Umbrella™

TONGUE, LIP, & CHEEK RETRACTOR

Beautiful Access,
Practical Isolation, in a
Comfortable Way!

ULTRADENT

P.O. Box 184, Manly, NSW 1655, Australia

PROUD USA MANUFACTURER

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Products & Procedures MANUAL 2022 Australia

ULTRADENT

Products & Procedures
MANUAL

Dr. Dan Fischer
Founder, Ultradent Products, Inc.

Ultradent is a global culture where differences are sought after, welcomed, and embraced.

Our call-to-action invites employees, friends, and family to:

Seek out the excluded
Enhance the team
Welcome feedback humbly
Share feedback fearlessly
Amplify all voices
Embrace our differences

Together We Win

A STRONG CODE OF ETHICS AND CORE VALUES

Our culture shows in our products, the services we provide, and the influence we have to improve oral health globally. We want to bring smiles to all human beings.

INTEGRITY · QUALITY · HARD WORK · INNOVATION · CARE

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 to meet your needs with quality products and service. We appreciate your suggestions, questions, and comments.
This catalog and the products described herein are intended for lawful distribution in Australia. In certain countries outside Australia, differing legal requirements may limit the availability of certain products or provide for different product indications and claims under labeling compatible with local conditions. For more detailed procedures and precautions, refer to individual product instructions or packaging.

SHELF LIFE AND STORAGE

All product shelf life is based on date of manufacture. See product packaging for more information and storage instructions.

WARRANTIES

Please see product IFU for warranty information if applicable.

PACKAGING

At Ultradent we are committed to environmental concerns. For that reason we try to use as little plastic as possible in our packaging. However, for your safety and the proper preservation of our chemicals, many times we must include a secondary plastic package.

ORDERING

You can call us at 1800 29 09 29, email us at info.anz@ultradent.com,
or contact one of our authorised distributors directly by scanning the QR code below

All prices in this catalogue are the suggested retail prices for 2022, in AUD, inclusive of gst.

ULTRADENT IS PROUD TO BE ISO 13485 CERTIFIED.

Ultradent is certified to MDSAP by a independent Auditing Organization, which assures that the quality system meets the requirements of ISO 13485.

ULTRADENT IS PROUD TO OFFER CE MARK CERTIFIED PRODUCTS FOR EUROPE.

Where appropriate, Ultradent products sold in Europe bear the CE Mark, indicating that our products comply with the strict European Community laws (directives).

AWARDS

Ultradent is "Great Place to Work Certified" and ranks #9 "Best Workplace in Manufacturing and Production in 2021" by Fortune Magazine.

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Ultradent is driven to improve oral health globally and prioritizing our workplace culture is vital to this mission. We cherish the success of our team members and being selected as a Fortune Top Manufacturer validates many of the progressive initiatives we utilize to create this unique environment. "We're very honored to be named among such prestigious companies as those recognized as Fortune's best," says Ultradent President and CEO, Dirk Jeffs. The selection comes after a rigorous evaluation of company culture and extensive employee feedback.

BKP85 = Lot number
03-2023 = Month, March
03-2023 = Year, 2023

BL2DC = Lot number
02-24 = Month, February
02-24 = Year, 2024

All Ultradent syringes are stamped with an expiration date consisting of one letter and 3 numbers. The letter is a lot number used for manufacturing purposes, and the 3 numbers are the expiration date. The first 2 numbers are the month, and the third number is the last number of the year.

Scan the QR code to see our current special offers, videos, and blog posts!

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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. Astringedent hemostatic with the Metal Dento-Infusor™ tip and Ultrapak™ cord became the backbone of Ultradent's chemical tissue management system. For the first time, clinicians could quickly and predictably achieve profound hemostasis. The success of Astringedent hemostatic fueled Dr. Fischer's desire to continue developing innovative, advanced solutions—leading to the founding of Ultradent Products, Inc. Now, marking its 44th 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.

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. This past year we were proud to introduce Jiffy™ finishing strips, Thermo Clone™ Clear bite registration, the NaviTip™ 29 ga Sideport tip, and the Umbrella™ tongue, lip, and cheek retractor.

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. He enjoys tending to his garden and spending time with his wife, children, and lots of grandchildren.

Follow us on our social channels! Scan a QR code to follow our Ultradent Facebook and Instagram for the best deals and updates!

