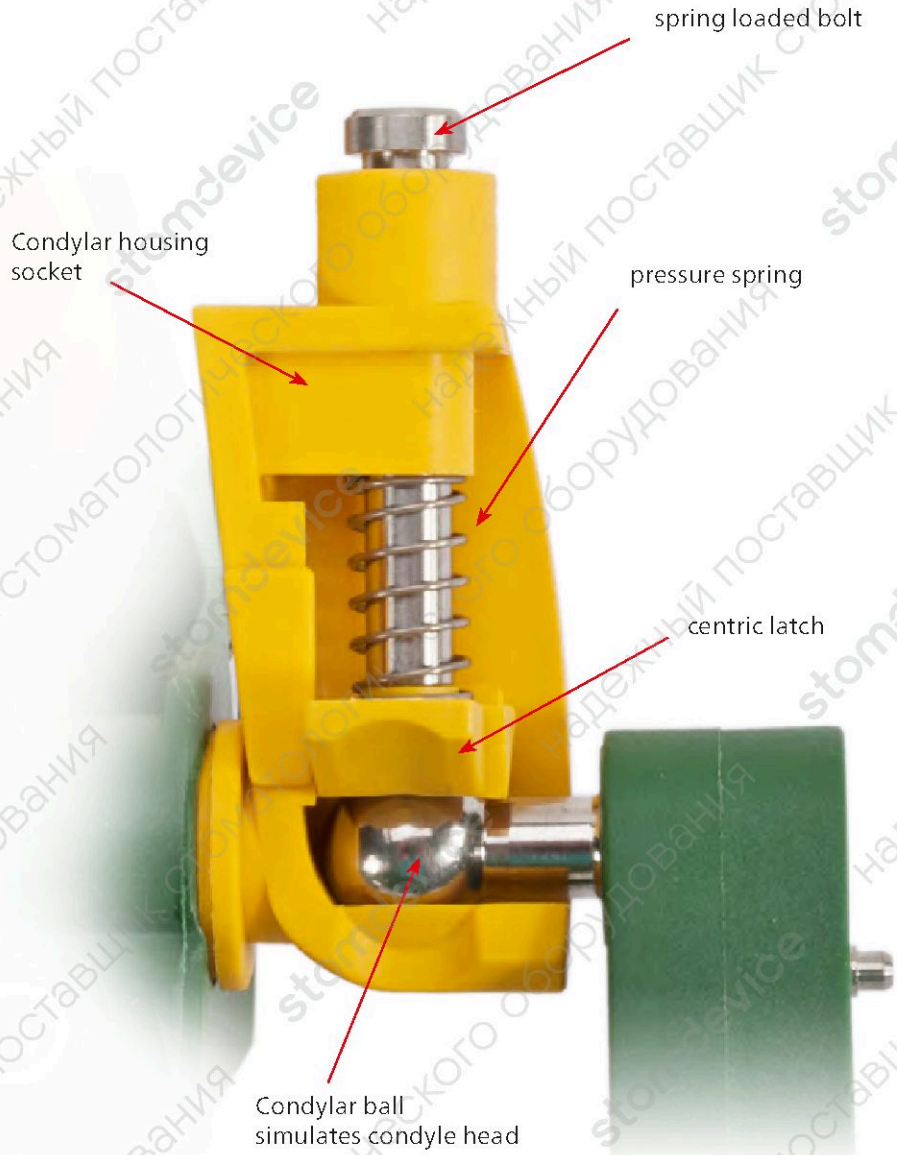
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# Condylar housing SE





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# Preparation – The position of incisal pin and incisal table



The incisal pin sleeve is inserted into the lower member until it stops and fixed with the bottom thumb screw.



We recommend that you attach the incisal pin on the articulator lower member, as this corresponds to the natural motion simulation.



The slots on the articulator upper and lower part are identical in size. This also allows for reverse mounting of the incisal pin and table.



Place the movable part of the adjustable table vertically.



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Turn the articulator up side down. Insert the table into the upper member until the incisal pin attaches the movable part.

Fix the position with the knurled screw underneath the table.



The table is in the correct position, if you can turn the table in all directions without any offset.



Lower the guiding part to a flat position.

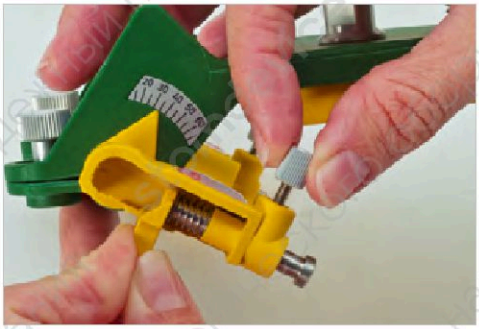


If you want to program the frontal tooth guidance losen the side thumb screw and set value on the scale and tight the screw.

Left-Right-Lateral rotation of 0° – 60° and
protrusive palatinal inclination angle for 0° – 80°


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# Preparation – Joining articulator upper with the lower member



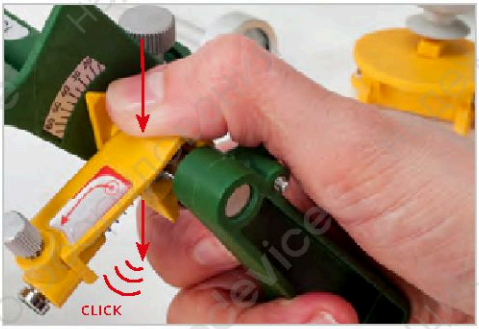
The centric locking screw on top of the condylar housing can be opened so the centric lock is movable.



The condylar housings are gently lowered onto the condylar elements of both sides.




With one hand, the lower part of the articulator is held and the upper part pushed back slightly and gently to connect both parts.




Pressure is applied on the condylar housing. You will hear a clicking noise as the centric lock snaps over the condyle balls. The upper member is now connected to the lower.

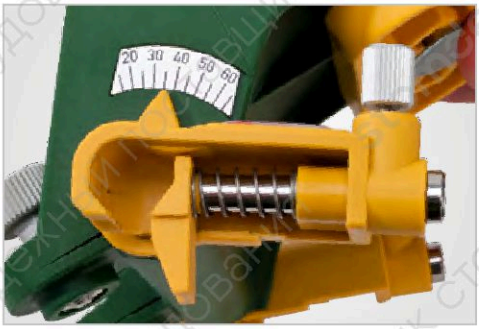


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# Centric Lock



The pressure spring automatically keeps the upper member of articulator in centric positon.




The centric lock is closed when the spring is fully extended as shown. The position of the bolt can be fixed with the centric lock screw.




Caution: Do not touch the end of the spring bolt with your thumb!



