
Regeneration Products Catalog

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www.osteogenics.com

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OSTEOGENICS

B I O M E D I C A L

Welcome to Osteogenics Biomedical

Ordering

Our customer service professionals are available from 7 AM to 7 PM CST, Monday through Thursday, and 7 AM to 5 PM CST on Fridays. Orders may be placed by the following methods:

TOLL-FREE 1.888.796.1923 (US & Canada only)

INTERNATIONAL +1 806.796.1923

FAX 806.796.0059

EMAIL sales@osteogenics.com

WEBSITE www.osteogenics.com

Shipping

Orders placed by 5 PM CST will be shipped the same day unless specified otherwise by your customer service professional. Standard shipping is 2nd Day delivery through UPS. Due to our volume discounts with UPS, our 2nd Day rate is usually less than standard ground shipping and assures better tracking and customer support. Overnight delivery is available at discounted rates as well.

Payment

We make it easy for you. We accept all major credit cards, or domestic orders may choose payment terms of Net 15. All payments are in US Dollars.

Pricing

Prices are subject to change. However, we will make every effort to notify you in advance of a change. We offer the following discounts on bulk purchases:

Buy 5, Get 1 FREE* on all products except Cytoplast™ PTFE Suture.

Buy 10 Boxes, Get 1 FREE on Cytoplast™ PTFE Suture.

*Mixing and matching different products is permitted; the least expensive product will be credited as free.

Satisfaction Assurance

If you are not completely satisfied with our products, call us and we will arrange for a replacement, exchange, or refund. Unopened boxes may be returned within 30 days from the invoice date for a full refund. Opened boxes may be returned for product exchange within 90 days of the invoice date. Call customer service at 1.888.796.1923 for return authorizations.

Availability

We know how frustrating back-orders are, so we carry enough inventory to ensure that, statistically, we have your product on hand 99% of the time. In the event of a back-order, we will notify you at the time of your order and give you an estimated ship date.

Mailing Address

Osteogenics Biomedical, Inc.
4620 71st Street | Building 78-79
Lubbock, TX 79424



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enCore®

Combination Allograft & Mineralized Allograft

enCore® Combination Allograft

Mineralized and Demineralized Allograft Particulate

.25 mm - 1.0 mm Particle Size

<i>Part No. C73050</i>	0.5 cc
<i>Part No. C73100</i>	1.0 cc
<i>Part No. C73150</i>	1.5 cc
<i>Part No. C73250</i>	2.5 cc

enCore® Mineralized Allograft

100% Mineralized Allograft Particulate

.25 mm - 1.0 mm Particle Size

<i>Part No. SMIN050</i>	0.5 cc
<i>Part No. SMIN100</i>	1.0 cc
<i>Part No. SMIN150</i>	1.5 cc
<i>Part No. SMIN250</i>	2.5 cc

1.0 mm - 2.0 mm Particle Size

<i>Part No. MIN050</i>	0.5 cc
<i>Part No. MIN100</i>	1.0 cc
<i>Part No. MIN150</i>	1.5 cc
<i>Part No. MIN250</i>	2.5 cc



Unique Features of enCore® Combination Allograft

A synergistic combination

- Combines the synergistic characteristics of slowly resorbing, space-maintaining mineralized bone with osteoinductive demineralized matrix to provide an optimized environment for the regeneration of vital bone.

