

# MICERIUM AMCOOP<sup>®</sup>

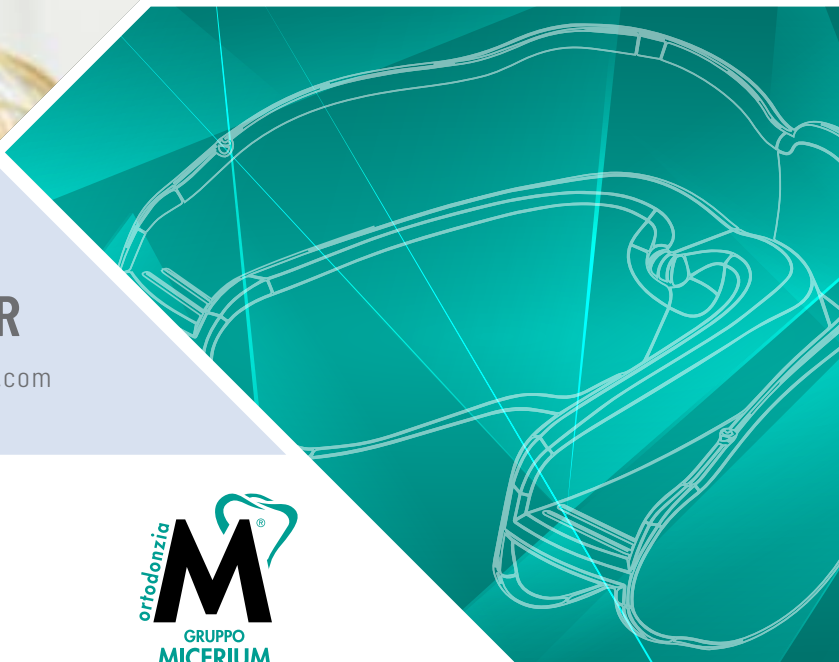
DELUXE

## CATALOGUE



BIO ACTIVATOR

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ortodonzia  
**M**<sup>®</sup>  
GRUPPO  
MICERIUM



ORTHODONTIST

OSTEOPATH

SPEECH THERAPIST

POSTUROLOGIST

## A BALANCED MOUTH FOR A HEALTHY BODY

Modern orthodontic treatment aims to achieve an ideal and harmonious alignment of the teeth, guided by proper jaw growth. This approach ensures not only excellent aesthetic outcomes but also long-term occlusal and functional stability.



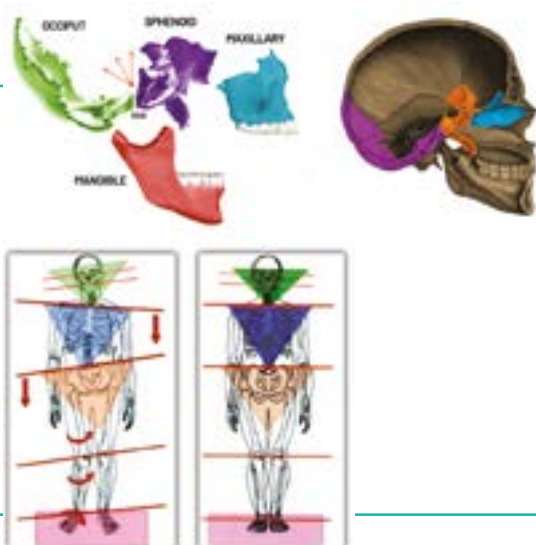
*"Treatment must be early and it is nonsense to wait for the eruption of the permanent teeth."*

**SOULET BESOMBES (1950)**

“

Orthodontic treatment must align with the child's overall postural development, requiring a collaborative and multidisciplinary approach to achieve optimal and long-lasting results. The orthodontist plays a key role by focusing on the dental and skeletal systems, re-establishing proper relationships between bones and teeth, and stabilizing them through elastodontic treatments. At the same time, the gnathologist ensures proper alignment and functionality by managing occlusal contacts. In addition, the speech therapist addresses the neuromuscular components, particularly tongue posture, with the aim of restoring order and balance in the orofacial structures. Complementing these efforts, the osteopath works to maintain the patient's postural balance, ensuring it remains in harmony with the changes brought about by orthodontic therapy. Through this integrated approach, the combined expertise of these professionals ensures a holistic balance that enhances the effectiveness and the stability of the orthodontic therapy.

Contemporary orthodontics revolves around two key areas of focus: aesthetics and minimally invasive techniques. Minimally invasive approaches play a crucial role in enabling dentists to achieve exceptional aesthetic outcomes. The term "Bio-orthodontics" refers to a modern approach to orthodontic therapy that adheres to essential principles such as minimal invasiveness, respect for oral tissues, and treatment simplification. This approach emphasizes preventive and interceptive orthodontics, aiming to address skeletal malocclusions at their early stages. It employs devices designed to require minimal cooperation from young patients while also fostering an awareness of the importance of supporting the physiological growth of an adequate facial structure. By integrating these principles, bio-orthodontics not only enhances treatment outcomes but also prioritizes patient comfort and long-term oral health.



## THE SFENO-BASILARE SYNCHONDROSIS

The posture originates within and is influenced by the skull, specifically from the spheno-basilar synchondrosis (SSB), which serves as the primary center for craniofacial growth and alignment. The SSB acts as a key point of convergence for the rotational axes of other skeletal parts. It is also the site where flexion-extension movements, rotations, lateral flexions, and twists occur between the occipital and the sphenoid bones.

# PEDODONTIC ORTHODONTICS



## Orthodontics

Collaboration with the pediatrician is essential in studying the growth and development of young patients. However, it is important not to confuse craniofacial growth with overall physical growth, as these are two distinct processes. For instance, a patient who has finished growing in height and stands two meters tall has not necessarily completed the growth of their maxillary bones, and the opposite can also be true. The distinction between a two-year-old and a twelve-year-old lies in one critical factor: growth. Growth must be carefully monitored, managed, and utilized to achieve the best possible outcomes. Dento-skeletal malocclusions, which are disharmonies of multifactorial origin—both genetic and environmental—tend to evolve and worsen over time. They often begin in a simple form and progress into more complex issues. If not intercepted during childhood, these conditions rarely improve in adulthood and, in fact, almost always deteriorate. Unfortunately, growth can sometimes work against us rather than in our favor.

## WHY?

Collaboration with the pediatrician is essential in studying the growth and development of young patients. However, it is important not to confuse craniofacial growth with overall physical growth, as these are two distinct processes. For instance, a patient who has finished growing in height and stands two meters tall has not necessarily completed the growth of their maxillary bones, and the opposite can also be true. The distinction between a two-year-old and a twelve-year-old lies in one critical factor: growth. Growth must be carefully monitored, managed, and utilized to achieve the best possible outcomes. Dento-skeletal malocclusions, which are disharmonies of multifactorial origin, both genetic and environmental, tend to evolve and worsen over time. They often begin in a simple form and progress into more complex issues. If not intercepted during childhood, these conditions rarely improve in adulthood and, in fact, almost always deteriorate. Unfortunately, growth can sometimes work against us rather than in our favor.

## BENEFITS

- Restoration of proper nasal breathing.
- Correction of incorrect tongue position during swallowing.
- Guidance toward an ideal occlusal relationship.
- Correction of skeletal issues that could negatively impact the growth and posture of the child.

Early orthodontic treatment is closely linked to the broader concept of preventive care for growing patients. It not only addresses dental malocclusions but also helps prevent postural disorders.

# ELASTODONTIC THERAPY

Elastodontic therapy is an orthodontic treatment that uses gentle, biologically elastic forces to correct malocclusions in both young patients and adults. This approach not only addresses functional disturbances but also aligns teeth effectively. Elastodontic therapy holds a pivotal role in modern dentistry, particularly within the framework of preventive and interceptive orthodontics. Preventive and interceptive orthodontics focuses on early-age treatments, during the most active phases of skeletal and dental development. At this stage, skeletal structures exhibit significant plasticity and adaptability, making it possible to eliminate factors contributing to dental malocclusions and promote optimal growth and alignment.



Therapy using elastodontic devices represents an exceptional treatment option with a wide range of applications.

