

Csm implant

Company
Introduction

Business
Performance

Business Network

Certification & Research

Video

Clean Safe Manufacturer

CSM Implant

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01 CSM IMPLANT

Apolonia Dental Implant

CSM IMPLANT CEO

CEO Jo Sung-am took the Seoul National University College of Dentistry course. After graduation, he worked as a professor in the Department of Prosthetics at Kyungpook National University.

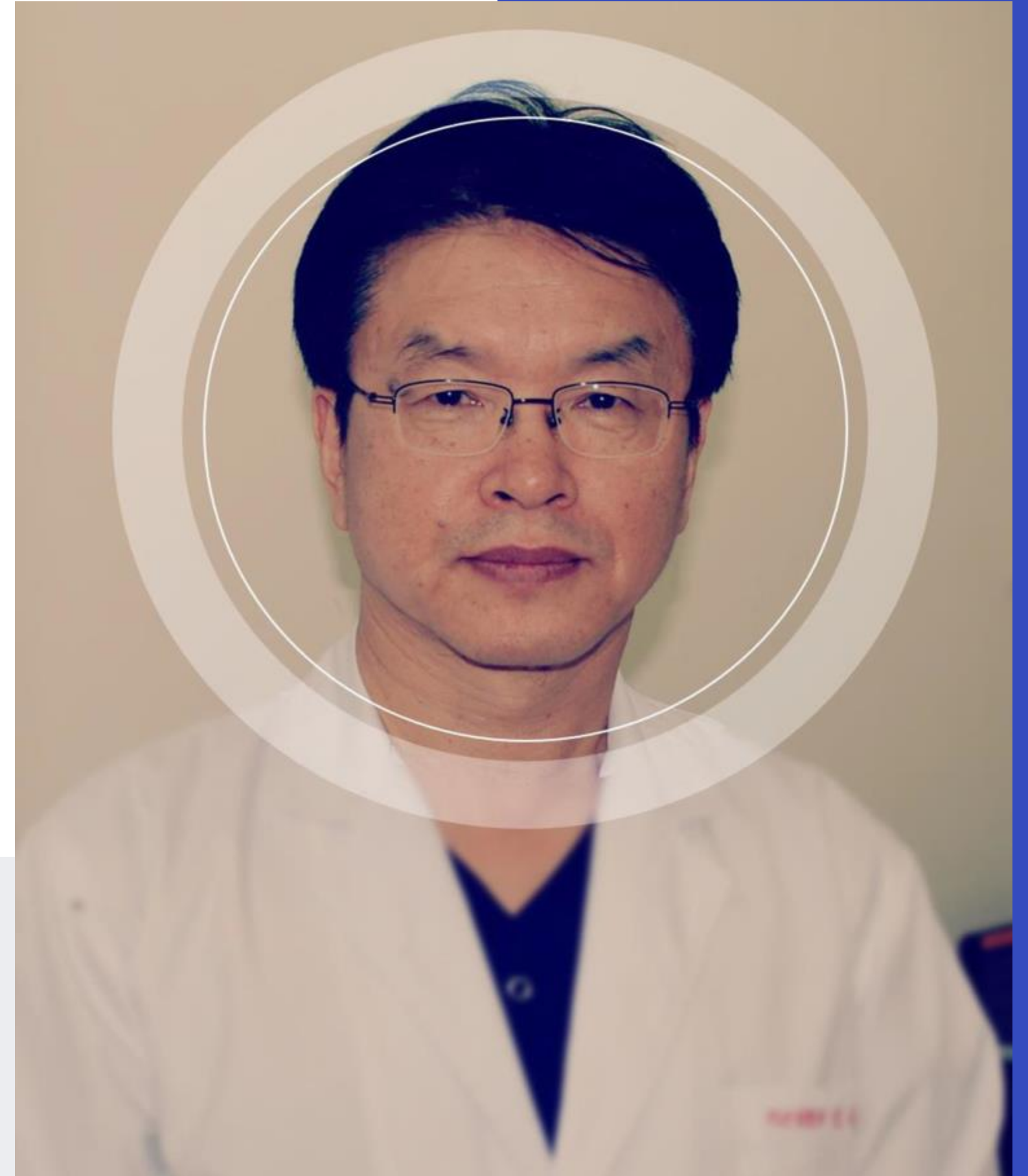
He has been involved in dentistry for 40 years.

Also, as a first-generation student studying implant in Sweden, He is a pioneer in introducing implant surgery for the first time in Korea after returning to Korea.

As a dentist and professor of dentistry, Based on the rich experience gained through actual surgery and research, we provide products that dentists can use conveniently, CSM Implant was born by researching to make a product that patients can trust.

CSM IMPLANT | CEO

SUNG-AM CHO



01

Dental Implant

It is a medical device that restores the masticatory power of edentulous patients and treats esthetic defects. As a major product for dental implants, CSM's craftsmanship stands out.

02

Dental Supplies

Abutment: The part that completes the artificial tooth together with the implant.
Impression product: This product is used to imitate the oral structure.

03

Surgical Kit

Surgical Kit: It is a medical surgical kit used for implant procedures.
Assistance kit: It is an auxiliary surgical tool used during or after implant procedures.