Facebook

Instagram

ULTRADENT

CEMENTS

UltraTemp
ClearTemp LC
PermaShade LC
PermaFlo DC
ExperTemp

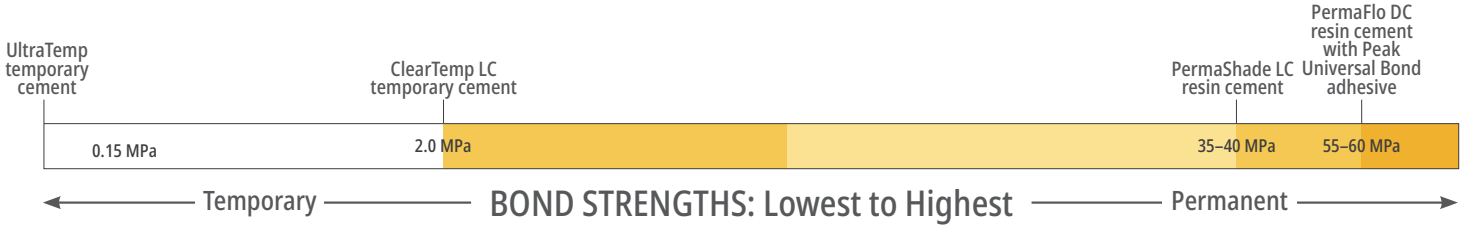
TIFFANY DRAPER - Fairview Canyon

QUALITY SEAL. SUPERIOR HOLD.
ULTRADENT CEMENTS




	UltraTemp™	ClearTemp™ LC	PermaFlo™ DC	PermaShade™ LC
Description	Temporary luting cement	Temporary veneer cement	Luting/restorative cement	Veneer cement
Chemistry	Paste-to-paste, non-eugenol polycarboxylate	Low/medium filled composite resin	Highly filled small-particle composite resin	Highly filled composite resin
Indications for Use	Temporary cementation of provisional crowns, bridges, inlays, and onlays	Temporary cementation of provisional veneers	Permanent cementation of crowns, inlays, onlays, bridges, endodontic post cementation, and fabrication of core buildups	Permanent cementation of porcelain, zirconia, composite, and other indirect anterior veneers
Delivery	5 ml dual-barrel syringe with mixing tip	0.67 g contra-angle syringe	5 ml dual-barrel syringe with mixing tip. Additional intraoral tip for precise delivery.	0.95 g contra-angle syringe
Cure Type	Self cure	Light cure	Dual cure	Light cure
Working Time/ Set Time	2–3 minutes	Light cure with VALO™ curing light for 10 seconds	2.5 minutes working time, full set in 5–8 minutes. Light cure with VALO™ curing light according to instructions.	2-second tack cure to avoid shifting. Light cure with VALO™ curing light for 10 seconds.
Viscosity	Flowable	Medium	Flowable	Medium
Shades	Off-white	Translucent (fluoresces under a UV light)	A2, A3.5, Translucent, Opaque White	A2, B1, Translucent, Opaque White
Differentiation	Mixes and delivers in one action. Hydrophilic polycarboxylate non-irritating formula is kind to pulp. Ideal for sealing the access opening of walking bleach cases. Designed to flake off easily.	Provides the additional strength necessary to keep provisional veneers in place. Fluoresces under a UV light for easy detection. Adheres more to the provisional than the tooth.	Lowest film thickness (8 µm) known for a luting cement. Higher compressive bond strength than other quality luting cements. Economically priced.	Low shade shift for a lasting esthetic result. Unique contra-angle delivery for added precision and convenience. Low shrinkage stress reduces strain on veneers at polymerization.

	TEMPORARY		PERMANENT	
Indications for Use	Self Cure	Light Cure	Dual Cure	Light Cure
Crown	X		X	
Bridge	X		X	
Veneer		X		X
Post Cementation			X	
Core Buildup			X	
Walking Bleach	X			
Crown and Bridge for Implants			X	
Endo Access Opening	X			
Orthodontic Bands				
Inlays/Onlays	X		X	



UltraTemp™

POLYCARBOXYLATE, NON-EUGENOL TEMPORARY LUTING/FILLING MATERIAL

Ultradent™ Mixing Tip page 91

- 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
- Provides optimal sealing capabilities once cured
- Able to withstand normal biting and chewing forces
- Hydrophilic chemistry ensures a quality seal
- Use to cover access for intercoronal whitening

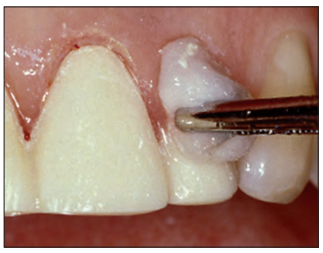
UltraTemp™ luting material is a hydrophilic, polycarboxylate chemistry that ensures low irritation to pulp and a quality seal. It can be easily removed with water prior to setting. UltraTemp luting/filling material is suggested for routine 1–2 week temporization of custom-fabricated provisionals or standard preformed provisionals. It can also be used to seal the access opening of walking bleach cases.

DO NOT REFRIGERATE

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

1. realityesthetics.com.

TEMPORARY PROVISIONAL LUTING



1. Prior to complete set, remove excess UltraTemp luting/filling material easily with a moist cotton swab or gauze. After 2–3 minutes of set time, remove any residual subgingival cement with an explorer.

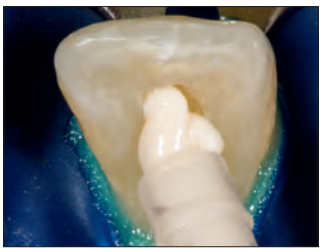
2. Upon provisional removal two weeks post-op, cement clings to both provisional and preparation. This is one indicator of a quality sealing cement.

3. Flake off residual cement with a hand instrument.

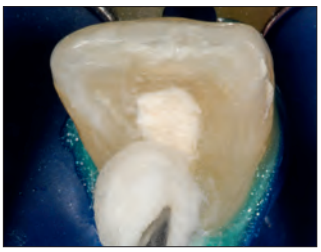
4. Use Consepsis™ Scrub antibacterial slurry with a rubber cup or STARbrush™ intercoronal brush to remove residual cement.