A.M.C.O.P. devices are designed with a focus on achieving functional occlusion, making them suitable for both skeletal and dental corrections. The Bioactivators from A.M.C.O.P. act simultaneously on both dental arches, effectively shortening treatment duration and ensuring more stable and reliable corrections. The advantages of Elastodontic Therapy are truly remarkable, particularly its ability to treat patients who were previously overlooked due to their young age (as early as 2.5 years). The three-dimensional design of A.M.C.O.P. Bioactivators ensures results that are both rapid and comprehensive, addressing the oral cavity's complexity in three dimensions. This stands in contrast to many traditional devices, which often function in two dimensions, leading to incomplete therapies and a higher risk of relapse. Elastodontic Therapy represents a significant advancement in preventive orthodontics. It can resolve the majority of orthodontic issues (up to 90%) in a straightforward manner, transforming most cases into ideal occlusions with both aesthetic and functional benefits.

# ELASTIC ORTHODONTIC REHABILITATION SYSTEM®

## DECIDUAL TEETH



## CLASS I DCM



## CLASS II & III DCM



## DEEP

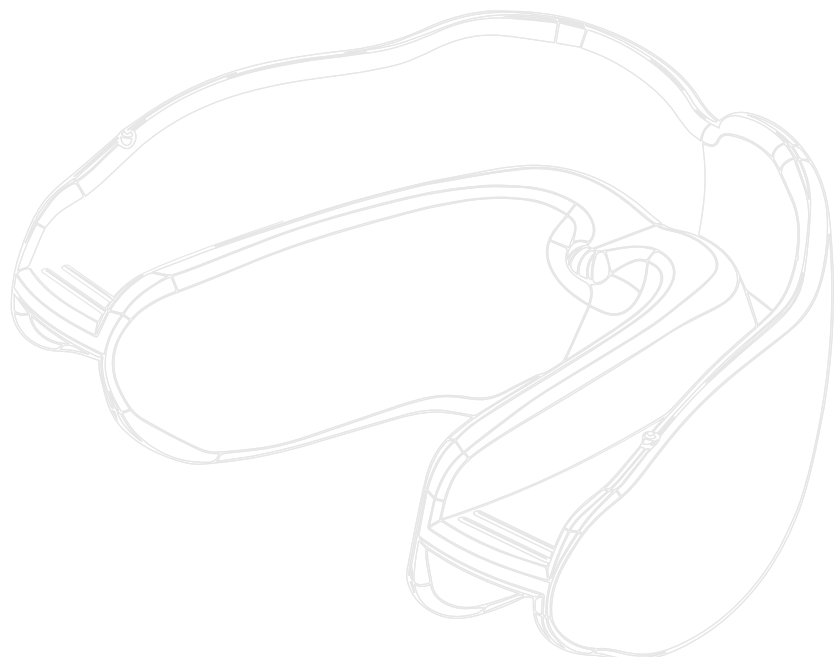


### THE A.M.C.O.P. BIO-ACTIVATOR CRANIUM-OCCLUDED-POSTURAL MULTIFUNCTIONAL HARMONIES T.N.S. NEUROSENSORY TRANSMITTER

The idea of the A.M.C.O.P. Bio-Activator arises from the body's fundamental need to facilitate proper function. This treatment is simple, natural, innovative, and non-invasive, making it an extraordinary advancement in oro-craniofacial bioorthopedics. As an elastic orthodontic device, it holds significant therapeutic value, particularly in the orthopedic management of the dental-craniofacial system.

The A.M.C.O.P. Bio-Activator acts as a simultaneous harmonizer of distortions within the mandibular and maxillary skeletal bases, helping to level occlusal surfaces and promote balanced oral function. Moreover, it serves as an effective tool for muscle decontraction, addressing various muscle-tensive, cranio-cervical-mandibular, and temporomandibular joint (TMJ) rehabilitation needs.

When used correctly, the device goes beyond traditional occlusal treatments. It stimulates physiotherapeutic, anti-inflammatory, and reparative processes, offering patients a comprehensive solution to alleviate imbalances of both symptomatic and psychological nature.



# ELASTIC ORTHODONTIC REHABILITATION SYSTEM®

## The NEW A.M.C.O.P. DTM BIOACTIVATORS

The new A.M.C.O.P. DTM Bioactivators are specifically designed for the treatment of patients with temporomandibular joint (TMJ) dysfunction and/or neuromuscular tension decompensation, such as bruxism. These devices can also be utilized during the restraint phase following the use of the Integral orthopedic activator, as well as after treatments with other fixed devices or aligner templates.

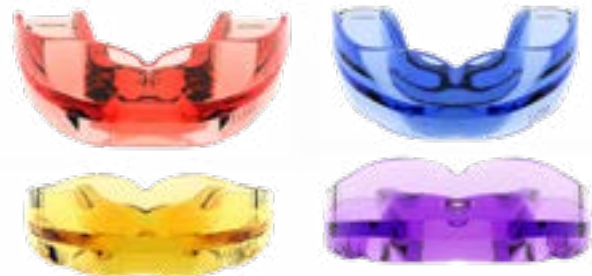
DTM Bioactivators are carefully crafted with different skeletal classes in mind, maintaining the same arch form characteristics as existing devices while improving patient comfort. This is achieved through smaller vestibular and lingual flanges, making the design less invasive. Near the vestibular flanges in the area of the first molars, two small reliefs are included to assist in measuring the device accurately. Additionally, a subtle relief in the palatine spot area has been incorporated, which is less pronounced compared to orthopedic Bioactivators. This feature is particularly useful for performing speech therapy exercises aimed at improving tongue posture in cases of atypical swallowing.

The Class I devices are available in four types of arch forms with a linear occlusal plane featuring a slight curve of Spee. They are manufactured in five sizes, ranging from size 1 with a transverse measurement of 4.5 cm to size 5 with a transverse measurement of 6.5 cm. Each device is marked with two abbreviations for easy identification: one on the right anterior area of the lower flange indicating the abbreviation and device number, and the other on the left side showing the abbreviation "DTM" (Temporomandibular Dysfunction).

## The A.M.C.O.P. Bio-Activator line also includes three specialized devices designed to address specific needs:

- **ELASTOOSAS:** A device tailored for the management of night snoring, providing relief and promoting better airway function during sleep.
- **OPEN:** A specialized device for treating arches with skeletal malocclusion of the anterior open bite type (Open Bite), focusing on restoring proper occlusion and alignment.
- **INTEGRAL PLUS:** Designed for patients undergoing multibracket orthodontic therapy, this device complements fixed appliances to enhance treatment outcomes and improve oral function.

## CLASS I DTM



## CLASS II & III DTM



Devices share the same features as the existing ones but are distinguished by reduced vestibular and lingual flanges for added comfort.

- Class II DTM devices: These are marked with the abbreviation "SC" on the right side of the lower flange and "DTM" on the left side.
- Class III DTM devices: These are marked with the abbreviation "TC" on the right side and "DTM" on the left side.

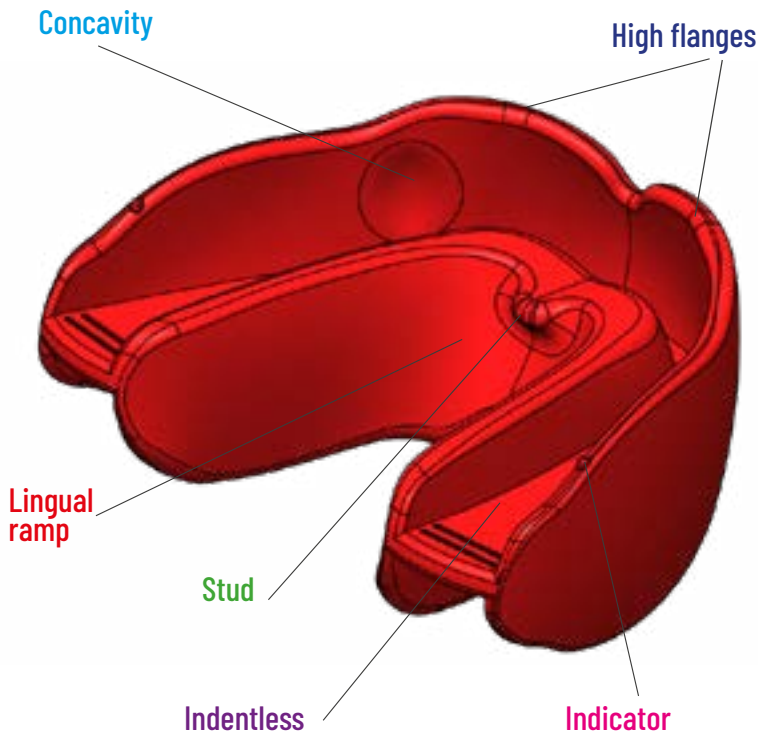
The color coding of the devices corresponds to the type of arch form and skeletal class, consistent with the existing classification system.

