BROADBAND LED CURING LIGHT

10 YEARS OF INNOVATION
Kam, from the Bahamas — an addiction counselor, athlete, and father — smiles when he sees his daughter. Opalescence Go™ prefilled take-home whitening trays with 6% hydrogen peroxide are perfect to quickly whiten his smile in an hour while his daughter is asleep. Comfortable and ready-to-use right out of the package. A whiter smile can help each of your patients live their best life. That’s the power of a smile. Find out more about cosmetic tooth whitening at opalescence.com/eu.

ABOUT ULTRADENT

In 1976, after graduating from Loma Linda University and beginning his own practice, Dr. Dan Fischer invented his groundbreaking Astringedent™ hemostatic solution in response to the need for a tissue management product that achieved more rapid, profound hemostasis. The success of Astringedent hemostatic fueled Dr. Fischer’s desire to continue developing innovative and more advanced dental solutions — leading to the founding of Ultradent Products, Inc.

Now, marking its 41st year as a family-owned, international dental supply and manufacturing company, Ultradent has continued its vision to improve oral health globally by creating better dental products that continue to set new industry standards. Dr. Fischer has numerous patents to his name and regularly lectures and writes articles about state-of-the-art dentistry. He also works part-time in his daughter’s dental practice, which enables him to connect with patients and practice minimally invasive dentistry — a philosophy around which Ultradent develops its products and procedures.

Ultradent currently researches, designs, manufactures, and distributes more than 500 materials, devices, and instruments used by dentists around the world. This includes its renowned, industry-leading Opalescence™ Tooth Whitening System, and the groundbreaking Opalescence Go™ professional take-home whitening system. Ultradent’s product family also includes the award-winning VALO™ LED curing light, UltraSeal XT™ hydro pit and fissure sealant, and Ultra-Etch™ etchant. Recent innovations include the Uveneer™ direct composite template system, which creates natural-looking, high-quality direct composite veneers quickly and easily.

Ultradent has been the recipient of Small Business Administration’s Exporter of the Year and Direct Distributor of the Year awards. Most recently, Ultradent was the recipient of the Health Care Heroes award in the category of Corporate Achievement. Ultradent and Dr. Fischer have been recognized for outstanding industry leadership and for making defining contributions to the dental community. In 2013, the Utah Governor’s Office of Economic Development named Dr. Fischer “International Man of the Year” for his contributions to sustaining economic and cultural relations between the state of Utah and the European Union.

Dr. Fischer strives continuously to “Improve Oral Health Globally.” Beyond the dental community, Ultradent donates products to humanitarian efforts locally, nationally, and internationally. Additionally, Ultradent sponsors a nonprofit organization, the Diversity Foundation, a progressive outreach program committed to preventing hate crimes and intolerance. This program promotes diversity and fosters multicultural awareness among individuals from all backgrounds.

Dr. Fischer lives his life according to the same values that guide Ultradent: integrity, quality, hard work, innovation, and care. When he isn’t working, he enjoys tending to his garden and spending time with his wife, children, and 34 grandchildren.

Dr. Dan Fischer
CEO, Ultradent Products, Inc.
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Ecem, from Germany — a marketing specialist and home cook — smiles when she embarks on a new adventure to somewhere she has never been before. Opalescence Go™ prefilled take-home whitening trays with 6% hydrogen peroxide are convenient so she can whiten on her own schedule. Comfortable and ready-to-use right out of the package. A bright smile helps her make friends on her travels. That’s the power of a smile.

Find out more about cosmetic tooth whitening at opalescence.com/eu.
Whiten

COSMETIC
Home Whitening with Custom Trays
Pre-Loaded Whitening Trays
Block-Out Resin
Tray Sheets
Accessories

MEDICAL
In-Office Whitening
Walking Bleach
Microabrasion Paste
Accessories

MARK SAVAGE
Mirror Lake Highway, Utah
How does whitening work?

Opalescence whitening gels contain an active whitening ingredient, either carbamide peroxide or hydrogen peroxide. Peroxide gels break down into water, oxygen, and reactive oxygen molecules. These reactive oxygen molecules treat both the enamel and the dentin, oxidizing the bonds of discolored stain molecules. By changing the stained molecules, the tooth becomes lighter.

Reactive oxygen molecules permeate the entire tooth, so there is no need for the whitening agent to be in contact with every surface of the tooth for the entire tooth to be whitened.

Because the reactive oxygen molecules need to dissipate from the tooth before bonding, it is necessary to wait 7-10 days before any bonding procedure.

Will whitening affect bond strength?

Even though whitening agents release oxygen into the tooth, existing bonds are not weakened.1-2

Note: Allow a period of 7-10 days after whitening treatment before placing any resin. The high concentration of oxygen in the tooth could have a significant adverse effect on polymerization of the resin.3-4

How long does the whitening last?

Whitening results are very stable. However, depending on your diet and lifestyle habits, whitening may need to be redone periodically. Due to the safety of the whitening agents, this should not cause any concerns.

Will whitening cause tooth sensitivity?

Tooth sensitivity can occur as a result of whitening. If sensitivity occurs, it is transient and disappears after the completion of whitening treatments. If desensitizing treatments are desired, we recommend the use of UltraEZ™ desensitizing gel or Enamelast fluoride varnish. Opalescence™ Whitening Toothpaste Sensitivity Relief can also be used to help to prevent or lessen sensitivity if it occurs.

Will whitening weaken the tooth’s enamel?

No. Tooth whitening has not been shown to weaken tooth enamel.5-9

Important:

Dentist supervision is the best way to whiten!

Tooth whitening treatments are effective and safe if they are used appropriately and with the correct materials. This includes a comprehensive exam, briefing on the chosen whitening process, and monitoring of the patient during the treatment phase. Self-treatment by the patient with over-the-counter (OTC) products often does not provide the results desired, and leaves the patient without options for managing potential sensitivity or other concerns.
Whitening Treatment Protocol

We recommend the following steps for professional whitening evaluation and treatment, both for cosmetic whitening and medical whitening. You may need to adjust the steps depending on the patient and the whitening treatment you select.

1. Take patient’s medical history
Evaluate the origin of tooth staining and check for restorations that could affect the final result (use Rx if needed). Assess the intention of whitening system (cosmetic for generic “day-by-day” discoloration; medical devices for teeth discolored by disease, injury or medical treatment). Consider amending your periodical medical history by adding a question about the patient’s satisfaction with their oral esthetics. Explain to the patient that restorations will not whiten, and discuss the possible need for new restorations after whitening. Check existing sensitivities, and perform an adequate treatment before starting a whitening procedure.

DO NOT PROCEED IF THE PATIENT:
• Is pregnant or breastfeeding
• Is under 18 years old (for cosmetic whitening)

2. Perform dental exam
Determine origin of staining, evaluate gingival and dental health. Check for restorations in the esthetic zone that may not match after whitening. Discuss changing them out or resurfacing after whitening.

3. Manage patient’s expectations
Discuss the possibilities and limitations of whitening for their specific circumstance and help them to establish realistic expectations.

4. Perform hygiene treatment
Proceed to the hygiene treatment. Use polishing paste to remove all plaque. For patients with known sensitivity, apply Enamelast™ fluoride varnish after polishing.

5. Determine the initial tooth color
Identify the initial tooth color with the aid of a shade guide. Take a photograph with shade tab after hygiene treatment.

6. Educate patient
Tooth whitening results can last a year or more. Depending on the patient’s nutrition and lifestyle habits, whitening may need to be repeated periodically to maintain the look they desire. Instruct patient how to use the chosen whitening products and answer any questions or concerns.

7. Create whitening treatment plan
Multiple Opalescence™ whitening products may be used as part of the whitening treatment plan to help the patient achieve their desired results. If patient has a history of tooth sensitivity, add a desensitizing protocol prior to the whitening treatment, consider using a lower concentration of gel and/or reduced wear time. Patients can also use Opalescence™ Whitening Toothpaste Sensitivity Relief before and throughout their whitening treatment. Additionally, if patient tolerates whitening treatments without sensitivity, consider providing a higher concentration gel for more rapid results.

8. Obtain patient’s consent
Have the patient sign a whitening consent form that outlines the whitening treatment and cost involved.

9. Determine the final tooth color
Identify the final tooth color using the shade guide. Take a photograph with initial and final shade tab. A definitive color change should only be recorded a few days after the end of the treatment, as the teeth may continue to whiten after the final whitening treatment.

10. Provide sensitivity management if necessary
Some patients may experience lingering sensitivity. We recommend using UltraEZ™ desensitizing gel or Enamelast™ fluoride varnish. Opalescence™ Whitening Toothpaste Sensitivity Formula can also be used to help minimize sensitivity.
Opalescence™ Tooth Whitening Reference Guide

COSMETIC

Opalescence™ PF 10%
- Take-Home whitening with custom trays
- **Active Ingredient:** 10% carbamide peroxide (≈ 3.6% H₂O₂)
- **Contains:** Potassium Nitrate, Fluoride and Xylitol
- **Wear time:** 8–10 hours/day
- **Flavors:** Mint, Melon, and Regular

Opalescence™ PF 16%
- Take-Home whitening with custom trays
- **Active Ingredient:** 16% carbamide peroxide (≈ 5.8% H₂O₂)
- **Contains:** Potassium Nitrate, Fluoride and Xylitol
- **Wear time:** 4–6 hours/day
- **Flavors:** Mint, Melon, and Regular

Opalescence Go™ 6%
- Take-Home whitening with prefilled trays
- **Active Ingredient:** 6% hydrogen peroxide (H₂O₂)
- **Contains:** Potassium Nitrate, Fluoride and Xylitol
- **Wear time:** 60–90 min/day
- **Flavors:** Mint, Melon

MEDICAL*

Opalescence™ Boost™ PF 40%
- In-office chairside medical whitening, direct application
- **Active Ingredient:** 40% hydrogen peroxide (H₂O₂)
- **Contains:** Potassium nitrate and fluoride
- **Wear time:** Two to three 20-minute applications, not exceeding 3 applications per visit

Opalescence™ Quick PF 45%
- In-office waiting room medical whitening, custom trays
- **Active Ingredient:** 45% carbamide peroxide (≈ 15% H₂O₂)
- **Contains:** Potassium nitrate and fluoride
- **Wear time:** 30 minutes supervised

Opalescence™ Endo 35%
- "Walking Bleach" medical technique for non-vital teeth
- **Active Ingredient:** 35% hydrogen peroxide (H₂O₂)
- **Wear time:** 1–5 days

Opalescence™ tooth whitening gel contains PF (potassium nitrate and fluoride).

In an in vitro study researchers looked at whether treatment with tooth whitening products with different concentrations of carbamide peroxide or hydrogen peroxide would increase the susceptibility for caries. A tooth whitening product with a neutral pH and 10% carbamide peroxide did not lead to a higher caries risk.

*MEDICAL Devices for Tooth Whitening are not available in some countries of the European Community. Please ask your Dental Dealer.
FOR A BRIGHTER, WHITER SMILE
It is one of the oldest dreams of mankind - to have whiter teeth. In ancient times, people tried it with many ingredients and techniques; mostly in vain or they had to put up with severe damage to their teeth. Today we are able to whiten teeth effectively without adverse effects. But the prerequisites are two-fold: you need the right materials - like our Opalescence gels, containing the PF formula (potassium nitrate and fluoride), which helps maintain the health of enamel throughout the whitening process. On the other hand, the correct handling is essential. The EU amendment for the Cosmetic Directive* stipulates a procedure which we have always practiced: the involvement of a dentist in the cosmetic whitening process. Thus, the whole treatment is carried out under the care of a dental professional and the patient’s teeth are in safe hands.

“For each cycle of use, the first use to be only done by dental practitioners or under their direct supervision if an equivalent level of safety is ensured. Afterwards to be provided to the consumer to complete the cycle of use.”*  

Concentrations of Opalescence™ Carbamide Peroxide vs. Hydrogen Peroxide

One-third of the carbamide peroxide (CP) contained in whitening agents breaks down into hydrogen peroxide (H₂O₂), the active whitening agent. This is important to know in order to correctly assess the intensity of whitening products.

Opalescence™ PF 10% and 16%
CARBAMIDE PEROXIDE WITH POTASSIUM NITRATE AND FLUORIDE

- Cosmetic whitening with custom trays
- Opalescence PF tooth whitening gels contain PF (potassium nitrate and fluoride)
- Sticky, viscous gel won’t migrate, ensures tray stays securely in place
- Opalescence PF whitening gel is designed to maximize patient comfort
- Formulated to prevent dehydration and shade relapse
- Two concentrations, three flavors (Mint, Melon and Regular)
- Treatment for the most part at home, saves chair time
- Day or night wear

The sticky, viscous formula of Opalescence gel does not leach from the tray like other whitening agents, and the sticky gel holds the comfortable tray securely in place. Opalescence gel contains PF (potassium nitrate and fluoride). High water content prevents dehydration and shade relapse, making Opalescence gel one of the most reliable whitening gels available. A university study proves that the gel stays active for 8–10 hours during overnight whitening, which means patients experience results quickly, increasing compliance. Opalescence gel is available in a variety of concentrations, formulations, flavors, and kit configurations to meet all your patients’ whitening needs.

Opalescence gel is recommended for whitening discolored teeth prior to placement of composite, veneers, and/or crowns. It is effective in breaking down some or all internal tooth discolorations due to congenital, systemic, pharmacologic, traumatic, etc., factors as well as aging. It is successful with fluorosis and even tetracycline staining.

STAYS ACTIVE THROUGH THE NIGHT!

Indiana University: Small quantities of gel were removed and analyzed at various intervals.

![Active Peroxide Strength Graph]

1. realityesthetics.com
COSMETIC - Whiten

Before and After

Before whitening.

Upper teeth after 5 nights of treatment with Opalescence PF 10% whitening gel, approximately 40 hours.

After 6 days of treatment with Opalescence PF 10% whitening gel, every night for 8 hours. New composite restorations in place.

Before whitening; new restorations are planned.

After 8 days of treatment with Opalescence PF 16% whitening gel, every day for 3 hours.

Patient Instructions

1. Instruct the patient to brush their teeth prior to loading and inserting tray. Go over instructions with the patient that are provided in the whitening kit. Explain the process of loading the tray by expressing one continuous bead of gel approximately halfway up from the incisal edge on the facial side of the tray from molar to molar. Explain that this should use about 1/3 to 1/2 of a syringe.

2. Place tray over teeth. Gently press tray to move gel into place. Pressing too firmly will force gel out of tray.

3. Gently wipe off excess gel with a soft toothbrush.

4. Clean tray with soft toothbrush and cool water. Store tray in appliance case when not in use. Remind patient to follow the whitening regimen you have established.
Tray Fabrication

1. Pour impression with fast-set plaster or dental stone. Pour alginate shortly after making impression to ensure accuracy. Trimming is less work if quantity of stone is kept to a minimum. Palate and tongue areas are not poured or should be removed after plaster has set. Allow model to dry two hours.

2. For reservoir spaces, apply Ultradent LC Block-Out Resin approximately 0.5 mm thick onto the labial surfaces and light cure. Stay about 1.5 mm from gingival line. DO NOT extend onto incisal edges or occlusal surfaces. Using VALO™ curing light, cure each tooth 5 seconds. Wipe off oxygen inhibition layer.

3. With vacuum former, heat tray material (Sof-Tray™ Classic Sheets) until it sags approximately 2.5 cm. Adapt plastic over mold. Cool and remove model from vacuum former.

4. With tactile scissors (Ultra-Trim Scalloping Scissors), carefully and precisely trim tray to clear line which is at gingival height. Scallop edges to avoid contact with gingival tissue.

5. Return tray to model; check tray extensions. Gently flame polish the edges one quadrant at a time, if necessary, with a butane torch. While still warm, immediately hold periphery of each segment firmly against model for three seconds with water-moistened gloved finger. If this over-thins the tray material, fabricate a new tray.
Tips on Growing your Tooth Whitening Business

Whitening not only creates more profit, it can create better patients, increased interest in cosmetic and restorative services, and positive buzz for your practice. Here are some simple tips to help grow the tooth whitening business in your practice:

1) Designate a Whitening Specialist. This member of your team is responsible for focusing on tooth whitening in your office. They can train the other team members, order supplies, answer any tooth whitening questions, organize internal marketing, and lead the overall effort to increase your whitening business.

2) Display a Whitening Album with before and after pictures of the patients who have whitened their teeth. Remove some of the magazines in the reception area and put the album out to showcase the work done in your office.

3) Do you have a morning meeting to go over the day’s schedule? Review patients’ charts to see if tooth whitening has been offered and if so, the last time the patient purchased a touch-up. Discuss tooth whitening with those identified as potential opportunities when they come in that day.

4) Put up a display with a pad of paper, a pen, and a fish bowl. Have patients fill out their name and number for a drawing for a FREE whitening procedure.
   a. This advertises to your patients that you offer tooth whitening in your practice.
   b. It’s a great way to get referrals — the patient who wins will tell friends and family about their FREE whitening.
   c. Take the names of those who did not win and send a letter or give them a phone call to let them know that although they didn’t win, because they expressed an interest in whitening, your office will extend a special discount to them (whatever discount or special you choose). This is a simple way to get in touch with patients who are interested in whitening their teeth, but may not necessarily ask for it.

5) Give FREE whitening or touch-ups to patients who schedule and keep their dental hygiene 6-month check-up appointments.

6) Offer Tooth Whitening Menus in your reception area and operatories. People love options, and this gives your patients an opportunity to see what is available to them to whiten their teeth.

7) Offer tooth whitening gift cards your patients can purchase for family or friends.

8) Increase your office’s social media presence by entering patients into a drawing for a FREE whitening treatment when they check in at your office on Facebook, or Instagram a picture of their smile and tag your office.

9) Attend a local bridal show or host a bridal event at your practice. Every bride is looking for ideas for the big day – and what’s a better idea than a bright white smile for her and her bridal party?

10) Set a goal of providing one whitening treatment a day. “Things that are measured are improved.”

Contact your local Ultradent Sales Representative for even more tips!
Opalescence Go™ 6%

PREFILLED WHITENING TRAYS - HYDROGEN PEROXIDE

- Unique UltraFit™ tray material offers an extremely comfortable fit and easily conforms to any patient’s individual smile
- Molar-to-molar coverage ensures the gel comes in contact with more posterior teeth
- Opalescence Go whitening gel is designed to maximize patient comfort
- Convenient prefilled trays can be worn right out of the package
- Optimal gel quantity allows easy cleanup after whitening
- Wear 60–90 minutes per tray
- Opalescence Go tooth whitening gel contains PF (potassium nitrate and fluoride)
- Delicious Mint and Melon flavor

Opalescence Go™ take-home whitening is recommended for whitening patients looking for professional whitening to go. With no impressions, models, or lab time required, Opalescence Go™ trays are also a perfect follow-up to in-office whitening.
Patient Instructions

1. Remove product from packaging.
   “U” – Upper whitening tray
   “L” – Lower whitening tray

2. Position upper tray on teeth.

3. Bite firmly, then suck on tray for 2 seconds.

4. Remove colored outer tray, leaving the white inner tray on teeth. Repeat the process for the lower tray.

5. After indicated wear time, remove whitening trays and brush teeth.

4634 Opalescence Go Mint 6% Patient Kit
3592 Opalescence Go Melon 6% Patient Kit
   Each kit contains 10 blister packs w/1 upper/1 lower tray
   1 x 20 ml (28 g) Opalescence Whitening Toothpaste

Store refrigerated.

4639 Opalescence Go Mint 6% Patient Kit 6 pk
3593 Opalescence Go Melon 6% Patient Kit 6 pk
   Each kit contains 6 Patient Kits

Store refrigerated.

4644 Opalescence Go Mint 6% Mini Kit
3599 Opalescence Go Melon 6% Mini Kit
   Each kit contains 4 blister packs w/1 upper/1 lower tray

Store refrigerated.

4649 Opalescence Go Mint 6% Mini Kit 12 pk
3600 Opalescence Go Melon 6% Mini Kit 12 pk
   Each kit contains 12 Mini Kits

Store refrigerated.
Select the 0.9 mm for most whitening trays, and the 1.5 mm or the 2.0 mm for whitening patients who are bruxers.

With vacuum former, heat Sof-Tray™ Classic Sheet until it sags approximately 2.5 cm. Adapt plastic over model. Cool and remove model from vacuum former.

- **Use for precise trimming of border around interdental papilla**
- **Spring loaded to minimize finger fatigue**
- **Grips tray material easily**
- **Made of durable stainless steel**

**Sof-Tray™ Classic Sheets**

**Sheet material for vacuum-forming of trays**

- **226** Sof-Tray Sheets Regular
  - 25 x Tray sheets (0.9 mm - 127 x 127 mm)
  - **0.9 mm thickness**

- **227** Sof-Tray Sheets Medium
  - 20 x Tray sheets (1.5 mm - 127 x 127 mm)
  - **1.5 mm thickness**

- **284** Sof-Tray Sheets Heavy
  - 20 x Tray sheets (2.0 mm - 127 x 127 mm)
  - **2.0 mm thickness**

**Opalescence™ Pocket Tray Cases**

- Protect trays when they are not in use
- Flat, pocket-sized design
- Inside dimensions: 7.5 x 7 x 1.5 cm

**605** Ultradent Ultra-Trim Scalloping Scissors
- 1 pk

- **707** Pocket Tray Cases (Variety)
  - 20 x Tray cases (6 x blue; 7 x green; 7 x melon)
**Ultradent™ LC Block-Out Resin**

**LIGHT CURED BLOCK-OUT RESIN**

- Optimal viscosity for proper application
- Blue pigment for visibility during application
- Great utility resin with multiple uses

Ultradent LC Block-Out Resin provides reservoir space for bleaching trays and is useful for other laboratory procedures such as model and die repairs. Ultradent LC Block-Out Resin can be rapidly and efficiently delivered with the Black Mini Tip. It must be light cured and is not intended for intraoral use.

For reservoir spaces, apply Ultradent LC Block-Out Resin approximately 0.5 mm thick onto the labial surfaces, staying about 1.5 mm from gingival line, and light cure. Do not extend onto incisal edges and occlusal surfaces.

Ultradent LC Block-Out Resin is a hard, strong, no-mix material for blocking out undercuts on dies and filling in voids.

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**240 Ultradent LC Block-Out Resin Kit**

4 x 1.2 ml (1.38 g) Ultradent LC Block-Out syringes
20 x Black Mini Tips

**241 Ultradent LC Block-Out Resin Refill**

4 x 1.2 ml (1.38 g) Ultradent LC Block-Out syringes

**242 Ultradent LC Block-Out Resin Econo Kit**

20 x 1.2 ml (1.38 g) Ultradent LC Block-Out syringes
20 x Black Mini Tips

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1. realityesthetics.com
Whiten - MEDICAL

Discolorations can have many causes. If the stains have been caused by disease, injury or medical treatment and have migrated from the inside of the tooth into the dentin and enamel, you need special medical strategies to whiten such tooth or teeth - and special medical products.

On the following pages, you will find products for the medical whitening treatments, with increased, highly intensive active ingredients. For instance, Opalescence Boost is a gel with 40% hydrogen peroxide. Nevertheless it is pH neutral, contains the PF formula, which helps maintain the health of enamel thorough the whitening process. It is chemically activated - so no light is needed. Opalescence Endo and Opalescence Quick are used for other special medical cases.

All these materials are valuable in the hand of a dentist who can treat most patients discolorations, even difficult cases, in a minimally invasive way. Restorations, veneers or crowns are no longer required to treat dark teeth.

Concentrations of Opalescence™ Carbamide Peroxide vs. Hydrogen Peroxide

One-third of the carbamide peroxide (CP) contained in whitening agents breaks down into hydrogen peroxide (H₂O₂), the active whitening agent. This is important to know in order to correctly assess the intensity of whitening products.

- H₂O₂ - Hydrogen peroxide
- CP - Carbamide peroxide
- Amount of hydrogen peroxide released from carbamide peroxide

Medical Devices for Tooth Whitening are not available in some countries of the European Community. Please ask your Dental Dealer.
Opalescence™ Endo
NON-VITAL “WALKING BLEACH”
35% HYDROGEN PEROXIDE

- 35% hydrogen peroxide
- Used to treat endodontically treated discolored teeth
- Easy to place inside pulp chamber
- 1–5-day treatment

For medical tooth whitening of non-vital teeth (“Walking Bleach” technique). After covering the root filling with glass ionomer cement, the ready-to-use gel (active ingredient: 35% H₂O₂) is applied directly into a non-vital tooth, and the cavity is closed provisionally. After 1–5 days, the progress of the whitening can be evaluated and the procedure can be repeated, if necessary. The whitening gel is colorless and very stiff; you can easily apply it into the cavity, and the provisional closure is easy.

Note: Not intended for use in trauma, any sign of cervical resorption, or after multiple whitening attempts.

Procedure

1. Place a 2mm thick conventional glass ionomer or a resin modified glass ionomer to seal the endodontically treated canal. Verify set of material before proceeding.