Tested twice to ensure its osteoinductivity

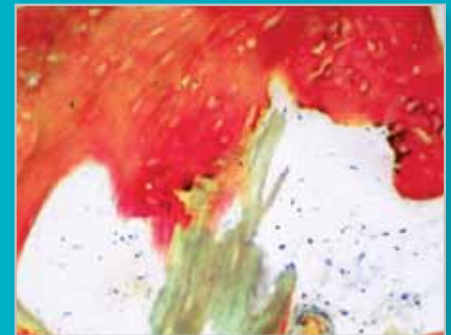
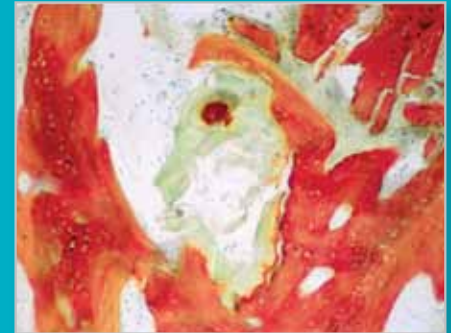
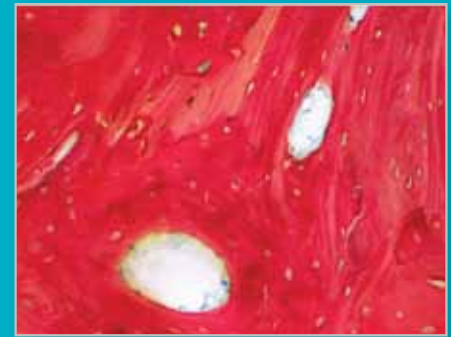
- Pre-sterilization *in vitro* BMP-2 assay
Prior to packaging and terminal sterilization, every lot is stringently tested for the presence of BMP-2. Any lot that fails this test is discarded.
- Post-sterilization *in vivo* osteoinductivity verification
Every lot undergoes a final *in vivo* post-sterilization test to verify its osteoinductive potential.

Best practices in safety

- Tissue processed by Allotech, an FDA-registered and AATB accredited tissue bank
- Single donor per lot
- Terminally sterilized by low-dose e-beam irradiation to a sterility assurance level of 10^{-6}

Chair-side efficiency

- Combination graft is pre-mixed to reduce inventory and reduce chair-side preparation
- Double-sterile packaged for aseptic presentation in the surgical field



Representative histology taken at 6 months from a case using combination allograft

86% vital bone
14% residual graft
51% bone, 49% Marrow

Histology by Michael Rohrer, DDS, MS,
University of Minnesota

Cytoplast™ RTM Collagen

Type 1 bovine collagen membrane

15 mm x 20 mm

Part No. RTM1520
(2 membranes per box)



actual size

20 mm x 30 mm

Part No. RTM2030
(2 membranes per box)



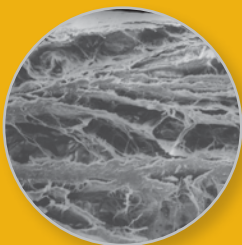
actual size

30 mm x 40 mm

Part No. RTM3040
(2 membranes per box)



actual size



Multi-layer construction allows tissue integration into outer layer, while preventing direct passage of bacteria and epithelial cells.

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Features & Benefits

Manufactured from highly purified type 1 bovine achilles tendon

Safe for the patient

Longer, predictable resorption time (26 - 38 weeks)

No risk of particle loss due to premature resorption

Unique fiber orientation provides high tensile strength

You can suture or tack the membrane in place without tearing.

Cell occlusive

Prevents epithelial down growth

Optimized flexibility

Stiff enough for easy placement, yet easily drapes over ridge

Praise for our Product

"Cytoplast™ RTM Collagen membrane is a superior product for many surgical procedures."

Jerald Rosenberg, DMD; Periodontist

"So far the best resorbable membrane."

Stanley S. Koh, DDS; Oral & Maxillofacial Surgeon

"Cytoplast™ RTM Collagen has made my guided bone regeneration cases more successful due to its handling properties and predictable resorption time."

Cory Wanatck, DMD; Periodontist

"Overall this barrier works very well. I've had nice success with ridge augmentations."

Jason Cataldo, DDS, MSD; Periodontist

Vitala®

Porcine derived collagen membrane

Substantially resorbed in 26 weeks



Features & Benefits

Natural

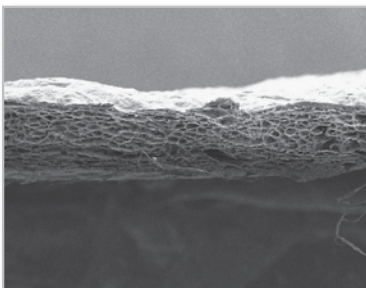
Vitala® is manufactured using a proprietary decellularization protocol designed to maintain the natural, microporous, 3-layered architecture of the tissue. Vitala® is biologically cross-linked, eliminating the need for cross-linking chemicals and agents.

Durable

Designed to resist tearing during placement, Vitala® is naturally stronger than other porcine collagen membranes.