## SPECIFIC BIO-ACTIVATOR



# DEVICE FEATURES AND DESCRIPTION

The Bio-Activator incorporates several innovative design elements to enhance its effectiveness and ensure ease of use. These features work together to create a device that is both functional and adaptable, providing targeted solutions to a wide range of orthodontic and functional issues.



**Indicator:**

A reference point for determining the correct size of the device.

**Concavity:**

Positioned near the canine crown to avoid interference with tooth movement.

**High flanges:**

Extend vestibularly to the boundary of the arches, acting as a lip-bumper and stimulating the bone matrix proprioceptively

**Lingual ramp:**

Guides the tongue to the palate, promoting proper posture.

**Stud:**

Encourages correct tongue positioning at the palatine spot, aiding in functional reeducation.

**Indentless Design:**

Focuses on orthopedic action for the jaws, ensuring effective results without imposing direct constraints on the teeth.

## A.M.C.O.P. Bio-Activator: A Comprehensive Solution



The A.M.C.O.P. Bio-Activators are a synthesis of all existing functional activators, offering a tailored approach to functional rehabilitation. These devices provide a systemic and integrated perspective on orthodontic treatment, promoting harmonious growth of the dento-cranio-facial system and ensuring stable, long-lasting results.

The rehabilitative action of the Bio-Activator impacts the entire stomatognathic system, including the teeth, alveoli, chewing muscles, TMJ, cheeks, lips, tongue, soft tissues, salivary glands, mandibular and maxillary bones, as well as the associated neural and vascular systems. By addressing craniofacial and postural imbalances, the Bio-Activator tackles the root causes of malocclusions, such as bad habits and craniofacial dysmorphisms, ensuring comprehensive treatment.

### INTEGRATION WITH TRADITIONAL ORTHODONTICS

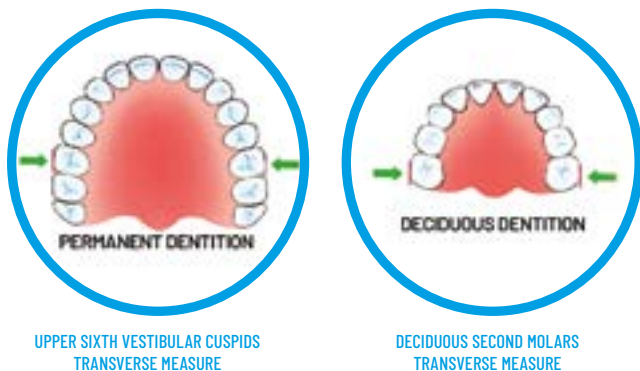
While A.M.C.O.P. Bio-Activators are not a substitute for conventional orthodontic therapies, they complement these treatments by broadening their scope. Beyond simply straightening teeth, the Bio-Activators consider all structures that comprise the stomatognathic system, ensuring a holistic treatment approach. Once skeletal structures are harmonized, additional devices may be employed to refine tooth alignment for optimal results.

# DEVICE FEATURES AND DESCRIPTION

The device is specifically indicated to improve neurovegetative oropharyngeal functions, including sucking, swallowing, chewing, phonation, and breathing. It is designed to enhance nasal ventilation, facilitating a return to normal nose-oropharyngeal-laryngeal function. The device is also highly recommended for patients experiencing bruxism or nocturnal snoring, offering effective therapeutic benefits. The A.M.C.O.P. Bio-Activator features a vestibular flange and a lingual flange, which together create a free central space that allows the teeth to align naturally, without constraints. These two flanges are connected by an occlusal guide, designed to maintain the two arches in an ideal occlusal position, simulating a Class I relationship. This setup generates both propulsive and retropulsive effects, supporting proper alignment and stability. Uniquely, the A.M.C.O.P. Bio-Activators are designed without indentations, ensuring that both dental arches are engaged simultaneously. This facilitates a multidimensional orthopedic action achieved through vertical, transverse, sagittal, and torsional adjustments. For young patients, this method is particularly advantageous as it avoids forcing the teeth into position. Instead, it gently orients them using the prepared guides, promoting correct dental eruption and supporting the harmonious growth of the jaws. This ensures an optimal bone-tooth-alveolus relationship and encourages the development of an ideal shape during growth phases. The device is remarkably effective, performing a gentle and continuous action on the teeth. It leverages the exceptional elasticity of its materials to support natural tooth movement while maintaining patient comfort throughout the process.

## How to Find the Correct Activator Measure

Finding the correct size for the activator is straightforward and made even easier with the use of the provided measurement template. By using the template, you can accurately determine the measurements required for effective treatment, simplifying the selection process and improving overall outcomes.



Thank you  
the use of the  
Template is  
easier  
to detect the  
measurements



### INDICATIONS BASED ON AVERAGE STATISTICAL DATA\*

AGE	MODEL	DENTURE
3-5 years	D...	Deciduous Dentition
5-7 years	Mis. 1	Deciduous And Mixed Dentition
7-9 years	Mis. 2	Mixed Dentition
9-11 years	Mis. 3	Mixed Dentition
11-14 years	Mis. 4	Permanent Dentition
14+ years	Mis. 5	Permanent Overlapping Dentition

\*Data may vary based on mouth conformation

The activators are available in different colors corresponding to skeletal classes and arch morphologies. Each activator is marked with specific abbreviations for easy identification. The device's dimension is determined by the transverse distance between the vestibular cusps of the upper first molars. Additionally, the upper flange edges feature two small buttons near the first molars, serving as reference points for the device's transverse measurement. The activators are suitable for deciduous, mixed, and permanent dentitions, accommodating patients from 3 years of age onward.

## Limitations

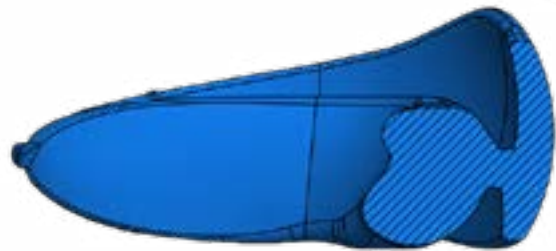
The Bioactivators do not rotate canines, premolars, or molars. They are not designed to correct the position of transverse axes, mesialized teeth, or severe skeletal dysmorphism.

## Benefits

The Bioactivators are non-invasive and do not cause caries, even in cases of inadequate oral hygiene. They do not provoke periodontal lesions and do not require the extraction of healthy teeth, even in crowded arches. Over years of experimentation, no cases of root resorption have been reported.

# MATERIAL

The device is constructed from a blend of polymer and elastomer, making it highly elastic, soft, and non-deformable. It features thermoactive properties, allowing it to adapt to different types of dental arches. Any interference caused by the flange can be adjusted using heat-modifying instruments. Additionally, the device can be expanded by immersing it in hot water at approximately 70°C for thirty seconds. To set it into the desired shape, immerse it in cold water afterward. The device allows for easy modifications, such as retouching or shortening, using tools like rubber or brushes. A flame gun can also be used to add a glossy finish.



## SHORE

The materials are available in different Shore hardness levels, specifically 51 and 60 Shore, to cater to the operational needs of each clinical case.



**NON-CYTOTOXIC** according to the standard UNI EN ISO 10993-5:2009 Annex A

**LATEX FREE** according to the ASTM D7427 standard

**FTALATE FREE** according to the UNI EN ISO 10993-12:2012 and UNI EN ISO 10993-18:2009 standards

**NON-SENSITIZING** tested with SENS5a Allergy Sensitization Local Lymph Node Assay (LLNA) method according to UNI EN ISO 10993-10 and OECD 429 standards

**NON-IRRITATING** to oral mucosa (Irritation Oral Test) according to standard 10993-10

## DIFFERENT ARCH FORMS



DCM



**DCM Bioactivators** are highly effective devices that address a range of orthopedic-skeletal, articular (TMJ), neuro-muscular-occlusal, and postural functional concerns. These devices feature high flanges molded to the borders of the fornices, making them particularly suitable for orthopedic applications in cases of craniofacial skeletal disharmonies.

DTM



**DTM Bioactivators** differ from DCM devices by having smaller flange molding, making them unsuitable for orthopedic-skeletal treatments. Instead, they are specifically designed to treat patients with temporomandibular joint (TMJ) dysfunction and/or neuro-muscular imbalances, such as bruxism.

These devices are also effective for use in the restraint phase following treatment with the DCM orthopedic A.M.C.O.P. activator, other fixed devices, or aligner systems. The unique elastic compound and innovative design of the DTM Bio-Activator make it an invaluable tool for managing TMJ disorders, particularly when used according to specific gnathological protocols.