2. Apply a layer of Opalescence Endo gel to the chamber.

3. Insert a cotton pellet inside the chamber.

4. Deliver mixed UltraTemp™ Regular filling material directly to site.

5. Easily wipe away excess with a wet cotton ball or gauze before it sets.

Finished. Repeat every 1–5 days until desired results are achieved.

Why Opalescence Endo rather than self-mixed sodium perborate paste?
Many dentists use a self-mixed paste consisting of sodium perborate and water or H₂O₂ solution to whiten non-vital teeth. This is difficult to mix and to apply; the quantity of active ingredients varies, and the paste often needs to be replaced several times. Opalescence Endo is a ready-for-use gel, it is syringe delivered and can be easily covered with provisional material. The whitening effect is very quick; often one medication suffices.

1270 Opalescence Endo Kit
2 x 1,2 ml (1,45 g) Opalescence Endo syringes
20 x Black Mini Tips

Store refrigerated.

1323 Opalescence Endo Mini Refill
2 x 1,2 ml (1,45 g) Opalescence Endo syringes

Store refrigerated.

Medical Devices for Tooth Whitening are not available in some countries of the European Community. Please ask your Dental Dealer.
For medical tooth whitening, chairside in the dental office. Opalescence Boost is an alternative, conservative method for treating dark, internal discolored teeth (compared to crowns, veneers, etc.) caused by disease, injury, or medical treatment like e.g. congenital, systemic, metabolic, pharmacological, traumatic, or iatrogenic factors such as dental fluorosis, jaundice, tetracycline, and adult minocycline stains, porphyria, trauma, and erythroblastosis fetalis. With Opalescence Boost, the dentist can treat discolorations in a very focused and effective way.

- NO LIGHT NEEDED!
- Powerful 40% hydrogen peroxide gel
- Two to three 20-minute applications for a total of 40–60 minutes of treatment time, not exceeding 3 applications in one visit
- Opalescence Boost whitening gel is designed to maximize patient comfort
- Precise delivery
- Easy to see for complete removal
- Chairside syringe-to-syringe mixing ensures maximum strength
- Opalescence Boost tooth whitening gel contains PF (potassium nitrate and fluoride)
- No refrigeration required

Medical Devices for Tooth Whitening are not available in some countries of the European Community. Please ask your Dental Dealer.
Mixing Instructions

1. Check to see that the syringes are securely attached. Depress the small clear plunger (A) into the middle small clear syringe (B) to rupture the internal membrane and combine whitening agent and activator.

2. Press the plunger of the red syringe (C) in, pushing all contents into the clear syringe (B).

3. Press the clear plunger completely back into the red syringe (C). To thoroughly mix activator with whitening gel, push stems back and forth continually with thumbs and mix a minimum of 50 times rapidly (25 times each side).

4. Press all mixed gel into the RED syringe. Separate the two syringes and attach the Micro 20 ga FX™ tip onto the red syringe. Check the flow on a cotton gauze or mixing pad prior to applying it intraorally. If resistance is met, replace the tip and recheck the flow.

IMPORTANT NOTE:
After mixing, Opalescence™ Boost™ gel is good for 10 days refrigerated. Before disposing of syringes aspirate water into the syringe and express liquid down the drain. Repeat a couple of times before disposing of the syringe. Make sure any gauzes used are rinsed with water.

WARNING:
Clinician, assistant, and patient must wear protective eyewear with side shields when mixing and applying Opalescence Boost in-office whitening.

Medical Devices for Tooth Whitening are not available in some countries of the European Community. Please ask your Dental Dealer.
Opalescence™ Quick PF 45%
WAITING ROOM WHITENER CARBAMIDE PEROXIDE

• 45% carbamide peroxide gel
• For intensive treatment of internal discolorations
• No gingival protection required
• Results after 30 minutes of treatment
• In-Office without taking up chair time
• Opalescence Quick PF tooth whitening gel contains PF (potassium nitrate and fluoride)

For medical tooth whitening, with custom trays. This method is especially appropriate when internal discolorations have to be treated intensively, e.g. after the use of tetracycline. After impressions, custom trays are made and filled with 45% carbamide peroxide gel (≈ 15% H₂O₂), and placed on the teeth. During the treatment time (about 30 min.), the patient can stay in the waiting room of the dental office. The high viscosity gel does not leach, but stays in the tray whitening the stained teeth.

Before: the teeth with dentinogenesis imperfect have a grey appearance. After 4 sessions with Opalescence Quick, the teeth are remarkably lighter.

Before: this severe tetracycline case needs a longer treatment. But the alternative would be rather opaque crowns, sacrificing a lot of tooth structure. After half a year and about 18 sessions with Opalescence Quick: a nice aesthetic result is achieved; no tooth structure had to be cut down for that!

5346 Opalescence Quick PF Refill
4 x 1,2 ml (1,50 g) Opalescence Quick PF syringes

Store refrigerated.

5348 Opalescence Quick PF Econo Refill
20 x 1,2 ml (1,50 g) Opalescence Quick PF syringes

Store refrigerated.

Before and After

Dr. Stephan Hoefer
OpalDam™ and OpalDam™ Green
LIGHT-CURED RESIN BARRIERS

• Protects soft tissue with impervious seal
• Removes easily
• Applies directly

OpalDam light-cured resin barrier is a passively adhesive (sealing) methacrylate-based resin barrier used for isolating tissue adjacent to teeth being whitened. For single-tooth whitening, it may be used to protect adjacent teeth. OpalDam resin barrier is light reflecting to minimize heat and tissue sensitivity during curing. OpalDam Green resin barrier ensures a safe, unmistakable barrier every time.

Instructions

1. Apply OpalDam resin barrier 4–6 mm wide on gingiva. Seal interproximal spaces. Overlap resin approximately 0.5 mm onto dry enamel to seal. Extend resin one tooth beyond last tooth whitened. Light cure using a scanning motion for 20 seconds.
2. Remove cured resin quickly and easily in one piece or a few large pieces. Check interproximally for retained resin. OpalDam is designed to remove easily from embrasures and undercuts.

1824 OpalDam Green Kit
4 x 1.2 ml (1.34 g) OpalDam Green syringes
10 x Micro 20 ga Tips
10 x Black Mini Tips

1825 OpalDam Green Refill
4 x 1.2 ml (1.34 g) OpalDam Green syringes

1826 OpalDam Green Econo Refill
20 x 1.2 ml (1.34 g) OpalDam Green syringes

324 OpalDam Kit
4 x 1.2 ml (1.34 g) OpalDam syringes
10 x Micro 20 ga Tips
10 x Black Mini Tips

325 OpalDam Refill
4 x 1.2 ml (1.34 g) OpalDam syringes

326 OpalDam Econo Refill
20 x 1.2 ml (1.34 g) OpalDam syringes

1. realityesthetics.com
Opalustre™ and OpalCups™
CHEMICAL AND MECHANICAL ABRASION SLURRY

White Mac Tip

OpalCups Bristle
OpalCups Finishing

- Permanently removes superficial enamel imperfections
- Provides minimally invasive, permanent treatment for fluorosis
- Low 6.6% hydrochloric acid concentration aids in removal of surface imperfections
- Silicon carbide microparticles provide gentle mechanical abrasion
- Features optimum viscosity for precise abrasion and control of the slurry
- OpalCups minimize splatter

Opalustre 6.6% hydrochloric acid slurry contains carbide microparticles to treat surface imperfections through gentle mechanical abrasion and chemical means. OpalCups are latch-type bristle polishing cups, that are used with the Opalustre slurry microabrasion technique to facilitate a more aggressive action and minimize splatter. OpalCups Finishing cups are used with Opalustre slurry for micropolishing the newly treated enamel surface.

Use Opalustre slurry and OpalCups to quickly remove unsightly enamel decalcification defects that are less than 0.2 mm in depth. Abrasion slurries are ideal for superficial white and brown demineralization due to enamel mottling from fluorosis.2

Before and After

Remove or significantly reduce mild to moderate decalcification related to orthodontic treatment with a few applications of Opalustre™ slurry. Apply with stiff bristle cups and 10:1 gear reduction handpiece with firm pressure.

Remove or significantly reduce mild to moderate decalcification with a few applications of Opalustre™ slurry.

Opalustre™ slurry contains carbide microparticles to treat surface imperfections through gentle mechanical abrasion and chemical means. OpalCups are latch-type bristle polishing cups, that are used with the Opalustre slurry microabrasion technique to facilitate a more aggressive action and minimize splatter. OpalCups Finishing cups are used with Opalustre slurry for micropolishing the newly treated enamel surface.

Instructions – Rubber Dam

1. Before.
2. After rubber dam placement, apply Opalustre slurry to discolored enamel using the syringe.
3. Use OpalCups™ Bristle cup to compress Opalustre slurry on tooth surface using medium to heavy pressure. Suction the paste from the teeth then rinse, evaluate, and repeat as necessary. Finish treatment by polishing with OpalCups™ Finishing cup.
4. After enamel microabrasion and 21 days of using Opalescence ™ whitening gel.

Instructions – OpalDam

1. Isolate mottled teeth with OpalDam resin barrier. Apply Opalustre slurry directly out of the syringe with a Black Mini™ tip.
2. Press the Cup against the surface at a slow speed.
3. Remove Opalustre slurry with an air/water spray. Please pay attention to careful vacuuming. Check to see if repeating the treatment is appropriate. Follow up with OpalCups Finishing cups.
KleerView™ CHEEK/LIP RETRACTOR

KleerView cheek and lip retractors are perfect for in-office tooth whitening, bonding, composites, and clinical photography.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1820</td>
<td>KleerView Child Size</td>
</tr>
<tr>
<td>1821</td>
<td>KleerView Adult Size</td>
</tr>
</tbody>
</table>

UltraEZ™ DESENSITIZING GEL WITH POTASSIUM NITRATE AND FLUORIDE

UltraEZ is a sustained-release 3% potassium nitrate desensitizing gel with fluoride (0.25% neutral NaF). This sustained-release formula quickly eliminates sensitivity from toothbrush abrasion, thermal and chemical changes, tooth bleaching, and root exposure.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1008</td>
<td>UltraEZ Refill 4 x 1.2 ml (1.48 g) UltraEZ syringes</td>
</tr>
<tr>
<td>1007</td>
<td>UltraEZ Econo Refill 20 x 1.2 ml (1.48 g) UltraEZ syringes</td>
</tr>
<tr>
<td>5721</td>
<td>UltraEZ Tray Combo (Upper/Lower) Each kit contains 10 blister packs w/1 upper/1 lower tray</td>
</tr>
<tr>
<td>5743</td>
<td>UltraEZ Mini Kit Each kit contains 4 blister packs w/1 upper/1 lower tray</td>
</tr>
</tbody>
</table>

IsoBlock™ BITE BLOCK

Eases TMJ strain
Designed to be comfortable for patient
Provides bilateral support with tongue restraint

These disposable IsoBlock bite blocks relax the lips and cheeks, allowing full access to facial and buccal surfaces for in-office bleaching, Class V restorations, veneers, ortho bracket cementation, etc.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>331</td>
<td>IsoBlock 10 x IsoBlocks</td>
</tr>
</tbody>
</table>

DESENSITIZING GEL WITH POTASSIUM NITRATE AND FLUORIDE

Featuring the revolutionary UltraFit™ tray

Provides immediate results
Treats sensitivity
Non-flavored gel available in syringes or disposable trays

UltraEZ Refill
UltraEZ Econo Refill
UltraEZ Tray Combo (Upper/Lower)
UltraEZ Mini Kit
realityesthetics.com
Prevent and Hygiene

Pit & Fissure Sealants
Sodium Fluoride Varnish
Fluoride Gel
Desensitizing Varnish
Toothpastes
UltraSeal XT™ hydro™
HYDROPHILIC PIT AND FISSURE SEALANT

2018 READER’S CHOICE AWARD

UltraSeal XT™ hydro hydrophilic pit and fissure sealant is a light-cured, radiopaque, fluoride-releasing composite sealant. It is stronger and more wear resistant because it is a 53%-filled resin and has less polymerization shrinkage than competitive products. The spiral brush action of the tip causes shear thinning of the thixotropic UltraSeal XT hydro sealant. The resin stops-flowing when shear thinning ceases and placement is complete, preventing it from running before it can be light cured. The advanced hydrophilic chemistry works when all visible moisture has been removed, UltraSeal XT hydro sealant is more forgiving of moisture deep inside pits and fissures.

Procedure

1. Etch and rinse.
2. Lightly air dry the tooth to remove standing/pooled/puddled water. Do not desiccate the tooth.
3. Place UltraSeal XT hydro sealant.
4. Cure for 3 seconds with VALO™ LED curing light on Xtra Power mode.

Marginal Retention and Microleakage*

UltraSeal XT hydro Sealant

- It is hydrophilic before it is cured, hydrophobic once cured, and has a self-adhesive quality
- Advanced adhesive technology
- Fluoresces under black light to ensure sealant is still in place
- Highly filled resin (53%)
- Thixotropic/ideal viscosity
- Two shades: Opaque White and Natural

Competitor Hydrophilic Sealant

- No microleakage. Sealed margins.
- Microleakage. Peeling from margins.

* Date on file: 1. realityesthetics.com
Before and After

Before.

After.

After placing a sealant, it is often difficult to check margins and retention. UltraSeal XT™ hydro sealant addresses that difficulty with added fluorescent properties. Fully viewable under a black light, the sealant’s fluorescence allows you to check the integrity of the sealant at the time of placement and at subsequent visits.

**WATER ABSORPTION***

<table>
<thead>
<tr>
<th></th>
<th>UltraSeal™ XT hydro™</th>
<th>Competitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>56.7 µg/mm²</td>
<td>100.3 µg/mm²</td>
</tr>
</tbody>
</table>

Balanced water absorption allows forgiveness in moist environments without degradation.

**DEGRADATION***

<table>
<thead>
<tr>
<th></th>
<th>UltraSeal™ XT hydro™</th>
<th>Competitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.0 µg/mm³</td>
<td>122.3 µg/mm³</td>
</tr>
</tbody>
</table>

No degradation as a result of balanced water absorption.

* Date on file.
UltraSeal XT™ plus
HYDROPHOBIC PIT AND FISSURE SEALANT

20181

• High retention rate2
• Direct delivery into difficult-to-access areas
• Bubble-free, drip-free placement
• High marginal retention prevents microleakage
• Penetrates deepest pits and fissures
• Four shades

UltraSeal XT plus hydrophobic pit and fissure sealant is a light-cured, radiopaque, fluoride-releasing composite sealant. It is stronger and more wear resistant because it is a 58%-filled resin and has less polymerization shrinkage than competitive products. The spiral in the Inspiral Brush tip causes shear thinning of the filled, thixotropic resin, reducing its viscosity as it is placed. The resin firms up when shear thinning ceases and placement is complete, preventing the resin from running before it can be light cured. Using PrimaDry™ drying agent with UltraSeal XT plus sealant enhances penetration into pits and fissures3 by eliminating moisture that can cause failure in hydrophobic sealants.

Before and After

Before.

After UltraSeal XT plus sealant.

Before.

After UltraSeal XT plus sealant.

Procedure

1. Etch for 30 seconds on uncut enamel, 15 seconds on cut enamel. Rinse.

2. Remove visible moisture. PrimaDry™ drying agent will desiccate.

3. Apply PrimaDry agent for 5 seconds with Black Micro™ FX™ tip, then air dry.

4. Place UltraSeal XT plus sealant.

5. Cure for 3 seconds with VALO™ curing light on Xtra Power mode or 10 seconds on Standard Power mode.

Prevent and Hygiene

Physical Property Comparison

<table>
<thead>
<tr>
<th></th>
<th>Shear Bond</th>
<th>Shrinkage</th>
</tr>
</thead>
<tbody>
<tr>
<td>UltraSeal XT plus</td>
<td>42.7 MPa</td>
<td>5.98%</td>
</tr>
<tr>
<td>UltraSeal XT hydro</td>
<td>39.43 MPa</td>
<td>6.13%</td>
</tr>
<tr>
<td>Hydrophilic Competitor</td>
<td>31.21 MPa</td>
<td>6.68%</td>
</tr>
<tr>
<td>Hydrophobic Competitor 1</td>
<td>32.37 MPa</td>
<td>6.53%</td>
</tr>
<tr>
<td>Hydrophobic Competitor 2</td>
<td>25.32 MPa</td>
<td>7.36%</td>
</tr>
</tbody>
</table>

High shear bond strength is essential for retaining the sealant under normal use.

<table>
<thead>
<tr>
<th></th>
<th>Hardness</th>
</tr>
</thead>
<tbody>
<tr>
<td>UltraSeal XT plus</td>
<td>27.6 HK</td>
</tr>
<tr>
<td>UltraSeal XT hydro</td>
<td>31.9 HK</td>
</tr>
<tr>
<td>Hydrophilic Competitor</td>
<td>20.6 HK</td>
</tr>
<tr>
<td>Hydrophobic Competitor 1</td>
<td>18.7 HK</td>
</tr>
<tr>
<td>Hydrophobic Competitor 2</td>
<td>20.4 HK</td>
</tr>
</tbody>
</table>

High hardness indicates a strong, durable sealant that won’t break away or wear down.

PrimaDry™
DRYING AGENT

PrimaDry™ drying agent is optimal for pit and fissure drying and preparation. It contains 99% organic solvents and 1% primer. PrimaDry™ drying agent rapidly volatilizes moisture content of pits and fissures after rinsing off etchant with water spray and air drying. The ultrafine primer film allows UltraSeal XT™ plus sealant to flow perfectly into every pit and fissure. It is also useful prior to placing composite repairs. Do not use on dentin.
MORE THAN JUST GREAT TASTE!

Enamelast fluoride varnish has been proven to have both a high fluoride release and a high fluoride uptake. And with a patented adhesion-promoting agent that enhances retention, you can be sure that your patients are receiving the full benefits of a fluoride varnish.
Prevent and Hygiene

**Enamelast™**
**FLUORIDE VARNISH**

- Patented adhesion-promoting agent for enhanced retention
- Superior fluoride release and uptake
- Smooth, non-gritty texture
- Nearly invisible appearance
- Nut free and gluten free

Enamelast fluoride varnish is a flavored, xylitol-sweetened, 5% sodium fluoride in a resin carrier. Its unique formula is made with a patented adhesion-promoting agent for enhanced retention, while providing superior fluoride release and uptake. Available in syringe applications in Walterberry™ flavor and unit-dose applications in Walterberry, Cool Mint, Bubble Gum and new Caramel flavours.

Enamelast fluoride varnish produces a mechanical occlusion of the dentinal tubules in the treatment of tooth hypersensitivity. The AAPD recommends fluoride varnish for use as a preventative adjunct to reduce the risk of caries.1 The use of fluoride varnish for caries prevention has also been endorsed by the ADA.2-5

---

**Before and After**

Before Enamelast fluoride varnish.

Immediately after applying Enamelast fluoride varnish.

**FLUORIDE UPTAKE (µg F/cm³)²**

<table>
<thead>
<tr>
<th>Enamelast™ Varnish</th>
<th>696 ± 82</th>
</tr>
</thead>
<tbody>
<tr>
<td>3M Vanish™*</td>
<td>-21 ± 24</td>
</tr>
</tbody>
</table>

**FLUORIDE RELEASE (µg/cm³)²**

<table>
<thead>
<tr>
<th>Enamelast™</th>
<th>≥ 2314 ± 185</th>
</tr>
</thead>
<tbody>
<tr>
<td>VOCO Profliurd®**</td>
<td>-</td>
</tr>
<tr>
<td>Dentsply NUPRO™**</td>
<td>-</td>
</tr>
<tr>
<td>3M Vanish™*</td>
<td>-</td>
</tr>
</tbody>
</table>

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4. Due to formula variations, actual results may be greater than represented data.
Prevent and Hygiene

4521 Enamelast Walterberry Syringe Kit
   2 x 1.2 ml syringes
   4 x SoftEZ Tips

4523 Enamelast Walterberry Syringe Econo Kit
   20 x 1.2 ml syringes

4518 Enamelast Walterberry Unit-Dose Econo Kit
   50 x 0.4 ml unit doses

4344 Enamelast Orange Cream Unit-Dose Econo Kit

4353 Enamelast Cool Mint Unit-Dose Econo Kit

4363 Enamelast Bubble Gum Unit-Dose Econo Kit

4819 Enamelast Caramel Unit-Dose Econo Kit
   50 x 0.4 ml unit doses

4528 Enamelast Walterberry 200pk

4343 Enamelast Orange Cream 200pk

4352 Enamelast Cool Mint 200pk

4362 Enamelast Bubble Gum 200pk

4822 Enamelast Caramel 200pk
   200 x 0.4 ml unit doses

4821 Enamelast Unit-Dose 200pk - Variety Pack
   200 x 0.4 ml unit doses (50 each flavor: Walterberry, Caramel, Cool Mint, Bubble Gum)

4368 Enamelast Unit-Dose 200pk - Variety Pack
   200 x 0.4 ml unit doses (50 each flavor: Walterberry, Orange Cream, Cool Mint, Bubble Gum)

4529 Enamelast Application Brushes 200pk
   200 x Application Brushes
SoftEZ™ Tip

- Facilitates easy interproximal application
- Tip fibers provide visible, controlled delivery
- Brush fibers facilitate smooth application

Optimal with: Enamelast Syringes

<table>
<thead>
<tr>
<th>4712</th>
<th>50 pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>4711</td>
<td>100 pk</td>
</tr>
</tbody>
</table>

Ultradent™ Universal Dentin Sealant
FOR TRANSIENT ROOT SENSIVITY

- Quick application - paint and dry
- Great for hygienists’ “tool box”
- Ideal following scaling and root planing
- Temporary blockage of tubules

Ultradent Universal Dentin Sealant is a biocompatible, nonpolymerizable, high-molecular-weight resin in a volatile organic solvent.

Coat sensitive roots with Ultradent Universal Dentin Sealant to seal tubules and reduce discomfort after root planing or scaling.

Ultradent Universal Dentin Sealant covers dentin with a protective seal. Both surfaces have been conditioned with phosphoric acid for 20 seconds; SEM on the right was sealed first with Ultradent Universal Dentin Sealant.

<table>
<thead>
<tr>
<th>265</th>
<th>Ultradent Universal Dentin Sealant Kit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 x 1.2 ml (1.08 g) syringes</td>
</tr>
<tr>
<td></td>
<td>20 x Black Mini Brush Tips</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>266</th>
<th>Ultradent Universal Dentin Sealant Refill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 x 1.2 ml (1.08 g) syringes</td>
</tr>
</tbody>
</table>

NOTE: Ultradent Universal Dentin Sealant is NOT a bonding agent. As a bonding agent we recommend Peak Universal Bond. If base or liner is needed, use Ultra-Blend™ plus liner. Check Etch/Bond section.
Opalescence™ Whitening Toothpaste

**ORIGINAL & SENSITIVITY RELIEF**

- Unique tri-silica blend actively removes surface stains
- Safe for long term daily use
- Removes surface stains to lighten teeth up to two shades in just one month
- Contains sodium fluoride to help prevent cavities and strengthen enamel
- Exceptional fluoride uptake
- 90 RDA for maximum enamel, dentin, and restoration protection

The Opalescence™ whitening family is the leader in tooth whitening. Part of that product family is Opalescence™ Whitening Toothpaste, which was developed by a dentist. It actively removes surface stains and is gentle enough to use every day, thanks to its unique tri-silica blend.

- Three kinds of exotic mint are blended into a fresh, clean, cool flavor
- The sweetness of Xylitol has been added, which may reduce the risk of tooth decay
- Our Sensitivity Relief formula provides all the whitening benefits of the Original, with the added benefit of maximum strength 5% potassium nitrate

**Relative dentin abrasion**

<table>
<thead>
<tr>
<th>Toothpaste Type</th>
<th>Abrasion Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opalescence™ Whitening</td>
<td>90</td>
</tr>
<tr>
<td>Colgate Total™ Advanced</td>
<td>183</td>
</tr>
<tr>
<td>Crest® Pro Health Whitening</td>
<td>197</td>
</tr>
</tbody>
</table>

Has lower abrasiveness than other leading whitening toothpastes.

**Before and After**

Opalescence™ Whitening Toothpaste removes surface stains to lighten teeth two shades in just one month.

**402 Opalescence Whitening Original Toothpaste**
- 3470 Opalescence Whitening Sensitivity Toothpaste
  - 24 x 20 ml (28 g) tubes

**401 Opalescence Whitening Original Toothpaste**
- 3470 Opalescence Whitening Sensitivity Toothpaste
  - 12 x 100 ml (133 g) tubes

Preparation

- Caries Indicators
- Intercoronal Brush
- Rubber Dam
- Caulking and Putty Pastes
- Disposable Matrices
- Sectional Matrices
- CHX Antibacterial Slurry
Seek and Sable Seek caries indicators stain demineralized dentin and can be very useful for difficult to see areas, for example; undercuts of preparations, dark dentin, areas along the DE (Dentine Enamel) junction, etc. Both Seek and Sable Seek caries indicators can provide a fast, effective way to locate calcified root canal orifices. Green Sable Seek caries indicator helps visualization of decay in deep caries cases to help avoid pulp exposures.