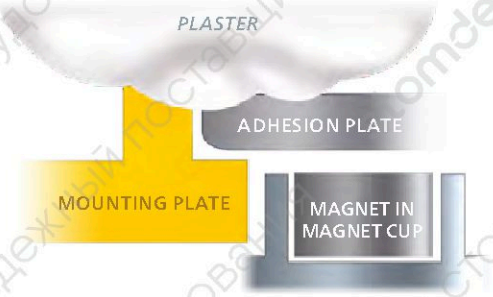

The centric lock is open when the spring is compressed. The position of the bolt can be fixed with the cenrtic lock screw.


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# MPS-magnet mounting plates attachement



The adhesion plate is set with rounded edge into the provided hole.




Take note: The slightly rounded and shiny side shows downwards when it is inserted into the mounting plate
(the edgy side is for the plaster).



The MPS-mounting plate is attached with the round side forward into the positioning pins.



The mounting plate is fully seated when it bears on the border areas without gap.

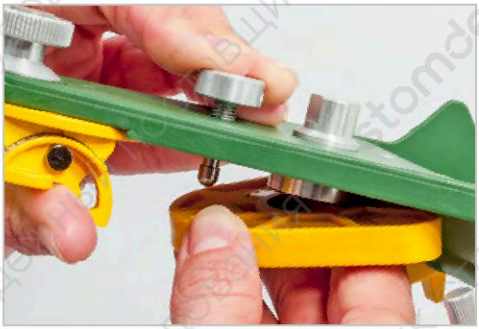
**Note: The mounting plate is disposable and should not be used more than once for reasons of quality.**


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# Magnet mounting plates removal



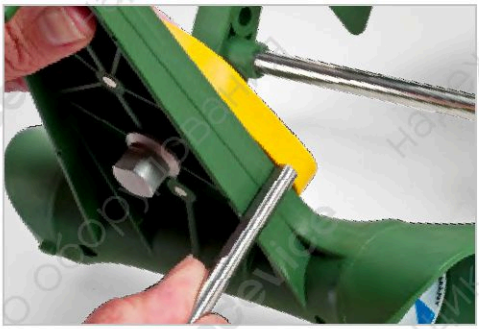

To facilitate the MPS mounting plate removal from the upper member a plate ejector is installed.



Pressing the eject button („push") the mounting plate is slightly raised in the front and can be easily removed.



To remove the mounting plate from the bottom, the incisal pin is useful.



Press gently from the bottom rear of the mounting plate.
Caution - Do not use sharp pointed objects!


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# Tilt protection



The SAM SE can be tilted backward and placed in an inclined position.



This improves the view of the anterior teeth.

# Upside-Down working



The SAM SE is designed the same as all SAM articulator, both inverted and in the upright position.



Notice how this improves the look at the occlusion while observing and controlling the function and effect of the condylar elements of the lower articulator member.



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# Vertical support rod



Simply place the cupped shaped part of the vertical support rod onto the upper thumb screw.



The vertical support rod holds the articulator in a stable horizontal position when open.



Notice how this improves the view of the occlusion



The best way to maintain the support rod, occasionally lubricate the inner O-Ring (ART 525002) with silicone spray.



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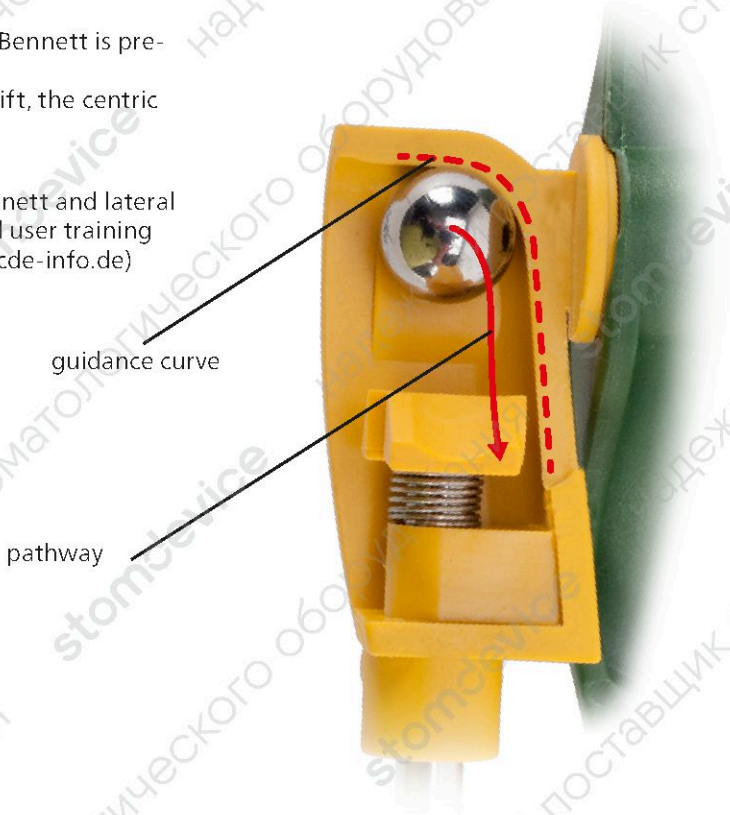
# The mediotrusion pathway

Often referred to as the Bennett angle the Mediotrusion curve is not a straight pathway, as in most mean value articulators. The Bennett guide is already set in the condylar housing and corresponds to the most common patient situation in a healthy TMJ. It can't be set individually.

In a fully adjustable SAM articulator (e.g. SAM 3) this pathway corresponds to the green Bennett guide, at 5 ° individual setting.

Unique: although the Bennett is pre-set
with moderate side shift, the centric remains stable.

Learn more about Bennett and lateral movements in our end user training (information at www.cde-info.de)