WALKING BLEACH CASE

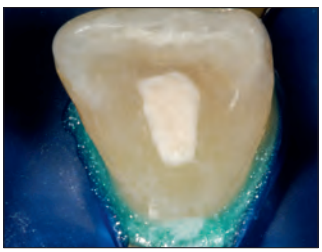
Courtesy of Dr. Carlos Ramos.



1. After following the instructions to place Opalescence™ Endo 35% hydrogen peroxide non-vital "walking bleach" to the tooth, place a small piece of cotton over whitening gel. Then deliver UltraTemp luting/filling material 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.

ClearTemp™ LC

TEMPORARY VENEER CEMENT

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

ClearTemp LC temporary veneer cement is designed specifically for temporary veneers. 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.

ESTHETIC

Today's provisionals look more natural than ever. ClearTemp LC cement helps create a short-term smile that patients will be proud to reveal.

COMPARE

A traditional temporary cement shows through the provisional crown on #8. ClearTemp LC cement does not show through the provisional veneer on #9.

FLUORESCING PROPERTIES

Courtesy of Dr. Jaleena Jessop.

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.

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.

3. Remove flash.

4. Light cure with VALO curing light on Standard Power mode for 10 seconds.

REMOVAL

5. 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.

6. Illuminate tooth surface with black 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.

Note: Due to its high bond strength compared to other temporary cements, ClearTemp LC temporary veneer cement should be used for temporary veneers ONLY and never for temporization of permanent restorations, full coverage crowns, inlays, or onlays.

Note: We recommend PermaShade™ LC veneer cement for luting permanent veneers. See the next page.

REFRIGERATE

3518 - ClearTemp LC Syringe *4pk*

0.67 g syringes

1. realityesthetics.com.

PermaShade™ LC

LIGHT-CURE VENEER LUTING RESIN

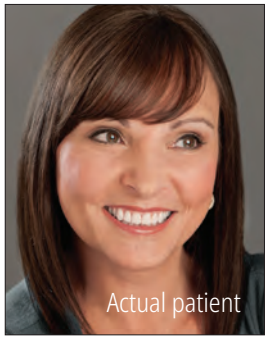
- Medium viscosity keeps veneer from drifting prior to cure
- Use for porcelain, zirconia, composite, and other indirect veneers
- Upon curing, low shrinkage stress prevents strain on the veneer[1]
- Available in four VITA™* shade options: Translucent, Opaque White, A2, and B1

PermaShade LC luting resin 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 colour stability and low shrinkage, PermaShade LC luting resin is ideal for creating a long-lasting, esthetic smile.

* Trademark of a company other than Ultradent. **1.** Data on file.

BEFORE AND AFTER

Courtesy of Dr. Shea Bess.



Patient with 4 existing anterior composites and large diastema. Received 6 anterior A1 porcelain veneers (6–11) 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.

REFRIGERATE

PermaShade LC Syringe *4pks*

Shade	*4pk*	Shade	*4pk*
A2	5229	Translucent	5227
B1	5230	Opaque White	5228

0.95 g syringes

PermaFlo™ DC

DUAL-CURE COMPOSITE LUTING/RESTORATIVE RESIN

Ultradent™ Mixing Tip page 91

- Multiple uses including post cementation, core buildup, and luting
- Wear resistant
- Maximum strength
- Radiopaque
- Low polymerization shrinkage
- Self-mixing
- 2.5 minutes working time, 5–8 minutes chemical set time
- Total-etch or self-etch compatible

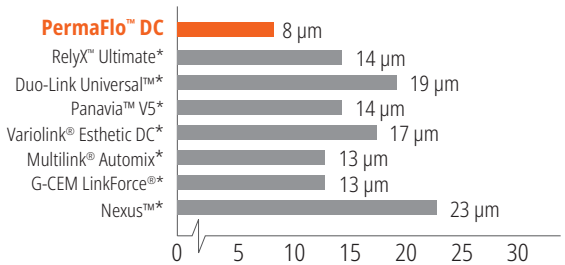
PermaFlo DC luting resin is a highly filled, small-particle, dual-cure resin that flows easily through a small-orifice tip, making post luting simple and convenient. It has a low film thickness of only 8 µm.

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.

TECHNICAL DATA[1]

Shear Bond Strength to Enamel (Total-Etch)	53.38 MPa
Shear Bond Strength to Dentin (Total-Etch)	62.07 MPa
Flexural Strength	128.5 MPa
Flexural Modulus	9.37 GPa
Compressive Strength	355.91 MPa
Compressive Modulus	4.22 GPa

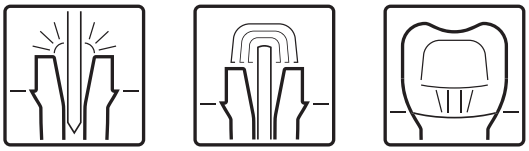
FILM THICKNESS[2]



PermaFlo DC resin has the lowest film thickness known for a composite luting resin[2].