Adaptable

The natural collagen structure provides a unique combination of supple handling and ideal defect adaptability. Because both sides are smooth, either side may be placed against the defect.



150x magnification



Excellent tensile strength

15 mm x 20 mm

Part No. Vit1520



actual size

13 mm x 25 mm

Part No. Vit1325



actual size

20 mm x 30 mm

Part No. Vit2030



actual size

30 mm x 40 mm

Part No. Vit3040



actual size

U.S. Patent # 6,019,764



The Cytoplast™ Technique: Cosmetic Socket Preservation Without Primary Closure

1. Preoperative view. To maximize the result of ridge preservation procedures, techniques designed to minimize trauma to the alveolar bone, such as the use of periostomes and surgical sectioning of ankylosed roots should be considered.

2. All soft tissue remnants should be removed with sharp curettage. Special care should be taken to remove all soft tissue at the apical extent of the socket of endodontically treated teeth. Bleeding points should be noted on the cortical plate. If necessary, decortication of the socket wall should be done with a #2 round burr to improve blood supply.

3. A subperiosteal pocket is created with a micro periosteal elevator or small curette, extending 3-5 mm beyond the socket margins on the palatal and the facial aspect of the socket. In the esthetic zone, rather than incising and elevating the interdental papilla, it is left intact and undermined in a similar fashion. The Cytoplast™ high-density PTFE membrane will be tucked into this subperiosteal pocket.

4. Particulate graft material can be placed into the socket with a syringe or with a curette. Ensure that the material is evenly distributed throughout the socket. However, the particles should not be densely packed to preserve ample space for blood vessel ingrowth.

5. The Cytoplast™ high-density PTFE membrane is trimmed to extend 3-5 mm beyond the socket walls and then tucked subperiosteally under the palatal flap, the facial flap and underneath the interdental papilla with a curette. The membrane should rest on bone 360° around the socket margins, if possible. Note that minimal flap reflection is necessary to stabilize the membrane.

6. Ensure that there are no folds or wrinkles in the membrane and that it lies passively over the socket. To prevent bacterial leakage under the membrane, take care to avoid puncturing the membrane, and do not overlap two adjacent pieces of membrane material.

7. The membrane is further stabilized with a criss-cross Cytoplast™ PTFE suture. Alternatively, interrupted sutures may be placed. The PTFE sutures, which cause minimal inflammatory response, are left in place for 10 to 14 days.

8. The membrane is removed, non-surgically, in 21 to 28 days. Sockets with missing walls may benefit from the longer time frame. Topical anesthetic is applied, then the membrane is grasped with a tissue forcep and removed with a gentle tug.

9. Studies have shown that by 21-28 days there is a dense, vascular connective tissue matrix in the socket and early osteogenesis is observed in the apical 2/3 of the socket.

10. Immediately following membrane removal, a dense, highly vascular, osteoid matrix is observed. The natural position of the gingival margin has been left intact because primary closure was not necessary. The dense PTFE membrane has contained the graft material and prevented epithelial migration into the socket.

11. The socket at 6 weeks. Keratinized gingiva is beginning to form over the grafted socket. The natural soft tissue architecture is preserved, including the interdental papillae. New bone is beginning to form in the socket. Over the next 6 to 10 weeks, increasing thickness of trabeculae and mineralization will result in load bearing bone suitable for implant placement.

Cytoplast™ TXT-200 & TXT-200 Singles

Micro-textured, high-density PTFE membrane



Features & Benefits

Non-Resorbable	Won't resorb prematurely – you dictate healing time
100% Dense (non-expanded) PTFE; pore size less than 0.3 µm	Impervious to bacteria* <i>*Data on file</i>
Purposely leave the membrane exposed	Less surgical time, preservation of soft tissue architecture and keratinized mucosa
Soft tissue attaches, but doesn't grow through the membrane	Exposed membrane allows for non-surgical removal; no anesthesia required
Hexagonal dimples increase surface area	Designed to increase membrane stabilization

Most popular membrane for socket grafting

TXT-200 Singles 12 mm x 24 mm

Part No. TXT1224-1
(1 membrane per box)

Part No. TXT1224
(10 membranes per box)



actual size

TXT-200 25 mm x 30 mm

Part No. TXT2530-1
(1 membrane per box)

Part No. TXT2530
(4 membranes per box)



actual size



The patented Regentex™ surface helps stabilize the membrane and the soft tissue flap.