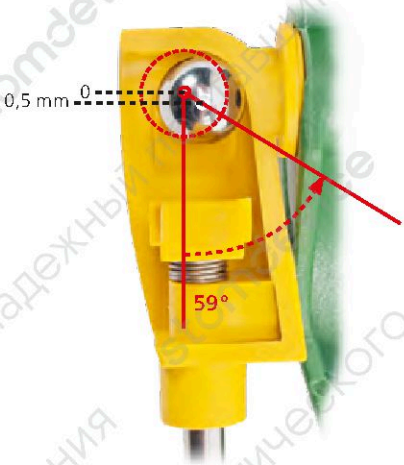

Note:

a mediotrusion **with** Bennett is a downward ,-inward, -forward movement

a mediotrusion **without** Bennett is a downward ,-forward, -inward movement



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a downward, inward and forward of

bennett angle

0,5 mm ≙ 59°



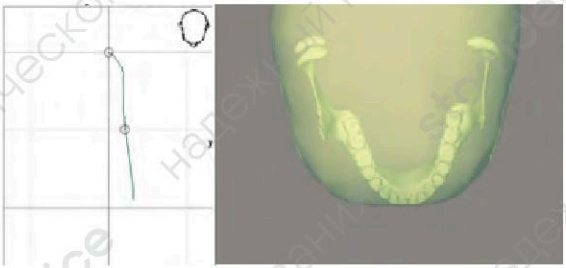
SAM AXIOQUICK Recorder




a downward, inward and forward of

bennett angle

3 mm ≙ 20°



SAM AXIOQUICK Recorder




a downward, inward and forward of

bennett angle

10 mm ≙ 12,5°



SAM AXIOQUICK Recorder



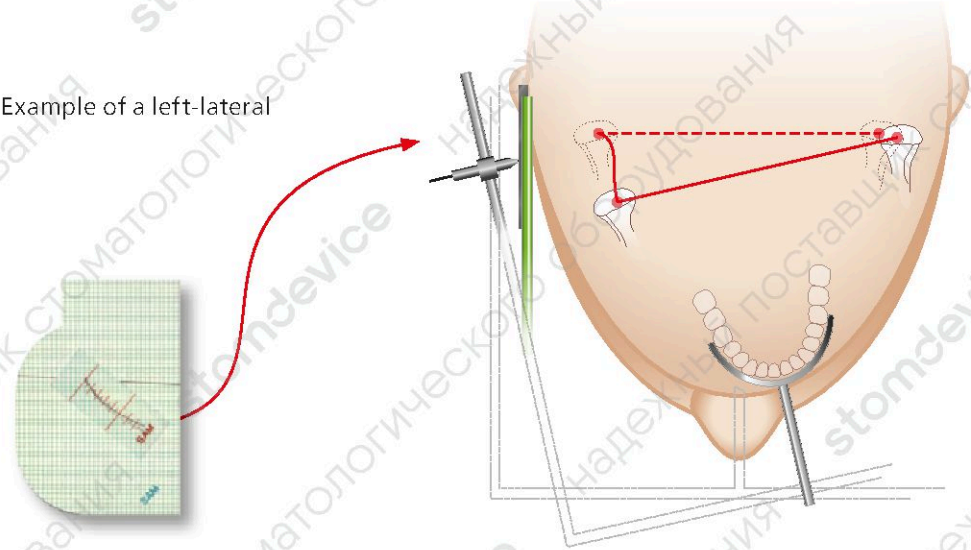
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# The mediotrusion pathway

When the mandible makes a three-dimensional movement then the SAM® Axiograph® or AXIOQUICK® Recorder will show a curved mediotrusion pathway in both frontal and horizontal planes. This curve corresponds to the most common of all TMJ movement and is used to adjust the articulator.

Example of a left-lateral






The „successor" to the AXIOGRAPH® is the AXIOQUICK® Recorder. It is as non-contact measurement system using ultrasonic technology.



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# The mediotrusion pathway



The Bennett movement is a downward-, inward-, forward movement or downward-, forward-, inward movement all at the same time of the condyle on the mediotrusion (balancing, non-working) side while the laterotrusion (working, rotating) side moves virtually straight lateral for about 0.3 mm.



An exaggerated mediotrusion movement is shown here. The upper and lower jaws move in the opposite direction.
The canine guidance causes disclusion of the posterior teeth when the mandible moves laterally and/or in a protrusive direction.



To perform a laterotrusion movement, the locking screw of the spring-loaded bolt is loosened.



By holding the condylar element firmly against the medial wall of the condylar housing and pushing the condylar element downward-, inward-, forward the condylar element guiding on the condylar housing pathway will move the lower member towards the midline to perform the mediotrusion movement.


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# The condylar pathway inclination

Normal opening/closing patient condylar movement without translation is a simple rotation of the condyle head within the disc held firmly against the eminentia. Maximum opening/closely, beyond a simple rotation of the condyle, is an immediate downward (Z axis) movement followed by a forward (X axis) translation which causes the disc to rotate backwards on the head of the condyle and forwards under the eminentia. This is simulated in the articulator with the condylar pathway inclination and the joint path curvature.

The individual values of the mandible movement can be recorded. Once you have the Axiographic values it is a simple procedure to select the appropriate condylar housing pathway inserts for Bennett Guidance or Condylar pathway inclination and curvatures but you must have a SAM 3 articulator. In SAM SE articulator the condylar inclination (angle) can be adjusted, but not the joint path curvature. For the joint path curvature is a statistical average applied after anatomical ideal.

SAM SE articulator has equivalent of the Condylar insert 1 (white, low curvature along with the Green Bennett guidance pathway set at maximum Bennett angle of 5 degrees.)

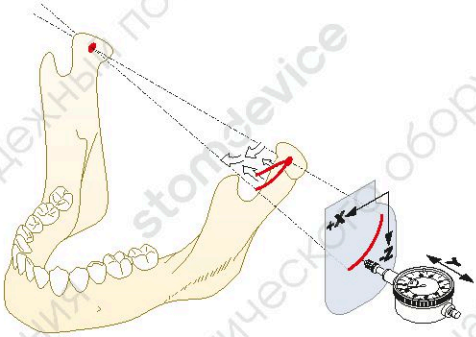
The simulation of the patient pathway is a combination of three parameters:

- Condylar ball diameter
- Condylar pathway curvature
- Condylar pathway inclination

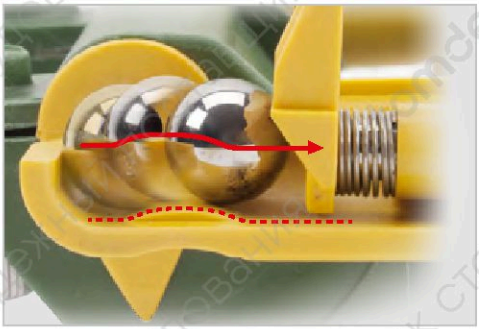




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The path shown is the real path of the center of rotation of the temporo-mandibular joint head of the patient.



To simulate this as faithfully as possible, the condyle of the envelope of condylar pathway elements (joint path curvature) must follow.



The joint path is most often a curved trajectory. This was reflected in the condylar SAM SE.




In addition the condylar inclination must be adjusted.


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# Setting the condylar pathway inclination



For this the condylar housing is loosened or tightened with the rear thumb screw (arrow).



The condylar inclination can now be set at 15° - 65° with respect to the axis-orbital plane.

In addition to the set horizontal condylar pathway inclination (HCI) is given following value by the joint path curvature:

1 mm: + 6,0°
2 mm: + 6,0°
3 mm: + 5,0°
5 mm: + 4,0°
7 mm: + 2,5°
10 mm: + 0,0°






Note:

There is **no** straight eminentia in a healthy joint!