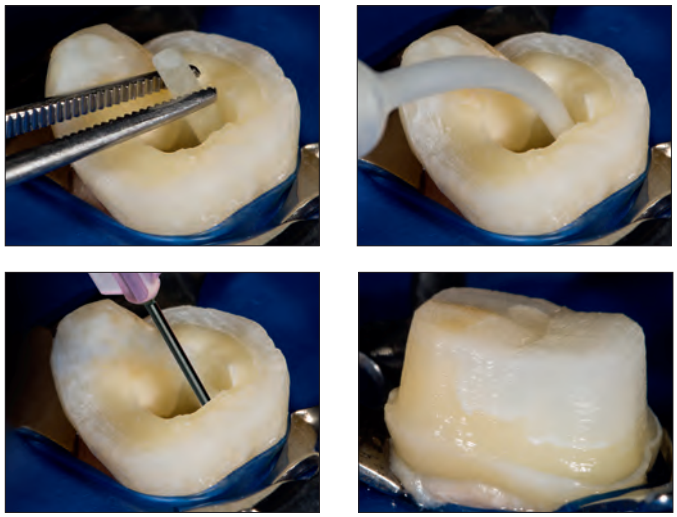
MULTIPLE OPTIONS

Failure is NOT one of them



Post Cementation | Core Buildup | Luting

PROCEDURE



Courtesy of Dr. Gary Findley.

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

USES

The Intraoral tip snaps onto the dual-barrel mixing tip for precise placement of luting material.

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

REFRIGERATE

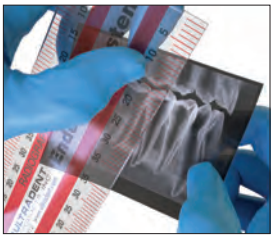
PermaFlo DC Syringe Kits

Shade	Kit	Shade	Kit
A2	5912	Translucent	5914
A3.5	5913	Opaque White	5915

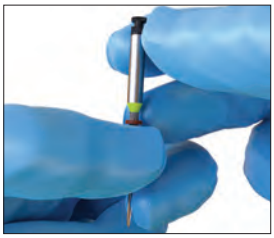
1 x 5 ml PermaFlo DC syringe
20 x Mixing tips
20 x Intraoral tips

* Trademark of a company other than Ultradent. **1.** Data on file. **2.** Data on file.

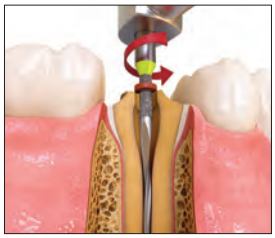
ENDODONTIC POST CEMENTATION GUIDE USING PERMAFLO DC



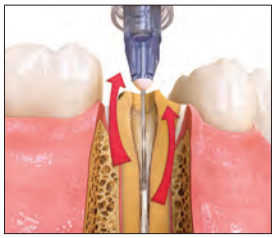
1. Determine post size and length using a try-in post or X-ray and clinical judgment.



2. Place a rubber stop on post drill at desired length.



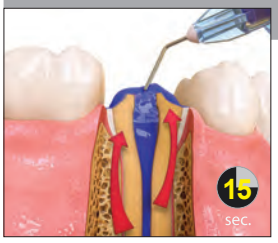
3. Position post tip in the pilot hole. Using light pressure, follow the obturation material to the length indicated by rubber stop. Keeping the drill at full speed, withdraw from the canal.



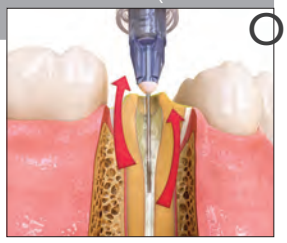
4. Use TriAway™ Adapter with Endo-Eze™ 22 ga tip to clean debris out of post space from bottom up with water and suction.

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

CHOOSE THE ETCH AND RINSE TECHNIQUE



6. Etch space for 15 seconds with Ultra-Etch™ etchant using the Endo-Eze 22 ga tip. Start apically and fill coronally.

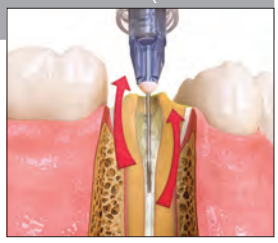


Use TriAway Adapter and Endo-Eze 22 ga tip to rinse thoroughly with water and lightly air dry, leaving the post space slightly damp.

OR

OR THE ETCH AND **NO** RINSE TECHNIQUE

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 NaviTip™ 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. Continue for 10 seconds using full air pressure, then air thin adhesive on coronal surface for 10 seconds.

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

10. Verify 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 buildup. Incrementally build up core and light cure for 10 seconds between layers. If cement starts to slump, tack cure between layers. Incrementally build up core.