Hexagonal surface dimples provide a textured surface, which increases the area available for cellular attachment without increasing porosity.

U.S. Patent # 5,957,690

Praise for our Product

"I always know, in advance, the results of my bone grafting when I use Cytoplast™ TXT-200 as a membrane. Why bother with other membranes?"

Mark Cohen, DDS; Periodontist

"I had given up on e-PTFE products because of post-operative complications. However, the Cytoplast™ textured d-PTFE has eliminated those problems. I love its handling, ease of insertion and removal."

Jamison Scotto, DMD; Periodontist

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Products shown
actual size

Cytoplast™ Titanium-Reinforced

Titanium-reinforced, high-density PTFE membrane

	Ti-250 (250 µm thick)	Ti-150 (150 µm thick)	
 <p>Anterior Narrow 12 mm x 24 mm</p> <p>Designed for narrow single-tooth extraction sites, especially where one or more bony walls are missing</p>	Part No. Ti250ANL-1	Part No. Ti150ANL-1	(1 membrane per box)
	Part No. Ti250ANL-2	Part No. Ti150ANL-2	(2 membranes per box)
 <p>Anterior Singles 14 mm x 24 mm</p> <p>Designed for single-tooth extraction sites, especially where one or more bony walls are missing</p>	Part No. Ti250AS-1	Part No. Ti150AS-1	(1 membrane per box)
	Part No. Ti250AS-2	Part No. Ti150AS-2	(2 membranes per box)
 <p>Buccal 17 mm x 25 mm</p> <p>Designed for large buccal defects</p>	Part No. Ti250BL-1	Part No. Ti150BL-1	(1 membrane per box)
	Part No. Ti250BL-2	Part No. Ti150BL-2	(2 membranes per box)
 <p>Posterior Singles 20 mm x 25 mm</p> <p>Designed for grafting posterior extraction sites and limited ridge augmentation</p>	Part No. Ti250PS-1	Part No. Ti150PS-1	(1 membrane per box)
	Part No. Ti250PS-2	Part No. Ti150PS-2	(2 membranes per box)
 <p>Anterior Perio 13 mm x 19 mm</p> <p>Designed to fit periodontal defects in the anterior</p>	Part No. Ti250AP-1	Part No. Ti150AP-1	(1 membrane per box)
	Part No. Ti250AP-2	Part No. Ti150AP-2	(2 membranes per box)
 <p>Posterior Perio 13 mm x 18 mm</p> <p>Designed to fit periodontal defects in the posterior</p>	Part No. Ti250PP-1	Part No. Ti150PP-1	(1 membrane per box)
	Part No. Ti250PP-2	Part No. Ti150PP-2	(2 membranes per box)

Cytoplast™ Titanium-Reinforced

Titanium-reinforced, high-density PTFE membrane

	Ti-250 (250 µm thick)	Ti-150 (150 µm thick)	
<p>Posterior Large 25 mm x 30 mm</p> <p>Designed for grafting large bony defects, including ridge augmentation</p>	<p>Part No. Ti250PL-1</p> <p>Part No. Ti250PL-2</p>	<p>Part No. Ti150PL-1</p> <p>Part No. Ti150PL-2</p>	<p>(1 membrane per box)</p> <p>(2 membranes per box)</p>
<p>XL 30 mm x 40 mm</p> <p>Designed for very large bony defects, including ridge augmentation</p>	<p>Part No. Ti250XL-1</p> <p>Part No. Ti250XL-2</p>	<p>Part No. Ti150XL-1</p> <p>Part No. Ti150XL-2</p>	<p>(1 membrane per box)</p> <p>(2 membranes per box)</p>
<p>XLK 30 mm x 40 mm</p> <p>Designed for very large bony defects, including ridge augmentation</p>	<p>Part No. Ti250XLK-1</p> <p>Part No. Ti250XLK-2</p>	<p>Part No. Ti150XLK-1</p> <p>Part No. Ti150XLK-2</p>	<p>(1 membrane per box)</p> <p>(2 membranes per box)</p>



***Ti-150 membranes are 40% thinner than Ti-250 membranes, providing clinicians another handling option in Cytoplast™ Titanium-Reinforced Membranes.**