Company introduction



Name CSM IMPLANT

CEO SUNG-AM CHO

Number of Employees 18

Headquarters B205,B201 Techno B/D Kyungbook Uni, 47, Kyeongdae-Ro
17Gil, Buk-Gu, Daegu, Korea

Date of establishment. 2000.01.24

Contents of the business. Manufacture Dental implant

Produced products. Dental Implant

" CSM IMPLANT MOTO "



COMPANY BELIEF

Since its establishment on January 24, 2000, it is a manufacturer that has specialized in producing implants for about 20 years.

Based on 20 years of know-how, we produce and provide clean and safe products. With the goal of maximizing customer satisfaction,

All the staff members are working hard to do their best.

CSM HISTORY

- 2000.01.24 Company Established (CEO : Sung-Am Cho)
- 2004.05 Acquired CE, ISO 13485
- 2007.04 Acquired KGMP
- 2009.10 Acquired Russian FDA
- 2010.03 Acquired R&D Center Qualification
- 2011.03 Acquired R&D Center Qualification
- 2012.06 Designated as a promising export company ny Daegu Gyeongbuk Export Center
- 2013.11 Acquired CFDA from China food and Drug Administration
- 2014.06 Acquired India CDSCO
- 2019.01 Acquired ISO 13485: 2016
- 2020.04 Acquired a Research Department Certification
- 2020.05 Acquired Taiwan Food and Drug Administraion TFDA
- 2020.07 Acquired a Certificate of Designation as a Promising Export Small Business
- 2021.04 Obtained Iranian Ministry of Health (MOH) License

02 Product Discription

FIXTURE



Submerged 1

Micro Threads : 6 lines
Body Threads : 3 lines
Connection:
2.1 Double Hex / 2.5 Hex

Submerged 2

Micro Threads : 6 lines
Body Threads : 3 lines
Connection:
2.1 Double Hex /
2.5 Double Hex