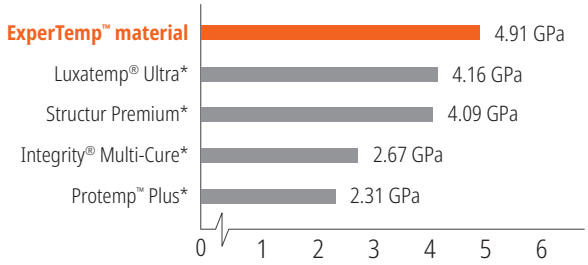
ExperTemp™

TEMPORARY CROWN AND BRIDGE MATERIAL

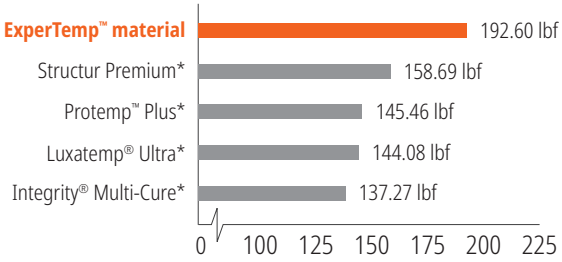
- 10:1 self-cured chemistry provides exceptional strength, flexibility, and high abrasion resistance
- Fluoresces similarly to enamel
- Low oxygen inhibition at polymerization
- Easily repaired or characterized with a packable composite, a flowable composite, or additional ExperTemp material
- Trims easily and polishes beautifully (polishing optional)
- Available in A1, A2, A3, A3.5, B1, and Bleach White shades

ExperTemp temporary crown and bridge material is a bis-acryl composite provisional material used to fabricate temporary crowns, bridges, inlays, and onlays as well as long-term temporaries. Superior performance combined with a natural esthetic make ExperTemp material the material of choice for temporization.

FLEXURAL MODULUS COMPARATIVE[2]



EDGE CHIP COMPARATIVE[2]



* Trademark of a company other than Ultradent. **1.** realityesthetics.com. **2.** Data on file.

PROCEDURE

Courtesy of Dr. Jaleena Jessop.

1. Prep teeth. Scour with Consepsis™ Scrub slurry and STARbrush™ intercoronal brush.

2. ExperTemp temporary crown and bridge with esthetic translucency.

3. Apply ClearTemp™ LC temporary veneer cement.

4. Use blade to open embrasures without altering margins.

5. ExperTemp material achieves esthetic blend with natural teeth. 3 weeks post-op just prior to cementation of permanent veneers.

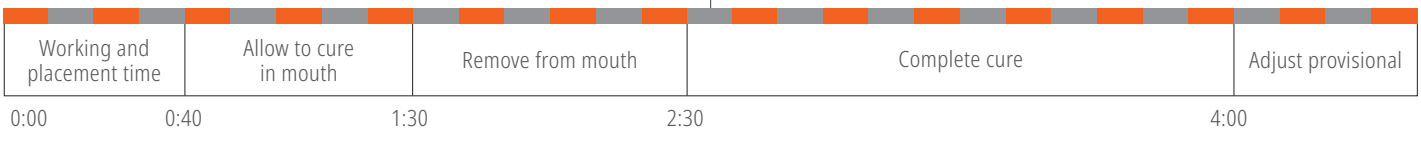
ExperTemp Cartridge Kits

Shade	Kit	Shade	Kit
A1	6341	A3.5	6342
A2	6340	B1	6343
A3	6347	Bleach White	6344

1 x 50 ml cartridge
15 x Mixing tips

6345 - ExperTemp Dispensing Gun *1pk*
10:1/4:1 gun

6346 - ExperTemp Mixing Tips *45pk*



ULTRADENT

COMPOSITES

Vit-l-escence
Composite Wetting Resin
Ultradent Composite Gun
PermaFlo Pink
PermaFlo
Uveneer
Uveneer Extra
PermaSeal
PrimaDry

DEREK BEEMER - Big Cottonwood Canyon

Vit-l-escence™

ESTHETIC RESTORATIVE MATERIAL

- Effortlessly blends with natural dentin and enamel
- Intended for anterior and posterior restorations
- Is both creamy and sculptable
- Polishes beautifully
- Matches shade guide perfectly
- High wear strength

Vit-l-escence esthetic restorative material is a composite system that features the fluorescent and opalescent qualities of natural tooth structure. It is a Bis-GMA-based, radiopaque microhybrid system with an average particle size of 0.7 µm.* The all-composite shade guide contains uniquely shaped tabs to assist in the most refined layering and shade selection possible. Low-translucency, highly fluorescent dentin shades combined with high-translucency, opalescent/translucent enamel shades facilitate superior reproduction of natural teeth.

Vit-l-escence esthetic restorative material is ideal for creating artistic anterior composite restorations, including direct veneers. Its strength and wear resistance also make it perfect for posterior restorations.

"As a 30-year vet of trying to make anterior restorations look like teeth and having tried all the 'latest and greatest' new composites over this time, I have found Vit-l-escence material to be the only composite with which I can predictably achieve my goal."
—DR. JACK MULLEN – ROCKY MOUNT, NC

"The ability to match various shades and nuances of natural teeth has given me the tools to produce results I would not have believed possible. This product alone raised my skill level at least two notches higher."
—DR. HARPER JONES II – PENDLETON, OR

"Just the right amount of translucency and pearliness allows invisible blending on enamel margins for posterior restorations. Combined with the easy handling and finishability of your Vit-l-escence products, these shades are truly 'pearl' precious and beautiful."
—DR. MARYANN PITTMAN – SAINT PETERSBURG, FL

"With Vit-l-escence material, I can do Class IV restorations that are indistinguishable from natural teeth. What a great product!"
—DR. SARAH BALSER – COLUMBUS, OH

BEFORE AND AFTER

Courtesy of Dr. Jaleena Jessop.