## DIFFERENT TYPES OF OCCLUSAL PLANES

### THE TREATMENT OF THE VERTICAL DIMENSION

**INTEGRAL**



For occlusal planes in Normo Occlusion

**DEEP (BASIC)**



For deep bites (Deep Bite)

**OPEN**



For open front bites (Open Bite)

The mastication plane represents a significant advancement in the functional orthodontic field. Traditional functional braces require a construction bite determined arbitrarily by the orthodontist. This bite defines the device's effect, forcing the patient into the predetermined position without muscular guidance. In contrast, the elastodontic mastication plane adapts based on the functional requirements, allowing progressive correction of malocclusions influenced by the muscular effects generated while wearing the device. Different mastication planes are available, each tailored to specific issues, whether transverse, vertical, or sagittal. Adhering to the appropriate usage protocols is essential to achieve predictable and stable results over time.

# D - DC

## DECIDUOUS DENTITION

This device is particularly significant for stimulating dentoskeletal growth in very young children. It is designed to address various arch types and correct skull and facial distortions. Additionally, it supports neuromuscular system reconditioning, particularly during nighttime when the teeth are in a closed position.

### INDICATIONS

- Used in deciduous teeth
- It develops a functional, orthopedic-osteopathic action
- It corrects the dental arches deviations
- It corrects the bilateral and monolateral cross bites
- It corrects anterior open bites
- It corrects the dysfunctional bad habits
- It places the tongue in a correct posture at the palatine spot
- It improves swallowing and nasal breathing in oral respirators
- It is indicated for thumb sucking

In children, prevention serves as the primary form of rehabilitation, promoting not only oral health but also the child's overall psycho-physical well-being. It includes an external grip resembling a pacifier, making the device more appealing and emotionally comforting for young patients.



DA • DR



1/45 mm    2/49 mm  
BIO-DA1M    BIO-DA2M

1/45 mm    2/49 mm  
BIO-DR1M    BIO-DR2M

Indicated for night grinding, and for expansions of the dental arches



DCA • DCR

It features an external grip that makes it similar to a pacifier to make the use of the device particularly pleasing to the young patient psycho-emotionally.

1/45 mm    2/49 mm  
BIO-DCA1M    BIO-DCA2M

1/45 mm    2/49 mm  
BIO-DCR1M    BIO-DCR2M



# CLINICAL CASE

## DECIDUOUS DENTITION

PATIENT  
YEARS 2



Anterior Open Bite type malocclusion, protracted finger sucking, atypical swallowing, upper arch contraction.



Parents report difficulty in breathing and recurrent colds. The treatment plan involves the use of a pacifier-shaped **A.M.C.O.P. DCR** elastodontic device, which does not require impression taking and is ideal for patients aged 2-3 years with obvious malocclusions.

The particular device is worn every night passively and about 1 hour during the day for about 6 months in order to restore a bilateral Class I molar and canine relationship and proper maxillary and mandibular development with Open Bite correction. Once the correction of the molar relationship is achieved, the closure of the anterior Open Bite; the device will be worn by the patient for another 6 months or so in order to continue lingual reeducation and stabilize the result obtained.

Case courtesy of Dr. Filippo Cardarelli



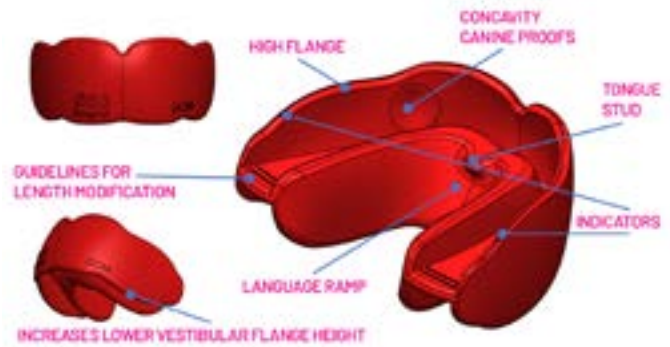
# DCM

## CLASS I INTEGRAL

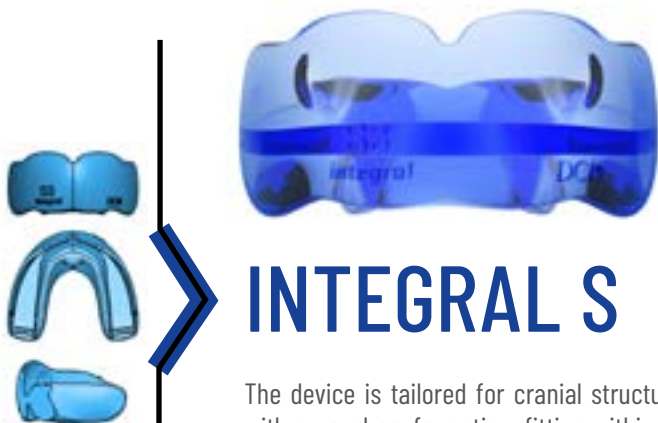
These devices are specifically indicated for basal skeletal disharmonies that result in horizontal occlusal deficits, such as transverse insufficiencies. They are also effective for vertical issues, provided there are no significant alterations from second or third tooth classes.

### INDICATIONS

- Used in deciduous, mixed and permanent dentition;
- It influences the neuro-muscular system through a true gymnastic guaranteed by the device elastic effect
- It corrects and harmonizes the various arches deviations with a consequent craniocervico-mandibular system improvement
- It unblocks the occlusion, balances the TMJ and corrects the meridian lines
- It corrects bad habits, positioning the tongue in a correct posture to the palatal spot and improving the swallowing and the nasal breathing in the oral respirators
- It determines a pre-alignment teeth
- It eliminates the tongue and muscles interferences on the teeth



- It is indicated for thumb sucking
- It is indicated in bruxism and nocturnal snoring
- It is indicated for the bilateral and monolateral cross bites
- For muscle-tensive problems as headache, articular pains, neck pain...
- It is indicated for the dental arch expansion
- It is indicated also like restraint and for the relapse arch treatment after therapy with multibrakets



## INTEGRAL S

The device is tailored for cranial structures with an oval conformation, fitting within the normal range and featuring naturally rounded dental arches.

>> Cranial index: Mesocephalic



1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
BS1-DCM	BS2-DCM	BS3-DCM	BS4-DCM	BS5-DCM



## INTEGRAL ØS

This device is designed for square-like skull conformations, typically associated with faces that have pronounced features, prominent frontal bosses, defined mandibular angles, and a square chin, accompanied by square-shaped dental arches.

>> Cranial index: Mesocephalic

1/45 mm    2/50 mm    3/55 mm    4/60 mm    5/65 mm

**BØS1-DCM    BØS2-DCM    BØS3-DCM    BØS4-DCM    BØS5-DCM**



## INTEGRAL C

This device is tailored for an expanding cranial conformation, characterized by wide, rounded dental arches and a low palate. It is typically suited to individuals with rounded facial contours, commonly found in brachylinear subjects.

>> Cranial index: Brachycephalic



1/45 mm    2/50 mm    3/55 mm    4/60 mm    5/65 mm

**BC1-DCM    BC2-DCM    BC3-DCM    BC4-DCM    BC5-DCM**



## INTEGRAL F

This device is designed for cranial conformations in extension, characterized by a narrow, high palate and ogival-shaped dental arches. It is particularly suited for longilinear individuals with oblong facial contours.

>> Cranial index: Dolichocephalus.

1/45 mm    2/50 mm    3/55 mm    4/60 mm    5/65 mm

**BF1-DCM    BF2-DCM    BF3-DCM    BF4-DCM    BF5-DCM**



# CLINICAL CASE

## DCM CLASS I INTEGRAL

PATIENT  
YEARS 6 1/2



Mild First Skeletal class,  
upper arch contraction  
associated with atypical  
swallowing.



The therapeutic sequence involves the following steps:

- elastodontic therapy with A.M.C.O.P. **DCM Integral**
- speech therapy
- elastodontic second step at 9/10 years with A.M.C.O.P. DCM Integral F

Case courtesy of Dr. Filippo Cardarelli

# CLINICAL CASE

## DCM CLASS I INTEGRAL

PATIENT  
YEARS 9



Malocclusion  
type arch contraction  
upper with mild Cross Bite  
to the left and absence of  
space for the eruption of  
12 and 22, mandibular  
contraction with absence  
of space for 33-43, dental  
misalignment, atypical  
swallowing.