Submerged 3

Micro Threads : No
Body Threads : 3 lines
Connection:
2.1 Double Hex / 2.5 Hex

Internal

Micro Threads : 3 lines
Body Threads : 3 lines
Connection: 3.1 Octa

External

Micro Threads : No
Body Threads : 3 lines
Connection: 2.7 Hex

3 TYPES OF SURFACE



Resorbable Blast Media

RBM Roughness of Ra 1.5 ~ 1.8 μm

**Sand Blasted, Larger Grit,
Acid Etched**

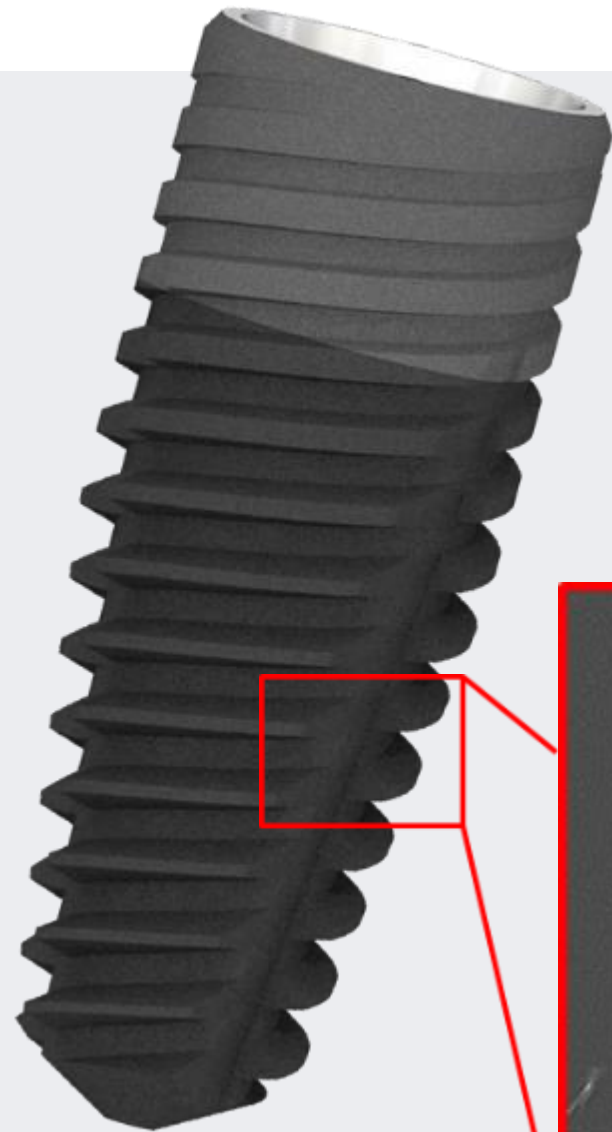
SLA Roughness of Ra 2.0 ~ 2.3 μm

Dual Surface Treatment

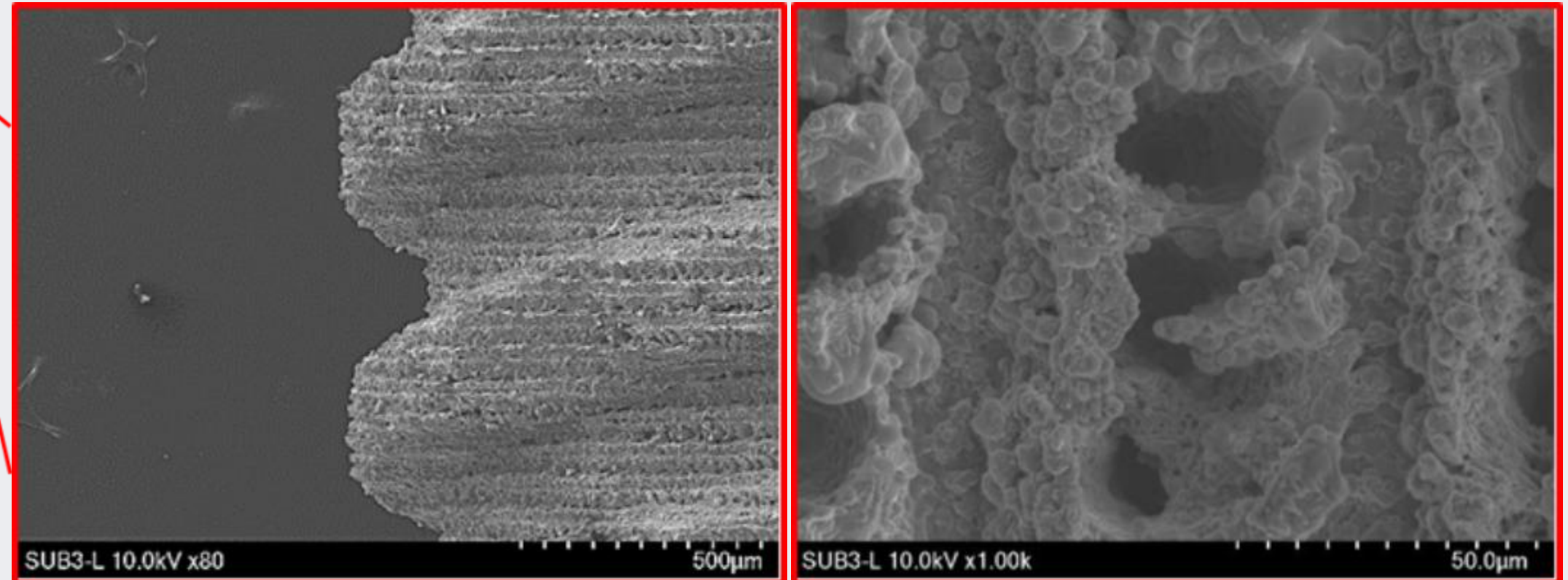
LASER Roughness of Ra 10 ~ 12 μm

The Strength of the Product

1. Strong Osseointegration

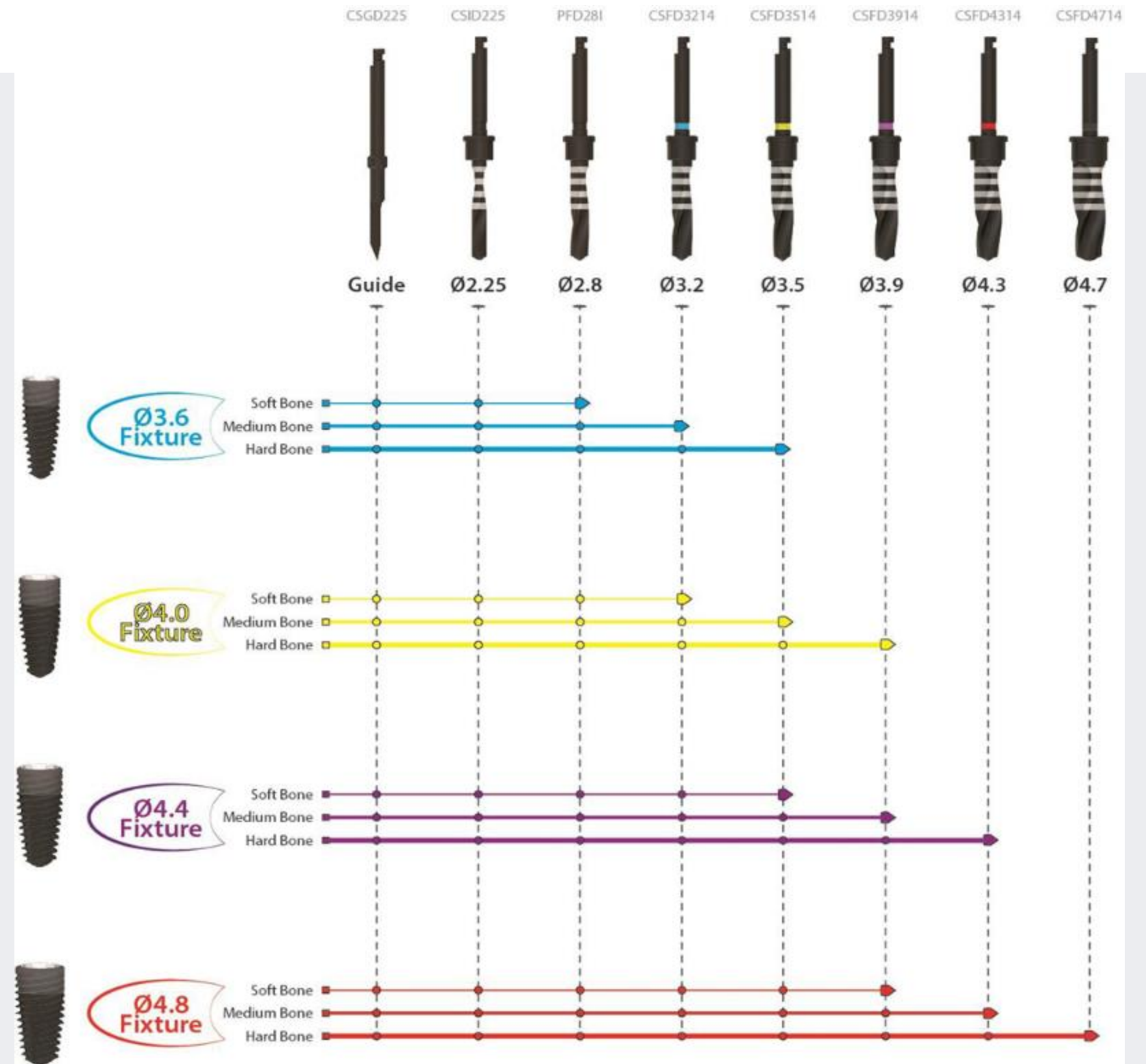


Laser Surface Treatment
Roughness of Ra : 10 μm ~ 12 μm
Excellent Secondary Stability