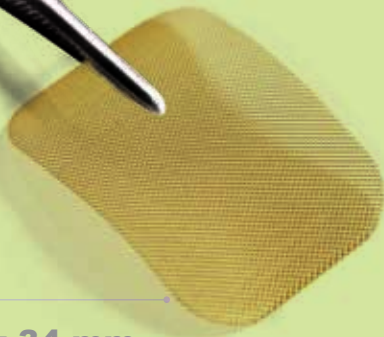


The patented Regentex™ surface helps stabilize the membrane and the soft tissue flap.
U.S. Patent # 5,957,690



Each configuration has a Grade 1 titanium frame to increase rigidity and allows for creation and preservation of space when grafting.

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25 mm x 34 mm

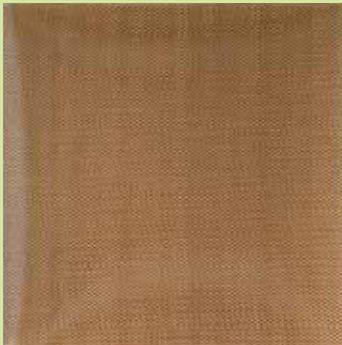
Part No. TM2534
(provided non-sterile)



actual size

45 mm x 45 mm

Part No. TM4545
(provided non-sterile)



actual size



Pore size of 0.3 mm contains graft material while allowing tissue ingrowth.

Osteo-Mesh™ TM-300

Titanium nitride-coated mesh

Features & Benefits

Ultra-thin; 0.2 mm thick	Easier to get primary closure
0.3 mm pore size	Contains most graft materials
Safe, highly inert, non-reactive, non-stick nitride coating	Improves tissue release upon removal
May be repeatedly sterilized by autoclave	Unused portions are not wasted

Benefits of Ti Nitride Coating

- High coating density with no pores to hold contaminants
- Will not stain or corrode
- Withstands acids, bases, solvents, and high temperatures
- Outstanding wear resistance

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Pro-Fix™

Precision Fixation System - Membrane Fixation

ProFix™ Membrane Fixation

Pro-fix™ Membrane Fixation Screws are designed as an attractive alternative to using tacks for membrane stabilization. Easy pick-up, solid stability of the screw during transfer to the surgical site, and easy placement make membrane fixation fast and easy.

Membrane Fixation Kit

- (1) Autoclavable Tecapro™ storage tray w/ screw organizer dial
- (1) Stainless steel driver handle
- (1) 76 mm cruciform driver blade
- (1) 56 mm cruciform driver blade
- (20) 1.5 x 3.0 mm self-drilling membrane fixation screws

Part No. PFMK20



Tray and organizer dial are designed to store all Pro-fix™ components including up to 100 membrane fixation, tenting, and bone fixation screws



Blades are designed to work universally with all Pro-fix™ membrane fixation, tenting, and bone fixation screws

Self-Drilling Membrane Fixation Screws

1.5 mm x 3.0 mm

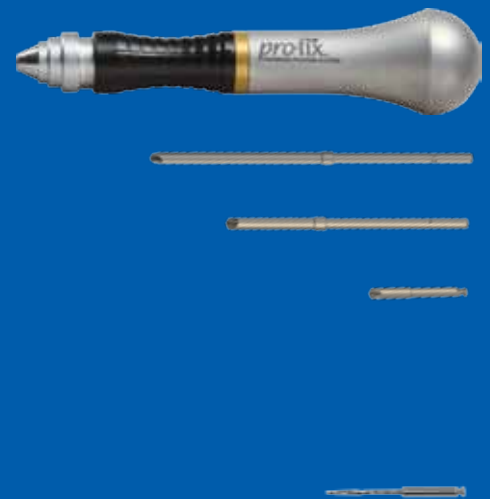
- 5 screws PFMF-5
- 10 screws PFMF-10
- 20 screws PFMF-20



Individual Components

Blades work universally with all Pro-Fix™ screws.

