



Automatic - No additive - No anticoagulants - Strictly physiologic

PRF injectable - Clots after injection





What's Choukroun's A-PRF™?

Many recent studies have shown the interest and potential of white cells in the inflammatory cascade, as a corollary, a prominent action in the early days of stimulation of Osseo-progenitor cells and vessels growth. (List of publications available on: www.adent.com.tw) It was therefore natural to try to capture the whole amount of white cells (specially the monocytes) in the PRF, to make it more active in stimulating bone grafts by production of BMPs and VEGF, but also to turn to a more rapid transformation of monocytes into macrophages to increase the effect bone stimulation.

The in vivo test of A-PRF show a faster vascularization after 2 weeks than with classic PRF (around x 2,5 times.) The clinical results show more efficiency in soft and hard tissue healing! Probably, the presence of stems cells and endothelial cells is also a factor of more fast vascularization.

Many scientific studies are underway: The results will be published shortly. But the presence of BMP in sufficient quantity, already provides the A-PRF [™] a future by providing practitioners with a very powerful product for bone reconstruction and soft tissue healing. The A-PRF stays still affordable.

PRF EQUIPMENT























Indications:

- Oral surgery: implantology, bone grafts, sinus lifts, soft tissue surgery, socket preservation
- Orthopaedics, regenerative medicine
 Dermatology, Aesthetics (surgery & medicine)

Clinical cases & videos on our website: www.adent.com.tw















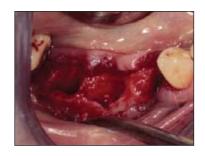


















What's Choukroun's i-PRF™? *

Numerous scientific publications describing the action of the white cells on vascularization and wound healing were published these recent years. With the unanimous conclusion that platelet concentrates enriched leukocytes are more effective on tissue and bone healing.

The publication of our research on the A-PRF. (PRF enriched leukocytes) and clinical outcomes confirm absolutely this scientific position.

However, the use of platelet concentrates in « **liquid** » and not coagulated remains an important indication in various medical and dental applications.

That is why we have focused our research to a liquid « **blood concentrate** » enriched in white blood cells but also platelet-enriched to increase the healing properties while retaining the principle of centrifugation « **without** anticoagulants » or « no additives ».

The research was led by Dr Joseph Choukroun, the inventor of the PRF technique with collaboration of two laboratories among the most renowned in the world (FORM in Frankfurt, Germany and Research Lab Clarion in Clarion, USA).

The result is the new protocol i-PRF!

Research of i-PRF («i» as injectable) has been directed towards obtaining a blood concentrate with very high leukocyte content but which coagulates few minutes after the end of spin.

This «super PRF » is produced with new tubes i-PRF specific for this preparation.

The use of **i-PRF** is in its infancy, but already, the results in both oral surgery in regenerative medicine are very promising injection into soft tissue to increase vascularity and perhaps improve the biotype, injection into the bone graft particles (biomaterials) to coagulate and get a **solid** » free of all movements granules.

The interest of the graft clot also lies in how to carve a bone graft and give it a compact form.

The protocol i-PRF is a real scientific and clinical innovation and will allow very many practitioners to improve their results in bone grafts.

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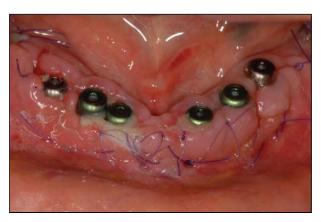












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