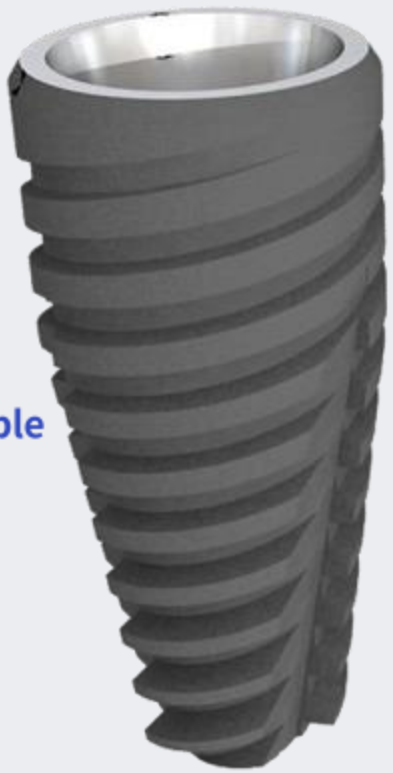
The Strength of the Product

2. Convenient and Fast Operation



The Strength of the Product

3. Compatible with Submerged System



Ø3.6 Implant
2.1 Double HEX Compatible
with Sub1 Ø3.5 Fixture



Ø4.0 Implant
Ø4.4 Implant
Ø4.8 Implant
2.5 Hex

CSM Fixture Compatibility Chart

CSM	OTHERS	Astra	Ossetem	Dentium	Dentis	Dio	Megagen
Submerged 1 Submerged 3 Fixture	2.1 Double Hex	Aqua (Ø3.5/Ø4.0)	X	X	X	X	X
	2.5 Hex	X	GS, TS (EXCEPT Ø3.4/Ø3.7 FIXTURE)	Implantium SuperLine	S-Clean	UF, UF2	Anyone
Submerged 2 Fixture	2.1 Double Hex	Aqua (Ø3.5/Ø4.0)					
	2.5 Double Hex	Lilac (Ø4.5/Ø5.0)					

03 Business Network

Business Network



1. Current Export Market (21 Countries)
2. Potential Export Market (15 Countries)
3. 2016-2017 New Contract with 5 countries
: Cambodia, Denmark, Spain, Algeria, Jordan

04 Certification & Reference


Certification

ISO 13485

Korea food & Drug Administration

Russia

International Certification Registrar - International Certification Registrar



Certificate of Registration

This is to certify that :

CSM Implant
 B205, Techno B/D, Kyung-pook National Univ., 47, Gyeongdae-ro 17-gil, Buk-gu, Daegu, 41566, Republic of Korea
 35, Seongjusaneopdanji-ro, Seongju-eup, Seongju-gun, Gyeongsangbuk-do, 40031, Republic of Korea

Has been assessed by International Certification Registrar Ltd., in respect of their
 Medical Device Quality Management Systems and found to comply with
ISO 13485:2016

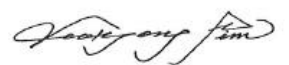
Approval is hereby granted for registration providing the rules and conditions
 relating to certification are observed at all times.

Certification Scope
 Design and Development, Production and Sales of Dental Implants



Certificate Issue Date : 09th December 2021 Initial Issued Date : 09th December 2021
 Expiration Date : 08th December 2024 Certificate No. : MK000166

* This certificate is valid by completion of surveillance audit which is conducted within 12 months from the certification date.


The Seal of ICR Limited was here to affixed
 in the presence of :



President

ICR is accredited by Korea Accreditation Board
 as an Medical Device Quality Management System certification body
 (Accreditation Number KAB-MC-02)
 KAB-MC-02



This certificate is the intellectual property of ICR.
 This certificate is only valid by completion of surveillance audit which is conducted at least once a year.
 This certificate is the property of the certificate holder. It is not to be used for any other purpose.
 For more information, please contact us at: info@icrqa.com

ICR Co., Ltd. 112, Hwanggeom 3-ro 2beon-gil, Sangcheon-eup, Gyeongju-si, Gyeongsang-do, Korea http://www.icrqa.com



Taiwan



China



Certification

FDA of U.S

CSM submerged-L Implant System **K102635** CSM Implant Co., Ltd.