Before.

After.

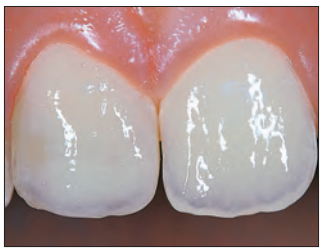
Courtesy of Dr. Altamiro Flávio.

Before.

After.

Courtesy of Dr. Valter Devoto.

Before.



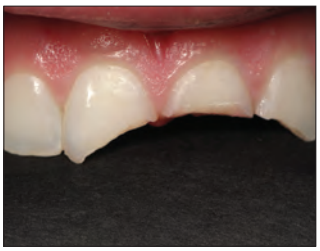
After.

Courtesy of Dr. Jaleena Jessop.

Before.

After.

Courtesy of Dr. Jaleena Jessop.



Before.

After.

Courtesy of Dr. Rafael Beolchi.

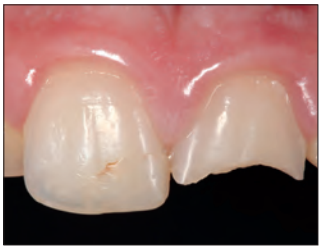
Before.

After.

* Dependent on modality for particle size measurement. **1.** realityesthetics.com.

VIT-L-ESCENCE MATERIAL LAYERING TECHNIQUE

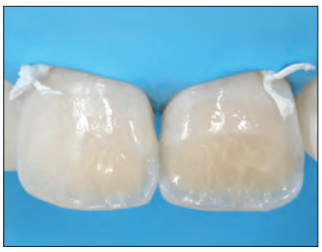
Courtesy of Dr. Newton Fahl.



1. For Class IV restorations, veneers, or diastema closures. A silicon putty matrix fabricated from diagnostic wax-up is recommended.

2. Use matrix as a guide for basic shape of restoration and to support initial lingual placement of material.

3. Use thin layer of Pearl Neutral to establish lingual contour. This is not necessary if tooth structure exists on lingual wall.



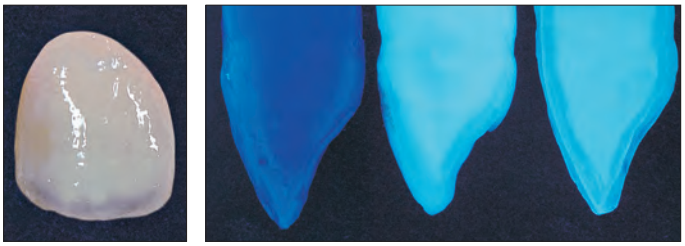
4. Inner dentin body layer includes basic hue of exposed dentin. A3.5 is applied at cervical towards incisal. Create mamelons using a carver.

5. Cover body and extend enamel edge with appropriate translucent shade. To achieve a "halo" (white line at the incisal edge), place thin roll of Pearl Frost or Opaque Snow.

6. Make final adjustments with multifluted finishing burs. Use Jiffy™ cups, points, and disks for smoothing. Polish with Jiffy™ HiShine.

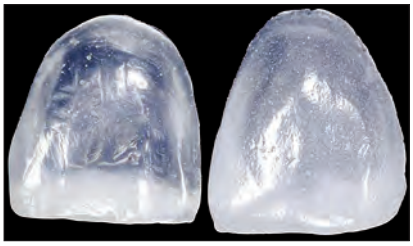
NATURAL ENAMEL OPALESCENCE AND DENTIN FLUORESCENCE

Courtesy of Dr. L. Vanini.



Vit-l-escence Enamel | Traditional Composite | Natural Tooth | Vit-l-escence Dentin Shade

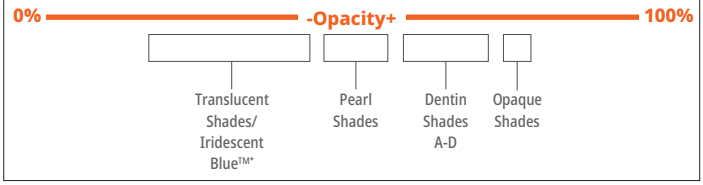
Courtesy of Dr. Nasser Barghi.



Vit-l-escence Composite | Porcelain

Vit-l-escence material can be even more translucent than porcelain.

VIT-L-ESCENCE COMPOSITE SHADE OPACITY RANGE



* Trans Ice, Trans Amber, Trans Gray, Trans Mist, Trans Blue, Trans Yellow, Iridescent Blue, Trans Orange Trans Frost and Trans Smoke

In a simple technique, Vit-l-escence™ esthetic restorative material allows you to layer enamel shades over dentin shades, creating the most lifelike restorations possible.

Vit-l-escence Dentin

Vit-l-escence Enamel

Shades: A, B, C, D

1 SELECT HUE
Identify the hue at the gingival third of the tooth and choose the best dentin shade accordingly.

Shades: 1, 2, 3, 3.5, 4, 5, 6

2 ESTABLISH CHROMA
Identify the level of saturation at the middle third of the tooth. This may be the same dentin shade determining hue or could be an additional 1 or 2 dentin shades.