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# Simulation on the protrusive movement




To simulate a protrusive movement, the locking screw of the spring bolt (arrow) is loosened and the condylar housing shifted slightly to the rear.



This achieves a flowing movement that moves on both sides as protrusion. The mandible can move forward.

Important: Do not block the spring pin with your thumb.



With protrusion inserts (optional) in 1 mm steps (1-6 available), a protrusive position of the lower member in relation to the upper member can be fixed anteriorly.



These can be used in all SAM SE articulators

More on condylar pathway and protrusive movement in our end-user training.
Information at www.cde-info.de



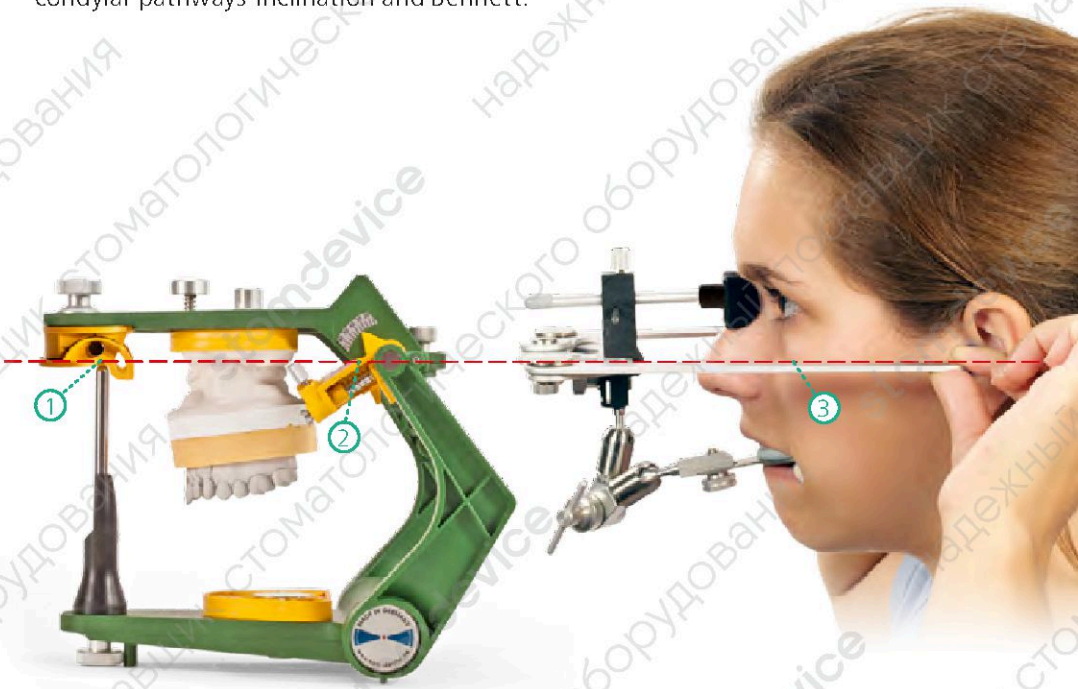
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# AXIOQUICK®

Cranium-related mounted models in the articulator are essential part of diagnosis and therapy.

The correct position of the maxillary model to the reference plane is absolute prerequisite for model mounting even when using mean values. In addition, it is mandatory needed especially when using a centric record and setting the condylar pathways-inclination and Bennett.

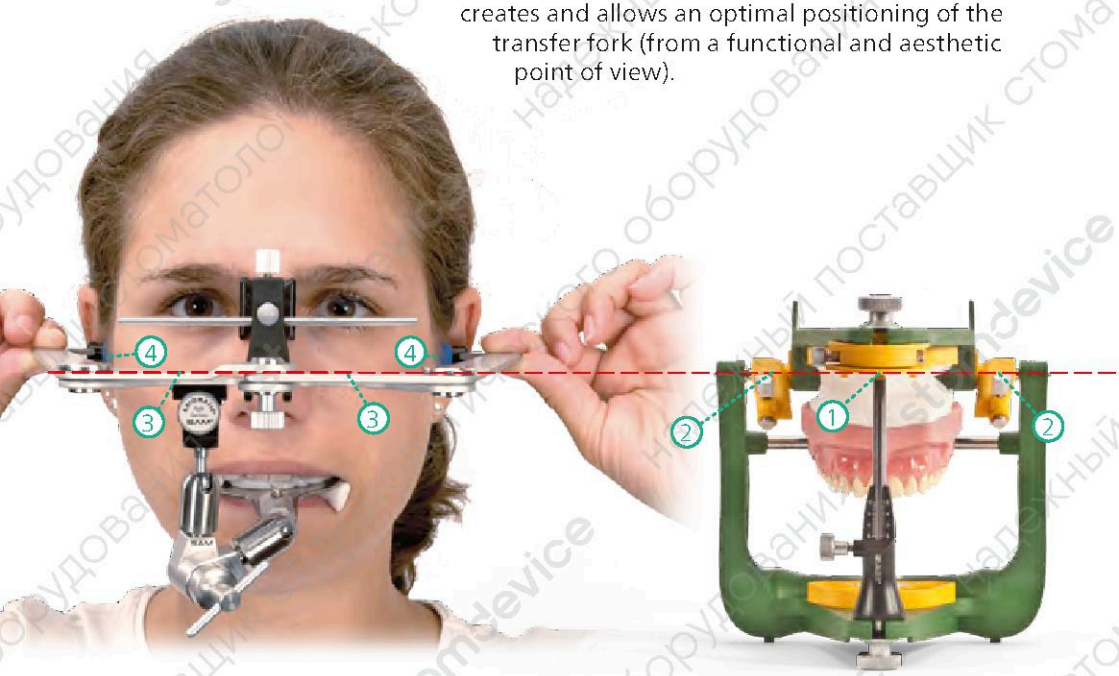



The axis orbital in the patient corresponds in the articulator to the line between the bearing surface of the incisal table to the incisal pin (1) and the centers of the condylar balls (hinge axis) (2).


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The Frankfort Horizontal (FH) represents a reference plane for the patient and the articulator The reference points of the Frankfurt horizontal (Porion and orbitale) are identical to the axis-orbital plane (AOE), due to the construction and method of use in the SAM System.

The scissors mechanism of the SAM® anatomic facebow creates and allows an optimal positioning of the transfer fork (from a functional and aesthetic point of view).




In the patient, this constitutes the lower orbiter point (3) and the center point of rotation of the condyle (4).


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# The anatomic facebow



Hard silicone (e.g. variotime bite by Heraeus Kulzer or Metal-Bite by R-Dental) is applied so that the bore holes on the bottom are masked and then the top is coated evenly thin.