**Procedure**

1. Apply Sable Seek indicator with Black Mini Brush tip.
2. Rinse with air/water and suction. Carious dentine is easily identified.
3. Remove green-black color (carious dentin) with slow-speed round bur or excavator. To control overexcavating near the pulp, remove final portion of caries with hand excavator.

---

1. realityesthetics.com
The InterGuard proxitector ensures a faster, safer preparation by protecting the adjacent tooth from iatrogenic damage.\textsuperscript{2} Stable curls at each end leave transition angles clear for full access. The InterGuard proxitector is great for tunnel preparations and protecting the adjacent tooth during air abrasion.

```
3097  InterGuard Kit
      5 x each 4.0 mm and 5.5 mm

4016  InterGuard 4.0 mm Refill
4017  InterGuard 5.5 mm Refill
      10 x InterGuards

4011  InterGuard 4.0 mm Econo Refill
4012  InterGuard 5.5 mm Econo Refill
      50 x InterGuards
```

Turn curls to face tooth to be prepared. Tie a length of dental floss through hole, as shown, to prevent patient from swallowing the InterGuard proxitector.

Ally, from Texas — a project manager, runner, and softball player — always smiles because of her naturally happy personality. Opalescence™ PF take-home whitening in comfortable custom trays with 10% or 16% carbamide peroxide has flexible wear times so she can keep her smile bright. Its sticky viscous gel composition with 20% water content ensures less dehydration and sensitivity. A brighter smile is sure to bring out your patient’s personality. That’s the power of a smile.

Find out more about cosmetic tooth whitening at opalescence.com/eu.
Omni-Matrix™ Sectional
MATRICES AND RETAINER CLAMPS

- Creates restorations with natural anatomy
- Thin, flexible bands easily conform to any surface
- No special matrix pliers required
- One clamp fits all teeth
- Clamps are stackable

Omni-Matrix Sectional bands conform to the natural anatomy of the tooth, while the clamp tines provide multiple contact points. The specialized band contour ensures the edge of the matrix will not catch on the gingival margin during placement. The retainer clamps stack easily, allowing both sides of the tooth to be held in a matrix at the same time. The retainer can be placed with any rubber dam forceps or sectional matrix forceps. The bands are interchangeable with all brands of sectional retainers.

Instructions

1. Begin restoration.
2. Place matrices then wedge.
3. Place retainer clamp.

Constant Radius vs. Reverse Curve

Traditional sectional matrices often catch on the gingival margin. This prevents you from being able to position the matrix readily and often deforms it.

The Omni-Matrix Sectional system was created with the natural contour of the tooth in mind, eliminating the problems experienced with traditional systems.

318  Omni-Matrix Sectional Kit
4 x Matrix clamps
160 x Matrix bands (40 x each Regular, Regular Extended, Large, and Large Extended bands)

317  Omni-Matrix Sectional Clamps
4 x Matrix clamps

304  Regular Matrix Bands

305  Regular Extended Matrix Bands
40 x Matrix bands

309  Large Matrix Bands
316  Large Extended Matrix Bands
40 x Matrix bands
The Omni-Matrix disposable retainer and matrix is a superior circumferential matrix band solution. It’s a simple restorative tool designed to perfectly customize to any preparation. The band’s circumference can be easily adjusted simply by twisting the handle and the pivoting head allows it to access any quadrant of the mouth. Once the restoration is complete, the Omni-Matrix band easily releases without disturbing the restorative material.

- Innovative shape allows procedural visibility and patient comfort
- Ultra-thin burnishable stainless steel adapts to all preparations
- Unique winged and wingless styles meet individual case needs
- Aseptic disposable design saves you time and money

---

**Stainless Steel**

<table>
<thead>
<tr>
<th>Diameter</th>
<th>Item Code Wingless 48pk</th>
<th>Item Code Winged 48pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.5 x 0.025 mm</td>
<td>7701</td>
<td>8801</td>
</tr>
<tr>
<td>6.5 x 0.038 mm</td>
<td>7702</td>
<td>8802</td>
</tr>
<tr>
<td>5.2 x 0.038 mm</td>
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**Mylar**

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<tr>
<td>6.5 x 0.064 mm</td>
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OraSeal™
CAULKING AND PUTTY

- Adheres under water and saliva
- Provides a protective seal against gingival exposure to peroxide, hydrofluoric acid
- Ideal for blocking out unwanted spaces for impressions
- Effectively adheres to wet rubber dams, tissue, teeth, and metal
- Stiffer Putty compared to Caulk to meet clinical preferences

OraSeal Caulking material can seal leaks in a rubber dam, even when submerged. Apply around border, then cross-cross over hole until seal is complete.

Use OraSeal Caulking material when an adequate seal is difficult to obtain. It may also be used to repair rubber dam leaks. It seals the rubber dam when performing a porcelain repair, protecting gingiva from hydrofluoric acid. Deliver into undercut and below implant bars, precision attachments, etc. to prevent cold cure acrylic or impression material from locking into empty spaces. Fill in gingival embrasures of splints and bridges to facilitate easy cleanup of permanent cement. Also used to fill in screw holes on implant supraconstruction prior to making impressions. OraSeal Putty material can perform the same functions, but it has a stiffer consistency, which some doctors prefer.

Procedure

Apply OraSeal Caulking material with Black Mini or White Mac delivery tips to prevent leakage of rubber dam during treatment. Shape with wet gloved finger, wet cotton swab, or instrument. Procedure can then be performed in a clean, dry field.

Uses for OraSeal

- Ensure rubber dam seal when using strong peroxide for vital whitening, or when porcelain etching with hydrofluoric acid.
- Block out undercuts below and around prosthetic implant clip. Flexing component of clip is covered with Putty to accommodate clip flexure during insertion and removal.
- Ensure moisture control when bonding lower orthodontic brackets. Seal with Caulking or Putty to prevent saliva from seeping through embrasures and contaminating the area.
- Block out large interproximal spaces for easy and distortion-free removal of impression.
- Use under fixed partial or implant bar prior to making an impression.
- Use as a block-out medium prior to anchoring attachments, clips, etc. with cold cure acrylic.

OraSeal Caulking Kit
1 x 1.2 ml (1.28 g) OraSeal Caulking syringe
1 x 1.2 ml (1.44 g) OraSeal Putty syringe
4 x Black Mini Tips
20 x White Mac Tips

OraSeal Caulking Refill
4 x 1.2 ml (1.28 g) syringes

OraSeal Caulking Econo Refill
20 x 1.2 ml (1.28 g) syringes

OraSeal Putty Kit
4 x 1.2 ml (1.44 g) syringes

OraSeal Putty Refill
20 x 1.2 ml (1.44 g) syringes

OraSeal Putty Econo Refill
20 x 1.2 ml (1.44 g) syringes

DermaDam™ RUBBER DAM

- Low dermatitis potential
- Strong and tear resistant
- Powder free to reduce allergic reactions

DermaDam rubber dam is made from pure latex rubber and is powder free, which reduces the possibility of latex reactions. Quality processing ensures a low content of surface proteins.

DermaDam™ Synthetic DENTAL DAM

Zero sensitizing proteins

DermaDam Synthetic dental dam is not made with natural rubber latex, but is designed to be just as flexible and durable as dams that are composed of natural rubber latex.

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<td>DermaDam Medium - 0.20 mm Refill</td>
<td>36 x</td>
<td>DermaDam Medium (15 cm x 15 cm)</td>
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<td>DermaDam Heavy - 0.25 mm Refill</td>
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Consepsis™ Scrub
CHLORHEXIDINE ANTIBACTERIAL SLURRY

- Reduces post-op sensitivity
- Does not compromise bond strength
- Comes in a nonsplatter formula
- Use to clean prior to crown cementation or around ortho brackets
- Use with STARbrush brush prior to sealant placement

Consepsis Scrub antibacterial slurry is a lightly flavored 2.0% chlorhexidine gluconate (relative to liquid component) disinfecting scrub. Instead of powdered pumice, which may contain several trace impurities from volcanic ash, Consepsis Scrub slurry uses inert, finely ground Pyrex® glass as an abrasive scrub.

NOTE: Never use prophy paste for prep cleaning, as it contains several potentially contaminating ingredients.

Use Consepsis Scrub slurry for removing residual temporary cement prior to permanent cementation and for removing debris. Scouring with a quality antibacterial prior to restoring minimizes the potential for post-op sensitivity associated with an influx of microorganisms into dentinal tubules.

Procedure

Use Consepsis Scrub with a rubber cup or the STARbrush (shown here) to remove residual cement.

Before and After

730 Consepsis Scrub Kit
- 4 x 1.2 ml (1.89 g) syringes
- 2 x STARbrush
- 20 x White Mac Tips

689 Consepsis Scrub IndiSpense Syringe
- 1 x 30 ml (47.31 g) syringe

NOTE: Evidence demonstrates that you can further reduce post-op sensitivity by sealing dentin before cementation. Use PermaFlo™ DC luting resin.

STARbrush™
INTERCORONAL BRUSH

- Effectively cleans in hard-to-reach areas
- Tight fibers help to prevent messes and apply appropriate pressure
- Great for cleaning pits and fissures with Consepsis™ Scrub antibacterial slurry prior to sealants

1091 STARbrush 30pk
1092 STARbrush 50pk
1093 STARbrush 100pk

*This tradename belongs to a company other than Ultradent. 1. realityesthetics.com
Tissue Management

MICHAEL JOHNSON
Calf Creek, Utah

Ferric Sulfate Hemostatics
Aluminum Chloride Gel
Brush Tips
Retraction Cords
Packing Instruments
Auxiliaries
Tissue Management

For Hemostasis and Fluid Control

For more than 40 years dentists have trusted the immediate hemostatic power, detailed margins, and elimination of surface bleeding and sulcular fluid provided by using Ultradent’s tissue management products. Our complete line of solutions continuously sets the standard for superior control and predictability while offering dentists fast, reliable, and affordable products.

Unparalleled tissue management starts with rapid, profound hemostasis. To control bleeding and sulcular fluid, no one offers a more complete line of solutions.

Reduce cross-contamination and need for sterilizing by loading unit dose directly from IndiSpense syringe.

Tissue management is key to quality direct and indirect restorations

1. Burnish hemostatic agents firmly against sulcus until bleeding stops and no more coagulum forms.

2. Using the Dento-Infusor™ tip with padded scrub brush, scrub firmly to infuse hemostatic and clean cut sulcus.

3. Apply firm air/water spray to remove residual coagulum and test tissue for quality, profound hemostasis. If bleeding continues, repeat infusion technique.

4. After complete hemostasis has been reached, excellent retraction is achieved using Ultrapak™ knitted cord placed with the Ultrapak™ packer.

“\We have many products and procedures in dentistry that are technique sensitive - tissue management is especially so. Done right, it’s gorgeous! You see results almost immediately. Done wrong, the bleeding doesn’t stop, and you end up with that awful coagulum everywhere.”

DR. DAN FISCHER

Ferric Sulfate - Active Hemostasis

The patented formula of ViscoStat™ hemostatic protects tissues even with low pH. Note: ViscoStat will not remove dental smear layer, resulting in less tooth sensitivity even after 10 minutes of exposure.

Contralateral molars removed for maxillofacial surgery. Crowns fabricated by same technician. Different dentists made impressions.

GOOD T.M. BAD T.M.
**Dento-Infusor™ Tips**

Using the correct tip is essential to achieving profound, dependable hemostasis and sulcular fluid control.

Hemostatic agents are only as good as their delivery systems. Dento-Infusor™ Tips infuse hemostatic agents into bleeding capillaries. The padded brush end rubs the agent into capillaries and wipes coagulum away. The result is a clean, dry preparation ready for impressions.

As a rule, the Metal Dento-Infusor™ is the tip of choice for use with ViscoStat™, ViscoStat™ Clear, and Astringedent™ hemostatic agents. It can be used with enough pressure to infuse the capillaries with the hemostatic agent. If only control of sulcular fluid is required, the softer tip end of the plastic Blue Mini™ Dento-Infusor™ tips may be gentler on the newly healed epithelium at the time of bonding subgingival definitive restorations.

Both infusors allow hemostatic agents to be scrubbed into the tissue in a targeted and sparing way, which is not possible with other means such as cotton pellets, micro brushes and special brushes.

**Metal Dento-Infusor™ Tip**

The unique shape and brush end of Ultradent Dento-Infusor™ Tips are optimal for delivering hemostatic agents into cut tissue.

- Places hemostatic agents precisely and effectively removes superficial coagulum
- Blunt, bent cannula with padded brush enables gentle pressure on the sulcus
- Ultradent’s first tip, the “MDI” remains paramount for successful tissue management


<table>
<thead>
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<th>Quantity</th>
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**Blue Mini™ Dento-Infusor™ Tip**

- Offers the same tissue management benefits as the Metal Dento-Infusor Tip
- Allows controlled flow of drop-sized quantities

Optimal with: Astringedent and Astringedent X hemostatic.

<table>
<thead>
<tr>
<th>Item Code</th>
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<td>100 pk</td>
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<td>1440</td>
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</tbody>
</table>
Tissue Management

For Impression Making

An astringent is a substance that eliminates permeability of epithelium to tissue fluid flow. The result is a dry field, an important tissue management solution for 21st century adhesive technology. An ideal impression for successful crowns and bridges must accurately capture the preparation margins. This can be ensured only through reliable hemostasis and gingival displacement.

1. BLEEDING
Subgingival preparation with bleeding.

2. HEMOSTASIS
Burnish Astringedent™ X hemostatic firmly against bleeding tissues with Metal Dento-Infusor™ tip.

3. CLEANING/TESTING
Firm air/water spray removes residual coagulum and tests tissue for quality, profound hemostasis.

4. DISPLACEMENT
Ultrapak™ knitted cord is soaked in ViscoStat™ hemostatic, pack, and leave for 1–3 minutes.

5. DRYING/TESTING
Remove Ultrapak knitted cord, follow with a firm air/water spray and dry.

6. MAKE IMPRESSION
Deliver VPS impression material.

7. RESULT
Predictable quality impressions.

For Vital Pulpotomy in Primary Teeth – Expanded Application

1. HEMOSTASIS
Control bleeding. Use Dento-Infusor™ Tip with ViscoStat™ or Astringedent™ hemostatic.1-4

2. ANTIMICROBIAL
Apply a sustained antibacterial like ZOE in a thin layer.

3. EUGENOL BARRIER
Create a eugenol barrier.* Apply a thin layer of Ultra-Blend™ liner plus because eugenol inhibits most resin polymerization.

4. ETCH
Apply Ultra-Etch™ phosphoric acid or Peak™ SE primer.

Note: Apply ZOE (Zinc Oxide Eugenol) and Ultra-Blend™ plus liner in minimal thickness to keep maximum dentin available for bonding.

5. BOND
Apply Peak™ Universal Bond adhesive.

6. RESTORE
Use flowable and/or paste composite as desired.

Note: Remove all hemostatic and extraneous coagulum prior to placement of the thin layer of ZOE (Zinc Oxide Eugenol).

For Direct Bonding

1. MICROLEAKAGE
Several Class V restorations were performed on these anterior teeth 2 months prior. Inadequate tissue management or inadequate removal of hemostatic and/or blood contaminants resulted in microleakage on maxillary right central incisor.

3. ISOLATION
Isolate tissues with Ultrapak cord soaked in hemostatic solution. Firmly air/water spray/rinse excess hemostatic from the cord, tissues, and tooth surfaces to prevent contamination and resultant leakage.

4. RESTORATION
Replaced Class V restoration 3 months post-op.

For Indirect Bonding (Luting)

1. PROVISIONAL REMOVED
Well-healed tissue 2 weeks post-op.

2. CONTAMINATION
Sulcular fluids contaminate bonding materials/preparation when not controlled.

3. SEAL/DRY
Seal epithelium by gently rubbing with ViscoStat™ hemostatic and Blue Mini™ Dento-Infusor™ Tip.

4. PREP SCOVERED
Scour off hemostatic agent and residual temporary cement with Consepsis™ Scrub, prepare site for application of any dentin bonding agent, including self-etching systems.

5. WASH/DRY
Wash and dry. Tissue stays dry.

6. SEAT RESTORATION
Preparation ready for final cementation.

Note: perfect sulcular fluid control is mandatory if bonding and luting is adjacent to gingival sulcus.¹

Indirect Veneer Retraction

1. RETRACTION
Packing Ultrapak cord quickly displaces tissues and improves access for indirect veneer luting.

ViscoStat™
20% FERRIC SULFATE

- Creates profound hemostasis
- Stops bleeding in seconds, saving chair time
- Does not impede hard or soft tissue healing
- Eliminates sulcular fluid contamination for optimal bonding
- Decreases costly impression remakes

ViscoStat hemostatic is a 20% ferric sulfate equivalent hemostatic agent with inert binding agents in a viscous, aqueous solution. It contains patented, fumed silica to limit the acidic activity, making it kind to hard and soft tissue.

This hemostatic solution is suited for a variety of dental and oral surgery procedures to arrest surface capillary bleeding. Such procedures include fixed prosthodontics, restorative-operative, periodontal treatment, etc. ViscoStat hemostatic is also recommended for retrofillings, canine impactions, gingivectomies, and as a “fixative” for pulpotomies.

Tip: Prevent leakage caused by sulcular fluid contamination during direct bonding procedures. Soak an Ultrapak™ knitted cord in hemostatic and isolate the tissues. Follow with a firm air/water spray.

Note: Do not use epinephrine preparations with ferric sulfate products (ViscoStat, Astringedent) as blue/black precipitate will occur.
5. Place a dental dam; then remove residual caries. Treat exposed pulp if necessary. Etch and bond with Peak Universal Bond adhesive.

For Challenging Cases

1. Old, fractured amalgam filling. Patient has been chewing on fragments for months, leaving gingiva inflamed.

2. Remove old amalgam. Keep the caries as a barrier for the time being, in case pulp is exposed.

3. Expose gingival margin of restoration before placing a rubber dam. Move to step 4, if necessary, to improve visibility.

4. If necessary, achieve profound hemostasis by applying ViscoStat™ hemostatic or Astringedent™ X hemostatic with brush end of Metal Dento-Infusor™ tip.

5. Place a dental dam; then remove residual caries. Treat exposed pulp if necessary. Etch and bond with Peak Universal Bond adhesive.

6. DO NOT wedge matrix band until first layer of composite has been placed.

7. CORRECT: First, place matrix band to create a gingival barrier; then place first layer of composite. Optional. Etch and bond after placing matrix band, and then place first layer of composite.

8. Wedge after first layer. Loosen matrix band and contour for good interproximal contact. Place an initial adaptive layer with a flowable composite (PermaFlo™ composite) and fill cavity with one of our quality composites.
Astringedent™
15.5% FERRIC SULFATE

Listed as a “CAN’T LIVE WITHOUT” product by a prominent independent research institute.²

• The “Classic” hemostatic agent
• Stops bleeding in seconds
• Eliminates sulcular fluid contamination for optimal bonding
• Decreases costly impression remakes

Astringedent hemostatic is an aqueous 15.5% ferric sulfate hemostatic solution with a pH of ~1.0.

“Highly recommended as effective and easy to use for control of bleeding, tissue management, and pulpotomies. Rating+++++.”²

Astringedent hemostatic solution is well suited for a variety of dental and oral surgery procedures to arrest bleeding. Astringedent hemostatic can be used to prevent leakage caused by sulcular fluid contamination during direct bonding procedures.

Astringedent™ X
12.7% IRON SOLUTION

• Quickly and effectively treats difficult-to-stop bleeding
• Is less acidic than competitive iron subsulfate solutions

Astringedent X hemostatic is an aqueous 12.7% iron solution that contains equivalent ferric sulfate and ferric subsulfate that works fast.

Note: Diluted Astringedent X hemostatic does not equal ViscoStat or Astringedent hemostatics.

Use when a stronger, more potent hemostatic is required and when the attainment of quality hemostasis may be more challenging (e.g. in cases of difficult-to-stop, problem bleeding).

Astringedent™ Spot Remover
CLEANING SOLUTION

Astringedent Spot Remover is designed to remove ViscoStat hemostatic, Astringedent hemostatic, and Astringedent X hemostatic stains that will not come out of clothing with soap and water. Not for intraoral use.

Note: ViscoStat™ and Astringedent hemostatic agents are more viscous and should be used with a Metal Dento-Infusor™ tip, as there is less flow through plastic Blue Mini™ Dento-Infusor™ tip. The plastic Dento-Infusor tip should be used when you are dealing with newly healed epithelium, as the softer tip is slightly less aggressive.

1. realityesthetics.com.
ViscoStat™ Clear
25% ALUMINUM CHLORIDE

ViscoStat Clear is a 25% aluminum chloride gel in a viscous, aqueous solution. Its patented tissue-kind silica formula temporarily eliminates minor bleeding. No coagulum is formed, nor does residue adhere to the preparation, which is especially critical in the “esthetic zone.” ViscoStat Clear will not stain the hard or soft tissues.

ViscoStat Clear is intended for sulcus retraction prior to impression making and to control bleeding and gingival oozing in restorative and operative dentistry. It is designed to be used with or without gingival retraction cord and/or the Dento-Infusor™ Tip. The gel facilitates the insertion of the cord into the sulcus.

• Does not discolor the gingiva
• Stops minor bleeding in the esthetic zone
• Rinses easily
• Viscous gel
• Does not interfere with bonding

Procedure

1. Subgingival preparation and bleeding sulcus.
2. Rub hemostatic firmly against bleeding tissues with the Metal Dento-Infusor™ tip. The clear gel allows easy visibility and rinses away quickly.
5. Finished restoration 2 weeks post-op. Facilitates great control in esthetic zone with no gingival stain.

ViscoStat™ Clear

6408 ViscoStat Clear IndiSpense Syringe
1 x 30 ml (38.52 g) syringe
20 x Metal Dento-Infusor Tips

6409 ViscoStat Clear Dento-Infusor Syringe Kit
4 x 1.2 ml (1.42 g) syringes
20 x Metal Dento-Infusor Tips

6407 ViscoStat Clear Dento-Infusor IndiSpense Syringe Kit
1 x 30 ml (38.52 g) IndiSpense syringe
20 x Metal Dento-Infusor Tips
20 x 1.2 ml empty syringes

Tissue Management

Ultrapak™ KNITTED CORD

- The original knitted cord
- Provides rapid tissue displacement, detailed margins for quality impressions
- Facilitates easy packing and stays in place better than twisted or braided cord
- Compresses upon packing then expands for optimal retraction
- Does not entangle in diamond bur
- Bright colors facilitate easy identification and removal

Ultrapak™ cord is made of 100% cotton which has been knitted into thousands of tiny loops to form long, interlocking chains. This unique knitted design exerts a gentle, continuous outward force following placement as the knitted loops seek to open. Optimal tissue displacement occurs in 1–3 minutes.

Ultrapak™ cord can also be used to deliver ferric sulfate solutions subgingivally for sulcular fluid control. Ultrapak™ cord is designed to enhance tissue management techniques, that use ViscoStat™ or Astringedent™ hemostatics. Conventional techniques using alum, aluminum chloride, etc. are also enhanced when using Ultrapak™ cord plain knitted cords, which carry significantly greater quantities of hemostatic solution than conventional cords.

THE ONE WITH THE STRIPE!™
With easy packing, excellent absorption, and exceptional retention, the proprietary knitted design of the Ultrapak cord has been the preferred choice for years.

Listed as a “CAN’T LIVE WITHOUT” product by a prominent independent research institute.¹

Ultrapak™ Competitor Absorption Comparison

Data shows Ultrapak™ knitted cord vs. leading competitors’ absorption abilities.*

<table>
<thead>
<tr>
<th>Product</th>
<th>Ultrapak™</th>
<th>GingiBraid™**</th>
<th>GingiKnit™**</th>
<th>GingiPak® Z Twist™**</th>
<th>SiliTrax® Plain**</th>
<th>Sure-Cord™**</th>
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Each bottle contains 244 cm of cord.

### Tissue Management

#### 9330 Ultrapak™ Kit
- 1 x Each #00, 0, 1, and 2 cord
- 1 x Ultrapak organizer

#### #000
- Lower cord in the “double-cord” technique
- Anterior teeth
- Double packing

#### 9331 Ultrapak™ Cord #000 Refill

#### #00
- Preparing and cementing veneers
- Restorative procedures dealing with thin, friable tissues

#### 9332 Ultrapak™ Cord #00 Refill

#### #0
- Lower anteriors
- When luting near gingival and subgingival veneers
- Class III, IV, and V restorations
- Upper cord for use with the “double-cord” technique

#### 9333 Ultrapak™ Cord #0 Refill

#### #1
- Non-impregnated #1 and #2 sizes are particularly effective for tissue control and/or displacement when soaked in coagulative hemostatic solution prior to and/or after crown preparations
- Protective “pre-preparation” cord on anteriors

#### 9334 Ultrapak™ Cord #1 Refill

#### #2
- Upper cord for “double-cord” technique
- Protective “pre-preparation” cord

#### 9335 Ultrapak™ Cord #2 Refill

#### #3
- Areas that have fairly thick gingival tissues where a significant amount of force is required
- Upper cord for use with the “double-cord” technique

#### 9336 Ultrapak™ Cord #3 Refill

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Note: Do not use epinephrine preparations with ferric sulfate solutions, including ViscoStat, Astringedent, and Astringedent X hemostatics, as blue/black precipitate will occur.