510(K) Summary MAR 22 2011

Submitter:
 Cho Sung Am
 CSM Implant Co., Ltd.
 702-020, B205 Techno B/D,
 Kyung-Buk National University
 573-13, Bokhyun-dong,
 Buk-gu, Daegu, South Korea
 Phone: +82-53-952-8261
 Fax: +82-53-954-8261

US Agent / Official Contact:
 Joyce Bang
 Kodent Inc.
 325 N Puente St, Unit B
 Brea, CA 92821
 Phone: 714-525-0114
 Fax: 714-525-0116
 Email: kodentinc@gmail.com

Device Information
 Trade Name: CSM submerged-L Implant System
 Common Name: Endosseous Dental Implant
 Classification Name: Implant, Endosseous, Root-Form
 Product Code: DZE
 Regulation Number: 872.3640
 Device Class: Class II
 Date Prepared: Aug, 2010

General Description
 The CSM submerged-L Implant System includes various one-stage Fixtures and two-stage Fixtures made of titanium. These implants are surgically inserted into the upper and/or lower jawbone and serve as a tooth root replacement providing a stable foundation for restorations.
 This product is a fixture and an abutment prosthetic dentistry material which are dental implant infrastructures. The connection with the abutment is inserted in bones as internal connection (the Morse taper 11° and Hexagon type) method. A connection will restore mastication function of the patient who has difficulties due to damage of the natural tooth and function as a supporting the prosthetic dentistry material such as artificial tooth.

Indication for Use
 CSM Implants are intended for use in support of single or multiple-unit restorations and partial or fully edentulous mandibles and maxilla. This system is intended for delayed loading.

Predicate Devices & Comparison
 The subject device is substantially equivalent to the following predicate device:
 • Biohorizon Internal Implant system(K073268)

CSM submerged-R Implant System **K111120** CSM Implant

OCT 14 2011

510(K) Summary

Submitter
 CSM Implant
 Cho Sung Am
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 #573-13, Bokhyun-dong, Buk-Gu, Daegu, Korea
 Phone: 82-53-952-8261
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 Kodent Inc.
 April Lee
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 Email: kodentinc@gmail.com
 Phone: 714-525-0114
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Device Information
 Trade Name: CSM submerged-R Implant System
 Common Name: Endosseous Dental Implant
 Classification Name: Implant, Endosseous, Root-Form
 Product Code: DZE
 Regulation Number: 872.3640
 Device Class: Class II
 Date Prepared: Aug, 2010

General Description
 The CSM submerged-R implant system includes various one-stage Fixtures and two-stage Fixtures made of titanium. These implants are surgically inserted into the upper jaw and/or lower jaw and serve as a tooth root replacement providing a stable foundation for restorations.
 This product is a fixture and an abutment prosthetic dentistry material which are dental implant infrastructures. The connection with the abutment is inserted in bones as internal connection (the Morse taper 11° and Hexagon type) method. A connection will restore mastication function of the patient who has difficulties due to damage of the natural tooth and function as a supporting the prosthetic dentistry material such as artificial tooth.

Indication for Use
 The CSM submerged-R Implant System is especially designed for use in dental implant surgery. According to the widely accepted clinical studies successful osseointegration between fixture and the live bone depends on surgical implantation under proper conditions, shape of fixture and surface treatment technique. Implants are intended for use in support of single or multiple-unit restorations and partial or fully edentulous mandibles and maxilla. In case of Customized Hand Milling Abutment, its wall thickness is 2mm and height is 12mm. It can be reduced into Max. 7mm. The margin of the product can be modified up to Max 20°. In case of Non-Hex Cementation Abutment, it is a bridge type. Two or more products must be used. Under part of abutment is made in round shape in order to avoid restriction in connecting work.

CSM Internal-R Implant System **K120043** CSM Implant

APR 27 2012

510(K) Summary

Submitter
 CSM Implant
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 #573-13, Bokhyun-dong, Buk-Gu, Daegu, Korea
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Official Correspondent
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 April Lee
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 Brea, CA 92821
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 Fax: 714-525-0116

Device Information
 Trade Name: CSM Internal-R Implant System
 Common Name: Endosseous Dental Implant
 Classification Name: Implant, Endosseous, Root-Form
 Product Code: DZE
 Regulation Number: 872.3640
 Device Class: Class II
 Date Prepared: 12/28/2011

Device Description
 The CSM Internal-R Implant System is intended for use in partial or fully edentulous mandibles and maxillae, in support of single or multiple-unit restorations. The CSM Internal-R Implant system contains two types of fixtures, straight and tapered type based on the shape of the fixture. This system is made from titanium (Ti-6Al-4V ELI) and the surface treatment is done with Resorbable hydroxyapatite Blast Medium.

Indication for Use
 The CSM Internal-R Implant System is indicated for use in partially or fully edentulous mandibles and maxillae, in support of single or multiple-unit restorations including, cemented retained, screw retained, or overdenture restorations, and terminal or intermediate abutment support for fixed bridgework. This system is intended for delayed loading.



CSM Implant
 % April Lee
 Consultant
 Withus Group Inc
 106 Superior
 Irvine, California 92620

September 19, 2019

Re: K173141
 Trade/Device Name: CSM Submerged3-L Implant System
 Regulation Number: 21 CFR 872.3640
 Regulation Name: Endosseous Dental Implant
 Regulatory Class: Class II
 Product Code: DZE, NHA
 Dated: August 17, 2018
 Received: August 22, 2018

Dear April Lee:
 We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm> identifies combination product submissions. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the [Federal Register](http://www.fda.gov).