Shades: Pearl Frost, Pearl Neutral, Pearl Smoke, Pearl Amber

3 DETERMINE VALUE
Use a value shade guide to identify the value of the tooth. Accurately replicating the value defines form and creates realistic spatial perceptions.

Shades: Trans Frost, Trans Smoke, Trans Mist, Trans Yellow, Trans Ice, Trans Amber, Trans Orange, Trans Blue, Trans Gray, Iridescent Blue

4 IDENTIFY TRANSLUCENCY
Translucency is typically seen at the incisal edge. Iridescent Blue reflects light in the yellow to blue range, adding dimension.

Shades: Opaque White, Opaque Snow

5 IDENTIFY UNIQUE OPACIOUS AREAS
Replicate very bright, high-value areas such as hypocalcification, decalcification, stains, etc. Opaque shades can also be used for masking or blocking out dark dentin or enamel. Opaque White is the most opaque and has the highest value.

Glossary of Terms:

Hue: The wavelength of reflected light as determined by the dentin shade. The individual color of the tooth.

Shade: The variance in hue due to the introduction of lighter or darker colors.

Chroma: The level of saturation, or the intensity of the hue.

Value: The lightness or darkness of the tooth.

Translucency: The ability of a tooth to permit the passage of light.

Opacity: The ability of a tooth to block the passage of light.

5016 - Vit-l-escence Essentials Kit—9 Shades

1 x Each 2.5 g Vit-l-escence dentin shade - A1, A2, A3, and B1 syringe
1 x Each 2.5 g Vit-l-escence enamel shade - Opaque Snow, Pearl Frost, Pearl Neutral, Trans Mist, and Iridescent Blue syringe
1 x Each 1.2 ml PermaFlo A4 and Translucent syringe
1 x Each shade guide, half-size syringe organizer, and quad key
20 x Micro 20 ga tips

Vit-l-escence™ Syringe 2.5 g

Dentin	*1pk*	Enamel	*1pk*
A1	358	Opaque White™	1182
A2	343	Opaque Snow™	1183
A3	344	Pearl Frost™	443
A3.5	356	Pearl Neutral™	1184
A4	360	Pearl Amber™	1185
A5	362	Pearl Smoke™	1186
A6	408	Trans Frost™	1187
B1	409	Trans Mist™	482
B2	418	Trans Smoke™	485
B3	421	Trans Blue™	1188
B4	422	Trans Orange™	1189
B5	423	Trans Gray™	478
C1	426	Trans Ice™	479
C2	435	Trans Yellow™	486
C3	439	Trans Amber™	499
C4	440	Iridescent Blue™	1317
C5	441		
D3	442		

x 1

822 - Master's Shade Guide—24 Shades

A1, A2, A3, A3.5, A4, A5, B1, B2, OW, OS, PF, PN, PA, PS, TF, TM, TS, TB, TO, TG, TI, TY, TA, IB
(Shades A6, B3, B4, B5, C1, C2, C3, C4, C5, and D3 are NOT included)

Optional **KleenSleeve™ QuadraSpense™**

QUAD KEY

Use to remove the white quad flanges on the Vit-l-escence syringe to create an open-bore delivery barrel if desired.

Shades are identified on both the barrel and the stem.

Facilitates removal of small amounts of material.

3080 - Composite Quad Key *1pk*

Composite Wetting Resin

Inspiral™ Brush Tip page 89

- 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, and 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. 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 Syringe *2pk*
1.2 ml syringes

Ultradent™ Composite Gun

- Ergonomic
- Autoclavable
- Drop 'n' lock feature makes it easy to load
- Use with all prefilled and empty capsules on the market

7800 - Ultradent Composite Gun *1pk*

"I use Composite Wetting Resin instead of a bonding agent to facilitate adaptation of composite. Bonding agents often contain acetone or alcohol that can cause the resins and fillers in the composite to separate, which weakens the surface of the restoration. They also may change the composite's shade after curing."
—DR. JAIMEÉ MORGAN – SALT LAKE CITY, UT

1. realityesthetics.com.

PermaFlo™ Pink

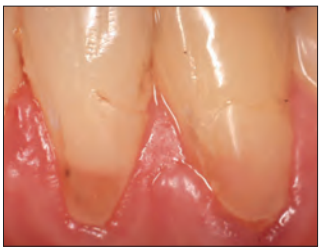
Micro 20 ga Tip page 90

- Acts as an attractive solution for esthetic gingival substitute

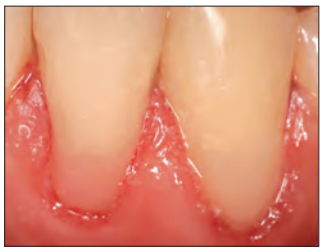
PermaFlo Pink composite is an excellent alternative to gingival grafting, which is not always an option. Use as a masking agent in Class V restorations where root structure is exposed.
Also use to mask gingival recession.

BEFORE AND AFTER

Courtesy of Dr. Anna Krylova.