The treatment plan involves the use of an A.M.C.O.P. **DCM S Integral** elastodontic device, which allows proper development of the arches, their coordination, and proper lingual function. The device is worn every night passively and about 1 hour during the day for about 8 months in order to restore a bilateral Class I molar and canine relationship and proper maxillary and mandibular development with correction of the posterior Cross Bite and creation of the correct space for the eruption of 12 and 22. Once the correction of the molar relationship, the resolution of the Cross Bite and after the eruption of 12 and 22 has been achieved, the device will be worn by the patient for another 8 months or so in order to continue lingual reeducation and stabilize the result obtained.

### Results

The results obtained highlight the great importance of elastodontic therapy in order to restore normal occlusion very quickly, given the plasticity of skeletal structures during peak growth. The **A.M.C.O.P. Integral** device is also used as a neuromuscular re-educator in order to obtain a dental and at the same time muscular result so that the case remains stable over time.

Case courtesy of Dr. Filippo Cardarelli

## DCM

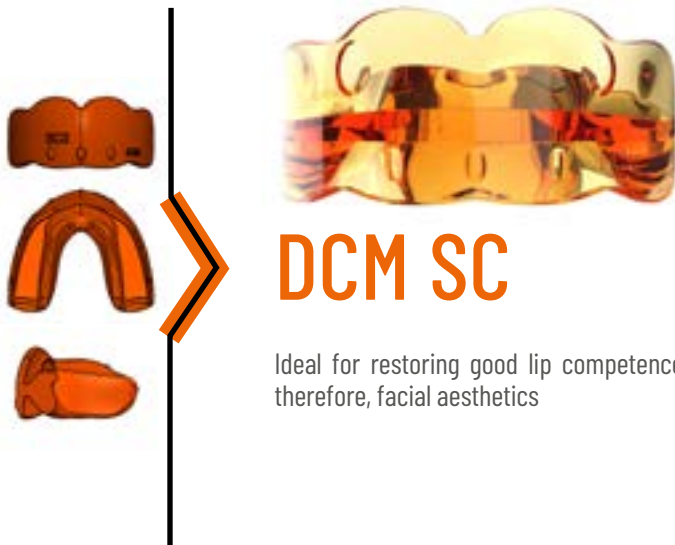
### CLASS II

This device is designed for the treatment of Angle's skeletal second class. It corrects the class II by repositioning the dental arches into a class I alignment. It is particularly indicated for cases of class II dysmorphia, addressing mandibular retrognathia by encouraging forward advancement of the mandible (in retrusion) through a precise orthopedic effect.

### INDICATIONS

- Corrects skeletal Class II by repositioning dental arches in Class I key
- Used in deciduous teeth, mixed and permanent
- Functional, orthopedic-osteopathic action
- Corrects arch deviations with an improvement of the cranio-cervical-mandibular
- Unblocks occlusion, balances TMJ, and corrects the midlines
- Corrects dysfunctional vicious habits
- Places the tongue in correct posture at the spot palatine
- Improves swallowing and nasal breathing in oral breathers
- Eliminates any interference of the tongue and dysfunctional orbicularis muscles on the teeth
- Indicated for thumb sucking
- Determines pre-alignment of the teeth

This device features a mandibular anterior sliding plane that aligns the incisors edge-to-edge. This mechanism facilitates the lengthening of the mandibular bone base while increasing the vertical dimension in cases of deep bite. It also adjusts the retroinclination of the lower incisors and promotes the proinclination of the upper incisors (Overjet), ultimately contributing to the reconditioning of the temporomandibular joints (TMJ)



## DCM SC

Ideal for restoring good lip competence and, therefore, facial aesthetics



1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
BSC1-DCM	BSC2-DCM	BSC3-DCM	BSC4-DCM	BSC5-DCM



# CLINICAL CASE

## DCM CLASS II

PATIENT  
YEARS 9,5



Skeletal Class II, right and left molar and canine malocclusion, left displaced midline, altered inclination of 11 and 21, inferior crowding with lingualization of 32.



Case courtesy of Dr. Filippo Cardarelli

### Conclusions

Preventive orthodontics by means of elastodontic devices is therefore an important step forward in the field of developmental orthodontics since it is able to solve most orthodontic problems by transforming many of these cases into ideal occlusions from an aesthetic and functional point of view. Through elastodontic devices it is possible to correct malocclusions and at the same time solve related postural problems.

The mechanism of operation of elastodontic devices is such that through the more or less elasticity of the material it is possible to intervene in a three-dimensional manner within a reality that is also three-dimensional which is the oral cavity; unlike the common standard functional devices capable of working two-dimensionally due to an occlusal relationship often altered by the presence of plates or showers that make therapy less biological by preventing the achievement of intercuspatation during the therapy itself.

### Materials and Methods

Therapy through elastodontic devices allows recovery of vertical dimension and restoration of correct arch forms; the duration of therapy is about 18 months with restraint occurring with the same device for another 7-8 months. Currently at 9 years after therapy there is great occlusal stability. Resolution of skeletal and dental malocclusion is associated with a marked recovery of posture resulting in improved cervical curve. Once the correction of the molar, and anterior relationship has been achieved, the device will be worn by the patient only overnight to stabilize the result obtained and guide the eruption of the permanent dental elements.

Once the correction of the molar, and anterior relationship has been achieved, the device will be worn by the patient only overnight to stabilize the result obtained and guide the eruption of the permanent dental elements.

### Results

The results obtained show bilateral molar and canine Class I and excellent intercuspatation, centering of the midline and frenula, and correction of the axes of 11 and 21. Elastodontic therapy was determined to resolve skeletal second class as well as Over Bite and Over Jet excess. Correct posture was achieved with elastodontic treatment alone.

# DCM

## CLASS III

This device is specifically designed for the treatment of skeletal class III malocclusions. It corrects third class by repositioning the dental arches into a class I alignment. It is indicated for cases of class III dysmorphia, particularly for addressing mandibular pseudo-prognathia. Additionally, it is effective for correcting anterior reverse bites and open bites.

## INDICATIONS

- Corrects the skeletal classes of classes III by repositioning the dental arches in a class I key
- Used in deciduous, mixed and permanent dentition
- Functional, orthopedic-osteopathic action
- Corrects arch deviations with improved cranio-cervical-mandibular system
- Unblocks occlusion, balances TMJ and corrects midlines
- Corrects dysfunctional vicious habits
- Places the tongue in correct posture at the spot palatine
- Improves swallowing and nasal breathing in oral breathers
- Eliminates any interference of the tongue and dysfunctional orbicularis muscles on the teeth
- Indicated for thumb sucking
- Determines pre-alignment of the teeth

The DCM Class III device ensures the proper positioning of the arches, creating a regular incisor key relationship. This is achieved by guiding the upper teeth into an anterior gliding plane while applying posterior pressure on the lower arch to restrain excessive mandibular growth. It also reconditions the premaxilla, controlling dysfunctional muscle forces, and restores proper labial competence.



1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
BTC1-DCM	BTC2-DCM	BTC3-DCM	BTC4-DCM	BTC5-DCM



## DCM TC



Also indicated for reeducation of dysfunctional tongue in correct resting posture and correct swallowing.

# CLINICAL CASE

## DCM CLASS III

PATIENT  
YEARS 3



Skeletal Class III malocclusion, Class III right and left molar and canine, anterior reverse bite.



Case courtesy of Dr. Filippo Cardarelli

The therapy involves the use of the **A.M.C.O.P. DCM TC** which is an elastodontic device expressly dedicated to the treatment of Class III malocclusions in deciduous, mixed and permanent dentition, at an age between 3 and 12 years and thus aims to prevent mandibular slippage and to free the premaxilla until a correct anterior relationship is achieved, thus creating a Class I occlusion such as to prevent recurrences of Over Jet and Over Bite. Another function is to act by stimulating maxillary growth and inhibiting mandibular growth, modifying the Overjet; it is thus a myofunctional regulator that tends to rebalance muscle forces correctly: it rehabilitates tongue posture, re-educates swallowing and stimulates correct breathing.

### Materials and Methods

This type of malocclusion runs in the family in the parents. The treatment plan involves the use of an **A.M.C.O.P. TC** elastodontic device, to be worn for 1

hour during the day and every night passively for the first 6 months and then for an additional 10 months only at night in order to restore a bilateral first Class molar and canine relationship and proper maxillary advancement and inhibit mandibular overgrowth. At a later stage upon resolution of the skeletal issue, the case is monitored with semiannual visits so as to reintervene should the issue reoccur. Once the correction of the molar, and anterior relationship has been achieved, the device will be worn by the patient only overnight to stabilize the result obtained and guide the eruption of the permanent dental elements.