*Registered trademarks of a company other than Ultradent.*
Pre-Preparation Packing Technique

To ensure cord retention during preparation, use a cord large enough to firmly compress into sulcus.

1. PREPACK
Place Ultrapak™ knitted cord soaked in hemostatic solution using a cord size that appears slightly too large to ensure cord retention. The thin Ultrapak™ Packer quickly slips cord into position. The knitted cord’s unique design (interlocking loops) facilitates easy packing and locks it into place.

2. PREPARATION
Extend margin subgingivally by cutting partway into knitted cord, which won’t entangle in diamond bur. Remove remnant of cord with an explorer or other instrument. Bleeding is minimal if at all. A small portion of uncut tooth above gingival attachment is preserved to record in impression. If additional retraction is required, repack with appropriately sized cord. Rinse, air dry, and make impression.

Double-Cord Technique

The most common challenges in getting a quality impression are adequate tissue retraction and sufficient moisture control. Try a double retraction cord technique combined with effective hemostatic agents to alleviate both.

1. FIRST CORD
Once hemostasis is achieved, carefully place a single cord—such as Ultrapak™ knitted cord #0 or #00—as deep as possible into the sulcus. Use Fischer’s Ultrapak Packers to place cords properly and efficiently.

2. SECOND CORD
Place a second, thicker cord soaked in a hemostatic agent to expand the tissue laterally.

3. RINSE/DRY
Rinse the area well, lightly dry, and make impression.

For Digital Impressions – Complete Hemostasis

1. HEMOSTASIS
Complete hemostasis is essential, especially when taking digital impressions, for the most accurate marginal fit of any restoration.

2. CLEAR FIELD
After hemostasis is achieved and tissue is retracted, preparation is ready for digital impression.

Knitted Ultrapak cord is composed of thousands of tiny, interlocking loops so it compresses and expands easier than other cords. 100% cotton fibers provide high absorption of hemostatic agents and sulcular fluids.

Ultrapak cord, saturated with hemostatic solution, controls bleeding and sulcular fluid for near gingival and subgingival preparations.

Ultrapak CleanCut design features a blade in the cap for efficient cutting. A special dispensing orifice prevents cord from falling into the bottle.
Fischer’s Ultrapak™ Packers
THIN SERRATED PACKING INSTRUMENTS

These specially designed packers ease the packing of Ultrapak knitted cord. Their thin edges and fine serrations press into the cord, preventing it from slipping off and reducing the risk of cutting the gingival attachment.

**45° TO HANDLE:** our most popular packers, with heads at 45° to the handle and 3 packing sides. Circular packing of the prep can be completed without the need to flip the instrument end to end. Use the small packer on lower anteriors and upper lateral incisors.

**90° AND PARALLEL TO HANDLE:** same design as the 45° to handle packer, except one of the heads is in line with the shank and the other is at a right angle to the shank.

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<table>
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<tr>
<td>171</td>
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<tr>
<td>170</td>
<td>Regular Packer - 45° to handle</td>
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<td>174</td>
<td>Small Packer - 90° to handle</td>
</tr>
<tr>
<td>172</td>
<td>Regular Packer - 90° to handle</td>
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</tbody>
</table>

1 pk
Calle, from Sweden, loves surfing, fishing, snowboarding, and hiking. He smiles most when he is in the outdoors with friends. Opalescence™ PF take-home whitening in comfortable custom trays with 10% or 16% carbamide peroxide has flexible wear times so he can keep his smile bright in a way that fits his lifestyle. Its sticky viscous gel composition with 20% water content ensures less dehydration and sensitivity. A bright smile gives him the confidence to take on any challenge. That’s the power of a smile.

Find out more about cosmetic tooth whitening at opalescence.com/eu.
Etch and Bond

Self-Etch-System (No-Rinse)
Total-Etch-System (Etch and Rinse)
Bonding Material
Phosphoric Acid Gel
Hydrofluoric Acid Gel
Silane Solution
Calcium Hydroxide Liner

TODD SARGENT
South Erickson Lake, Utah
Ultra-Etch™ ETCHANT

- Self-limiting² on dentin
- Penetrates smallest fissures and won’t run on a vertical surface
- Precise placement
- Rinses cleanly – leaves no residue

Ultra-Etch etchant 35% phosphoric acid solution features ideal viscosity, facilitates precise placement and superior control. It is self-limiting in its depth of etch (average depth of 1.9 μm with 15-second etch),² creating an etch pattern that adheres can penetrate for increased bond strength. Studies demonstrate Ultra-Etch etchant’s unique self-limiting chemistry on dentin creates an optimal surface to receive resin.³ Though Ultra-Etch etchant is viscous, it can penetrate into the smallest fissures or occlusal surfaces due to physical and chemical properties that promote capillary action. Its ideal viscosity maintains a layer that is thick enough to prevent premature drying.

Ultra-Etch etchant is indicated for use on dentin and enamel to create optimal bonding surfaces. It can also be used to remove porcelain salts prior to slane of bonding agent.

Note: Do not use phosphoric etchant on metals or zirconia, as this will reduce bond strength.

Listed as a “CAN’T LIVE WITHOUT” product by a prominent independent research institute for more than 20 years.⁴ Listed as a “TRIED & TRUE” product.⁵

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1. realityesthetics.com.

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163 Ultra-Etch Kit
4 x 1.2 ml (1.58 g) syringes
20 x Blue Micro Tips

167 Ultra-Etch Econo Kit
20 x 1.2 ml (1.58 g) syringes
40 x Blue Micro Tips

164 Ultra-Etch Syringe
4 x 1.2 ml (1.58 g) syringes

168 Ultra-Etch Syringe
20 x 1.2 ml (1.58 g) syringes

685 Ultra-Etch IndiSpense Syringe
1 x 30 ml (39.60 g) syringe

129 Ultra-Etch Empty Syringe
20 x 1.2 ml empty syringes
Ultra-Etch™

THE INDUSTRY LEADER FOR OVER 30 YEARS!
Etch and Bond

Peak™ SE Primer

Self-Etching

- Top-rated bond strengths by an independent non-profit dental education and product testing institute
- Delivers fresh, stable chemistry
- Easy, one-coat technique
- Precise and convenient application
- Eliminates the need for mixing wells or brushes

Peak SE Primer is a self-etching primer mixed and delivered in the unique JetMix™ syringe. JetMix technology separates precise quantities of strong acid (pH 1.2) and optimized priming resin to prevent the hydrolytic breakdown and degradation that occurs with other self-etch chemistries. Components are kept separate until the clinician activates them. Peak SE Primer is used prior to Peak Universal Bond to achieve unsurpassed bond strengths. REFRIGERATE FOR OPTIMAL SHELF LIFE.

Ideal for all light-accessible bonding procedures, the Peak Self-Etch Adhesive System can also be used for immediate dentin sealing prior to impressions and temporization in order to decrease post-op and cementation sensitivity.

For Indirect Bonding

2. Thin/dry for 3 seconds.
3. Apply a puddle coat of Peak Universal Bond adhesive and scrub for 10 seconds into dentin.
4. Thin/dry for 10 seconds and light cure for 10 seconds on standard mode with VALO™ curing light.

Comparison of 3 self-etch adhesive systems, University of Iowa College of Dentistry

Peak Universal Bond Self-Etch Intro Kit
- 1 x 1.2 ml (1.24 g) Peak Universal Bond syringe
- 1 x 1.0 ml (0.99 g) Peak SE Primer syringe
- 20 x Black Mini Brush Tips
- 20 x Inspiral Brush Tips

Store refrigerated.

Peak Universal Bond Self-Etch Bottle Kit
- 1 x 4 ml Peak Universal Bond bottle
- 4 x 1.0 ml (0.99 g) Peak SE Primer syringes
- 40 x Black Mini Brush tips
- 50 x Mixing Wells
- 50 x Micro Applicator brushes

Store refrigerated.

Peak SE Primer Refill
- 4 x 1.0 ml (0.99 g) syringes

Store refrigerated.

Ultradent’s shear bond strength testing method has been adopted as a new ISO standard. Many research centers now use this method to determine accurate bond strengths.

The versatile formulation of Peak Universal Bond adhesive is ideal for direct and indirect bonding, including post and core procedures. With a 7.5% filler content and a blend of custom-synthesized phosphate monomers, its viscosity has been optimized for minimal film thickness and superior strength. It contains an ethyl alcohol solvent carrier and will cure with any dental curing light, including LEDs. REFRIGERATE FOR OPTIMAL SHELF LIFE.

### Bond Strength Comparison

<table>
<thead>
<tr>
<th>Adhesive</th>
<th>Dentin</th>
<th>Enamel</th>
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<tbody>
<tr>
<td>Peak Universal TE</td>
<td>51.7</td>
<td>71.3</td>
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<tr>
<td>Peak Universal SE</td>
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<tr>
<td>OptiBond*</td>
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<td>67.9</td>
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<tr>
<td>Clearfil SE Bond*</td>
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<td>61.9</td>
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<td>Scotchbond Universal*</td>
<td>34.3</td>
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<td>Adhese Universal*</td>
<td>18.6</td>
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<td>Prime &amp; Bond NT*</td>
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<tr>
<td>Clearfil S3*</td>
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<tr>
<td>Adper Scotchbond*</td>
<td>26.0</td>
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</tbody>
</table>

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Valo Grand

BROADBAND LED CURING LIGHT

YOU’RE COVERED

Peak™-ZM
ZIRCONIA/METAL PRIMER

Zirconia and metal have met their match!

- Includes a unique blend of phosphate monomer including MDP monomer
- Convenient syringe and bottle delivery options
- Significantly enhances bond strengths to resin cements
- Strong bond strengths to zirconia, alumina, and metal restorations

Peak-ZM Zirconia/Metal primer is specifically designed to provide high adhesion between the zirconia or metal surface and the luting material. Thanks to a chemistry containing the MDP monomer, Peak-ZM primer can increase bond strengths 5 times compared to using a resin cement alone. 1 With Peak-ZM primer, you can feel confident in your zirconia and metal restorations.

Note: Not for use with RMGI.

2464 Peak-ZM Zirconia Primer Kit
  2 x 1.2 ml Peak-ZM syringes
  20 x Black Mini Brush tips

2463 Peak-ZM Zirconia Primer Bottle 1pk
  4 ml bottle

1. Clean, rinse, and dry preparation. Verify fit of zirconia or metal prosthesis.

2. Air abrade internal surface with 50μ AI02 for at least 60 seconds at 50 psi. Look for a uniform dull surface. Air clean and set aside. NOTE: Contamination to the internal surface of the prosthesis will cause a decrease in bond strength. Keep area clean and free of phosphoric acid etch and saliva.

3. Clean tooth surface by applying oil and a fluoride-free abrasive such as Consepsis™ Scrub slurry.

4. Scrub abrasive with the STARbrush™ intercoronal brush to clean and remove any residual cement. Rinse and then air dry.


5a. Apply Peak™ SE Primer using the Black Mini™ Brush tip for 20 seconds. Thin and dry with full air pressure for 3 seconds. Recommended: Apply 2% chorhexidine gluconate solution to the preparation before applying Peak SE.

6. Apply Peak™ Universal Bond adhesive in a scrubbing motion for 10 seconds.

7. Thin with full air pressure for 10 seconds keeping suction close to preparation.

8. Light cure Peak Universal Bond adhesive for 10 seconds.

9. Apply Peak-ZM primer to the air-abraded prosthesis for 3 seconds and air thin/dry using full pressure. NOTE: Do not use a zirconia primer if luting with a glass ionomer or resin-reinforced glass ionomer cement.

10. Apply a thin layer of a resin-based cement (PermaRes™ DC resin) to the prosthesis and firmly seat in place. Cure according to instructions. Remove excess cement.

Note: Use the VALO™ curing light with the barrier sleeves during procedure.

Peak-ZM Zirconia/Metal primer TECHNIQUE GUIDE

TOTAL-ETCH TECHNIQUE (ETCH AND RINSE)

SELF-ETCH TECHNIQUE (NO-RINSE)
Etch and Bond

Ultradent™ Porcelain Etch and Silane
90-Second Etch – 60-Second Silane

- Etch is easy to control and place
- Yields highest porcelain-to-resin bond strengths\(^2\)
- Silane is a single component
- Use on Feldspathic and lithium disilicate (i.e. IPS e.max\(^3\)) restorations

Ultradent Porcelain Etch is a viscous, buffered 9% hydrofluoric acid. Silane is a single-component solution.

Porcelain Etch is designed for intraoral or extraoral porcelain etching. Use it for in-office etching of indirect restorations, such as veneers, inlays, etc. After porcelain etching, clean residual debris with Ultra-Etch™ etchant for 5 seconds and rinse thoroughly; follow with Silane application. Studies have demonstrated that Silane, when used with Porcelain Etch and a quality bonding resin, yields the highest bond strength to porcelain when compared with other porcelain bonding products.\(^2\)

1. Etch ceramic bonding surface with Porcelain Etch for 90 seconds, rinse, and dry.
2. Apply Ultra-Etch™ etchant for five seconds to remove porcelain salts and debris formed by hydrofluoric acid etching.
3. Apply a puddle coat of Silane to the inside surface of the prosthesis for 60 seconds, dry, and set aside. Do not rinse. Prosthesis now ready for luting/cementing.

1. Diamond-cut porcelain surface.
2. Same porcelain following 90-second etch with Ultradent Porcelain Etch.
3. Porcelain Etch is delivered from Inspiral Brush tip to prepared porcelain after placement of EtchArrest™ barrier.
4. Ultradent™ Silane is applied and dried, followed by Peak™ Universal Bond adhesive.
5. Residual silica salts on porcelain, post hydrofluoric acid etching for 90 seconds with Ultradent Porcelain Etch.

Use Ultra-Etch etchant for 5 seconds and rinse to clean residual debris, producing a clean surface for bonding.

405 Porcelain Etch Kit
- 2 x 1.2 ml (1.33 g) Porcelain Etch syringes
- 2 x 1.2 ml (0.96 g) Silane syringes
- 20 x Black Mini Brush Tips
- 20 x Inspiral Brush Tips

406 Porcelain Etch Syringe
- 2 x 1.2 ml (1.33 g) syringes

410 Silane Syringe
- 2 x 1.2 ml (0.96 g) syringes

Ultradent™ Porcelain Repair Kit
ETCH, SILANE, BOND RESIN, AND FLOWABLE COMPOSITE

• Includes all necessary precomposite-placement materials
• Yields high bond strengths
• Provides quick, easy repairs without mixing

Porcelain repair procedures are becoming more common. It is financially advantageous and less invasive to repair a chipped porcelain restoration rather than replace it. The Ultradent Porcelain Repair Kit contains all the products and tips needed for composite-to-porcelain, porcelain-to-metal, and porcelain-to-porcelain repairs.

1108 Ultradent Porcelain Repair Kit
1 x 1.2 ml (2.30 g) PermaFlo Dentin Opaquer syringe
1 x 1.2 ml (1.39 g) EtchArrest syringe
1 x 1.2 ml (1.34 g) OpalDam syringe
1 x 1.2 ml (1.24 g) Peak Universal Bond syringe
1 x 1.2 ml (1.33 g) Porcelain Etch syringe
1 x 1.2 ml (0.96 g) Ultradent Silane syringe
20 x Black Mini Brush Tips
20 x Black Micro Tips
20 x Micro 20 ga Tips
20 x Inspiral Brush Tips

Step-by-Step Guide for Porcelain Repair

Note: This Quick Guide is meant only to provide an overview; it is not a substitute for instructions provided with individual products. Please carefully read instructions and warnings delivered with products before using them.

Place rubber dam if necessary, and/or cover surrounding teeth and gingival tissue with OpalDam™ light-cured resin barrier using a Black Mini™ tip. Light cure 10 seconds on standard mode with VALO™ curing light. For curing lights with output <600 mW/cm², cure 20 seconds.

Roughen ceramic and/or metal surfaces to be repaired using a microabrasion system with 50 µm aluminum oxide particles for at least 60 seconds. Alternatively (although less effective), use a diamond bur.

Use a Black Micro™ tip to place EtchArrest™ neutralizer like a frame around the broken porcelain surface.

Apply Porcelain Etch with an Inspiral™ Brush tip onto the broken porcelain surface.

Etch surface for 90 seconds; then suction off gel and carefully rinse with water spray. Option: Blend EtchArrest™ neutralizer into etchant until the yellow color of etchant is no longer identifiable. This will neutralize the etchant and eliminate risk of acid splashes when removing the neutralized mix.

Apply Ultra-Etch etchant for 5 seconds to remove salts.

Rinse and thoroughly air dry fractured surface.

Apply Silane onto broken porcelain surface with a Black Mini Brush tip. Use Peak-ZM on metal and zirconia surfaces.

Let evaporate for 1 minute, and blow with a gentle stream of air until completely dry.

Apply Peak™ Universal Bond adhesive with an Inspiral Brush tip onto fractured surfaces. Air thin gently but thoroughly.

Light cure Peak Universal Bond adhesive for 10 seconds with a VALO LED curing light. For curing lights with output <600 mW/cm², cure 20 seconds.

Cover exposed metal with a thin layer of PermaFlo™ Dentin Opaquer using a Micro 20 ga tip, then light cure for 10 seconds with VALO LED curing light. For curing lights with output <600 mW/cm², cure 20 seconds.

Restore fracture by layering light-cured composite.

Finish and polish repaired area.

Ultra-Blend™ plus
LINER

- Bioactive¹ liner and pulp-capping material
- Superior calcium release²
- Light curable
- Controlled, precise syringe delivery
- No mixing necessary
- Will not dissolve over time
- Radiopaque
- Highly filled

Ultra-Blend plus liner is a light-activated, radiopaque material with calcium hydroxide in a urethane dimethacrylate (UDMA) base. It’s perfect for pulp capping and will not dissolve over time. Ultra-Blend plus liner is highly filled for minimal shrinkage.

Ultra-Blend plus liner used for pulp capping.

Light-Cured Material for Pulp Capping²

1. Use Ultra-Blend plus liner near pulp and for small nonhyperemic exposure. If larger exposure and/or hyperemic pulp, initiate endodontic therapy.

2. Apply antibacterial solution with plastic Blue Mini™ Dento-Infusor™ or Black Mini™ brush tip for 60 seconds with gentle scrubbing action. Dry thoroughly. Do not rinse.

3. With Black Micro tip, apply Ultra-Blend plus liner to dry dentin for direct or indirect pulp caps and light cure. Minimize dentin coverage to maximize available dentin for bonding.

4. Apply Ultra-Etch™ 35% phosphoric acid etchant solution for 15 seconds. Suction, rinse, and dry until damp.

5. With the Inspiral™ Brush tip, apply Peak™ Universal Bond, paint onto enamel and scrub into dentin for 10 seconds. Air thin at half pressure for 2–3 seconds and light cure for 10 seconds with the VALO™ curing light on Standard mode. Restore with a quality composite.

415 Ultra-Blend plus Kit
- 2 x 1.2 ml (1.64 g) Dentin syringes
- 2 x 1.2 ml (1.64 g) Opaque White syringes
- 20 x Black Micro Tips
- 20 x Black Mini Tips

Store refrigerated.

416 Ultra-Blend plus Dentin Syringe
417 Ultra-Blend plus Opaque White Syringe
- 4 x 1.2 ml (1.64 g) syringes

Store refrigerated.

²Data on file.
Variables that affect the quality of bonding (Total-Etch Technique)

Modern adhesive bonding works well when we respect the characteristics of the materials used, the mechanisms that result in adhesion, and the manufacturer’s instructions. Neil Jessop, Head of Research and Development at Ultradent Products, has summarized the most important variables that affect bonding:

1. Etching process:
   Etching dentin too long may result in etch patterns that extend too deep for the adhesive resins to reach the healthy tooth structure. Depths of about 2 to 2.5 µm are the limit; deeper etching creates voids that may result in a weak link or tooth sensitivity.
   What to do: use an etchant with a limited penetration depth. Etching with Ultra-Etch is self-limited at an average depth of 1.9 µm, even when left longer than the recommended 20 seconds.

2. Dentin drying:
   With some adhesive systems, overdrying the dentin after etching may severely compromise bond values. The exposed collagen fibers tend to collapse and consequently cannot be completely permeated by the bonding agent.
   What to do: after etching and rinsing dentin, use only brief, gentle air blasts to remove pools of water. Alternatively, blot dry with cotton pellets. If dentin is overdried, remoisten it with a moist cotton pellet.

3. Application time:
   Allowing too little time for application (rubbing, brushing in, agitating the agent) may result in inadequate penetration of the bonding agent (incomplete hybrid layer formation) and incomplete evaporation of the solvent.
   What to do: softly rub the bonding agent into the surface. This is easily accomplished with Ultradent Products' brush tips. Make sure to adhere to the application times specified by the manufacturer (Recommended: timer or stopwatch).

4. Thinning and drying:
   Too much thinning of the adhesive layer results in formation of an oxygen inhibition layer that will prevent adequate polymerization. If the adhesive layer is too thick, there may still be solvent contained in it.
   What to do: place a thick layer of bonding agent - the major part of the liquid is solvent that needs to evaporate. Dry with a gentle, yet sustained stream of air rather than short, strong blasts. Observe the manufacturer’s time prescriptions.

5. Light curing:
   Too short or improper light curing leaves the bonding resin only partly polymerized.
   What to do: use high energy curing lights with at least 400 mW/cm², or preferably over 1.000 mW/cm².

6. Composite placement:
   Adequate adaptation of the composite against the adhesive layer is mandatory to eliminate air voids.
   What to do: use a flowable composite, like PermaFlo, as a first thin increment. This will smooth out irregularities in the cavity floor that are otherwise difficult to pack with a doughy composite.

7. Contamination:
   Contamination with blood, sulcular fluid, or saliva prior to or during the bonding procedure creates barriers that preclude proper adaptation and a reliable bond.
   What to do: rule out blood and sulcular fluid prior to the procedure, using the Tissue Management System. Place rubber dam whenever possible.

8. Deteriorated product:
   Many restorations fail because the bonding agent used was expired or volatilized.
   What to do: don't use products past the expiration date and observe manufacturer’s storage instructions. If dispensing from a bottle make sure to cap it immediately after use or the solvent will evaporate and make the material improper for use before its expiration date. This is not an issue with a syringe-dispensed bonding agent.
Kam, from the Bahamas — an addiction counselor, athlete, and father — smiles when he sees his daughter. Opalescence Go™ prefilled take-home whitening trays with 6% hydrogen peroxide are perfect to quickly whiten his smile in an hour while his daughter is asleep. Comfortable and ready-to-use right out of the package. A whiter smile can help each of your patients live their best life. That’s the power of a smile. Find out more about cosmetic tooth whitening at opalescence.com/eu.
Composites

ALLY SINGLETON
Capitol Reef, Utah

Composite Universal, Light Cure
Wetting Resin
Flowable Composite, Light Cure
Direct Composite Template System
Composites

Mosaic universal composite can be used for all restorative purposes: basic or complex. Its well-balanced nanohybrid formula produces restorations of the highest quality.

A Precise Balance

A perfectly balanced composite with universal application

Mosaic universal composite can be used for all restorative purposes: basic or complex. Its well-balanced nanohybrid formula produces restorations of the highest quality.
Mosaic™
UNIVERSAL COMPOSITE

Featuring KleenSleeve™

- Smooth, pliable consistency
- Cuts easily and doesn’t stick to instruments
- Won’t flow or slump out of place after being shaped
- Allows ample working time under ambient light

Mosaic universal composite balances beauty and performance for lasting, lifelike results. Mosaic composite can be used for all restorative purposes: basic or complex. Its nanohybrid formula is composed of zirconia-silica glass ceramic and 20 nanometer silica. Filler load is 68% by volume for dentin shades and 56% for enamel shades. The exceptional handling, natural esthetics, and high durability of Mosaic composite enable clinicians to create restorations of the highest quality.

Mosaic composite is used for direct and indirect restorations (inlays, onlays, and veneers) in both the anterior and posterior regions.

Twenty intuitive shade options produce predictable, natural results.

Before and After

Highly sculptable


Procedure

Class II restoration using the Peak™ Universal Bond adhesive system with Mosaic composite shades A5 and Enamel Neutral.