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part

Research & Clinical Data

P-PR-003

IMPLANT THERAPY OUTCOMES, PROSTHETIC ASPECTS

Clinical outcome of immediately and early loaded implants with laser treated surface : a 3-year retrospective study

Richard Leesunghok*, Jin-Ho Seo*, Suk-won Lee*, Sung-Am Cho*

1) Department of Biomaterials & Prosthodontics, Kyung Hee University Hospital at Gangdong, School of Dentistry, Kyung Hee University, Seoul, Republic of Korea
2) Department of Prosthodontics, School of Dentistry, Kyung-Pook National University, Daegu, Republic of Korea

Abstract

PURPOSE. The marginal bone loss of implants with laser treated surface was investigated after six weeks of loading after implant installation to the mandible molar area. **MATERIALS AND METHODS.** A total of 23 implants were placed in the edentulous molar area of the mandible. 13 implants were immediately loaded and 10 implants were early loaded. The implants used were made of titanium grade 23, screw shaped, 4.2 mm in diameter, and 10 mm in length. Patients were evaluated with resonance frequency analysis at implant fixture installation and 1, 2 (final prosthesis installation), 3, 5, 8, and 14 months later. X-rays were taken at 2 months after fixture installation and 1, 2, 3 years after to measure the marginal bone loss. **RESULTS.** The mean ISQ value measured at the implant installation was over 70 at all time points. The average of marginal bone loss was average 0.33 mm. **CONCLUSION.** Immediate implant loading for laser treated implants would be possible. **KEYWORDS:** Laser treated implant, Marginal bone loss, Immediate loading. [J Adv Prosthodont 2018; 10:163-6]

Methods and Materials

The study included 13 patients who were recruited and agreed to the clinical trial procedure, and 3 patients were excluded from the study by exclusion criteria. The clinical trial study was completed without any participant drop-out after implant surgery. A total of 23 implants were placed in 13 patients. 13 implants were immediately loaded and 10 implants were conventional loaded. This study protocol "KH-IRAC 100-2018-2012-001" was accepted by the Kyung Hee University Hospital at Gangdong, Seoul in South Korea.

Immediate Loading Procedure

Results

Radiographic Assessment

Stability measurement (ISQ)

The mean ISQ value measured from surgery was greater than 70 at all time points (Fig. 1). From implant installation to after 14 months, ISQ values increased gradually. The measured ISQ values at 8 and 12 months after installation in 23 implants were higher than 70, which was the success criterion of this clinical trial. The bone loss values were less than 0.33 ± 0.32 mm after 36 months of implant installation (Fig. 2). These bone loss values are 4.3 times lower than success criteria (± 1.5mm). There was no significant difference between final prosthesis installation and after 12 months. But, except for the two groups, there was a significant difference among all groups.

Background and Aim

According to a recent study, laser treated surface implants help improve the osseointegration process. As a unique surface, this method of loading implants prevents contamination with endotoxins and has a high degree of surface purity, resulting in excellent surface roughness [1]. (Seo, Korea). That is, the entire laser treated surface of the implant has a porous structure that is pure and not contaminated. This porous structure increases the surface roughness and, as a result, enhances the strength of osseointegration. However, there has not yet been a clinical study on the immediate and early loading of implants with laser treated surface, which has excellent osseointegration in an animal study. Therefore, we applied the technology of laser treatment to an implant surface and conducted clinical trials to investigate if it could be loaded within six weeks after implant insertion.

To grade 6, Laser treated, screw shaped implant (CSM, Daegu, Korea)

Immediate Loading

Early Loading

Conventional Loading

Conclusion

Within the limitations of this study, it can be concluded that immediate and early implant loading is possible for laser treated implants.

ORCID

Richard Leesunghok: <https://orcid.org/0000-0001-9300-4000>
Jin-Ho Seo: <https://orcid.org/0000-0002-9300-4000>

References

1. Cho KH, Seo JH, Lee SW, Cho SA, Lee SW, Cho SA, et al. The effect of laser treatment on the surface roughness of titanium implants. J Korean Acad Prosthodont 2017; 9:1-6.
2. Cho KH, Seo JH, Lee SW, Cho SA, Lee SW, Cho SA, et al. The effect of laser treatment on the surface roughness of titanium implants. J Korean Acad Prosthodont 2017; 9:1-6.
3. Cho KH, Seo JH, Lee SW, Cho SA, Lee SW, Cho SA, et al. The effect of laser treatment on the surface roughness of titanium implants. J Korean Acad Prosthodont 2017; 9:1-6.
4. Cho KH, Seo JH, Lee SW, Cho SA, Lee SW, Cho SA, et al. The effect of laser treatment on the surface roughness of titanium implants. J Korean Acad Prosthodont 2017; 9:1-6.
5. Cho KH, Seo JH, Lee SW, Cho SA, Lee SW, Cho SA, et al. The effect of laser treatment on the surface roughness of titanium implants. J Korean Acad Prosthodont 2017; 9:1-6.
6. Cho KH, Seo JH, Lee SW, Cho SA, Lee SW, Cho SA, et al. The effect of laser treatment on the surface roughness of titanium implants. J Korean Acad Prosthodont 2017; 9:1-6.
7. Cho KH, Seo JH, Lee SW, Cho SA, Lee SW, Cho SA, et al. The effect of laser treatment on the surface roughness of titanium implants. J Korean Acad Prosthodont 2017; 9:1-6.
8. Cho KH, Seo JH, Lee SW, Cho SA, Lee SW, Cho SA, et al. The effect of laser treatment on the surface roughness of titanium implants. J Korean Acad Prosthodont 2017; 9:1-6.
9. Cho KH, Seo JH, Lee SW, Cho SA, Lee SW, Cho SA, et al. The effect of laser treatment on the surface roughness of titanium implants. J Korean Acad Prosthodont 2017; 9:1-6.
10. Cho KH, Seo JH, Lee SW, Cho SA, Lee SW, Cho SA, et al. The effect of laser treatment on the surface roughness of titanium implants. J Korean Acad Prosthodont 2017; 9:1-6.