With minimal pressure the coated transfer fork is pressed on the teeth parallel to the occlusion, without pressing through the material. The bite fork middle and the anterior center should coincide.



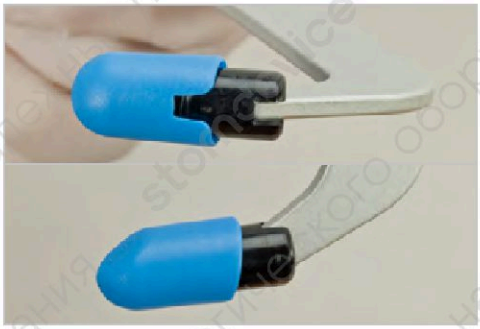
After hardening the transfer fork is removed and all the deep impressions, shaped fissures and interdental spaces were removed. Only the impressions of cusp tips are to be shown!



The transfer fork is inserted again and supported with cotton rolls in the area of the premolars. The patient closes the lower jaw and the mandibular teeth support the transfer fork.



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The blue hygienic earpiece caps are placed on the black earpieces. Placed correctly the notch shows outside, the flat side towards the inside.



The nasion relator (ATB 394) is positioned correctly on the facebow (ATB 303), when it is fully inserted between the pins on the bottom.




The transfer fork assembly is pushed onto the attachement at the bottom of AXIOQUICK® facebow to positioning pin. The thumbscrew is tightened by half a turn and is visible to the dentist.



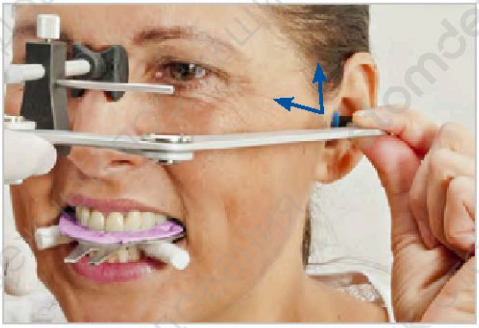

The attachment connection is secured by tightening the thumb screw. The other clamp-connections are to be loosened only a half turn.


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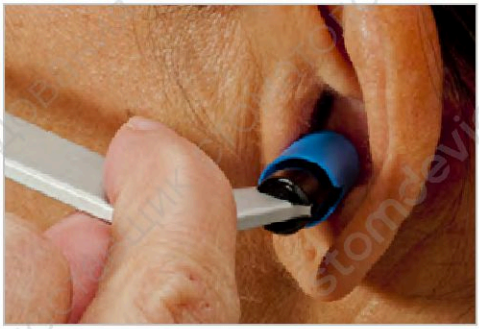
# The anatomic facebow



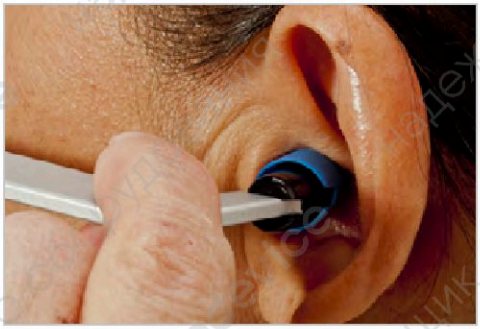
The facebow is held by patient with the thumb and index finger on the angle to the ear pieces.



The patient inserts the earpieces with hygienic earpiece cap into the ear canal, slightly block the hearing. A humming sound is made to equalize the earpiece postion in the ears. The earpieces are then moved straight upwards and inwards to contact the top inner wall. And then the hearing is fully restored.



Notice initial positioning in the ear.



To bring the face bow in the exact position, the patient raises the earpieces straight upwards and then inwards into a small superior depression onto anatomic porion. The patient can hear clearly again.



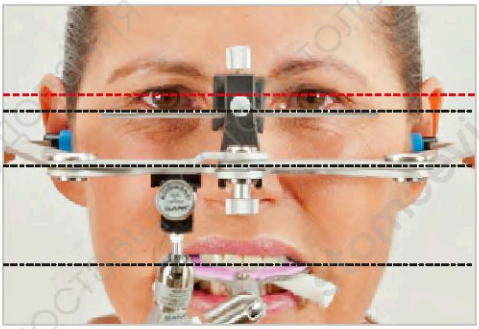
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With earpieces held firmly in the proper position, the nasion relator is brought into light contact with the nasion and fixed in position without pressure using the thumb screw.



All clamps and the thumb screws are loosened. The transfer fork rod is seated firmly to position and the thumb screw is tightened.



The interpupillary line levelling rod is used to control the parallelism of the interpupillary line and facebow. The facebow is now esthetically correct and aligned to the Frankfort Horizontal and the interpupillary line.

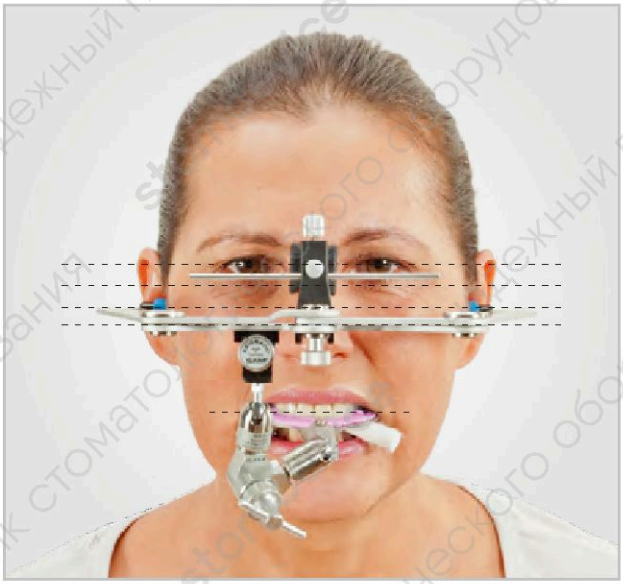


With one hand, the transfer fork assembly is stabilized, with the other hand tighten the screw of the AX-clamp.