**Results.** The results obtained highlight the great importance of elastodontic therapy in order to restore normal occlusion very quickly given the plasticity of skeletal structures at the age of 3 years. The A.M.C.O.P. TC device can be used effectively for Class III dental and skeletal malocclusions as long as there is sufficient skeletal growth in the same direction.

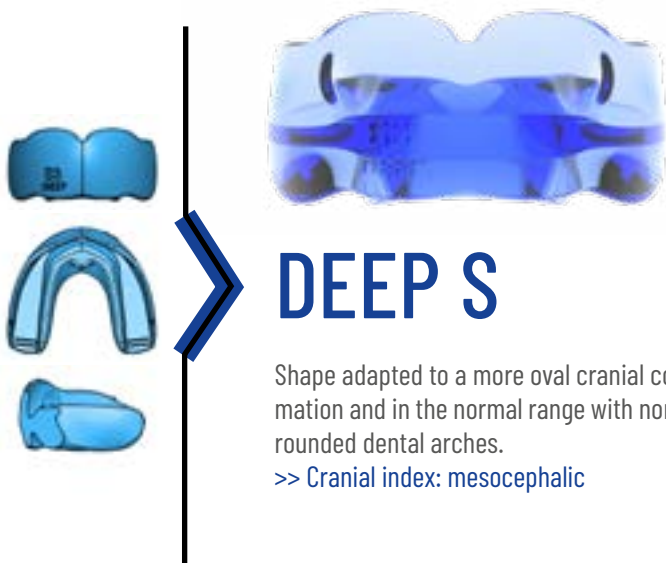
# DEEP

## CLASS I

This device is specifically designed for the treatment of patients with temporomandibular joint (TMJ) dysfunction and/or neuromuscular tension decompensation, such as bruxism. It is also suitable for use during the restraint phase following treatment with the Integral orthopedic activator or after the use of other fixed devices and aligner templates.

## INDICATIONS

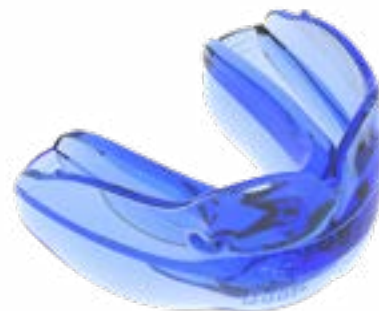
- Used in deciduous, mixed dentition and permanent
- Reconditions the neuro-muscular system through true gymnastics guaranteed by the elastic effect of the device
- Corrects and harmonizes different arch deviations resulting in improvement of the cranio-cervical-mandibular system
- Unlocks occlusion, balances TMJ and corrects midlines
- Corrects vicious habits, positioning the tongue in correct posture at the palatine spot and improving swallowing and nasal breathing in oral breathers
- Determines pre-alignment of the teeth
- Eliminates interference from the tongue and dysfunctional orbicularis on the teeth
- Indicated for thumb sucking
- Indicated in bruxism and nocturnal snoring
- Indicated for bilateral and unilateral crossbites
- For muscle-tensive problems such as headaches, joint pain, cervicalgia, etc.
- Indicated for dental arch expansions
- Also indicated as restraint and for treatment of arches undergoing recurrence after treatment with multi-bracket attachments



## DEEP S

Shape adapted to a more oval cranial conformation and in the normal range with normally rounded dental arches.

>> Cranial index: mesocephalic



1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
BS1-DEEP	BS2-DEEP	BS3-DEEP	BS4-DEEP	BS5-DEEP



## DEEP ØS

Shape suited to a square-like skull conformation, characterizing a face with pronounced features, prominent frontal bosses and mandibular angles, square chin with square-shaped dental arches.

>> Cranial index: mesocephalic

1/45 mm    2/50 mm    3/55 mm    4/60 mm    5/65 mm

**BØS1-DEEP    BØS2-DEEP    BØS3-DEEP    BØS4-DEEP    BØS5-DEEP**



## DEEP C

Shape adapted to an expanding cranial conformation with wide, rounded dental arches with a low palate, typical of a facial contour that is also rounded, in brachylinear subjects.

>> Cranial index: brachycephalic



1/45 mm    2/50 mm    3/55 mm    4/60 mm    5/65 mm

**BC1-DEEP    BC2-DEEP    BC3-DEEP    BC4-DEEP    BC5-DEEP**



## DEEP F

Shape adapted to a cranial conformation in extension with narrow, high palate and ogival dental arches, frequent in longilinear subjects with oblong facial contours.

>> Cranial index: dolichocephalus.

1/45 mm    2/50 mm    3/55 mm    4/60 mm    5/65 mm

**BF1-DEEP    BF2-DEEP    BF3-DEEP    BF4-DEEP    BF5-DEEP**

## DTM

### CLASS I

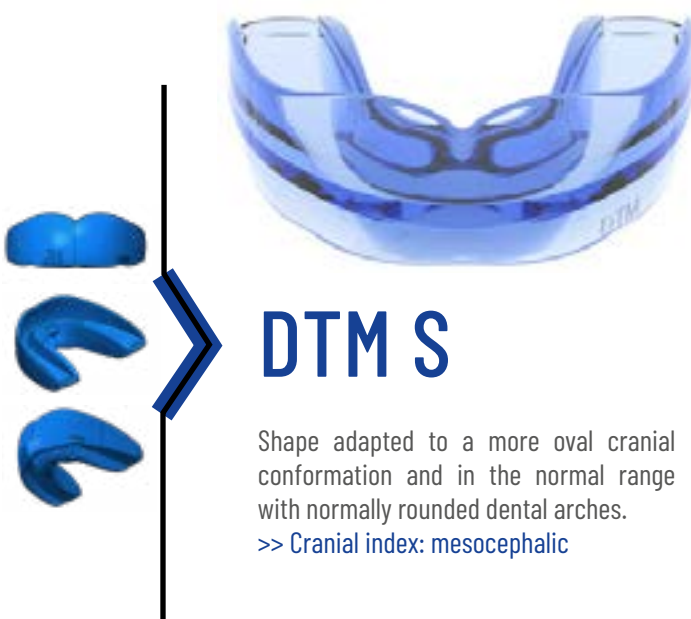
They are designed more specifically for the treatment of patients with TMJ dysfunction and/or neuromuscular tension decompensation (bruxism). They can also be used for the restraint phase after the use of the Integral orthopedic activator and after the use of other fixed devices and templates (aligners).

### INDICATIONS

- Used in mixed deciduous and permanent dentition
- Reconditions the neuro-muscular system
- Corrects and harmonizes the different deviations of the dental arches
- Corrects midlines and balances TMJs
- Corrects vicious habits (atypical swallowing oral respiration)
- Determines pre-alignment of the teeth
- Indicated in bruxism and resolves tensive muscle problems such as headaches, joint pain, cervicalgia, etc.
- Also indicated as restraint after treatment with multi brackets and brackets (aligners)

### CONTRAINDICATIONS

- Dental elements with accentuated mobility of periodontal character
- Overt gingivitis



## DTM S

Shape adapted to a more oval cranial conformation and in the normal range with normally rounded dental arches.

>> Cranial index: mesocephalic



1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
BS1-DTM	BS2-DTM	BS3-DTM	BS4-DTM	BS5-DTM



## DTM ØS



1/45 mm    2/50 mm    3/55 mm    4/60 mm    5/65 mm

**BØS1-DTM    BØS2-DTM    BØS3-DTM    BØS4-DTM    BØS5-DTM**

Shape suited to a square-like skull conformation, characterizing a face with pronounced features, prominent frontal bosses and mandibular angles, square chin with square-shaped dental arches.

>> Cranial index: mesocephalic



## DTM C



Shape adapted to an expanding cranial conformation with wide, rounded dental arches with a low palate, typical of a facial contour that is also rounded, in brevilinear subjects.

>> Cranial index: brachycephalic

1/45 mm    2/50 mm    3/55 mm    4/60 mm    5/65 mm

**BC1-DTM    BC2-DTM    BC3-DTM    BC4-DTM    BC5-DTM**



## DTM F



1/45 mm    2/50 mm    3/55 mm    4/60 mm    5/65 mm

**BF1-DTM    BF2-DTM    BF3-DTM    BF4-DTM    BF5-DTM**

Shape adapted to a cranial conformation in extension with narrow, high palate and ogival dental arches, frequent in longilinear subjects with oblong facial contours.