<http://jap.oxa.or.kr>
J Adv Prosthodont 2018;10:163-6
<http://doi.org/10.4047/jap.2018.10.2.163>

Clinical outcome of immediately and early loaded implants with laser treated surface: a 3-year retrospective study

Richard Leesunghok*, Jin-Ho Seo*, Sung-Am Cho*

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2)Department of Prosthodontics, School of Dentistry, Kyung-Pook National University, Daegu, Republic of Korea

PURPOSE. The marginal bone loss of implants with laser treated surface was investigated after six weeks of loading after implant installation to the mandible molar area. **MATERIALS AND METHODS.** A total of 23 implants were placed in the edentulous molar area of the mandible. 13 implants were immediately loaded and 10 implants were early loaded. The implants used were made of titanium grade 23, screw shaped, 4.2 mm in diameter, and 10 mm in length. Patients were evaluated with resonance frequency analysis at implant fixture installation and 1, 2, 3 years after to measure the marginal bone loss. **RESULTS.** The mean ISQ value measured at the implant installation was over 70 at all time points. The average of marginal bone loss was average 0.33 mm. **CONCLUSION.** Immediate implant loading for laser treated implants would be possible. [J Adv Prosthodont 2018; 10:163-6]

KEYWORDS: Laser treated implant; Marginal bone loss; Immediate loading

INTRODUCTION

The main purposes of implant surface treatment are to increase the surface area to obtain a higher mechanical fixation between bone and implant immediately after insertion,¹ to provide a surface structure that can maintain a blood clot well,² and to provide a surface form that can promote the process of bone healing.³ SLActive technique involves forming surface roughness using large grit with the diameter of 250 - 500 μm after sandblasting and etching by hydrochloric acid and sulfuric acid, then washing in a nitrogen static.⁴

This surface forms a hydroxyl layer and has a high surface energy as a result of contact with water, and increases the ideal contact between the implant and the surrounding factors.⁵ The activated surface is preserved and stocked in a physiological saline solution to provide to dental clinics.⁶ The chlorine ions, as anions, and hydroxyl ions are combined to protect the activated surface from air and prevent hydrocarbon binding.^{4,7} Based on previous studies, it had been found that these surface properties significantly increased bone to implant contact and resulted in an accelerated healing process of osseointegration during the early stage. This effect leads to enhanced stability of the implant and aids in healing during the critical early stages.^{8,9}

According to a recent study, laser treated surface implants help improve the osseointegration process.¹⁰ As a unique surface, this method of treating implants prevents contamination with extraneous objects and has a high degree of surface purity, resulting in excellent surface roughness. That is, the entire laser treated surface of the implant has a porous structure that is pure and not contaminated. This porous structure increases the surface roughness and, as a result,

J Korean Acad Prosthodont : Volume 45, Number 3, 2007

RETROSPECTIVE MULTICENTER STUDY OF CSM ENDOSSEOUS DENTAL IMPLANT

Eun-Young Park, D.D.S., M.S.D.
Department of Dentistry, College of Medicine, Youngnam University

Statement of problem. To work the economic limitation of dental implant usage, some types of domestic implant have been developing. But, there have been seldom reported about the clinical success rate of them as yet.

Purpose. The aim of this retrospective multicenter study was to evaluate the performance of CSM implants(CSM company, Daegu, Korea).

Material and methods. Thirty-five patients were rehabilitated with 150 CSM implants in this multicenter study.

Results. The success rate was 96.2%. CSM Titanium fixtures can obtain slightly higher success rate when a cover screw was not used for implant installation than when used. However it doesn't show significant difference(p=.7615, Fisher's Exact test).

Conclusion. This multicenter retrospective study demonstrated the efficacy of the CSM implant in the treatment of variety of clinical manifestation of tooth loss. And it can be assumed that whether a cover screw is used or not should no influence on the osseointegration.