1. Preoperative Class II restoration.
2. Preparation with matrix placement.
4. A5 dentin shade used for initial layer.
5. Enamel Neutral shade used for final layer.
Balanced performance ensures both functional durability and esthetic longevity.

**Technical Overview**

<table>
<thead>
<tr>
<th></th>
<th>DENTIN SHADES</th>
<th>ENAMEL SHADES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shrinkage Volume</td>
<td>2.6%</td>
<td>3.7%</td>
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<tr>
<td>Shrinkage Stress</td>
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<td>Compressive Strength</td>
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<td>Hardness</td>
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<td>Depth of Cure</td>
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<td>% Fill by Volume</td>
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**Gloss Retention Comparison**

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<tr>
<th>Product</th>
<th>Initial Gloss</th>
<th>Final Gloss</th>
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<tr>
<td>Mosaic™ (Enamel Neutral)</td>
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<tr>
<td>Mosaic™ (A2 Dentin)</td>
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<tr>
<td>G-aenial Sculpt™ (AE)</td>
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<td>Tetric EvoCeram™ (A2 Enamel)</td>
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<td>Herculite™ Ultra™ (A2 Enamel)</td>
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<td>Venus® Diamond™ (A2 Enamel)</td>
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<td>Venus® Pearl™ (A2 Enamel)</td>
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<tr>
<td>TPH Spectra® HP™ (A2)</td>
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</tbody>
</table>

**Mosaic™ Syringe Intro Kit**

1 x 4 g syringe of each shade: A1, A2, A3, EN, ET (20 g total)
1 x Mosaic Shade Guide

**Mosaic™ Syringe 4 g**

- A0.5
- A1
- A2
- A3
- A3.5
- A4
- A5
- B0.5
- B1
- B2
- C2
- C3
- D2
- Enamel Yellow
- Enamel Blush
- Enamel Gray
- Enamel Neutral
- Enamel White
- Opaque White
- Enamel Trans

**Mosaic™ Single Compules 0.2 g**

- A0.5
- A1
- A2
- A3
- A3.5
- A4
- A5
- B0.5
- B1
- B2
- C2
- C3
- D2
- Enamel Yellow
- Enamel Blush
- Enamel Gray
- Enamel Neutral
- Enamel White
- Opaque White
- Enamel Trans

*Trademark of a company other than Ultradent.*

2. Data on file. Final gloss measured after 10,000 brush cycles in gloss units (GU).
Amelogen™ Plus
COMPOSITE RESTORATIVE MATERIAL

Amelogen Plus composite restorative material is a state-of-the-art, radiopaque, Bis-GMA material that is 76% filled by weight with a 0.7 μm average particle size. It displays exceptional handling, optical, and polishing characteristics. Amelogen Plus composite will not slump or stick to instruments, providing extra control in handling.

Amelogen Plus composite is an excellent choice for designing Class I, II, III, IV, V, and VI restorations, as well as direct veneers. It is perfect for both posterior and anterior restorations because of its wear resistance, strength, simplicity, and polishability.

The simple and intuitive shade system of Amelogen Plus composite allows dentists to achieve beautiful and natural-looking restorations without the complication of most esthetic composite systems.

Esthetic Restoration Procedure

1. Fracture on maxillary left incisor.

2. Beveled preparation along surface margin.

3. Palatal enamel layer Trans Orange.

4. Recreation of dentin mamilons A3.5.

5. Incisal characterization and buccal enamel layer Enamel Neutral.

6. Final result.

1. realityesthetics.com
Direct Composite Layering Technique

For enamel-only restorations use a single shade of Amelogen™ Plus, usually enamel.

For the most common cases of both dentin and enamel restorations in intermediate-size cavities, use both a dentin and an enamel shade. Make sure that composite enamel layer is thinner than natural enamel layer.

For major enamel and dentin replacements or esthetically challenging restorations, use multiple dentin shades (darkest at the lowest point) and characterize with translucent shades if needed.

**3098 Amelogen Plus Basic Kit - 7 Shades**
- 1 x 2.5 g syringe of each Dentin shade: A1, A2, A3, A4, A5, B1, and C2
- 1 x 1.2 ml PermaSeal syringe
- 1 x Shade guide
- 1 x Half-size syringe organizer
- 1 x Quad key
- 10 x Black Micro FX Tips

**315 Amelogen Plus Cosmetic Kit - 7 Shades**
- 1 x 2.5 g syringe of each Dentin shade: A1, A2, and A3
- 1 x 2.5 g syringe of each Enamel shade: Opaque White, Enamel White, Enamel Neutral, and Translucent White
- 1 x 1.2 ml PermaSeal syringe
- 1 x Shade guide
- 1 x Half-size syringe organizer
- 1 x Quad key
- 10 x Black Micro FX Tips

**Amelogen™ Plus Syringe 2.5 g**

<table>
<thead>
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<th>1 pk</th>
<th>Enamel</th>
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<tbody>
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<tr>
<td>B1</td>
<td>9035</td>
<td>Trans Orange™</td>
<td>9043</td>
</tr>
<tr>
<td>C2</td>
<td>9036</td>
<td></td>
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</tr>
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</table>

**Amelogen™ Plus Single Compules 0.3 g**

<table>
<thead>
<tr>
<th>Dentin</th>
<th>10pk</th>
<th>Enamel</th>
<th>10pk</th>
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<tbody>
<tr>
<td>A1</td>
<td>8010</td>
<td>Opaque White™</td>
<td>8021</td>
</tr>
<tr>
<td>A2</td>
<td>8011</td>
<td>Enamel White™</td>
<td>8022</td>
</tr>
<tr>
<td>A3</td>
<td>8013</td>
<td>Enamel Neutral™</td>
<td>8023</td>
</tr>
<tr>
<td>A3.5</td>
<td>8024</td>
<td>Enamel Gray™</td>
<td>8012</td>
</tr>
<tr>
<td>A4</td>
<td>8014</td>
<td>Trans White™</td>
<td>8016</td>
</tr>
<tr>
<td>A5</td>
<td>8015</td>
<td>Trans Gray™</td>
<td>8018</td>
</tr>
<tr>
<td>B1</td>
<td>8017</td>
<td>Trans Orange™</td>
<td>8019</td>
</tr>
<tr>
<td>C2</td>
<td>8020</td>
<td>Super Light™</td>
<td>8026</td>
</tr>
</tbody>
</table>
Optional KleenSleeve™ QuadraSpense™

Facilitates removal of small amounts of material.

Quad Key
Use to remove the white quad flanges on the Amelogen Plus syringe to create an open-bore delivery barrel if desired.

Amelogen Plus shades are identifiable both on the barrel and the stems.
PermaFlo™
FLOWABLE COMPOSITE

- High-fill, high-flow formula
- Highly radiopaque
- Fluoride-releasing formulation
- Superior polishability
- Strong and wear resistant

PermaFlo flowable composite is light-cured, radiopaque, methacrylate-based; available in 8 shades. Its thixotropic properties impart ideal flowability for improved adaptation. PermaFlo is 68% filled by weight, with an average particle size of 0.7 μm and a low film thickness.

Use PermaFlo flowable composite for anterior and posterior restorations: class I, II, III, IV, and V. It can also be used to restore missing subgingival tooth structure prior to endodontic procedures (the “Donut Technique”).

Film Thickness

<table>
<thead>
<tr>
<th>Material</th>
<th>Thickness</th>
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<tbody>
<tr>
<td>PermaFlo™</td>
<td>5.80 μm</td>
</tr>
<tr>
<td>AELITEFLO™*</td>
<td>17.4 μm</td>
</tr>
<tr>
<td>Revolution™*</td>
<td>14.2 μm</td>
</tr>
<tr>
<td>Flow It™*</td>
<td>18.0 μm</td>
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</table>

PermaFlo Composite exhibits very low film thickness.

Compressive Strength

<table>
<thead>
<tr>
<th>Material</th>
<th>Strength (MPa)</th>
</tr>
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<tr>
<td>PermaFlo™</td>
<td>363.16</td>
</tr>
<tr>
<td>AELITEFLO™*</td>
<td>394.18</td>
</tr>
<tr>
<td>Revolution™*</td>
<td>336.53</td>
</tr>
<tr>
<td>Flow It™*</td>
<td>384.32</td>
</tr>
</tbody>
</table>

PermaFlo composite performs favorably with other flowable composites. Being 68% filled, it provides very high compressive strength.

Micro Restorative


2. The flowable composite offers unsurpassed adaptation as it fills from preparation floor up.

3. Finished, radiopaque, 0.7 μm hybrid restoration. Ultimate restorative seal!

Masker

Masking dark colors with PermaFlo composite initially facilitates gorgeous esthetics at the surface.

Metal Masking

Place a thin layer of PermaFlo Dentin Opaquer over the exposed metal and light cure for 10 seconds on standard mode with VALO™ curing light.
Superadapative Initial Layer

After the bonding agent, apply a thin layer of PermaFlo™ composite at the gingival margin, proximal box axial margins, and internal line angles to ensure quality adaptation of composite.

Pediatric Restorations

1. Rampant caries in a 3-year-old.

2. Slow speed and large round bur to remove all caries. Verify with Sable™ Seek™ caries indicator to ensure prep is in firm mineral dentin. Quality tissue management is an absolute here; pack an Ultrapak™ cord soaked in hemostatic agent first.

3. Etch preparations and apply Peak™ Universal Bond adhesive. Light cure for 10 seconds on standard mode with VALO curing light. Apply a thin first layer of PermaFlo composite to the adhesive layer with Micro 20 ga tip. Light cure.

4. Apply and cure 1 or 2 additional increments. Quickly finish restorations with finishing burs and abrasive cups.

5. One year later.

Permaflo™ Syringe Kits

<table>
<thead>
<tr>
<th>1273</th>
<th>PermaFlo Universal Kit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 x 1.2 ml (2.30 g) syringe of each shade: A1, A2, A3, A3.5, A4, B1, Dentin Opaquer, and Translucent</td>
<td></td>
</tr>
<tr>
<td>1 x 1.2 ml (1.58 g) Ultra-Etch syringe</td>
<td></td>
</tr>
<tr>
<td>1 x 1.2 ml (1.24 g) Peak Universal Bond syringe</td>
<td></td>
</tr>
<tr>
<td>1 x Half-size syringe organizer</td>
<td></td>
</tr>
<tr>
<td>1 x Shade guide</td>
<td></td>
</tr>
<tr>
<td>20 x Black Mini Tips</td>
<td></td>
</tr>
<tr>
<td>20 x Micro 20 ga Tips</td>
<td></td>
</tr>
<tr>
<td>6 x Inspiral Brush Tips</td>
<td></td>
</tr>
</tbody>
</table>

Store refrigerated.

| 947 | PermaFlo A1 Kit |
| 948 | PermaFlo A2 Kit |
| 949 | PermaFlo A3 Kit |
| 952 | PermaFlo A3.5 Kit |
| 954 | PermaFlo A4 Kit |
| 956 | PermaFlo B1 Kit |
| 612 | PermaFlo Translucent Kit |
| 1005 | PermaFlo Dentin Opaquer Kit |

Store refrigerated.

PermaFlo™ Pink

FLOWABLE COMPOSITE

- Acts as an attractive solution for esthetic gingival substitute

PermaFlo Pink composite is an excellent alternative to gingival grafting, which is not always an option. Use as a masking agent in Class V restorations where root structure is exposed. Also use to mask gingival recession.

Before and After

1. Following tooth prep and application of dentin bonding agent (we recommend Peak™ Universal Bond adhesive), build restoration incrementally with PermaFlo Pink composite.

2. Final restoration can mask exposed root surfaces when gingival grafting isn’t an option.

963 PermaFlo Pink Mini Refill

2 x 1.2 ml (2.30 g) syringes
4 x Micro 20 ga Tips

Store refrigerated.

Composite Wetting Resin

WETTING RESIN

- Facilitates composite adaptation
- Moistens dry composite during contouring
- Hydrophobic and solvent free resin

Composite Wetting Resin is a 45%-filled, light-cured, liquid resin. It is significantly superior to single-component adhesives, which contain solvents and inhibit composite polymerization.

Use Composite Wetting Resin during incremental layering of composite materials. We recommend it be used when the oxygen-inhibited layer has been removed or disturbed (e.g., washing the composite surface following contamination). Composite Wetting Resin may be placed on the composite surface if it has become dry during contouring composite. Use Composite Wetting Resin on an instrument or brush to enhance glide. Composite Wetting Resin greatly facilitates adaptation of the composite restoration and preparation.

3059 Composite Wetting Resin Mini Refill

2 x 1.2 ml (1.85 g) syringes

Store refrigerated.

1. realityesthetics.com
Uveneer®
DIRECT COMPOSITE TEMPLATE SYSTEM

- Allows for predictable, high-quality, natural-looking composite restorations
- Prevents the oxygen inhibition layer during curing, resulting in a hard, glossy surface
- Allows light to pass through the template to the composite for effective curing
- Works with any preferred composite
- Releases easily from cured composite resin
- Requires minimal adjusting or polishing, saving time
- Facilitates application on individual or multiple teeth
- Is autoclavable and reusable, making it a cost-effective choice

Uveneer direct composite template system is a unique, minimally invasive template system that creates perfect direct composite veneers with predictable shape and symmetry. It mimics natural dentition and is designed to create high-quality, natural-looking anterior restorations in one visit. It can also be used for cosmetic mock-ups and shade selection as well as temporaries during porcelain veneer creation.

Each reusable, autoclavable template is designed to mimic ideal tooth anatomy according to the rules of smile design and the “golden proportion.” The system incorporates ideal height to width ratio, contour, embrasure, and center midline.

Due to the precise anatomical facial tooth contour of the templates, the final result will yield different thicknesses of composite. The composite will be thinner toward the incisal third and gingival areas and will be thicker toward the middle of the facial surface. Because this varied thickness creates different effects and values, only one shade of composite is needed to achieve a natural gradient effect. However, multiple shades of composite can still be used depending on the clinician’s preferred technique.

Before and after. Courtesy of Dr. Rafael Beolchi.


Young woman embarrassed to show her teeth. An implant crown on tooth #10 didn’t match surrounding dentition. Treatment time was 45 minutes to restore teeth 7, 8 and 9. Minimal preparation needed. Patient is happy and satisfied with the results. – Dr. Sigal Jacobson

UVK3 Uveneer Kit
16 x Medium upper and lower arch templates
16 x Large upper and lower arch templates

Medium and large templates provide 2 central incisors, 2 lateral incisors, 2 canines, and 2 premolar templates for both the upper and lower arches.
With the Uveneer direct composite template system, you can quickly and easily create natural-looking direct composite veneers in one visit.

This system isn’t only useful for anterior restorations. The Uveneer template system can also be used for shade selection and to create mock-ups and temporaries during porcelain veneer fabrication.
Cements

- Composite for Luting Veneers, LC
- Composite for Luting and Restoration, DC
- Glass Ionomer Cement, Resin-Reinforced
- Temporary Cements
## QUALITY SEAL. SUPERIOR HOLD.
**ULTRADENT CEMENTS**

### Cements

<table>
<thead>
<tr>
<th>Description</th>
<th>UltraTemp™</th>
<th>ClearTemp™ LC</th>
<th>PermaFlo™ DC</th>
<th>UltraCem™</th>
<th>PermaShade™ LC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paste-to-paste, non-eugenol polycarboxylate</td>
<td>Temp. luting cement</td>
<td>VIC</td>
<td>VIC</td>
<td>VIC</td>
<td>VIC</td>
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<tr>
<td>Chemistry</td>
<td>Paste-to-paste, non-eugenol polycarboxylate</td>
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<tr>
<td>Indications for Use</td>
<td>VIC</td>
<td>VIC</td>
<td>VIC</td>
<td>VIC</td>
<td>VIC</td>
</tr>
<tr>
<td>Delivery</td>
<td>5 ml dual-barrel syringe with mixing tip</td>
<td>VIC</td>
<td>VIC</td>
<td>VIC</td>
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<tr>
<td>Cure Type</td>
<td>Self cure</td>
<td>Light cure</td>
<td>Dual cure</td>
<td>Self cure</td>
<td>Light cure</td>
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<td>Working Time/ Set Time</td>
<td>VIC</td>
<td>VIC</td>
<td>VIC</td>
<td>VIC</td>
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<tr>
<td>Viscosity</td>
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<td>VIC</td>
<td>VIC</td>
<td>VIC</td>
<td>VIC</td>
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<tr>
<td>Shades</td>
<td>Off-white</td>
<td>Translucent (fluoresces under a UV light)</td>
<td>A2, A3.5, Translucent, Opaque White</td>
<td>VIC</td>
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<td>Differentiation</td>
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### Indications for Use

<table>
<thead>
<tr>
<th>Temporary</th>
<th>Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crown</td>
<td>X</td>
</tr>
<tr>
<td>Bridge</td>
<td>X</td>
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<tr>
<td>Veneer</td>
<td>VIC</td>
</tr>
<tr>
<td>Post Cementation</td>
<td>X</td>
</tr>
<tr>
<td>Core Buildup</td>
<td>X</td>
</tr>
<tr>
<td>Walking Bleach</td>
<td>X</td>
</tr>
<tr>
<td>Crown &amp; Bridge for Implants</td>
<td>X</td>
</tr>
<tr>
<td>Endo Access Opening</td>
<td>X</td>
</tr>
<tr>
<td>Orthodontic Bands</td>
<td>X</td>
</tr>
<tr>
<td>Pedodontics</td>
<td>X</td>
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<tr>
<td>Inlays/Onlays</td>
<td>VIC</td>
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</table>

### Bond Strengths

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<tr>
<td>0.15 MPa</td>
<td>2.0 MPa</td>
<td>10–13 MPa</td>
<td>35–40 MPa</td>
<td>55–60 MPa</td>
<td></td>
</tr>
</tbody>
</table>

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**BOND STRENGTHS: Lowest to Highest**

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ClearTemp™ LC
TEMPORARY VENEER CEMENT

- Translucent shade is ideal for temporary anterior veneers
- Light-cure formula provides a quality seal and exceptional retention
- Fluoresces under black light facilitating complete removal
- Ergonomic contra-angle syringe delivery aids in precision placement

ClearTemp LC cement is designed specifically for veneers in the aesthetic zone. Its proprietary, light-cured resin formula provides the additional strength required to keep provisional veneers in place. For luting temporary veneers, nothing will hold as strong or look as natural as ClearTemp LC temporary veneer cement.

Procedure

1. Remove product from refrigerator and bring to room temperature. Clean, rinse, and lightly dry preparation. Express enough ClearTemp LC cement to coat inside surface of provisional.

2. Seat temporary veneer on preparation and remove flash. Light cure for 10 seconds on standard mode with VALO curing light.

3. Use a hand instrument at acrylic margin to break seal and remove provisional. ClearTemp LC cement is very strong and has high adhesion, so temporary veneers may break upon removal. Flake off bulk residual cement with a blunt hand instrument.

4. Illuminate tooth surface with UV light to reveal remaining ClearTemp LC cement. Remove any remaining cement and recheck. Scour prep with pumice-type slurry and cup or brush. Rinse thoroughly and prepare for final cementation.

3518 ClearTemp LC Kit
4 x 0.67 g (0.5 ml) syringes

Store refrigerated.

Note: Due to its high bond strength compared to other temporary cements, ClearTemp LC temporary veneer cement should be used for temporary veneers ONLY.

Fluorescing Properties

ClearTemp LC cement fluoresces under black light for easy detection. Use black light to ensure complete removal of ClearTemp LC cement. This is an important step that minimizes potential to damage final restoration. Use the VALO™ black light lens attachment or UltraSeal™ XT hydro black light keychain for high visibility.

Note: We recommend PermaShade™ LC veneer cement for luting permanent veneers.

1. realityesthetics.com
PermaShade™ LC
LIGHT-CURE VENEER LUTING RESIN

- Unsurpassed low shade shift
- Medium viscosity keeps veneer from drifting prior to cure
- Use for porcelain, zirconia, composite, and other indirect veneers

PermaShade LC is a light-cured luting resin used exclusively for cementing translucent prosthetics where light can transmit and shade matching is important. Its ergonomic contra-angle syringe makes luting delicate prosthetics more convenient than other delivery methods. With enduring color stability and low shrinkage, PermaShade LC is ideal for creating a long-lasting, esthetic smile.

Independent Study

Independent university tests confirm PermaShade LC showed no perceptible shade shift after an accelerated aging process. Light-cured resins tend to be more color stable due to the addition of non-aromatic aliphatic amines, which are resistant to oxidation. ΔE shade shift is less than 3. (3 or higher is visible to the human eye.)

Shrinkage Stress

Low shrinkage stress reduces strain on veneer, minimizing risk of post-cure breakage.

Before and After

Patient with 4 existing anterior composites and large diastema. Received 6 anterior A1 porcelain veneers (13–23) cemented with PermaShade LC resin in Translucent shade.

Unique and ergonomic contra-angle syringe allows for precise, controlled delivery. Note: For optimal handling, bring PermaShade LC resin to room temperature before use.

3517 PermaShade LC Veneer Cement Kit
4 x 0.95 g (0.5 ml) Translucent syringes
3 x 0.95 g (0.5 ml) A2 syringes
3 x 0.95 g (0.5 ml) B1 syringes
3 x 0.95 g (0.5 ml) Opaque White syringes
2 x 1.2 ml (1.24 g) Peak Universal Bond syringes
1 x 1.2 ml (1.58 g) Ultra-Etch syringe
1 x 1.2 ml (1.33 g) Porcelain Etch syringe
1 x 1.2 ml (0.96 g) Silane syringe
20 x Blue Micro Tips
20 x Black Mini Brush Tips
60 x Inspiral Brush Tips

Store refrigerated.

5227 PermaShade LC Translucent Refill
5228 PermaShade LC Opaque White Refill
5229 PermaShade LC A2 Refill
5230 PermaShade LC B1 Refill

4 x 0.95 g (0.5 ml) PermaShade LC syringes

Store refrigerated.
PermaFlo™ DC
DUAL-CURE COMPOSITE LUTING/RESTORATIVE RESIN

- Multiple uses including post cementation, core build up, and luting
- Wear resistant
- Maximum strength
- Radiopaque
- Low polymerization shrinkage
- Self-mixing
- 2.5 minutes working time, 5 - 8 minutes chemical set time

PermaFlo DC luting resin is a highly filled (10% by weight), small-particle, dual-cure resin that flows easily through a small-orifice tip, making post luting simple and convenient. It has the lowest film thickness of only 9 µm.

PermaFlo DC luting resin is recommended for permanent cementation of transparent or opaque crowns, etc. You can use the same mix and delivery method to lute posts and fabricate core buildups. Its optimal viscosity flows easily into the depths of the post preparation and then intimately around protruding, direct-placed posts. To stop material flow during core buildup, tack with a curing light. PermaFlo DC resin is compatible with Peak™ Universal Bond adhesive for light-cured bonding and luting.

Procedure

PermaFlo DC resin is a versatile dual-cure resin formula, that can be used to cement endodontic posts and fabricate core buildups.

Uses

Adhesive luting for crowns, bridges, inlays, and onlays. With syringe/tip delivery, a crown is loaded from the depth of crown to ensure no air entrapment.

The intraoral tip snaps onto PermaFlo DC’s dual-barrel mixing tip for precise placement of luting material.

Technical Data

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
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<tbody>
<tr>
<td>Shear Bond Strength to Enamel (Total-Etch)</td>
<td>53.38 MPa</td>
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<tr>
<td>Shear Bond Strength to Dentin (Total-Etch)</td>
<td>62.07 MPa</td>
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<tr>
<td>Flexural Strength</td>
<td>128.5 MPa</td>
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<td>Flexural Modulus</td>
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<tr>
<td>Compressive Strength</td>
<td>355.91 MPa</td>
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<tr>
<td>Compressive Modulus</td>
<td>4.22 MPa</td>
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</table>

Film Thickness (µm)

<table>
<thead>
<tr>
<th>Resin</th>
<th>Thickness (µm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PermaFlo™ DC</td>
<td>9 µm</td>
</tr>
<tr>
<td>Calibra®</td>
<td>12 µm</td>
</tr>
<tr>
<td>Multilink® AutoMix®</td>
<td>48 µm</td>
</tr>
<tr>
<td>RelyX™ ARC®</td>
<td>16 µm</td>
</tr>
<tr>
<td>Ultra-Bond® Plus®</td>
<td>31 µm</td>
</tr>
</tbody>
</table>

PermaFlo DC resin has the lowest film thickness known for a composite luting resin.

PermaFlo DC Kits

<table>
<thead>
<tr>
<th>Kit Number</th>
<th>Kit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5912</td>
<td>A2 Kit</td>
<td>5914 Translucent Kit</td>
</tr>
<tr>
<td>5913</td>
<td>A3.5 Kit</td>
<td>5915 Opaque White Kit</td>
</tr>
</tbody>
</table>

1 x 5 ml (9.5 g) PermaFlo DC syringe
20 x Mixing Tips
20 x Intraoral Tips

Store refrigerated.