>> Cranial index: dolichocephalus

# DTM

## CLASS II & III

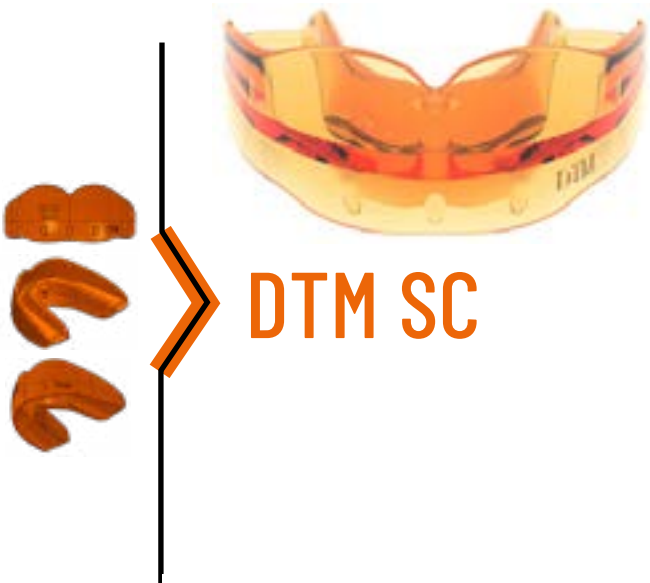
This device is designed to treat Angle's second and third skeletal classes. It repositions the dental arches into a first-class alignment while simultaneously reconditioning the temporomandibular joints (TMJ).

### INDICATIONS

- Used in mixed deciduous dentition and permanent
- Corrects skeletal classes II and III by repositioning the dental arches in the key of Class I
- Corrects midlines and balances TMJs
- Corrects dysfunctional vicious habits
- Determines pre-alignment of the teeth

### CONTRAINDICATIONS

- Dental elements with accentuated mobility of periodontal character
- Overt gingivitis



**DTM SC**



1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
BSC1-DTM	BSC2-DTM	BSC3-DTM	BSC4-DTM	BSC5-DTM



**DTM TC**



1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
BTC1-DTM	BTC2-DTM	BTC3-DTM	BTC4-DTM	BTC5-DTM

# CLINICAL CASE

## DTM CLASS II

PATIENT  
YEARS 14



Class II  
dento-skeletal



Mild upper and lower dental crowding, dysfunctional problem, impaired occlusal function with absence of posterior tooth contacts.



Therapy involves the use of the **A.M.C.O.P. DTM** for 12 months with night-time use only for the purpose of occlusal recovery and upper and lower dental alignment. The use of the **DTM** device created within a few months the correct occlusal relationship and muscular balance thus bringing the patient into a position of muscular relaxation with the disappearance of symptomatology.



Case courtesy of Dr. Filippo Cardarelli

# OPEN

## Open

This device is specifically designed to treat dental arches with skeletal malocclusion of the anterior open bite (Open Bite) type. This condition often stems from detrimental habits, such as atypical swallowing, and a specific skeletal cranio-mandibular imbalance.

### INDICATIONS

The device must be prescribed by an orthodontist following a proper diagnosis and treatment plan. It is equipped with an occlusal guide, making it adaptable to various arch forms. Like the A.M.C.O.P. Bioactivators, the OPEN device includes a button in the palatal area, located at the palatine spot (upper retro incisive palatine area), to facilitate functional tongue education.

Prior to initiating treatment with the OPEN device, a detailed cephalometric analysis in a latero-lateral projection using skull telerradiographs is required to confirm that the Open Bite is skeletal in nature. The device achieves its therapeutic effect by unlocking specific craniofacial skeletal structures and encouraging an antero-flexion movement. This restores equilibrium

in the occlusal plane, ultimately resolving the anterior or open bite. The posteriorly raised occlusal plane of the OPEN Bio-Activator applies targeted pressure to the posterior molars. This elevation functions as a "fulcrum," facilitating the horizontal restoration of the occlusal plane. The device's adaptable occlusal guide ensures compatibility with different arch forms, making it a versatile and effective tool for treating skeletal anterior open bite.

### CONTRAINDICATIONS

- Specific joint problems Temporo-Mandibular (TMJ)
- Dental elements with accentuated mobility of a periodontal nature
- Overt gingivitis



1/45 mm    2/50 mm    3/55 mm    4/60 mm    5/65 mm  
BIO-OPEN1M    BIO-OPEN2M    BIO-OPEN3M    BIO-OPEN4M    BIO-OPEN5M

# CLINICAL CASE

## Open

PATIENT  
YEARS 7



Open Bite dental and skeletal from a spoiled habit (protracted sucking of the finger) combined with frenulum Short lingual.



Malocclusion is characterized by contraction of the upper arch with reduced space for the eruption of permanent teeth.

The therapeutic sequence involves the following steps:

- motivation
- speech therapy
- lingual frenectomy + speech therapy
- elastodontic therapy
- elastodontic restraint for about 12 months

Therapy: the **A.M.C.O.P. OPEN** device with high posterior mastication plane so as to promote proper maxillary development with subsequent closure of the skeletal and dental Open Bite.



The Open Bite malocclusion turns out to be complex in therapy and stabilization, through Elastodontic Therapy and through the new **A.M.C.O.P. OPEN** devices it is possible to obtain an irreversible skeletal and dental result and at the same time a great postural advantage as evidenced by the comparative telerradiographs that testify the normalization of the cervical curve at the end of therapy. All this demonstrates therapeutic three-dimensionality i.e. the effect: skeletal, dental and postural.

Case courtesy of Dr. Filippo Cardarelli

# ELASTO OSAS

# ELASTO OSAS

The ELASTO OSAS is an elastodontic device crafted from thermoelastic medical-grade material. Its primary purpose is to improve airway clearance through targeted functional action, effectively reducing snoring, bruxism (night grinding), and certain neuro-muscular tension issues, including muscular-tensive headaches.

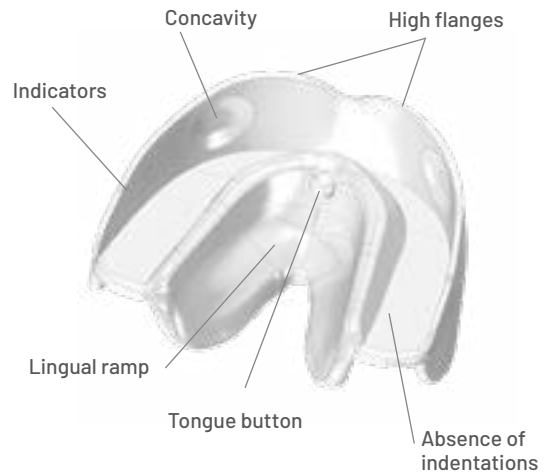
## INDICATIONS

The device is designed with a precise occlusal guide to accommodate various arch forms. Each device is distinguished by unique colors and abbreviations located on the right anterior section of the lower flange.

To achieve its intended therapeutic effect, the device incorporates several key features:

- A reference guide for the lower arch, positioned more forward (protruded) than standard designs.
- A raised occlusion plane paired with a special ramp-like shaping that extends around the entire perimeter of the lower lingual flanges.
- A specific lingual elevator function supported by a "Button" located at the palatine area (Lingual Spot), retro-incisive region, to stimulate proper tongue posture and functionality.

These features work together to facilitate proper nasal breathing by enhancing pharyngeal area clearance, making the device an effective tool for addressing airway-related conditions.



## CONTRAINDICATIONS

- Temporomandibular Joint (TMJ) Problems
- Dental elements with accentuated mobility of a periodontal nature
- Overt gingivitis
- May move teeth

*It is recommended that the device be used by Dentists with specific training in the treatment of respiratory problems in a multidisciplinary approach with ENT specialists.*



# ELASTO OSAS

3/55 mm      4/60 mm      5/65 mm

BIO-OSAS3M    BIO-OSAS4M    BIO-OSAS5M

# CLINICAL CASES

## ELASTOOSAS

PATIENT  
YEARS 8



Open Bite skeletal and  
anterior dental,  
breathing difficulties



*Initial case*



*Final case after 24 months*



*May 2016 - Pre-treatment*



*November 2020 - Post treatment*

Malocclusion is characterized by contraction of the upper arch with reduced space for the eruption of permanent teeth. The therapeutic sequence involves the following steps:

- motivation
- speech therapy
- elastodontic therapy A.M.C.O.P.
- elastodontic restraint for approximately 12 months

Cases courtesy of Dr. Filippo Cardarelli

# INTEGRAL PLUS

# Integral plus

The INTEGRAL PLUS device is designed to support the alignment of dental arches, particularly during treatment with fixed multi-bracket systems. It features a guide integrated into the inner walls of the upper and lower flanges, allowing compatibility with various types of fixed orthodontic devices. This design enhances skeletal, joint, and neuro-muscular functions, addressing comprehensive orthodontic needs.