- Stainless Steel Driver Handle Part No. PFDH
- 76 mm Cruciform Driver Blade Part No. PFDB
- 56 mm Cruciform Driver Blade Part No. PFDB56
- Contra Angle Blade Part No. PFDBCA
(24 mm long; 10 mm exposed distal length)
- Autoclavable Tecapro™ storage tray Part No. PFT
- 1.2 mm diam. Latch Type Pilot Drill Part No. PFPD



Pro-Fix™

Precision Fixation System - Tenting



Tray and organizer dial are designed to store all Pro-fix™ components including up to 100 membrane fixation, tenting, and bone fixation screws



Blades are designed to work universally with all Pro-fix™ membrane fixation, tenting, and bone fixation screws

ProFix™ Tenting

Pro-fix™ Tenting Screws are designed with a self-drilling tip, polished neck, and broader head to maintain space under resorbable and non-resorbable membranes in horizontal and vertical bone regeneration procedures.

Tenting Kit

- (1) Autoclavable Tecapro™ storage tray w/ screw organizer dial
 - (1) Stainless steel driver handle
 - (1) 76 mm cruciform driver blade
 - (1) 56 mm cruciform driver blade
 - (4) 1.5 x 3.0 mm self-drilling tenting screws (7 mm total length: see below)
 - (4) 1.5 x 4.0 mm self-drilling tenting screws (8 mm total length: see below)
 - (4) 1.5 x 5.0 mm self-drilling tenting screws (9 mm total length: see below)
- For individual Pro-Fix™ driver and container components, see page 13.

Part No. PFTK12

Self-Drilling Tenting Screws

1.5 mm x 3.0 mm

3.0 mm polished neck + 4.0 mm threaded portion = 7 mm total length

1 screw PFT3

5 screws PFT3-5



actual size

1.5 mm x 4.0 mm

4.0 mm polished neck + 4.0 mm threaded portion = 8 mm total length

1 screw PFT4

5 screws PFT4-5



actual size

1.5 mm x 5.0 mm

5.0 mm polished neck + 4.0 mm threaded portion = 9 mm total length

1 screw PFT5

5 screws PFT5-5



actual size

Fully Threaded Tenting Screws

1.5 mm x 8.0 mm

1 screw PFT8



actual size

1.5 mm x 10.0 mm

1 screw PFT10



actual size



Pro-Fix™

Precision Fixation System - Bone Fixation

ProFix™ Bone Fixation

Pro-fix™ Bone Fixation Screws are designed with finer pitched, self-tapping threads that give the screws greater clamping force while using less driver torque. The screws' threads are equipped with a cutting flute that allows for easier insertion into harder bone. The screws are placed into a 1.2 mm pre-drilled pilot hole.

Bone Fixation Kit

- (1) Autoclavable Tecapro™ storage tray w/ screw organizer dial
- (1) Stainless steel driver handle
- (1) 76 mm cruciform driver blade
- (1) 56 mm cruciform driver blade
- (1) 1.2 mm diameter latch type pilot drill
- (2) 1.5 x 8 mm bone fixation screws
- (4) 1.5 x 10 mm bone fixation screws
- (4) 1.5 x 12 mm bone fixation screws
- (2) 1.5 x 14 mm bone fixation screws

For individual Pro-Fix™ driver and container components, see page 13.

Part No. PFBK12



Tray and organizer dial are designed to store all Pro-fix™ components including up to 100 membrane fixation, tenting, and bone fixation screws



Blades are designed to work universally with all Pro-fix™ membrane fixation, tenting, and bone fixation screws

Self-Tapping Bone Fixation Screws

1.5 mm x 8 mm

1 screw PFB8

5 screws PFB8-5



actual size

1.5 mm x 10 mm

1 screw PFB10

5 screws PFB10-5



actual size

1.5 mm x 12 mm

1 screw PFB12

5 screws PFB12-5



actual size

1.5 mm x 14 mm

1 screw PFB14

5 screws PFB14-5



actual size



Safescraper® Twist - Curve Version

Versatile cortical bone collector

Safescraper® Twist

Holds up to 2.5 cc at a time
Part No. 3987
(3 sterile scrapers per package)

Applications

- Extraction defects
- Periodontal defects
- Sinus lift procedures
- Ridge augmentation

Harvesting Sites

- Oblique external line w/ tunnel
- Ramus
- Mandibular symphysis
- Sinus window
- Lingual bone
- Zygomatic area
- Nasal spine
- Palate



A 160° blade allows clinicians to collect bone from any bony surface.