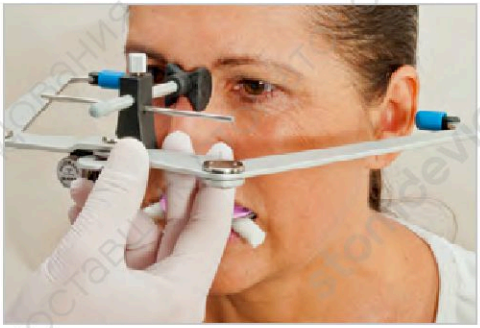


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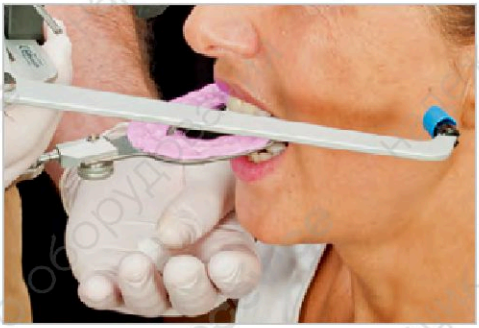
# The anatomic facebow



An incorrectly applied facebow leads inevitably to an incorrect transfer.



To remove the facebow the patient opens their mouth, while the user presses on the front of the bow.

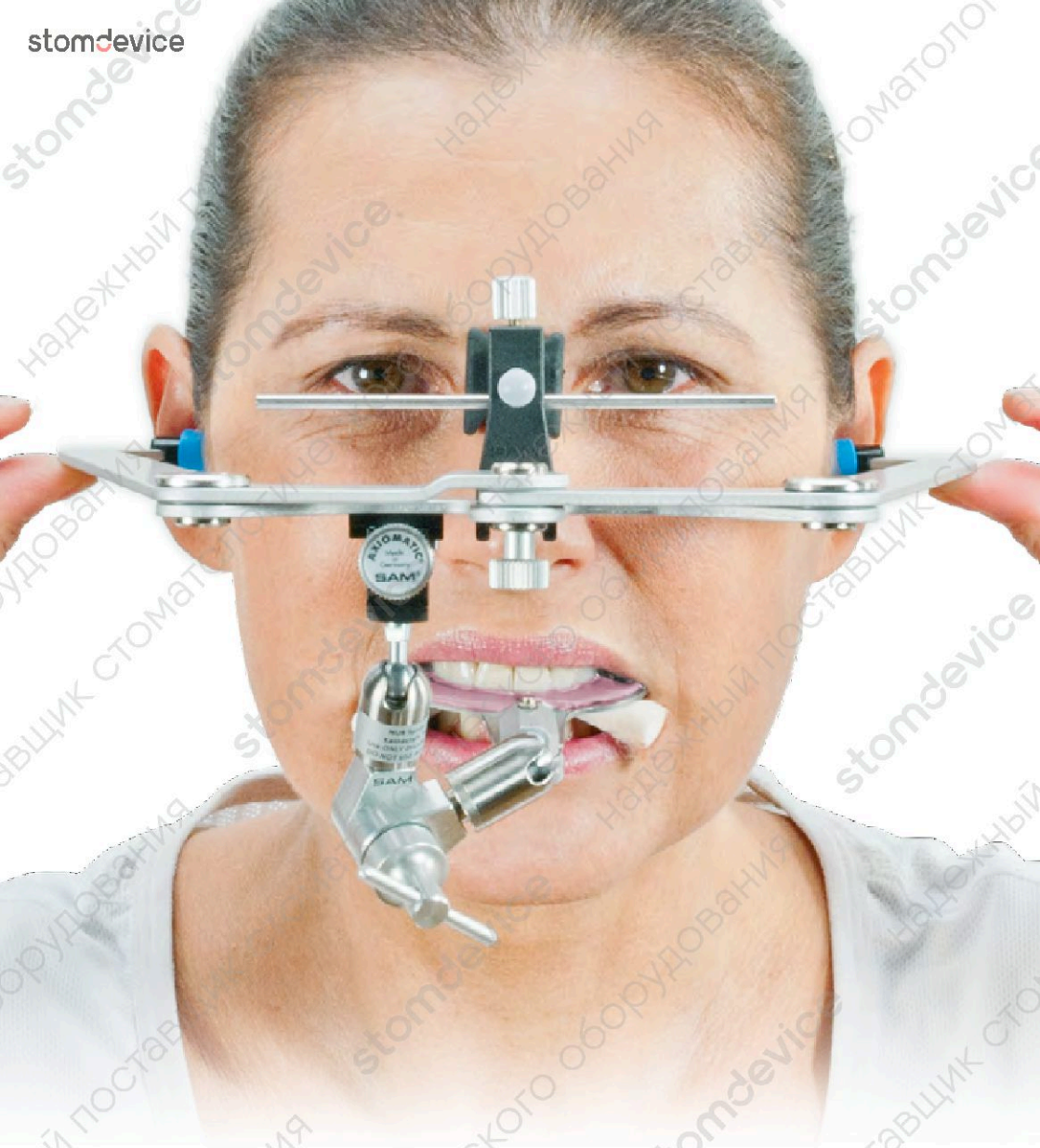


The patient is instructed to open their mouth and the face bow assembly is removed from the patient.



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Ready! The facebow can be taken off and the transfer fork assembly can be used for mounting the upper model in the correct anatomical position of the patient.


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# Cleaning, disinfection and sterilization

## MOIST cloth disinfection






ATB 395
without transfer fork

Facebow and transfer fork assembly is designated as a „non-critical medical device", so a wipe disinfection is recommended.

**Facebow, transfer fork assembly, adaptors and nasion relator should NEVER be placed in chemical solutions or ultrasound.**



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# Cleaning, disinfection and sterilization

## single-use



The blue hygiene protection caps are designed only for single use.

Please remove after each patient.
Re-Order-No. ATB 240 (200 pcs) - p. 57

## Sterilization



The transfer fork ATB 396 should be sterilized in the Autoclave

The transfer fork is classified as a „semicritical medicine product" (according to MPG/act concerning medicine products) and must be sterilized as such.

For this the steam sterilization is recommended in the fractionated vacuum procedure for 134 degrees centigrade for 10 minutes in a device after German Institute for Standardization DIN EN ISO 17665-1.




Please find detailed care references and instruction for the facebow and its parts in a separate manual.


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# Care of transferfork assembly AX



The blue arrows mark internal and external threads of the transfer fork assembly which should be periodically lubricated with dental hand piece oils or similar types of lubricants.

The red arrows mark the rods and holes of the transfer fork which must be absolutely lubricant and dirt free for conservation of the friction. Degreasing with alcohol assures a better clamping action.





Open the toggle and fixing screw of the transfer fork assembly AX. Remove carefully any impurities. Place drop of oil only on the thread screws of the transfer fork assembly.

Please note reassembly to the fact that the protruding edge of the joint has a precise place in the indentation and fitting should require no force. **Please: Never tighten thumbscrews more firmly than neded.** Sometimes less is more.

**Never put in the autoclave or in liquids!**



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# Model Mounting Upper Cast



Take out the incisal pin and exchange the transfer stand SE.

Flaten the adjustable incisal table to 0°.

