

PiezoLine

Scaler/Perio

S1, S1S, S10P, S10Z, S10X, PFU.ST1



≡ max. 2 mm



**Indikation/
Indication****Leistungsstufe/Power Level
Satelec und NSK**

		Newtron P5 (XS) P5 Newtron (XS) P-Max Newtron XS	Prophymax Newtron	Suprasson P5 Booster	Varios 970 Varios 370
Scaler	S1 S1S	14-15	8-10	7-9 7-10	G8
	S10X S10Z	12-14	6-8	7-8	G8 G6
	S10P	14-15	8-10	7-8	G7
	Implantatprophylaxe/ Implant prophylaxis	S1981 SF1982	13	10 13	G7
Paro/Perio	PFU PFL PFR	14-15	8-10	7-8	G8

Hinweis: hohe Durchflussrate (mind. 50 ml/min.)

Note: High flow rate (at least 50 ml/min.)