The Safescraper® Twist's transparent chamber holds up to 2.5 cc of bone, which can be used alone or mixed in combination with other graft materials.

Features & Benefits

Ergonomic design	Cortical bone harvesting is easily achieved from intraoral sites with a minimally invasive approach.
2.5 cc collection chamber	Large amounts of bone may be collected at once. If necessary, chamber may be emptied and scraper may be used again on same patient.
Bone is collected with coagulated blood	Graft has high biological plasticity, making it easy to handle and mold.
Curled shaving morphology with a mean length of 1.3 mm	Porosity and low density of autogenous graft allow angiogenesis.
Superior harvesting method	The manual harvesting technique allows graft to retain cell viability that can be compromised with other harvesting techniques that mill, grind, or potentially overheat bone.
Safe	The disposable scraper is sterile and allows clinicians to harvest autogenous bone, which eliminates any chance of disease transmission.

Praise for the Product

"This unit works really well and has nice contours to use in difficult harvesting sites."

Tom Faerber, DMD; Oral and Maxillofacial Surgeon



not actual size.

Micross

Minimally invasive cortical bone collector

Features & Benefits

5 mm diameter

Device can be used in hard-to-reach intraoral sites using a tunnel technique.

Bone is collected with coagulated blood

Graft has high biological plasticity, making it easy to handle and mold.

Superior harvesting method

The manual harvesting technique allows graft to retain cell viability that can be compromised with other harvesting techniques that mill, grind, or potentially overheat bone.

Safe

The disposable scraper is sterile and allows clinicians to harvest autogenous bone, which eliminates any chance of disease transmission.



not actual size.

Micross

Holds up to .25 cc at a time
Part No. 4049
(one sterile scraper per box)

Applications

- Extraction defects
- Periodontal defects
- Sinus lift procedures

Harvesting Sites

- Oblique external line with tunnel
 - Lingual bone
 - Sinus window
 - Palate
- Zygomatic area with tunnel
- Small areas near the defect



The cannula's 5 mm external diameter allows the Micross to be easily inserted into tissue tunnels.

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Cytoplast™ PTFE Suture

The **soft** monofilament suture

- Size: USP 2-0
- 19 mm 3/8 Circle Reverse Cutting
(12 sutures per box)

Popular for procedures where a longer needle is desired



CS0418

- Size: USP 3-0
- 19 mm 3/8 Circle Reverse Cutting
(12 sutures per box)

Recommended

Combines most popular needle in dentistry with most popular suture size



CS051819

- Size: USP 3-0
- 16 mm 3/8 Circle Reverse Cutting
(12 sutures per box)

Most popular size for dental implant and bone grafting procedures



CS0518

- Size: USP 4-0
- 16 mm 3/8 Circle Reverse Cutting
(12 sutures per box)

For dental implant and bone grafting procedures



CS0618RC

- Size: USP 4-0
- 13 mm 1/2 Circle Taper Point
(12 sutures per box)

For soft tissue grafts and delicate tissues that require an atraumatic needle



CS0618PERIO

- Size: USP 4-0
- 13 mm 3/8 Circle Premium Reverse Cutting
(12 sutures per box)

50% longer cutting edges give needles a more slender, defined shape that greatly decreases the force applied to the needle during surgery



CS0618PREM

Features & Benefits

100% Medical Grade PTFE

Biologically inert

Monofilament

Doesn't wick bacteria

Soft (not stiff)

Comfortable for patients

Little to no package memory

Excellent handling, knots securely

Non-resorbable

Keeps the surgical site reliably closed

Selection of Applicable References

Membrane References

- Ronda M, Rebaudi A, Torelli L, Stacchi C. Expanded vs. dense polytetrafluoroethylene membranes in vertical ridge augmentation around dental implants: a prospective randomized controlled clinical trial. *Clin Oral Implants Res.* 2013; (Epub ahead of print).
- Carbonell JM, Sanz Martin I, Santos A, Pujol A, Sanz-Moliner JD, Nart J. High-density polytetrafluoroethylene membranes in guided bone and tissue regeneration procedures: a literature review. *Int J Oral Maxillofac Surg.* 2013; (Epub ahead of print).
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