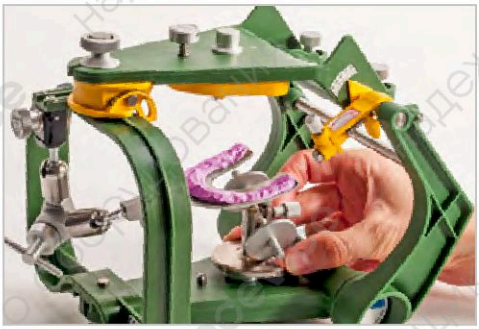


Ensure that the incisal table has complete contact to the transfer stand and there is no gap (white arrow). Otherwise, the table must be moved backward until it contacts completely the transfer stand.



Insert the transfer-fork assembly from the side in the guide on the upper part of the transfer stand (black) until it stops.

Tighten the thumbscrew on the transfer fork assembly.



Place the telescopic transfer fork support under the transfer fork from the back side.



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Turn the articulator over and open the thumb screw on the transfer fork support. The discs of the transfer fork slides down until they touch the transfer fork without pressure. Tighten the thumb screw of the transfer fork support without moving the support/assembly. The articulator can be reversed again.



Place the upper cast into the impression on the transfer fork. A preliminary check is made to assure enough space for the mounting plaster.



Special mounting plasters are available with minimum expansion which can be mixed to a creamy consistency. Plaster is applied to mounted plate first.



If necesarry the cast should be slightly moist prior to adding mounting plaster to the under surface of the dental cast.


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Note:

The mounting plaster should have a satin consistency with no visible cracks.

To avoid disturbing the bite of the model, never work the unset plaster.

**Helpful hint**: Gap of 1 cm between model and mounting plates ≈ 50 g plaster.


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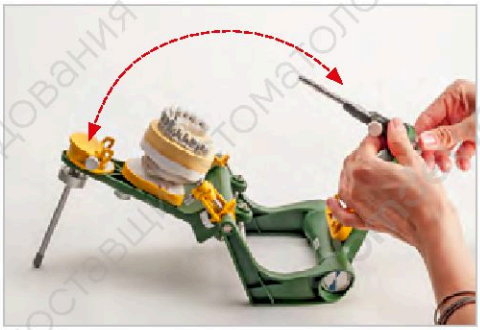
# Model Mounting Lower Cast



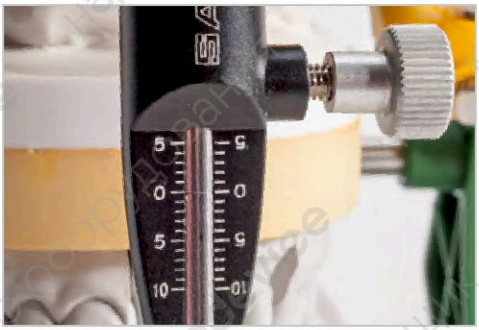
Insert a mounting plate on the lower part of the articulator.



Set bennett angle 0° on both sides and the centric is locked.



Attach the incisal table to the lower part and the incisal pin to the upper part of the articulator.



If mounted in habitual maximum intercuspation, set the incisal pin to zero.



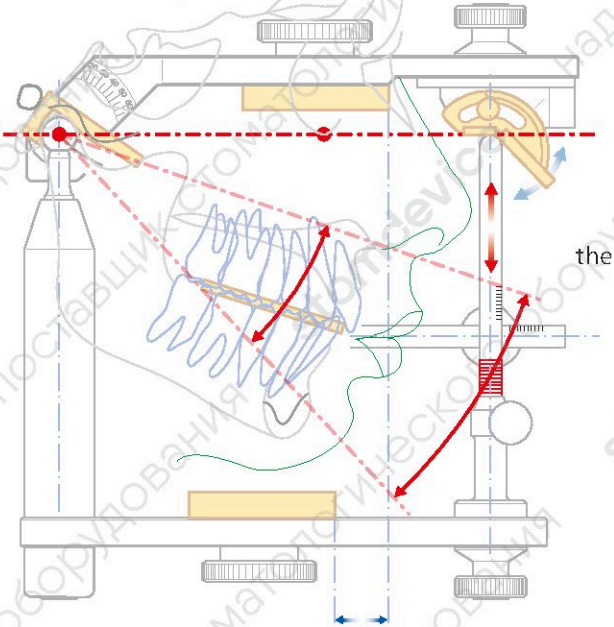
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If centric record is used, increase the incisal pin dimension to twice the thickness of your centric relation record at the incisor teeth position.

Here:
2 x 2,2 mm = 4,4 mm



The amount opening of the incisal pin is given by measuring the thickness of the bite registration in the zone of the incisors and multiplying by two.


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# Model Mounting Lower Cast



Place the centric registration record and the lower cast on top of the upper cast and then close the articulator to test for adequate clearance.



To prevent a change in position during the assembly of models, the two models should be fixed with hotmelt or wax.



Turn the articulator upside down.



Support the back of the articulator (e.g. with ATB 334 p. 56), so the occlusion plane is horizontal. This makes the model mounting much easier.



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Check the gap size. If gap is

a) more than 4 cm, or
b) not symetrical,

please mount in two steps.



Moisten the model slightly, so the fresh plaster adheres better.



Creamy plaster is placed onto the lower mounting plate.



Build up plaster in clouds on the lower cast.


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Close articulator....



....and let the plaster harden....



Turn back articulator, and remove connection material between models and centric record.



Now the incisal pin should show "0".



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Before starting work switch back table and pin and
set the inclination angle to 35°,
if real patient values (e.g. determined thru Axiography) are not available.


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# Care of the articulator SAM SE



The SAM SE is an easy to care for articulator. Plaster residues can be removed with water, soap and a soft brush.

To remove greasy stains, we recommend mild grease solvents. Condylar ball and housing should always be clean and kept dry (oil and grease free).

The small centric screw on condylar housing, and the set screws on the incisal pin and table should be occasionally cleaned with mild grease solvents, and then greased (e.g. with silicone spray or silicone grease (ART 193; p. 57).



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It is important to ensure that the centering pins for mounting plate are clean to ensure an exact fit. Also, all mounting plate contact surfaces should be free of plaster and other debris.



Never apply plaster to the mounting plates directly over the articulator. Try to come from the side in order to avoid dropping plaster. This could contaminate the condylar housing.



Never steam the articulator in order to remove plaster, wax or other dirt. This can damage the instrument and make it unrepairable.



Prior to use, make a quick check of the SAM SE by viewing the action of the lower incisal pin into the slot of the upper member with the incisal table removed.


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# How to replace a broken centric latch

You need:

**ART 605 014**
Replacement Set for Condylar housing SE includes

(1) Spring-loaded bolt SE
ART 605005
(2) Centric Latch SE
ART 605012
(3) pressure spring SE
Art 605004







To separate SE lower member from upper member, loosen centric locking set screw.