Key Words
CSM implants, Cover screws, Success rate

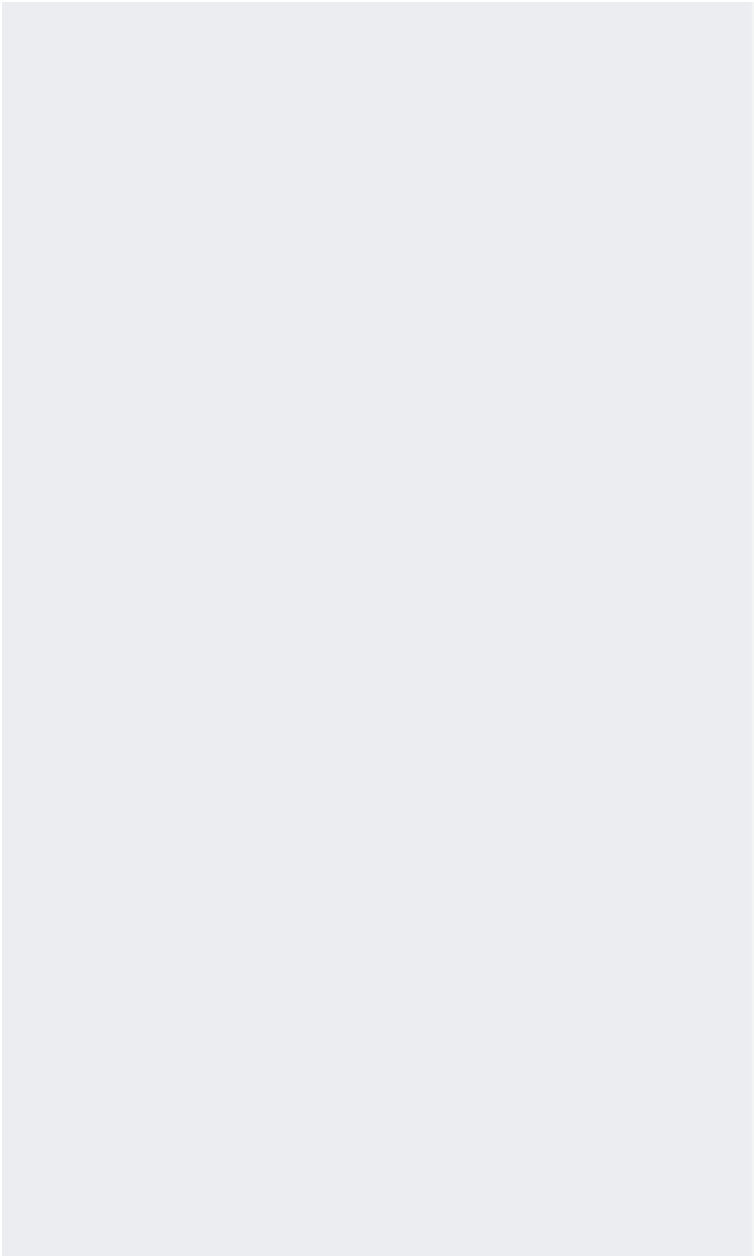
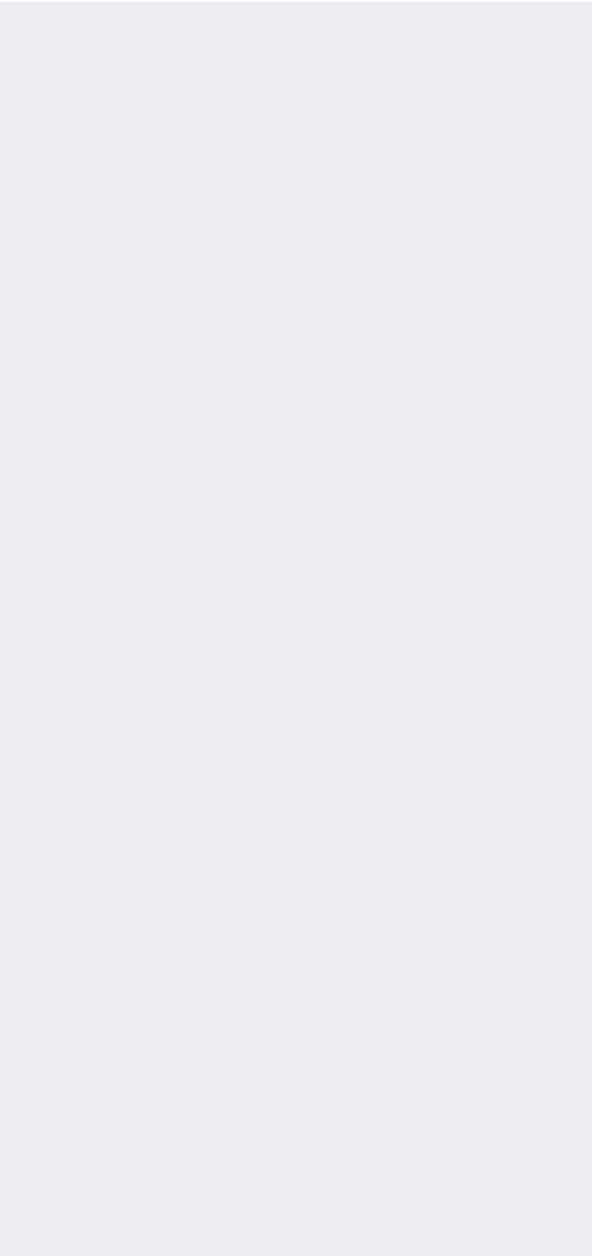
Although most denture-wearing patients appear to adapt to wearing their prostheses, a significant number do not.¹ The introduction of osseointegrated implant for replacement of missing or lost dentition by Bränemark et al. has revolutionized restorative dentistry.^{2,3} After the Toronto Conference, universally began used endosseous implants for the restoration of edentulous patients.⁴ Initially, the concept of osseointegration was only proposed for the treatment of edentulous patients.⁵ However favorable extended prognosis for osseointegrated titanium implants in edentulous patients⁶ has led to expanding application in partial edentulism. Furthermore, in the replacement of missing single teeth, it has become an accepted form of treatment.^{7,8}

But, within the country, implants have not been popularized as yet. A fear of the implant surgery should partially account for that, but the greatest reason seems to be a expensive fee due to the high price of implant materials which entirely have depend on an income.

Recently, in order to work this problem, some types of domestic implant have been developing and the interest about them has increased. Nevertheless most of dentists are anxious about the use of domestic implants, because there have

05 Video

Video



Thank you

✉ csm2007@naver.com

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🏠 <https://www.csmimplant.com>

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