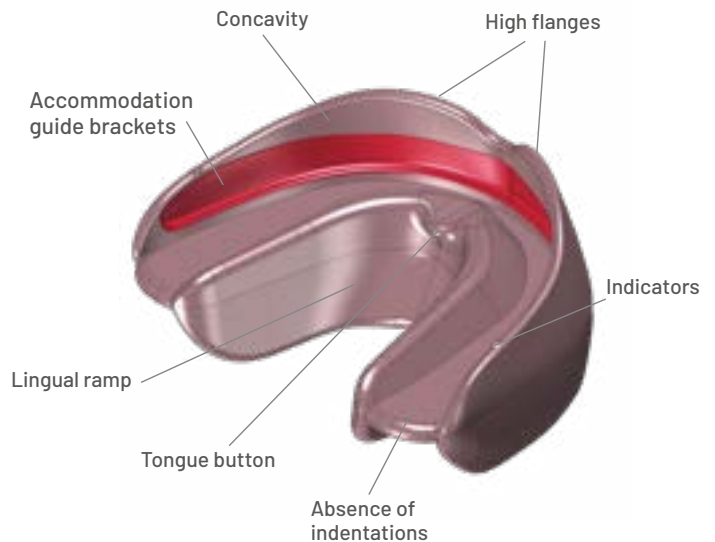
## INDICATIONS

The device contributes to the improvement of the craniofacial skeletal complex by considering the interrelationships between the bones of the skull, face, teeth, and their respective bone bases. It adopts a holistic approach, incorporating the dento-parodontal, skeletal, neuro-muscular, and temporomandibular joint (TMJ) systems into its functionality. The device includes a specifically molded occlusal guide, enabling adaptability to different arch shapes. Additionally, it features a button located in the plantar area at the palatine spot (upper retroincisive region) to facilitate functional tongue education.

**INTEGRAL PLUS is also indicated for the following conditions:**

- Joint problems involving the temporomandibular joint (TMJ)
- Bruxism (nocturnal grinding)
- Neuro-muscular tension issues
- Muscle-tensive headaches in predisposed patients

**This device ensures comprehensive support for orthodontic and functional therapy, addressing both dental alignment and broader craniofacial challenges.**



## CONTRAINDICATIONS

- Presence of steel arches
- Presence of reverse arcs Curves
- Presence of interarched elastics
- Presence of occlusal elevations
- Dental elements with accentuated Mobility of periodontal character
- Overt gingivitis



# INTEGRAL PLUS

3/55 mm	4/60 mm	5/65 mm
BIO-IP3M	BIO-IP4M	BIO-IP5M

# CLINICAL CASE

## *Integral plus*

PATIENT  
YEARS 32



Class II  
Open Bite, atypical  
swallowing, anterior lingual  
interposition, right lower  
midline deviation, upper  
arch contraction, right and  
left dental Cross Bite,  
premaxilla  
hypodevelopment.



The initial therapy involves the use of the multi-brackets device in order to promote an initial dental alignment with the use of the 0.13 CuNiTi arch for about 12 weeks, after which it is decided to introduce the **A.M.C.O.P. INTEGRAL PLUS** elastodontic device into the therapy in order to promote the transverse development of the arches and at the same time eliminate the interference of the tongue, which is the main cause of the anterior open bite. Note how in this case the **A.M.C.O.P. INTEGRAL PLUS** device promoted the development of the arches and the increase in transverse diameter in only 7 months of therapy.

Only after completing the transverse development of the arches and after rehabilitating the tongue is the decision made to proceed with the final bite closure with inter-arched elastics in order to terminate therapy and achieve proper intercuspation. The restraint in these cases will be done with the **A.M.C.O.P. OPEN** elastodontic device in order to control and stabilize the lingual function and at the same time reinforce the achieved result.

Case courtesy of Dr. Filippo Cardarelli



## COURSES

Courses are periodically organized in various locations to provide dental practitioners with the opportunity to deepen their understanding of the A.M.C.O.P. method and review treated cases.

These seminars include a full day dedicated to topics on new diagnostic and therapeutic procedures, focusing specifically on orthodontic-orthopedic, functional-neuromuscular issues, and related problems of the craniofacial and cervico-postural systems.

The Elastic Orthodontic Rehabilitation System Training Program is designed to deliver comprehensive training in the most advanced functional elastodontic philosophies currently available. The course aims to equip practitioners with in-depth knowledge of the various aspects of this innovative technique.

**For information and registration, contact**  
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 Developer and designer of the entire device range.*



## S O C I A L

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# SUMMARY TABLES

## DECIDUAL TEETH

PAGE 12

Model	1/45 mm	2/49 mm
Azure DA	BIO-DA1M	BIO-DA2M
Azure DCA with pacifier	BIO-DCA1M	BIO-DCA2M
Pink DR	BIO-DR1M	BIO-DR2M
Pink DCR with pacifier	BIO-DCR1M	BIO-DCR2M



## DCM CLASS I

PAGE 14

Model	1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
INTEGRAL S	BS1-DCM	BS2-DCM	BS3-DCM	BS4-DCM	BS5-DCM
INTEGRAL ØS	BØS1-DCM	BØS2-DCM	BØS3-DCM	BØS4-DCM	BØS5-DCM
INTEGRAL C	BC1-DCM	BC2-DCM	BC3-DCM	BC4-DCM	BC5-DCM
INTEGRAL F	BF1-DCM	BF2-DCM	BF3-DCM	BF4-DCM	BF5-DCM



## DCM CLASS II

PAGE 18

Model	1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
DCM SC	BSC1-DCM	BSC2-DCM	BSC3-DCM	BSC4-DCM	BSC5-DCM



## DCM CLASS III

PAGE 20

Model	1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
DCM TC	BTC1-DCM	BTC2-DCM	BTC3-DCM	BTC4-DCM	BTC5-DCM



## DEEP CLASS I

PAGE 22

Model	1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
DEEP S	BS1-DEEP	BS2-DEEP	BS3-DEEP	BS4-DEEP	BS5-DEEP
DEEP ØS	BØS1-DEEP	BØS2-DEEP	BØS3-DEEP	BØS4-DEEP	BØS5-DEEP
DEEP C	BC1-DEEP	BC2-DEEP	BC3-DEEP	BC4-DEEP	BC5-DEEP
DEEP F	BF1-DEEP	BF2-DEEP	BF3-DEEP	BF4-DEEP	BF5-DEEP



# SUMMARY TABLES

## DTM CLASS I

PAGE 24

Model	1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
DTM S	BS1-DTM	BS2-DTM	BS3-DTM	BS4-DTM	BS5-DTM
DTM ØS	BØS1-DTM	BØS2-DTM	BØS3-DTM	BØS4-DTM	BØS5-DTM
DTM C	BC1-DTM	BC2-DTM	BC3-DTM	BC4-DTM	BC5-DTM
DTM F	BF1-DTM	BF2-DTM	BF3-DTM	BF4-DTM	BF5-DTM



## DTM CLASS II & III

PAGE 26

Model	1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
DTM SC II CLASS	BSC1-DTM	BSC2-DTM	BSC3-DTM	BSC4-DTM	BSC5-DTM
DTM TC III CLASS	BTC1-DTM	BTC2-DTM	BTC3-DTM	BTC4-DTM	BTC5-DTM



## OPEN

PAGE 28

Model	1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
OPEN	BIO-OPEN1M	BIO-OPEN2M	BIO-OPEN3M	BIO-OPEN4M	BIO-OPEN5M



## ELASTOOSAS

PAGE 30

Model	1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
OSAS	-	-	BIO-OSAS3M	BIO-OSAS4M	BIO-OSAS5M



## INTEGRAL PLUS

PAGE 32

Model	1/45 mm	2/50 mm	3/55 mm	4/60 mm	5/65 mm
INTEGRAL PLUS	-	-	BIO-IP3M	BIO-IP4M	BIO-IP5M



## SUITCASE

Model

12 COMPARTMENTS BIO-VALIG12



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## CATALOGUE



# BIO ACTIVATOR

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