Place SE upper member on table with condylar housing showing.


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During normal use the centric lock screw thread does not break. However, on occasion by accident or misuse the thread portion may break off.



Remove the centric lock assembly...



...as shown here. Also, remove the residual thread from the metallic threaded rod.



Insert the a new latch into the spring.



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# How to replace a broken centric latch



Position spring and centric lock into the condylar housing as shown here and slide retaining pin into the anterior hole of the condylar housing.



Slide thread of new centric lock into one end of the the new spring.



Completely thread the metallic pin hand-tight in a clockwise direction, onto the yellow screw threads until fully seated.




The SAM SE condyle housing is now ready for use again.



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# ARE YOU LOOKING FOR SPARE PARTS?

If you need additional mounting plates or if you have lost a screw, a nut, a washer or any other item from your SAM equipment, please get in contact with our local dealer (see contact info on last page).
They have a small stock of most common parts.
Don't hesitate to contact them!

You can also download our catalogues for products, spare parts and consumables from our download-page:
http://www.sam-dental.de/pages/de_Catalogues.html

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# Spare parts for SAM SE




## Accessories & Spare Parts

| | | |
|---|---|---|
| Incisal pin SE, complete | ART 620 |  |
| Sleeve of incisal pin SE | ART 621 |  |
| Incisal pin with surface, SE | ART 623 |  |



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| | | |
|---|---|---|
| Locking Screw For Incisal Pin | ART 621012 |  |
| Thumb Screw for Incisal Pin Sleeve | ART 270 |  |
| incisal table, adjustable | ART 260 |  |
| Thumb screw for adjustable incisal table | ART 135 |  |
| Thumb Nut for Incisal Table | ART 265 |  |
| MPS Ejector for SE | ART 611 |  |
| Replacement Set for Condylar Pathwaya fixation SE | ART 605013 |  |
| thumb screw for spring bolt | ART 605010 |  |
| rrubber foot grey (8 Pieces) | ART 277 |  |
| MPS additional articulator kit, yellow | MPS 101 |  |
| Replacement Set for Condylar housing SE | ART 605014 |  |

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| | | |
|---|---|---|
| vertical support rod | ART 525 |  |
| O-ring for vertical support rod | ART 525002 |  |
| Optional: incisal table, flat | ART 275 |  |
| End Caps, Grey | ART 527 |  |
| Optional: occlusal plane indicator set | ART 385 |  |


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# Accessories for AXIOQUICK®

| | | |
|---|---|---|
| nasion relator adjustable | ATB 304 |  |
| orbital reference pointer | ATB 235 |  |
| nasion relator AX – S | ATB 394 |  |
| Clamp screw for nasion relator | ATB 302004 |  |
| transfer fork assembly AX - AXIOMATIC® | ATB 395 |  |
| Thumb screw for bitefork fixation | ATB 395010 |  |
| Thumb screw with button label | ATB 395100 |  |
| transfer fork AX | ART 396 |  |
| transfer stand SE | ATB 397 |  |
| Thumb Nut for transfer stand SE | ART 265 |  |

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| | | |
|---|---|---|
| transfer fork support, telescopic | ATB 3365 |  |
| Thumb Screw for transfer fork support | ATB 336002 |  |
| Support disc for transfer fork support | ATB 336003 |  |
| Optional: magentic block for transfer fork support | ATB 338 |  |
| Optional: transfer fork support, acrylic XL | ATB 334 |  |


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# Consumable supplies

| | | |
|---|---|---|
| MPS mounting plates, yellow 20 pieces | MPS 150 |  |
| MPS mounting plates, yellow 100 pieces | MPS 155 |  |
| Purpose Silicone Grease (5g) | ART 193 |  |
| hygienic earpiece caps, 200 pieces | ATB 240 |  |

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# AXIOCOMP®

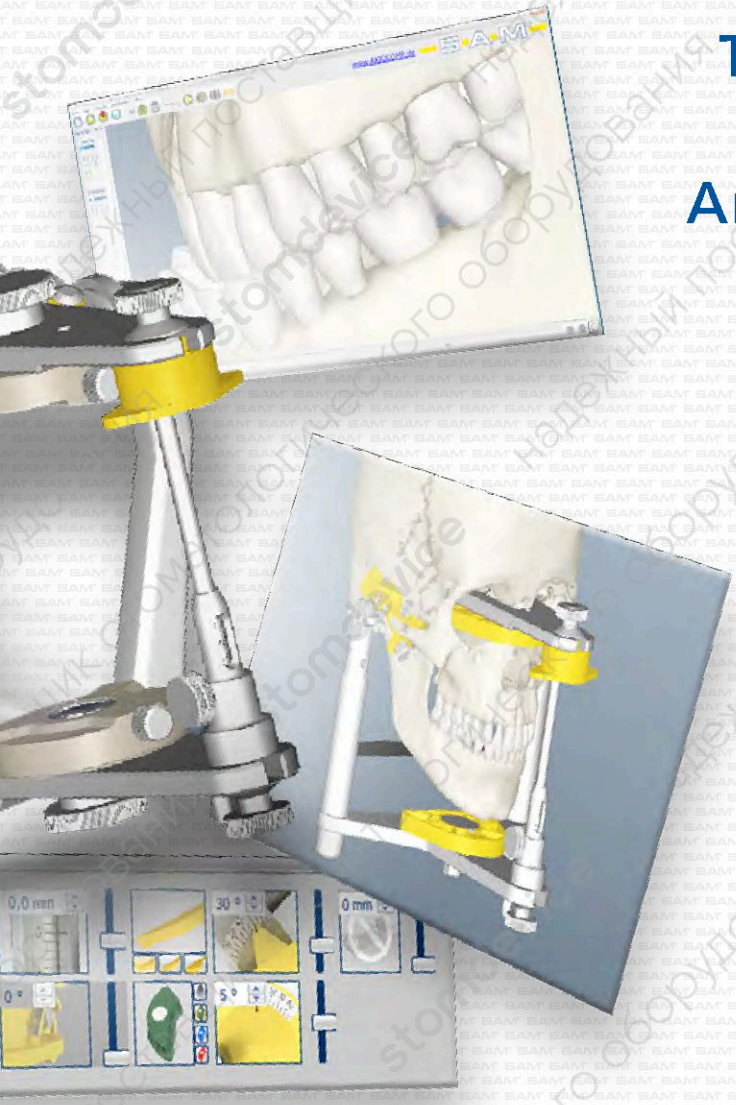



Free download at

**www.axiocomp.de**

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You will be supported by our local distributor:

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