* Registered trademarks of a company other than Ultradent. 1. Data on file.
Sample bonded post procedure:

1. Determine post size and length using a try-in post or X-ray and clinical judgement.

2. Place a rubber stop on UniCore Drill at desired length.

3. Position UniCore™ tip in the pilot hole. Using light pressure, follow the obturation material to the length indicated by rubber stop. Keeping the drill at full speed, withdraw from the canal.

4. Use TriAway™ Adapter with Endo-Eze™ 22 ga tip to clean debris out of post space from bottom up with water and suction.

5. Verify post size and length by placing the corresponding UniCore™ Post. Clean post with isopropyl alcohol after try-in.


6a. Attach 30 ga NaviTip™ FX™ Brush tip to Peak™ SE primer syringe. Apply to post space and coronal preparation for 20 seconds using agitating action.

Blow out excess from bottom up using TriAway Adapter with Endo-Eze™ 22 ga tip and suction. Do not over-dry.

7. Use 30 ga NavilTip™ FX™ tip or Micro Applicator to place Peak™ Universal Bond adhesive. Scrub full length of post space and entire tooth prep for 10 seconds.

8. Remove excess Peak™ Universal Bond adhesive using the TriAway Adapter with Endo-Eze™ 22 ga tip and suction. Air thin adhesive on coronal surface for 10 seconds.

9. Light cure adhesive in post space for 20 seconds. If close to gingiva, use two 10-second intervals or 6 seconds Xtra Power mode on VALO™ curing light.

10. Verify UniCore Post will seat prior to placing luting cement.

11. Load PermaFlo™ DC cement into the Skini Syringe with the pink Endo-Eze™ 20 ga tip. Verify mix and flow.

12. Deliver mixed PermaFlo™ DC cement into post space beginning apically and moving coronally.

13. Insert post slowly and seat to predetermined depth.

14. Tack cure PermaFlo™ DC cement in canal for 5 seconds.

15. Express PermaFlo™ DC cement around post for core build-up. If cement starts to slump, tack cure between layers. Incrementally build up core.

Note: Use the VALO™ curing light with barrier sleeve during procedure.
**UltraTemp™**
POLYCARBOXYLATE, NON-EUGENOL
TEMPORARY LUTING/FILLING MATERIAL

- Non-eugenol formula won’t interfere with resin bonding
- Easily removed by water prior to setting/curing
- Convenient dual-barrel syringe delivery of paste-to-paste formulas
- Mixing tips provide even mixing for reliable adhesion
- Provide optimal sealing capabilities once cured
- Able to withstand normal biting and chewing forces
- Hydrophilic, polycarboxylate chemistry ensures low irritation to pulp and a quality seal
- Use to cover access for intercoronal whitening

UltraTemp luting material is suggested for routine short term temporization of custom-fabricated provisionals or standard preformed provisionals where adequate retention exists.

**Cements**

UltraTemp luting material is suggested for routine short term temporization of custom-fabricated provisionals or standard preformed provisionals where adequate retention exists.

**TEMPORARY PROVISIONAL LUTING**

1. Prior to complete set, remove excess UltraTemp luting/filling material easily with a moist cotton swab or gauze. Following set of 1–2 minutes, remove residual subgingival cement quickly with explorer.

2. Upon provisional removal, two weeks post-op, cement clings to both provisional and preparation. This is one indicator of a quality sealing cement.

3. Flake off residual cement with blunt hand instrument.

4. Use an abrasive like Consepsis™ Scrub CHX antibacterial slurry with a rubber cup or STARbrush™ intercoronal brush to remove residual cement.

**WALKING BLEACH CASE**

1. After following the instructions to place Opalescence™ Endo 35% hydrogen peroxide non-vital “walking bleach” to the tooth, deliver UltraTemp Regular into the chamber with an Ultradent Intraoral tip.

2. Easily wipe away excess with a wet cotton ball or gauze before it sets.

3. Finished. Repeat every 1–5 days until desired results are achieved.

5916 UltraTemp Regular Kit 2- to 3-Minute Set Time
1 x 5 ml (7.82 g) UltraTemp syringe
20 x Mixing tips

Store refrigerated.

1. realityesthetics.com
UltraCem™
RESIN-REINFORCED GLASS IONOMER CEMENT

First of its Kind!
Liquid and Powder Cement Mixed and Delivered from a Syringe!
Strongest RRGI/RMGI tested.¹

Comparative Testing¹

<table>
<thead>
<tr>
<th></th>
<th>UltraCem™</th>
<th>GC Fuji PLUS™**</th>
<th>3M RelyX™ Luting*</th>
<th>3M Ketac-Cem™**</th>
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<tbody>
<tr>
<td>Metal Shear Button (MPa)</td>
<td>10.89</td>
<td>4.76</td>
<td>5.12</td>
<td>3.65</td>
</tr>
<tr>
<td>Crown Pull (MPa)</td>
<td>5.22</td>
<td>3.91</td>
<td>4.59</td>
<td>2.27</td>
</tr>
<tr>
<td>Film Thickness (µm)</td>
<td>24.0</td>
<td>17.6</td>
<td>36.9</td>
<td>25.8</td>
</tr>
</tbody>
</table>

Fluoride Release - One week

UltraCem resin-reinforced glass ionomer cement offers the best of both worlds in a luting cement: efficient delivery and unsurpassed performance. Its advanced chemistry boasts the highest bond strengths in its category, while its unique SpeedMix™ syringe ensures the ultimate luting convenience. UltraCem cement is also available in a traditional hand-mix bottle kit, an economical choice that gives clinicians control over the viscosity and amount of material used.

• High bond strengths
• Sustained fluoride release
• Flowable viscosity and low film thickness won’t compromise fit or occlusion
• Creates an ionic bond with the tooth structure
• 1- to 3-minute working time, 5-minute set time
• Radiopacity >1 mm aluminum

UltraCem resin-reinforced glass ionomer cement is used as a luting cement for indirect restorations (including inlays, onlays, crowns, and bridges) made of metal, porcelain fused to metal, zirconia, and resin. It may also be used for cementation of orthodontic bands.

For zirconia restorations only, apply Peak™ Universal Bond adhesive to the preparation using a scrubbing motion for 10 seconds (no etchant required). Aggressively air thin until surface appears dull and light cure for 10 seconds with VALO™ curing light. For best results, sandblast the inside of the zirconia prosthesis, clean with an air/water spray, and dry.

Note: Never use phosphoric acid to clean zirconia as it will significantly reduce bond strengths. Do not use a zirconia primer with UltraCem cement.

² Registered trademarks of a company other than Ultradent.
¹ Data on file.
UltraCem™ SpeedMix™ Syringe

- Faster and easier than hand mixing
- No need for trituration equipment
- No additional tips or parts required
- Consistent mixing ratios every time
- Unit-dose delivery for low risk of contamination
- Effectively mixes and delivers a superior liquid-powder formula in seconds with no mess

1. Flick/tap barrel 4 times to fluff powder.
2. Press white stem firmly into green stem to push liquid into powder chamber.
3. Leave metal rod in place; grasp plastic delivery/mixing tip and mix chemical 10 to 15 times vigorously back and forth.
4. Fully extend delivery tip.
5. Discard metal rod yellow clip.
6. Express material into prosthesis.

UltraCem™ SpeedMix™ Syringe

- Faster and easier than hand mixing
- No need for trituration equipment
- No additional tips or parts required
- Consistent mixing ratios every time
- Unit-dose delivery for low risk of contamination
- Effectively mixes and delivers a superior liquid-powder formula in seconds with no mess

Scan to visit
Ultradent Products Blog
ultradentproductseu.blog
Ecem, from Germany — a marketing specialist and home cook — smiles when she embarks on a new adventure to somewhere she has never been before. Opalescence Go™ prefilled take-home whitening trays with 6% hydrogen peroxide are convenient so she can whiten on her own schedule. Comfortable and ready-to-use right out of the package. A bright smile helps her make friends on her travels. That’s the power of a smile.

Find out more about cosmetic tooth whitening at opalescence.com/eu.
Finish

ANGELA WELLS
Willow Heights Lake, Utah

Silicone Rubber Polishers
Polishing Brush
Diamond Polishing Pastes
Composite Sealer
**Jiffy™ Polishers**

**CUPS, DISKS, AND POINTS**

- Excellent for contouring, finishing, and polishing composites such as Amelogen Plus
- Latex-free material
- Autoclavable
- Available in 3 grits

Blend abrupt irregularities with a green Jiffy Coarse polisher. Follow with a yellow Jiffy Medium polisher to smooth minor irregularities, and finish with a white Jiffy Fine polisher or a blue Jiffy HiShine for a smooth finish.

---

**Jiffy™ Composite Polishing Brushes**

**REGULAR AND POINTED**

Each bristle is a polishing instrument. Special fibers are impregnated with abrasive silicon carbide particles. Easily recognizable by their golden shafts.

- Each bristle contains thousands of silicon carbide polishing particles
- Access and polish occlusal fissures of composites or ceramics
- For composite polishing, “whip” bristles with firm pressure and high RPM in a slow-speed handpiece
- Integrity is maintained through limited autoclaving cycles

Recommended speed: 1,000–3,000 RPM

Use Jiffy Composite brushes to create a final finish on all surfaces. For best results, apply pressure during polishing.

---

### Jiffy Polisher Variety Pack

<table>
<thead>
<tr>
<th></th>
<th>COARSE</th>
<th>MEDIUM</th>
<th>FINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cups</td>
<td>890</td>
<td>838</td>
<td>841</td>
</tr>
<tr>
<td>Points</td>
<td>892</td>
<td>839</td>
<td>842</td>
</tr>
<tr>
<td>Disks</td>
<td>891</td>
<td>840</td>
<td>843</td>
</tr>
</tbody>
</table>

20 x Polishers

---

### Jiffy Composite Brushes

<table>
<thead>
<tr>
<th></th>
<th>Jiffy Regular Brush</th>
</tr>
</thead>
<tbody>
<tr>
<td>850</td>
<td></td>
</tr>
<tr>
<td>1009</td>
<td>Jiffy Pointed Brush</td>
</tr>
</tbody>
</table>

10 x Brushes

---

1. realityesthetics.com

1. realityesthetics.com
Ultradent™ Diamond Polish
Mint

DIAMOND POLISHING PASTE

- High-grade white microcrystalline diamond particles
- Unsurpassed esthetic polish
- Ideal for porcelain or composite restorations
- For use with Jiffy brushes and felt wheels

<table>
<thead>
<tr>
<th>5540</th>
<th>Diamond Polish Mint 0.5 µm Mini Refill</th>
</tr>
</thead>
<tbody>
<tr>
<td>5541</td>
<td>Diamond Polish Mint 1 µm Mini Refill</td>
</tr>
<tr>
<td></td>
<td>2 x 1.2 ml (1.40 g) syringes</td>
</tr>
</tbody>
</table>

Everything you need in a whitening toothpaste

From the tooth whitening experts!

www.opalescence.com

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Finish

PermaSeal™

**PENETRATING COMPOSITE SEALER**

- Bonds to composite and etched enamel
- Seals microcracks
- Protects and revitalizes composite restorations

PermaSeal composite sealer is a light-cured, methacrylate-based, unfilled resin. Its low viscosity allows excellent penetration, and the ultra-thin layer minimizes the need for occlusal adjustment.

PermaSeal composite sealer seals voids and irregularities created during the polishing process, minimizing staining and wear. Place on Class V composite margins to reduce microleakage. For the final glaze-type finish of resin provisional, cover PermaSeal sealer with a barrier solution prior to light curing. PermaSeal sealer bonds well to composite-type provisional restorations such as ExperTemp and can be used to revitalize old composites as well.

New Restorations

Before: interproximal spaces and slight rotations to be corrected with Peak™ Universal Bond adhesive and composite.

After restoring and polishing, etch 5 seconds and apply PermaSeal to seal composite and create a glossy finish. Air thin and light cure for 20 seconds.

Existing Restorations

Always clean existing composite restorations and adjacent enamel using Consepsis Scrub slurry, pumice, or a microetcher. Rinse and etch 20 seconds. Rinse thoroughly and air dry.

Four-year-old bonded composite following PermaSeal composite sealer treatment.

PrimaDry™

**DRYING AGENT**

PrimaDry drying agent contains 99% organic solvents and 1% primer and is optimal for pit and fissure drying and preparation. It rapidly volatilizes moisture content of pits and fissures and microcracks of existing restorations following the etching process. The ultrafine primer film allows UltraSeal XT™ plus sealant or PermaSeal to flow perfectly into every pit and fissure. Also useful prior to placing composite repairs. Do not use on dentin.

PrimaDry Syringe

| 716 | 4 x 1.2 ml (0.95 g) syringes |

PrimaDry Syringe

| 717 | 20 x 1.2 ml (0.95 g) syringes |

Smooth the provisional surface. Brush PermaSeal composite sealer into surfaces, gently air thin, coat with DeOx barrier solution, and light cure for 20 seconds.

Smooth the provisional surface. Brush PermaSeal composite sealer into surfaces, gently air thin, coat with DeOx barrier solution, and light cure for 20 seconds.

Store refrigerated.

Note: PrimaDry drying agent is great in conjunction with air drying just prior to PermaSeal composite sealer placement.

Store refrigerated.

Equipment

LED Curing Light corded / cordless
Accessories
Protective Eyewear
Diode Laser

GARY HALL
Uintas, Utah
**VALO™ LED CURING LIGHTS**

- Ultra-high-energy broadband LEDs cure all dental materials
- Optimally collimated beam delivers consistent, uniform power
- Three curing modes accommodate your preferences
- Extremely durable, slim, ergonomic shape allows unprecedented access to all restoration sites
- Unique unibody design is both extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch

All VALO LED curing lights use a custom, multiwavelength light-emitting diode (LED) for producing high-intensity light at 385–515 nm, which is capable of polymerizing all light-cured dental materials. This intensity will also penetrate porcelain and is capable of curing underlying resin cements similar to a quality halogen light.

**Valo™ curing lights have custom LED packs that contain chips in 3 wavelengths, which enable VALO lights to cure all dental materials, whether containing proprietary photoinitiators such as Lucrin TPO, PBD, or more commonly found camphorquinone.**
Available on ALL VALO curing lights

Important design features

- Energy-efficient hardened glass lens resists scratching
- Lowest-profile head for a broadband LED
- Scratch-resistant sapphire-hard coating
- Teflon® seal provides ease of cleaning
- Incredibly lightweight
  - VALO Cored: 115 g with cord
  - VALO Cordless: 170 g with batteries
  - VALO Grand: 170 g with batteries
- Unibody construction ensures durability and unsurpassed heat dissipation

Available on VALO Grand and VALO Grand corded curing lights

- Two activation buttons
- 50% bigger lens
- 12 mm

Available on VALO corded and VALO Grand corded curing lights

- Thin cord is long enough for freedom of movement and features Kevlar® strands for unprecedented strength, durability, and flexibility

Average competitor surface area - 46 mm²
VALO curing light surface area - 72 mm²
VALO Grand curing light surface area - 107 mm²
Every VALO™ LED curing light starts as a single bar of tempered, high-grade aerospace aluminum, which is CNC precision milled at Ultradent’s facility in Utah, USA and ends as the most advanced curing light in the world.

True unibody construction via machining ensures durability and superior heat dissipation and facilitates the elegant, ergonomic, and streamlined design that enables the VALO light to access areas other curing lights simply cannot reach.

The VALO light’s slim head allows easy and direct access to all curing sites. The angle of competitor’s 60° light guide causes overextension of jaw and often makes it impossible for light to reach all aspects of preparation. Angled light on a restoration with a matrix band can result in insufficient curing. The VALO light’s direct access and a collimated beam result in complete curing.

Effective Composite-Curing Wavelength Bands

![Spectral Radiant Power (mW/nm)](image)

- **XTRA POWER MODE**
  - Effective lower wavelength band: 405 nm–415 nm
  - Effective upper wavelength band: 440 nm–515 nm
- **HIGH POWER PLUS MODE**
  - Effective lower wavelength band: 385 nm–415 nm
  - Effective upper wavelength band: 420 nm–450 nm
- **STANDARD POWER MODE**
  - Effective lower wavelength band: 390 nm–410 nm
  - Effective upper wavelength band: 430 nm–460 nm

*Trademark of a company other than Ultradent.
**Internal data.
**VALO Technical Information**

<table>
<thead>
<tr>
<th>Range of Light Output (nm)</th>
<th>385 nm–515 nm</th>
</tr>
</thead>
</table>

### Wand
- **Weight**
  - VALO: 115 g (4.1 oz)
  - VALO Cordless: 170 g (6 oz)
  - VALO Cordless without batteries: 136 g (4.9 oz)
  - VALO Grand: 170 g (6 oz)
  - VALO Grand without batteries: 136 g (4.9 oz)
- **Dimensions**
  - VALO: 23.5 x 2.0 x 1.9 cm
  - VALO Cordless: 20.3 x 2.8 x 3.3 cm
  - VALO Grand: 20.3 x 2.8 x 3.3 cm
- **Colors**
  - VALO: Black
  - VALO Cordless: Black, Gold, Fuchsia, Teal
  - VALO Grand: Black
  - VALO Grand Cordless: Black, Sapphire, Red Rock, Midnight

### VALO Power Supply
- **Valo Grand and VALO Grand Cordless Power Supply**
  - 9V DC at 2A, medical grade (UL, CE) with surge protection of 100VAC to 240VAC
  - Rechargeable batteries LiFePO4, RCR123A
  - Smart battery charger 3.6 VDC LiFePO4
  - Medical grade power adapter (UL, CE, RoHS, WEEE)

### Irradiance (mW/cm²)

<table>
<thead>
<tr>
<th>Standard Power</th>
<th>1.000 mW/cm²</th>
<th>1.000 mW/cm²</th>
<th>1.000 mW/cm²</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Power</td>
<td>1.600 mW/cm²</td>
<td>1.400 mW/cm²</td>
<td>1.400 mW/cm²</td>
</tr>
<tr>
<td>Xtra Power</td>
<td>3.200 mW/cm²</td>
<td>3.200 mW/cm²</td>
<td>3.200 mW/cm²</td>
</tr>
</tbody>
</table>

### Lens Diameter
- 9.6 mm VALO and VALO Cordless
- 11.7 mm VALO Grand and VALO Grand Cordless

### Light Timing Programs
- Adjustable time options

### Power On/Off Button
- VALO: Single button (front)
- VALO Cordless: Single button (front)
- VALO Grand: Double button (front & back)
- VALO Grand Cordless: Double button (front & back)

---

**The comparisons below were obtained by shining each curing light through a light-absorbing red dye.**

---

**Actual size**

*Trademark of a company other than Ultradent.*
VALO™ Corded LED CURING LIGHT

- Ultra-high-energy broadband LEDs cure all dental materials
- Optimally collimated beam delivers consistent, uniform power
- Three curing modes—Standard Power, High Power, and Xtra Power—accommodate your preferences
- Extremely durable, slim, ergonomic shape allows unprecedented access to all restoration sites
- Unique unibody design is both extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch
- Slim, ergonomic, light weight wand allows unprecedented access to all restoration sites
- International power supply is suitable for power outlets from 100 to 240 volts; no batteries needed

VALO Corded LED curing light uses a custom, multwavelength light-emitting diode (LED) for producing high-intensity light at 385–515 nm, which is capable of polymerizing all light-cured dental materials. This intensity will also penetrate porcelain and is capable of curing underlying resin cements similar to a quality halogen light. The VALO curing light has a medical-grade, international power supply and is suitable for power outlets from 100 to 240 volts. The handpiece is designed to rest in a standard dental unit bracket or can be custom mounted using the bracket included in the kit.
VALO™ Cordless LED CURING LIGHT

Ultra-high-energy broadband LEDs cure all dental materials
Optimally collimated beam delivers a complete, uniform cure
Three curing modes – Standard, High Power, and Xtra Power – for maximum versatility
Extremely durable, slim, ergonomic shape allows unprecedented access to all restoration sites
Operates on environmentally responsible, safe, inexpensive, rechargeable batteries
Highly efficient LEDs and aerospace aluminum keep wand body cool to the touch
Battery-operated, cordless wand design provides optimal convenience and flexibility
Operates on environmentally responsible, safe, inexpensive, rechargeable batteries

VALO Cordless LED curing light uses a custom, multwavelength light-emitting diode (LED) for producing high-intensity light at 385–515 nm, which is capable of polymerizing all light-cured dental materials. This intensity will also penetrate porcelain and is capable of curing underlying resin cements similar to a quality halogen light. The VALO Cordless curing light uses VALO rechargeable batteries and a battery charger suitable for power outlets from 100 to 240 volts. The handpiece is designed to rest in a standard dental unit bracket or can be custom-mounted using the bracket included in the kit. It can also be stored on a countertop or in a drawer. The VALO Cordless curing light is equipped with a sensor that registers movement of the light; when the light is not being used, the VALO Cordless curing light will automatically go into sleep mode and when moved will return to the most recently used setting.

WARNING:
Only use rechargeable batteries stated in the instructions for use. Some rechargeable batteries can effect the function of the VALO.

5941 VALO Cordless Kit - Black
5943 VALO Cordless Kit - Gold
5945 VALO Cordless Kit - Fuchsia
5946 VALO Cordless Kit - Teal

1 x VALO Cordless LED curing light
4 x Rechargeable batteries
1 x Battery charger
1 x Charging unit power supply
1 x Handpiece bracket holder
1 x Blue light blocking light shield
1 x Sample pack of barrier sleeves

5961 VALO Charging Unit Power Supply
1 pk

5962 VALO Cordless Battery Charging Unit
1 pk

5963 VALO Cordless Rechargeable Batteries
2 pk

4667 VALO Cordless Barrier Sleeves
100 pk

5929 VALO Cordless Light Shield
1 pk

508 UltraTect Glasses
1 pk

1. www.realityesthetics.com
VALO™ Grand Corded LED CURING LIGHT

- Ultra-high-energy broadband LEDs cure all dental materials
- Optimally collimated beam delivers consistent, uniform power
- Three curing modes—Standard Power, High Power, and Xtra Power—accommodate your preferences
- Extremely durable, slim, ergonomic shape allows unprecedented access to all restoration sites
- Unique unibody design is both extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch
- Second activation button on the underside allows for intuitive operation
- International power supply is suitable for power outlets from 100 to 240 volts; no batteries needed

VALO Grand Corded LED curing light uses a custom, multiwavelength light-emitting diode (LED) for producing high-intensity light at 385–515 nm, which is capable of polymerizing all light-cured dental materials. This intensity will also penetrate porcelain and is capable of curing underlying resin cements. The VALO curing light has a medical-grade, international power supply and is suitable for power outlets from 100 to 240 volts. The handpiece is designed to rest in a standard dental unit bracket or can be custom-mounted using the bracket included in the kit.

5971 VALO Grand Corded Kit
1 x VALO Grand Corded LED curing light
1 x Power supply with universal plugs - 1,83 m cord
1 x Handpiece bracket holder
1 x Blue light blocking light shield
1 x Sample pack of barrier sleeves

5930 VALO Charging Unit Power Supply, 1,83 m
1 pk

5933 VALO Charging Unit Power Supply, 4,88 m
1 pk

4669 VALO Grand Corded Barrier Sleeves
100 pk

3604 VALO Grand Light Shield
1 pk

508 UltraTect Glasses
1 pk

1. www.realityesthetics.com
**VALO™ Grand Cordless LED CURING LIGHT**

- Ultra-high-energy broadband LEDs cure all dental materials
- Optimally collimated beam delivers consistent, uniform power
- Three curing modes Standard Power, High Power Plus, and Xtra Power – accommodate your preferences
- Extremely durable, slim, ergonomic shape allows unprecedented access to all restoration sites
- Unique unibody design is both extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch
- Second activation button on the underside allows for intuitive operation
- Battery-operated, cordless wand design provides optimal convenience and flexibility
- Operates on environmentally responsible, safe, inexpensive, rechargeable batteries

VALO Grand Cordless curing light uses a custom, multiwavelength light-emitting diode (LED) for producing high-intensity light at 385–515 nm, which is capable of polymerizing all light-cured dental materials. This intensity will also penetrate porcelain and is capable of curing underlying resin cements similar to a quality halogen light. The VALO Grand Cordless curing light uses VALO rechargeable batteries and a battery charger suitable for power outlets from 100 to 240 volts. The handpiece is designed to rest in a standard dental unit bracket or can be custom-mounted using the bracket included in the kit. It can also be stored on a countertop or in a drawer. The VALO Grand curing light is equipped with a sensor that registers movement of the light; when the light is not being used, the VALO Grand curing light will automatically go into sleep mode and when moved will return to the most recently used setting.

**WARNING:**
Only use rechargeable batteries stated in the instructions for use. Some rechargeable batteries can effect the function of the VALO.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5972</td>
<td>VALO Grand Cordless Kit - Black</td>
</tr>
<tr>
<td>4866</td>
<td>VALO Grand Cordless Kit - Midnight</td>
</tr>
<tr>
<td>4864</td>
<td>VALO Grand Cordless Kit - Sapphire</td>
</tr>
<tr>
<td>4865</td>
<td>VALO Grand Cordless Kit - Red Rock</td>
</tr>
<tr>
<td>5961</td>
<td>VALO Charging Unit Power Supply</td>
</tr>
<tr>
<td>5962</td>
<td>VALO Grand Battery Charging Unit</td>
</tr>
<tr>
<td>5963</td>
<td>VALO Grand Rechargeable Batteries</td>
</tr>
<tr>
<td>4666</td>
<td>VALO Grand Cordless Barrier Sleeves</td>
</tr>
<tr>
<td>3604</td>
<td>VALO Grand Light Shield</td>
</tr>
<tr>
<td>508</td>
<td>UltraTect Glasses</td>
</tr>
</tbody>
</table>
### Equipment

**VALO™ and VALO™ Cordless Accessories** (not yet available for the VALO™ Grand light)

<table>
<thead>
<tr>
<th>Lens Type</th>
<th>Quantity</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PointCure™ Lens</strong></td>
<td>2pk</td>
<td>5934</td>
<td>Clear lens for pinpoint curing of small composites or tack curing veneers.</td>
</tr>
<tr>
<td><strong>ProxiCure™ Ball Lenses</strong></td>
<td>2pk</td>
<td>5936</td>
<td>ProxiCure Ball lenses facilitate the building of convex proximal contacts. Imprint is easily filled with composite in a second step. Push ProxiCure Ball lens against interproximal wall of band; do not submerge in composite.</td>
</tr>
<tr>
<td><strong>TransLume™ Lenses</strong></td>
<td>2pk</td>
<td>5937</td>
<td>The green lens aids in locating and demonstrating cracks and subsurface differences. The penetrating ability of the orange lens shows the obstruction to light caused by posts or internal bubbles.</td>
</tr>
<tr>
<td><strong>Black Light Lens</strong></td>
<td>2pk</td>
<td>5939</td>
<td>Black Light lens aids in detecting fluorescent particles in resins for easy differentiation from natural enamel.</td>
</tr>
<tr>
<td><strong>Mounting Bracket</strong></td>
<td>1pk</td>
<td>1667</td>
<td>Use the mounting bracket for the VALO or VALO Cordless curing lights and mount to any surface.</td>
</tr>
</tbody>
</table>

Lenses are reusable and should be disinfected using an intermediate-level disinfectant.
### UltraTect™ Protective Eyewear

Glasses are flexible and impact resistant for ultimate durability. Orange lenses protect against the blue light generated by the VALO™ curing lights.

UltraTect protective eyewear is made for the modern dental environment. The high-quality, lightweight frames and polycarbonate lenses are both comfortable and durable, and they meet ANSI and CE safety standards for protection against impact injuries and chemical exposure. Clinicians, assistants, and patients all benefit from the safety and comfort of UltraTect eyewear.

**Note:** Do not use for laser protection.

<table>
<thead>
<tr>
<th>Style Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>508</td>
<td>Black Frame / Orange Lens (Blue Light Blocking)</td>
</tr>
<tr>
<td>501</td>
<td>Black Frame / Clear Lens</td>
</tr>
<tr>
<td>914</td>
<td>Maroon Frame / Brown Lens</td>
</tr>
</tbody>
</table>

### Ultradent™ Utility Vinyl Cutters

- Use for gross trimming of tray

**Equipment**

<table>
<thead>
<tr>
<th>Style Code</th>
<th>Item Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>604</td>
<td>Utility Vinyl Cutters</td>
<td>1 pk</td>
</tr>
</tbody>
</table>

### Ultradent™ Ultra-Trim Scalloping Scissors

- Precisely trims tray border around interdental papilla
- Spring-loaded to minimize finger fatigue
- Grips tray material easily
- Made of durable stainless steel

**Equipment**

<table>
<thead>
<tr>
<th>Style Code</th>
<th>Item Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>605</td>
<td>Ultra-Trim Scalloping Scissors</td>
<td>1 pk</td>
</tr>
</tbody>
</table>
 Gemini™
810 + 980 DIODE LASER

• 20 watts of peak super-pulsed power for fast and smooth cutting
• Dual wavelength technology combines the optimal melanin absorption of an 810 nm wavelength diode laser with the optimal water absorption of the 980 nm wavelength diode laser
• Tip illumination provides better visibility at surgical site
• Sleek, innovative design features a stunning transparent electroluminescent display
• Simple user interface and 20 preset procedures enhance ease of use
• Wireless foot pedal and battery operation allow for convenient movement from operatory to operatory
• Autoclavable handpiece for simple sterilization between procedures
• Designed and assembled in the U.S. from U.S. and imported components

The Gemini™ laser features the utility of a PBM adaptor. Photobiomodulation (PBM) is a photo-chemical reaction where light energy of a certain wavelength, intensity, and duration is absorbed at a cellular level, improving local circulation, oxygenation, and enzyme activity.

The benefits of PBM include:
• Temporary pain relief
• Improved local blood circulation
• Relaxation of muscle
• Inflammation decrease
• Faster healing
• Improved cellular function, especially in stressed cells

---

Diode Laser Peak Power Comparison¹

<table>
<thead>
<tr>
<th>Laser</th>
<th>Peak Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIROlaser Advance™*</td>
<td>14 W</td>
</tr>
<tr>
<td>Gemini™²</td>
<td>20 W</td>
</tr>
<tr>
<td>Epic™ 10³</td>
<td>10 W</td>
</tr>
<tr>
<td>Precise™ SHP*</td>
<td>3 W</td>
</tr>
<tr>
<td>Picasso™ Lite*</td>
<td>2 W</td>
</tr>
</tbody>
</table>

---

8990 Gemini Laser Kit
1 x Gemini Laser
1 x Power supply
1 x Foot pedal
1 x Handpiece
10 x 5 mm tips
3 x Safety glasses sets

8991 Gemini Power Supply
1 x Power supply

8992 Gemini Foot Pedal
1 x Foot pedal

8993 Gemini 5 mm Pre-Initiated Tip
25 x 5 mm tips

8994 Gemini 7 mm Uninitiated Tip
25 x 7 mm tips

8995 Gemini Safety Glasses
1 x Safety glasses

8996 Handpiece Shell
1 x Handpiece shell

8998 Gemini PBM Adapter Kit
1 x Handpiece Holder Clip
1 x PBM Adaptor
2 x Disposable Spacer Tips

8999 Gemini PBM Spacer Tips - 5pk
5 x Disposable Spacer Tips

¹Trademark of a company other than Ultradent.
²Data published by manufacturer.
³Peak power in dual wavelength mode.
Apex Locator
Repair Cement
Root Canal Sealer
Coated Gutta Percha Points
Auxiliaries for Root Canal Treatments
Endodontic Tips
Calcium Hydroxide Paste
Root Canal Disinfectants and Cleaners
Post and Drill System
Research has shown that instrumentation beyond the apical foramen is a widespread problem, occurring in over half (51%) of the premolars and nearly a quarter (22%) of the molars evaluated in a study. When a file extends beyond the apical foramen and enters the periapical tissues, pain and swelling can occur, resulting in emergency appointments and additional costs for you and the patient. The FIND apex locator helps to avoid overinstrumentation by providing accurate and reliable measurements to notify you when you’ve reached the ideal working length.

The Effect of Overinstrumentation

The success of any root canal treatment depends on accuracy. The most widely used method for determining the apical limit is the radiograph, but, unfortunately, it’s not the most accurate. If the film isn’t positioned exactly, or if the angle of the X-ray beam isn’t precise, or if there are interferences from equipment or anatomical structures, the reliability of the radiograph suffers. Not to mention that the location of the apical foramen is not always the same as the location of radiographical anatomical apex.

By sending an electronic signal all the way to the tip of the file, the FIND apex locator lets you know when you’ve reached the apical foramen, eliminating the risk of overinstrumentation beyond anatomical apex into the periapical tissues.

A study published in the Journal of Endodontics evaluating 338 radiographs showed the file extending past the foramen – even when the radiograph showed it short of or at the foramen – an average of 24.5% of the time.

Utilizing the advantages of its well-proven technology, the FIND apex locator offers the clinician unsurpassed accuracy, unrivaled reliability, and an extremely user-friendly interface. The custom color graphic display of the unit helps to achieve the optimal endodontic performance required during every root canal treatment.

An X-ray is a bidimensional picture of projected shadows. Depending on the apical foramen position, the top of the endodontic file could be beyond the foramen and the X-ray image shows short of the apex.
Endodontics

**Technique Guide**

1. Plug the measuring cable into the device. The connector icon will appear.

2. Test the connection by touching the file clip to the lip clip. Connection icon will appear.

3. Ensure that the tooth is properly isolated.

4. Place the lip clip onto the patient’s lip.

5. Before beginning the electronic measurement, preflare the cervical third and middle third of the canal.

6. Ensure that the canal is filled with irrigant up to the canal opening.

7. Insert a stainless steel K-File to the temporary working length. If the chosen file is loose inside the canal, exchange it for a file with a larger diameter.

8. Connect the file clip to the file. The file icon inside the tooth image will stop blinking.

9. Move the file toward the foramen. As the file progresses, colored dots will appear inside the root canal image on the display to indicate the file’s progress. Numerical readings will appear on the right side of the display.

10. When you have reached the foramen, adjust the rubber stop on the file to mark the length.

11. Determine the electronically obtained length with an endodontic ruler. To establish the working length, subtract 0.05–1.0 mm from the electronic length.

---

**3362 Endo-Eze FIND Apex Locator Kit**
- 1 x FIND unit
- 1 x Cradle
- 1 x Touch probe
- 1 x Measuring cable
- 2 x File clips
- 5 x Lip clips

**3364 Endo-Eze FIND Touch Probe**
- 2 x Touch probes

**3363 Endo-Eze FIND File Clips**
- 2 x File clips

**3365 Endo-Eze FIND Measuring Cable**
- 1 x Measuring cable

**3368 Endo-Eze FIND Lip Clips**
- 5 x Lip clips

---

MTAFlow™ repair cement has a smooth consistency due to the ultrafine powder and proprietary gel medium. The formulation is resistant to washout, which helps to ensure that the mixture stays right where you place it.

1. Use a cement spatula to remove excess powder. **DO NOT** use powder without leveling at edge of scoop.
2. Shake from top to bottom 3 times. Make sure that gel is in tip end of bottle before expressing.
3. After mixing, insert mixed MTAFlow cement into back of clear Skini syringe.
4. Reinsert plunger and express a small amount of material through tip.
5. Mixed MTAFlow cement inside syringe will be usable for up to 15 minutes.
6. Use thin consistency and a NaviTip™ 29 ga tip to deliver MTAFlow cement inside canal.

**Warning:** MTA has limited antimicrobial properties. When MTAFlow is used in primary dentition vital pulpotomy, use only sterile water during the procedure.

Perforation located in cervical third of mesial buccal canal.

MTA cement in place showing repair.

“MTA cement is a bioactive material. The formation of hydroxyapatite (HA) will cover the surface of the MTA exposed to body fluids, and that layer of HA will no longer look like a foreign material to the living cells. Therefore, the MTA will support healing.”

---

The right consistency for the right procedure

The mixing ratio of the powder and gel components of MTAFlow™ repair cement is adaptable based on the procedure. Use a thick consistency for pulp capping, pulp chamber perforation, and pulpotomy; a thin consistency for resorption, apexification, and apical plug; or a putty consistency for root end filling. Whatever consistency you need, you can be sure MTAFlow™ repair cement will be effective, non-gritty, and easy to deliver accurately. More gel or powder may be added at any time during mixing to achieve the desired consistency.

### MIXING PROPORTION SUGGESTIONS (POWDER AND GEL)*

<table>
<thead>
<tr>
<th>Applications</th>
<th>Powder (Measuring Spoon)</th>
<th>Resorption, Apexification, Apical Plug</th>
<th>Root End Filling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulp Capping, Pulp Chamber Perforation, Primary Dentition Vital Pulpotomy</td>
<td>2 big ends (0.26 g)</td>
<td>1 big end plus 1 small end (0.19 g)</td>
<td>1 big end plus 1 small end (0.19 g)</td>
</tr>
<tr>
<td>Resorption, Apexification, Apical Plug</td>
<td>1 big end plus 1 small end (0.19 g)</td>
<td>1 drop**</td>
<td></td>
</tr>
<tr>
<td>Root End Filling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>1 big end plus 1 small end (0.19 g)</td>
</tr>
<tr>
<td>Gel Drops</td>
<td>3 drops</td>
<td>3 drops</td>
<td>1 drop**</td>
</tr>
<tr>
<td>Consistency</td>
<td>Thick</td>
<td>Thin</td>
<td>Putty</td>
</tr>
<tr>
<td>Deliver</td>
<td>Micro 20 ga tip</td>
<td>NaviTip 29 ga tip</td>
<td>Non-syringe delivery</td>
</tr>
</tbody>
</table>

* More powder or gel can be added to achieve desired consistency.
** Depends on the desired consistency

Everything you need in one place

The MTAFlow™ kit comes with the essential tools you’ll need to mix and deliver cement. The kit contains enough MTA powder and gel to complete 8–10 applications.

### 3980-1 MTAFlow Kit

- 1 x Technique guide
- 1 x Instructions for use
- 1 x 2 g MTAFlow Powder
- 1 x 2 ml MTAFlow Gel
- 1 x Measuring spoon
- 1 x Mixing pad
- 10 x Skin syringes
- 10 x Luer Lock caps
- 20 x Micro 20 ga tips

![Images of pulp capping, pulp chamber perforation, primary dentition vital pulpotomy, resorption, apexification, apical plug, root end filling.]
EndoREZ™
CANAL SEALER

30-60 minute regular set
5-12 minute set when used with accelerator

- The world’s first hydrophilic and self-priming resin sealer
- More effective obturation in less time
- Provides a complete, thorough seal
- Has the same radiopacity as gutta percha
- Bonds to resin-based core/composite materials
- Retreatable when combined with gutta percha
- Provides syringe delivery to the apical third

EndoREZ canal sealer minimizes the amount of chair time required for obturation. This thixotropic material has an affinity for moisture deep in dentinal tubules and lateral canals, providing the most complete seal available. Since methacrylate-based EndoREZ canal sealer relies on chemistry rather than heat or pressure to fill the canal, the risk of additional root trauma/fracture is greatly reduced. Additionally, studies show that EndoREZ canal sealer is versatile enough to be used as the sealer with any obturation method, e.g., master cone, lateral condensation, or warm gutta percha. Create a “monobloc” by using EndoREZ resin-coated gutta percha points.

EndoREZ contains a special hydrophilic organophosphate methacrylate monomer that increases its hydrophilicity and produces a resin with a strong affinity for moisture with resin penetration of 1,200 µm into the tubules.

EndoREZ results in predictable fills that are radiopaque, easily diagnosed, and suitable for retreatment and post-and-core procedures.

Note: The following lubricants contain peroxides that are not compatible with EndoREZ: EndoGel®, EndoSequence®, Glyde®, ProLube®, RC-Prep®, SlickGel ES® and others.

EndoREZ penetrates into tubules and adapts to the walls like no other sealer on the market.

Ultradent’s patented NaviTip™ tip delivers EndoREZ into entire anatomy of canal in one step.

5901 EndoREZ Obturation .02 Taper Kit
5902 EndoREZ Obturation .04 Taper Kit
5903 EndoREZ Obturation .06 Taper Kit
1 x 5 ml (8.15 g) dual-barrel syringe
20 x Skin syringes
20 x Mixing tips
20 x Assorted NaviTip tips (29 ga)
120 x EndoREZ Points
Store refrigerated.

5900 EndoREZ Kit
1 x 5 ml (8.15 g) dual-barrel syringe
20 x Mixing tips
Store refrigerated.

Note: The following lubricants contain peroxides that are not compatible with EndoREZ: EndoGel*, EndoSequence*, Glyde*, ProLube*, RC-Prep*, SlickGel ES* and others.

**ENDOREZ™ CANAL SEALER SEQUENCE OF CLINICAL USE**

- Fit an EndoREZ™ gutta percha point to working length. Verify radiographically.
- Remove moisture from canal space using Capillary tip and Ultradent™ Luer Vacuum Adapter, followed by a paper point (paper point should be damp 1–3 mm at tip). Canal should be damp, not desiccated, prior to obturating with hydrophilic EndoREZ sealer. Deliver hydrophilic EndoREZ sealer using a Navitip™ tip 29 ga, inserting the tip 2–4 mm short of working length.
- Express EndoREZ canal sealer with light pressure into canal while withdrawing tip. Keep the Navitip™ orifice buried in material while expressing EndoREZ and withdrawing tip.
- Slowly insert master EndoREZ gutta percha point cone or Genius gutta percha to working length. Be sure to use a single gentle movement toward apical area. Avoid using a "pump" movement with cone. Passive or cold lateral compactations can be used. Without using accelerator, EndoREZ canal sealer will set in about 30–60 minutes.
- Light cure EndoREZ canal sealer with VALO™ LED curing light for 40 seconds. Initial surface polymerization with curing light (without EndoREZ Accelerator) is less than 0.3 mm thick and aids in immediate restoration. Trim excess gutta percha with a very hot instrument.

**Canal Sealing**

EndoREZ resin based canal sealer is designed with enhanced flowability properties. The delivery technique using a Skini syringe and Navitip tip allows for insertion of EndoREZ canal sealer at the apical third. Insertion level is based on the final instrument used. For small diameters (from 25 to 30), final instrumentation (left) allows insertion at 2 mm before working length. For large diameters (from 60 to 80), final instrumentation it is recommended for insertion 4 mm less than the working length.

Cases of incomplete formation of apex or reabsorbed foramen could be treated in one visit with an apical MTA cement plug. It will prevent EndoREZ canal sealer extrusion and creates a biological sealing at the apical foramen.

**EndoREZ™ Accelerator**

- Accelerates EndoREZ sealer polymerization
- Enables post preparation in the same appointment

EndoREZ Accelerator reduces EndoREZ set time from 30–60 minutes to about 5–12 minutes, before the commencement of post-endo restorative procedures, enabling the start of definitive post restorations right away. It is designed to work hand in hand with the groundbreaking EndoREZ for reliable obturation and minimized chair time.

**EndoREZ Accelerator Single Use**

- **399 EndoREZ Accelerator Single Use**
  - 20 x 0.035 ml Vials (Single use)
EndoREZ™ Points

RESIN-COATED GUTTA PERCHA POINTS

- The ONLY resin-coated gutta percha
- Chemically bonds to EndoREZ and other resin-based sealers

EndoREZ Points are standard ISO-sized gutta percha points coated with a thin resin coating, which bonds chemically to EndoREZ canal sealer. They are the first gutta percha points to achieve a chemical bond with the sealer, providing a more effective seal than traditional gutta percha.

GUTTA PERCHA SEM

![Coated and Uncoated Gutta Percha SEM](image)

GUTTA PERCHA SEM

Coated Uncoated

EndoREZ™ Points

<table>
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Endo-Eze™ Ruler

1295 Endo-Eze Ruler
25 x rulers

Skini Syringe

In dentistry, air often gets in the way of the materials used in canals. Displacing that air is essential for achieving a predictable seal and completely filling the canal preparation. The EndoREZ delivery system is optimized to displace air and create the highest seal possible by delivering materials from the bottom of the canal up, achieving bubble-free and complete application.

1. Transfer EndoREZ™ canal sealer out of dual barrel syringe into back of a Skini syringe using Mixing tip.
2. Fill syringe to back flange so no air remains between plunger and EndoREZ canal sealer.
3. Attach a 29 ga NavTip™ tip of the appropriate length. Express a small amount of EndoREZ canal sealer extraorally to verify flow. Make sure tip end is not bound in the apical region before expressing sealer.

1680 Skini Syringe
20 pk

1681 Skini Syringe
50 pk

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Ultradent™ Luer Vacuum Adapter

- A great time saver for any practice
- Dries canals quickly and efficiently
- Minimizes paper point use

Slide Ultradent’s Luer Vacuum Adapter onto any chairside HVE unit to efficiently remove irrigants and debris. Compatible with any Luer tip, the Luer Vacuum Adapter saves time and minimizes the use of paper points. It can be used with Capillary tips, which have tapered, flexible cannulae that reach deep into canals for enhanced cleaning and drying.

Dries Canals Faster than Ever

1. Irrigate canals through NaviTip™ tip or NaviTip™ 31 ga Double Sideport tip.

2. With Capillary tip attached to vacuum, slide tip deep into canal. Move tip in and out while vacuuming. One can usually hear and/or see solutions being removed from canal.

3. The Luer Vacuum Adaptor makes it easy to see what is coming from inside the canal, easily identifying its content.

4. Insert paper points into canal to verify level of dryness.

NaviTip™ Tips

With the NaviTip™ tips you will have controlled delivery anywhere in the canal. The flexible cannulas and rounded tip easily navigate curved canals.

<table>
<thead>
<tr>
<th>NaviTip™ Tips</th>
<th>mm</th>
<th>20pk</th>
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<tbody>
<tr>
<td>NaviTip 29 ga Green</td>
<td>27 mm</td>
<td>5115</td>
<td>1377</td>
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<td>NaviTip 29 ga Blue</td>
<td>25 mm</td>
<td>5114</td>
<td>1376</td>
</tr>
<tr>
<td>NaviTip 29 ga Yellow</td>
<td>21 mm</td>
<td>5113</td>
<td>1374</td>
</tr>
<tr>
<td>NaviTip 29 ga White</td>
<td>17 mm</td>
<td>5112</td>
<td>1378</td>
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<tr>
<td>NaviTip 29 ga Green-White</td>
<td>27 mm–17 mm</td>
<td>5116</td>
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### IRRIGATION PROTOCOL SUGGESTION

<table>
<thead>
<tr>
<th>Establish Patency</th>
<th>Preparation and Glide Path</th>
<th>Instrumentation/Obturation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fill canal with NaOCl, and then place a small amount of File-Eze™ 19% EDTA at canal. These chemicals will be in the canal simultaneously.</td>
<td>1. Fill canal with NaOCl.</td>
<td>8. Fill canal with Ultradent™ EDTA 18% solution. Leave for approximately 60 seconds.</td>
</tr>
<tr>
<td>2. Scout canal with a #10 or #15 SS K-File.</td>
<td>2. Create a glide path using a #15 SS Hand K-File to the working length. Using watch-winding movements, open space until the file is loose.</td>
<td>9. Evacuate with the Ultradent™ Luer Vacuum Adapter and Capillary tip.</td>
</tr>
<tr>
<td>3. Irrigate with 3–5 ml of NaOCl. File-Eze solution is no longer needed in procedure.</td>
<td>3. Irrigate with additional 3–5 ml of NaOCl.</td>
<td>10. Soak with chlorhexidine gluconate solution. Leave for approximately 3–5 minutes.</td>
</tr>
<tr>
<td>4. Fill canal with NaOCl.</td>
<td>4. Fill canal with NaOCl.</td>
<td>11. Evacuate with the Ultradent Luer Vacuum Adapter and Capillary tip.</td>
</tr>
<tr>
<td>5. Before using the Endo-Eze™ FIND™ apex locator, make sure the tip of the file is engaged at the apical region.</td>
<td>5. Use additional preferred file sequence always followed by copious irrigation.</td>
<td>12. Dry with paper points for 1–2 seconds (each point should be damp approximately 1–3 mm at tip).</td>
</tr>
<tr>
<td>6. Irrigate with 3–5 ml of NaOCl.</td>
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<td>13. Canal should be damp, NOT desiccated, prior to obturation with EndoREZ™ canal sealer.</td>
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</table>
File-Eze™ EDTA Lubricant
FILE LUBRICANT

- Peroxide free; will not affect the set of resin sealers

File-Eze file lubricant is an effective 19% EDTA in a water-soluble, viscous solution for chelating, lubricating, and debriding root canal preparations.

Note: The following lubricants contain peroxides that are not compatible with EndoREZ canal sealer: EndoGel®, EndoSequence®, Glyde®, ProLube®, RC-Prep®, SlickGel ES® and others.

1075  File-Eze Kit
4 x 1.2 ml (1.43 g) syringes
20 x NaviTip
(Assorted 30 ga - 5 of each length)

297  File-Eze Refill
4 x 1.2 ml (1.43 g) syringes

682  File-Eze IndiSpense Syringe
1 x 30 ml (35.64 g) syringe

* Trademarks of a company other than Ultradent.

162  EDTA 18% IndiSpense Syringe
1 x 30 ml (33.27 g) syringe

A root canal chelating agent that conditions/cleans through a chelation process, Ultradent EDTA 18% Solution is the irrigant of choice for smear layer removal and can be used as a final irrigant prior to obturation.

1. Canal instrumentation (no irrigants or lubricants). Smear layer intact in canal.
2. Canal instrumentation plus sodium hypochlorite. Smear plugs still intact.
3. Canal instrumentation with both sodium hypochlorite and EDTA. Smear layer is removed. Clean, open tubules.
4. Close up of Figure 3.
UltraCal™ XS

30%-35% CALCIUM HYDROXIDE PASTE

- Radiopaque
- High pH
- Superior at delivery control

UltraCal XS calcium hydroxide paste is a uniquely formulated paste that is both aqueous and radiopaque, with a high pH (12.5). It is recommended the larger 29 ga NaviTip be used for predictable flow, enabling direct placement. UltraCal XS paste can be thoroughly removed from the canal using Ultradent Citric Acid and a NaviTip™ FX™.

Second-visit protocol with an interappointment intracanal medication with calcium hydroxide resulted in improved microbiological status of the root canal system when compared with a single-visit protocol.1


Ultradent™ Citric Acid 20% Solution

- Recommended as a cleanser/conditioner of prepared root canals
- Removes mineral and smear layers
- Slightly viscous formula facilitates lubrication
- Removes calcium hydroxide paste

Ultradent Citric Acid is a mild acidic material that is effective at dissolving/cleaning calcium hydroxide from canals (e.g. UltraCal XS). It is also recommended as a cleanser/conditioner to remove smear layer from dentinal walls. Deliver with the NaviTip or the NaviTip FX.
NaviTip™ Reference Guide

- Provide controlled delivery close to the apical third
- Flexible, stainless steel cannulae easily navigate curved canals

<table>
<thead>
<tr>
<th>Product</th>
<th>Recommended Tip</th>
<th>Compatible Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>682 - File-Eze™ IndiSpense Syringe</td>
<td>29 ga or 30 ga</td>
<td>—</td>
</tr>
<tr>
<td>162 - EDTA 18% IndiSpense Syringe</td>
<td>31 ga Double Sideport Irrigator</td>
<td>30 ga and NaviTip™ FX™</td>
</tr>
<tr>
<td>1027 - UltraCal™ XS Kit</td>
<td>29 ga</td>
<td>—</td>
</tr>
<tr>
<td>329 - Citric Acid</td>
<td>NaviTip™ FX™</td>
<td>31 ga Double Sideport Irrigator</td>
</tr>
<tr>
<td>5900 - EndoREZ™ Kit</td>
<td>29 ga</td>
<td>—</td>
</tr>
<tr>
<td>3980-1 - MTAFlow™ Kit</td>
<td>29 ga</td>
<td>Micro 20 ga</td>
</tr>
</tbody>
</table>
UniCore™ POST AND DRILL SYSTEM

- Superior strength
- Esthetic and radiopaque
- Color-matched drills and posts
- Ultradent’s UniCore “Kit of Kits” provides all items needed for post requirements

UniCore posts are composed of glass fibers. The translucent and radiopaque UniCore Post responds to compressive forces as dentin would, without compromising the durability of the restoration. The gentle taper of the UniCore Post corresponds to the natural anatomy of the tooth and perfectly matches the post space created by the UniCore Drill. The five sizes and colors of UniCore Posts correspond to those of the UniCore Drill. The UniCore Drill is unique in its ability to remove obturators while preparing a post chamber that perfectly corresponds to its post. The UniCore drill features a patented heat-generating tip, which facilitates the removal of fiber posts, rigid carriers, and traditional gutta percha. It’s heat-dissipating, diamond-coated collar preserves tooth structure, and its specially designed flutes cut canal walls laterally instead of vertically.

The UniCore Post is noticeably more radiopaque than the leading competitor.

Radiopacity Comparison

<table>
<thead>
<tr>
<th>UniCore™ Drills</th>
<th>Size</th>
<th>Size</th>
<th>1pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size 0</td>
<td>0.6 mm</td>
<td>7134</td>
<td></td>
</tr>
<tr>
<td>Size 1</td>
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<tr>
<td>Size 2</td>
<td>1.0 mm</td>
<td>7122</td>
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<tr>
<td>Size 3</td>
<td>1.2 mm</td>
<td>7123</td>
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</tr>
<tr>
<td>Size 4</td>
<td>1.5 mm</td>
<td>7124</td>
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<table>
<thead>
<tr>
<th>UniCore™ Posts</th>
<th>Size</th>
<th>Size</th>
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</thead>
<tbody>
<tr>
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<td>7135</td>
<td></td>
</tr>
<tr>
<td>Size 1</td>
<td>0.8 mm</td>
<td>7125</td>
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<tr>
<td>Size 2</td>
<td>1.0 mm</td>
<td>7126</td>
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<tr>
<td>Size 3</td>
<td>1.2 mm</td>
<td>7127</td>
<td></td>
</tr>
<tr>
<td>Size 4</td>
<td>1.5 mm</td>
<td>7128</td>
<td></td>
</tr>
</tbody>
</table>

* Trademark of a company other than Ultradent. realityesthetics.com
Cannulae
Flocked Tips
Brush Tips
Endodontic Tips
Syringes
Auxiliaries
The chemistries you use are different. Some are chemically activated, needing to be mixed immediately before delivery. Others have varying viscosities. Some work in pits and fissures, some inside canals, and some on smooth surfaces. Each chemistry you use is designed for a specific purpose. Shouldn’t the same be true for your tips?

Ultradent makes tips designed to deliver each chemistry we create. Whether you’re delivering a flowable composite, a viscous gel, or thick impression material, we make the perfect tip for the job. And since our tips are engineered on-site, we test each design to ensure it works perfectly with the chemistry it’s intended for.

Check out our tips with LOK-TITE®
Luer Lock tips with Lok-Tite feature double threads that lock the tip into place on the syringe for increased security, and wings for easy attachment and removal.

**Black Micro™ FX™ Tip**
- Accommodates various viscosities
- Flocked tip fans out to spread materials in a thin, uniform layer

Designed for: PrimaDry™ and PermaSeal™.

**Black Micro™ Tip**
- Provides pinpoint precision
- Narrow cannula accurately delivers materials

**Blue Micro™ Tip**
- Provides pinpoint precision
- Narrow cannula accurately delivers materials

**Black Mini™ Brush Tip**
- Precise, controlled delivery of aqueous materials
- Tight, adjustable brush fibers minimize bubbles
- Unique to Ultradent

Designed for: Peak™ SE, PermaQuick™ Primer, Seek™/Sable™ Seek™, Ultradent™ Silane, and Ultradent™ Universal Dentin Sealant.

**Black Mini™ Tip**
- Dispenses large volumes
- Opaque plastic preserves the flow of light-cured materials

Designed for: Ultra-Blend™ plus, Ultradent™ LC Block-Out Resin, PermaFlo™, UltraTemp™, Opalescence™ Boost™, Ultradent™ Diamond Polish Mint, OpalDam™, Opalescence™ Endo, and OraSeal™ Caulking.

**Blue Mini™ Dento-Infusor™ Tip**
- Offers the same tissue management benefits as the Metal Dento-Infusor™ tip
- Allows controlled flow of drop-sized quantities

Designed for: Astringedent™ and Astringedent™ X

---

**ULTRADENT™ TIPS DESIGNED TO DELIVER**

**Lok-Tite Tips**

<table>
<thead>
<tr>
<th>LOK-TITE®</th>
<th>20pk</th>
<th>100pk</th>
<th>500pk</th>
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<tbody>
<tr>
<td>Black Micro</td>
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<table>
<thead>
<tr>
<th>LOK-TITE®</th>
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<th>100pk</th>
<th>500pk</th>
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</thead>
<tbody>
<tr>
<td>Black Micro</td>
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<td>514</td>
<td>1433</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOK-TITE®</th>
<th>20pk</th>
<th>100pk</th>
<th>500pk</th>
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</thead>
<tbody>
<tr>
<td>Blue Micro</td>
<td>194</td>
<td>1085</td>
<td>1435</td>
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</table>

<table>
<thead>
<tr>
<th>LOK-TITE®</th>
<th>20pk</th>
<th>100pk</th>
<th>500pk</th>
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</thead>
<tbody>
<tr>
<td>Blue Mini Brush</td>
<td>190</td>
<td>1169</td>
<td>1432</td>
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<table>
<thead>
<tr>
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<th>100pk</th>
<th>500pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Mini Dento-Infusor</td>
<td>1.20</td>
<td>128</td>
<td>1086</td>
<td>1440</td>
</tr>
</tbody>
</table>
Inspiral™ Brush Tip

- Delivers viscous or filled materials smoothly via an internal helical channel and ridge
- Tight, adjustable brush fibers minimize bubbles

Designed for: Composite Wetting Resin, Peak™ Universal Bond, PermaQuick™, Ultradent™ Porcelain Etch, Ultra-Etch™, UltraSeal XT™ plus, and UltraSeal XT™ hydro.

<table>
<thead>
<tr>
<th>LOK-TITE®</th>
<th>20pk</th>
<th>100pk</th>
<th>500pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspiral Brush</td>
<td>710</td>
<td>123</td>
<td>1033</td>
</tr>
</tbody>
</table>

Metal Dento-Infusor™ Tip

- Places hemostatic agents precisely and effectively removes superficial coagulum
- Blunt, bent cannula with padded brush enables gentle pressure on the sulcus
- Ultradent’s first tip, the “MDI” remains paramount for successful tissue management


<table>
<thead>
<tr>
<th>LOK-TITE®</th>
<th>20pk</th>
<th>100pk</th>
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<tbody>
<tr>
<td>Metal Dento-Infusor 19 ga</td>
<td>2558</td>
<td>2559</td>
<td>2560</td>
</tr>
</tbody>
</table>

Micro 20 ga Tip

- Large-gauge cannula enables consistent flow
- Standard flowable composite delivery tip

Designed for: MTAFlow™, PermaFlo™, PermaFlo™ Pink, OpalDent™, and OpalDent™ Green.

<table>
<thead>
<tr>
<th>LOK-TITE®</th>
<th>20pk</th>
<th>100pk</th>
<th>500pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micro 20 ga</td>
<td>1168</td>
<td>1252</td>
<td>1437</td>
</tr>
</tbody>
</table>

Micro Capillary™ Tips

- Bright color is easily identified against soft tissues
- The world’s smallest molded tips

Designed for: periodontal materials, and the Ultradent™ Luer Vacuum Adapter.

<table>
<thead>
<tr>
<th>LOK-TITE®</th>
<th>mm</th>
<th>20pk</th>
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</thead>
<tbody>
<tr>
<td>Micro Capillary 0,2 mm</td>
<td>5 mm</td>
<td>1120</td>
</tr>
<tr>
<td>Micro Capillary 0,2 mm</td>
<td>10 mm</td>
<td>1121</td>
</tr>
</tbody>
</table>
Micro 20 ga FX™ Tip

- Standard flowable delivery tip
- Flocked fibers fan out to evenly spread material over the entire surface

Designed for: Opalescence™ Boost™.

<table>
<thead>
<tr>
<th>LOK-TITE®</th>
<th>100pk</th>
<th>500pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micro 20 ga FX</td>
<td>1405</td>
<td>1406</td>
</tr>
</tbody>
</table>

Ultradent™ Mixing Tip

- Mixes and delivers in one action

Designed for: UltraTemp™ REZ, UltraTemp™, EndoREZ™, and PermaFlo™ DC.

<table>
<thead>
<tr>
<th>20pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultradent Mixing</td>
</tr>
</tbody>
</table>

SoftEZ™ Tip

- Tip fibers provide visible, controlled delivery
- Brush fibers facilitate smooth application

Designed for: Enamelast™.

<table>
<thead>
<tr>
<th>LOK-TITE®</th>
<th>50pk</th>
<th>100pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>SoftEZ</td>
<td>4712</td>
<td>4711</td>
</tr>
</tbody>
</table>

White Mac™ Tip

- Dispenses large volumes
- All-plastic delivery tip
- Greater angle for easy intraoral delivery

Designed for: OraSeal™ Caulking, OraSeal™ Putty, Consepsis™ Scrub, and Opalustre™.

<table>
<thead>
<tr>
<th>20pk</th>
<th>100pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Mac</td>
<td>661</td>
</tr>
</tbody>
</table>

SST™ - Surgical Suction Tip

- Ideal for delicate surgeries
- Large-diameter tip opening

Designed for: Ultradent™ Luer Vacuum Adapter for small periodontic or endodontic procedures and controlled suction of Opalescence™ Boost™.

<table>
<thead>
<tr>
<th>LOK-TITE®</th>
<th>20pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>SST</td>
<td>1248</td>
</tr>
</tbody>
</table>

White Mini™ Laser Tip

- Dispenses large volumes
- All-plastic delivery tip
- Easily dispenses viscous chemistries

Designed for: OraSeal Caulking™, OraSeal™ Putty, Consepsis™ Scrub, and Opalustre™.

<table>
<thead>
<tr>
<th>20pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Mini Laser</td>
</tr>
</tbody>
</table>
Syringes

1,2 ml Delivery Syringe
- Snug Luer Lock threads prevent tips from popping off
- Designed for: All 30 ml IndiSpense™ syringes.

<table>
<thead>
<tr>
<th>20pk</th>
<th>100pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,2 ml Empty Syringe</td>
<td>124</td>
</tr>
</tbody>
</table>

0,5 ml Skini Syringe

- Snug Luer Lock threads prevent tips from popping off
- Colored plastic is light sensitive to preserve chemistry
- Designed for: 30 ml IndiSpense syringes of ViscoStat™, ViscoStat™ Clear, Astringedent™, and Astringedent™ X.

<table>
<thead>
<tr>
<th>20pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,2 ml ViscoStat Empty Syringe</td>
</tr>
</tbody>
</table>

1,2 ml Ultra-Etch™ Delivery Syringe
- Snug Luer Lock threads prevent tips from popping off
- Blue color makes identification easy
- Designed for: 30 ml IndiSpense syringes of Ultra-Etch™.

<table>
<thead>
<tr>
<th>20pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,2 ml Ultra-Etch Empty Syringe</td>
</tr>
</tbody>
</table>

5 ml Delivery Syringe
- Syringe barrel flanges positioned for optimum control/leverage
- Designed for: Irrigants for in-office or dentist-supervised procedures, as well as Ultradent™ Citric Acid and Ultradent™ EDTA 18% Solution.

<table>
<thead>
<tr>
<th>10pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 ml Empty Syringe</td>
</tr>
</tbody>
</table>

Ultradent™ Syringe Cover
- Provides an easy, reliable barrier
- Ensures asepsis of syringe during cleanup
- Designed for: All 1,2 ml syringes.

<table>
<thead>
<tr>
<th>300pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,2 ml Syringe Cover</td>
</tr>
</tbody>
</table>
**Tips – Endodontic**

**Capillary Tips**
- Evacuates canals and substantially minimizes use of paper points
- Narrow, flexible taper accesses curved canals

Attach to the Ultradent™ Luer Vacuum Adapter for moisture removal from endodontic canals.

<table>
<thead>
<tr>
<th>LOK-TOE</th>
<th>mm</th>
<th>20pk</th>
<th>50pk</th>
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</thead>
<tbody>
<tr>
<td>Capillary</td>
<td>0.36 mm</td>
<td>341</td>
<td>3099</td>
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<tr>
<td>Capillary</td>
<td>0.48 mm</td>
<td>186</td>
<td>1425</td>
</tr>
</tbody>
</table>

Note: Do not use Capillary tip for the delivery of irrigating materials and endodontic sealers.

**Endo-Eze™ Irrigator Tip**
- Provides ideal reach reducing risk of expressing chemicals past the apex
- Comes with a flexible, blunt cannula with a unique, anti-obturating end
- Non-sterile

Designed for: Ultradent™ 5 ml Empty Syringe.

<table>
<thead>
<tr>
<th>Endo-Eze Irrigator 27 ga</th>
<th>mm</th>
<th>20pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 ga</td>
<td>25</td>
<td>207</td>
</tr>
</tbody>
</table>

**Endo-Eze™ Tips**
- Great for endodontic procedures
- Flexible, strong cannulae
- Bend easily

Designed for: Luting materials and air/water delivery.
Use with: PermaFlo™ DC (20 ga), and other Ultradent syringes.

<table>
<thead>
<tr>
<th>mm</th>
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<th>100pk</th>
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<tr>
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<td>0.70 mm</td>
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<tr>
<td>Endo-Eze 20 ga</td>
<td>0.90 mm</td>
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<tr>
<td>Endo-Eze 19 ga</td>
<td>1.06 mm</td>
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<tr>
<td>Endo-Eze 18 ga</td>
<td>1.25 mm</td>
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</table>

**Micro Capillary™ Tips**
- Bright color is easily identified against soft tissues
- The world’s smallest molded tips

Designed for: periodontal materials, and the Ultradent™ Luer Vacuum Adapter.

<table>
<thead>
<tr>
<th>LOK-TOE</th>
<th>mm</th>
<th>20pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micro Capillary Ø 0.4 mm</td>
<td>5 mm</td>
<td>1120</td>
</tr>
<tr>
<td>Micro Capillary Ø 0.4 mm</td>
<td>10 mm</td>
<td>1121</td>
</tr>
</tbody>
</table>
NaviTip™ Tips

- Provide controlled delivery to the apex
- Flexible, stainless steel cannulae easily navigate curved canals

29 ga delivers paste materials: MTAFlow™, EndoRez™ and UltraCal XS™.
30 ga delivers solutions/gels:
File-Eze™, Ultradent™ EDTA 18% Solution and Ultradent™ Citric Acid 20% Solution.

NaviTip™ 31 ga Tip with Double Sideport Irrigator

- Double sideports deliver irrigants safely, minimizing the possibility of chemicals being expressed past the apex
- One of the world’s smallest cannula navigates the most intricate canal spaces

Designed for: Ultradent™ EDTA 18% Solution and Ultradent™ Citric Acid 20% Solution.

<table>
<thead>
<tr>
<th>LOK-TITE®</th>
<th>mm</th>
<th>20pk</th>
<th>50pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>NaviTip 31 ga</td>
<td>21 mm</td>
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<td>5122</td>
</tr>
<tr>
<td>NaviTip 31 ga</td>
<td>27 mm</td>
<td>5123</td>
<td>5124</td>
</tr>
</tbody>
</table>

Listed as an “EXCELLENT” product by a prominent independent research institute.¹

NaviTip™ FX™ Tip

- One-of-a-kind brush cleans, scrubs, and irrigates simultaneously
- Rigid cannula

Designed for: Ultradent™ Citric Acid 20% Solution.

<table>
<thead>
<tr>
<th>LOK-TITE®</th>
<th>mm</th>
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</tr>
</thead>
<tbody>
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<td>NaviTip FX 30 ga</td>
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<tr>
<td>NaviTip FX 30 ga</td>
<td>25 mm</td>
<td>1454</td>
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</table>

## Accessories

### Luer Lock Cap
- Winged, polypropylene, plastic luer lock cap
- Use to seal syringes loaded in the office

Designed for: All Ultradent™ plastic syringes.

<table>
<thead>
<tr>
<th></th>
<th>20pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luer Lock Cap</td>
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</tbody>
</table>

### Syringe Organizer
- Holds 14 syringes
- Made of clear acrylic

Designed for: Mosaic™.

<table>
<thead>
<tr>
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<td>Syringe Organizer</td>
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</tbody>
</table>

### Ultradent™ Luer Vacuum Adapter
- A great time saver for any practice
- Dries canals quickly and efficiently
- Minimizes paper point use

<table>
<thead>
<tr>
<th></th>
<th>10pk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luer Vacuum Adapter</td>
<td>230</td>
</tr>
</tbody>
</table>
BROADBAND LED CURING LIGHT

ELEGANTLY POWERFUL
Ally, from Texas — a project manager, runner, and softball player — always smiles because of her naturally happy personality. Opalescence™ PF take-home whitening in comfortable custom trays with 10% or 16% carbamide peroxide has flexible wear times so she can keep her smile bright. Its sticky viscous gel composition with 20% water content ensures less dehydration and sensitivity. A brighter smile is sure to bring out your patient’s personality. That’s the power of a smile.

Find out more about cosmetic tooth whitening at opalescence.com/eu.
THE RIGHT CONSISTENCY
FOR THE RIGHT PROCEDURE

Easily delivered through a 29 g NaviTip™ tip!

MTA FLOW™
Mineral Trioxide Aggregate Repair Cement

ULTRADENT.COM/EU
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Policies

Ultradent is committed to products that strengthen the clinician’s ability to administer professional, state-of-the-art patient care. This may involve the development of new products or a refinement of existing materials and techniques. Our highest priority is meeting your needs with quality products and service. We appreciate your suggestions, questions, and comments.

We believe in our products and sample as many as possible. Please help us continue this policy by requesting only one sample per doctor per product.

In certain countries, differing legal requirements may limit the availability of certain products, or require different product indications and claims under labeling compatible with local conditions. For more detailed procedures and precautions, refer to individual product instructions or packaging.

At Ultradent, we are committed to environmental concerns. However, the shipping of chemicals often requires a secondary plastic package. All products are latex-free with the exception of DermaDam latex rubber dam.

Ultradent is ISO 13485 certified, which signifies that we have developed and implemented a comprehensive quality system, and is audited and certified by a CAN/CSA recognized independent European notified body. Where appropriate, Ultradent products sold in Europe bear the CE mark, indicating that our products comply with the strict European Community laws (directives).

Product Labeling

Every package has a label with important information:

Expiration Date: if required for the product, you will find the month and year printed next to an hourglass.

Article number: the article number helps you to re-order products (here 5366-EU).

Lot number: the code to the right of the box marked “LOT” is the Lot Number (here BB1C6). Always indicate this code when you return a product for complaint handling and inspection.

On syringes, you will find the expiration date stamped on the barrel. It consists of a 4-digit letter/number combination (here 0100).

Please note: product shelf life is based on date of manufacture.

On whitening syringes you will find the expiration date stamped on the finger rest. It shows a sand glass symbol followed by 2 digits for the month and 4 digits for the year when the product expires.

Ultradent Products on the Internet

Find the latest information and news about Ultradent Products on the internet. Visit www.ultradent.com/eu for general information on Ultradent Products, the corporate history and philosophy, product information or downloads of the Ultradent Products catalog, material safety data sheets or instructions for use.

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Kam, from the Bahamas — an addiction counselor, athlete, and father — smiles when he sees his daughter. Opalescence Go™ prefilled take-home whitening trays with 6% hydrogen peroxide are perfect to quickly whiten his smile in an hour while his daughter is asleep. Comfortable and ready-to-use right out of the package. A whiter smile can help each of your patients live their best life. That’s the power of a smile. Find out more about cosmetic tooth whitening at opalescence.com/eu.

ABOUT ULTRADENT

In 1976, after graduating from Loma Linda University and beginning his own practice, Dr. Dan Fischer invented his groundbreaking Astringedent™ hemostatic solution in response to the need for a tissue management product that achieved more rapid, profound hemostasis. The success of Astringedent hemostatic fueled Dr. Fischer’s desire to continue developing innovative and more advanced dental solutions — leading to the founding of Ultradent Products, Inc.

Now, marking its 41st year as a family-owned, international dental supply and manufacturing company, Ultradent has continued its vision to improve oral health globally by creating better dental products that continue to set new industry standards. Dr. Fischer has numerous patents to his name and regularly lectures and writes articles about state-of-the-art dentistry. He also works part-time in his daughter’s dental practice, which enables him to connect with patients and practice minimally invasive dentistry — a philosophy around which Ultradent develops its products and procedures.

Ultradent currently researches, designs, manufactures, and distributes more than 500 materials, devices, and instruments used by dentists around the world. This includes its renowned, industry-leading Opalescence™ Tooth Whitening System, and the groundbreaking Opalescence Go™ professional take-home whitening system. Ultradent’s product family also includes the award-winning VALO™ LED curing light, UltraSeal XT™ hydro pit and fissure sealant, and Ultra-Etch™ etchant. Recent innovations include the Uveneer™ direct composite template system, which creates natural-looking, high-quality direct composite veneers quickly and easily.

Ultradent has been the recipient of Small Business Administration’s Exporter of the Year and Direct Distributor of the Year awards. Most recently, Ultradent was the recipient of the Health Care Heroes award in the category of Corporate Achievement. Ultradent and Dr. Fischer have been recognized for outstanding industry leadership and for making defining contributions to the dental community. In 2013, the Utah Governor’s Office of Economic Development named Dr. Fischer “International Man of the Year” for his contributions to sustaining economic and cultural relations between the state of Utah and the European Union.

Dr. Fischer strives continuously to “Improve Oral Health Globally.” Beyond the dental community, Ultradent donates products to humanitarian efforts locally, nationally, and internationally. Additionally, Ultradent sponsors a nonprofit organization, the Diversity Foundation, a progressive outreach program committed to preventing hate crimes and intolerance. This program promotes diversity and fosters multicultural awareness among individuals from all backgrounds.

Dr. Fischer lives his life according to the same values that guide Ultradent: integrity, quality, hard work, innovation, and care. When he isn’t working, he enjoys tending to his garden and spending time with his wife, children, and 34 grandchildren.

Dr. Dan Fischer
CEO, Ultradent Products, Inc.