1. Following tooth prep and application of 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 Syringe Kit
2 x 1.2 ml syringes
4 x Micro 20 ga tips

PermaFlo™

FLOWABLE COMPOSITE

Micro 20 ga Tip page 90

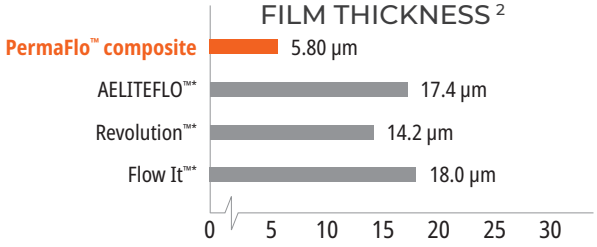
Black Mini™ Tip page 88

- High-fill, high-flow formula
- Highly radiopaque
- Fluoride-releasing formulation
- Superior polishability
- Strong and wear resistant
- Available in 8 shades

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

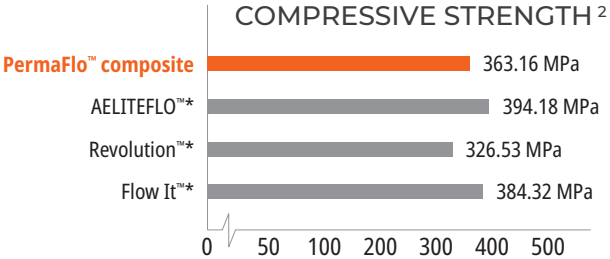
Use PermaFlo flowable composite for anterior and posterior restorations: Class I, II, III, IV, and V. It can also be used to restore missing subgingival tooth structure prior to endodontic procedures (the "Donut Technique").

FILM THICKNESS [2]



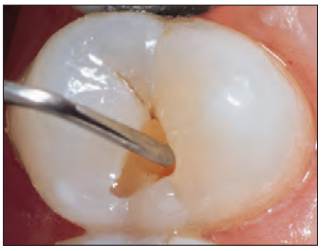
PermaFlo composite exhibits very low film thickness.

COMPRESSIVE STRENGTH [2]

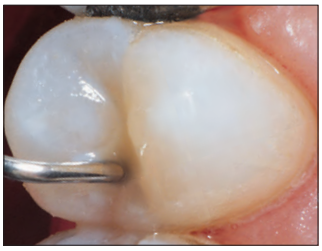


PermaFlo composite performs favorably with other flowable composites. Being 68% filled, it provides very high compressive strength.

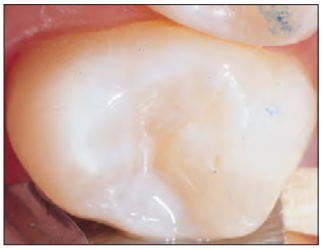
MICRO RESTORATIVE



1. Small Class I preparation treated with dentin bonding agent. Fill restoration with flowable PermaFlo™ composite through Micro 20 ga tip.

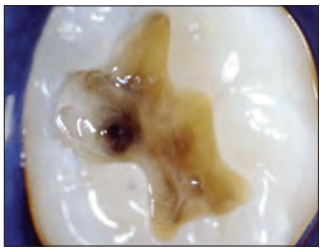


2. The flowable composite offers unsurpassed adaptation as it fills from preparation floor up.



3. Finished, radiopaque, 0.7 µm hybrid restoration.

MASKER



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

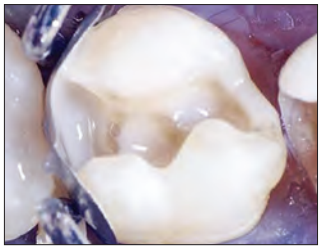
METAL MASKING

Place a thin layer of PermaFlo Dentin Opaquer over exposed metal and light cure for 10 seconds on Standard Power mode with VALO™ curing light.

* Trademark of a company other than Ultradent. **1.** realityesthetics.com. **2.** Data on file.

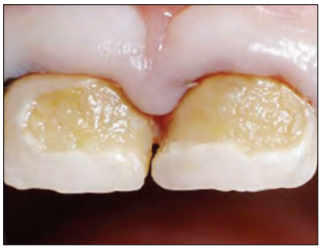
SUPERADAPTIVE INITIAL LAYER

Courtesy of Dr. Howard Strassler.

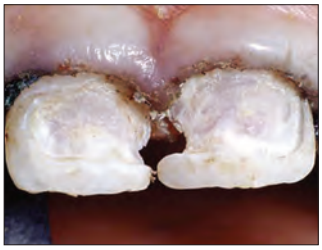


After bonding agent, apply a thin layer of PermaFlo composite at gingival margin, proximal box axial margins, and internal line angles to ensure quality adaptation of composite.

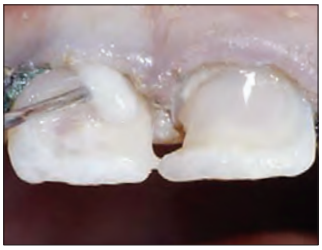
PEDIATRIC RESTORATIONS



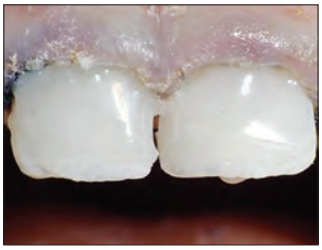
1. Rampant caries in a 3-year-old.



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.

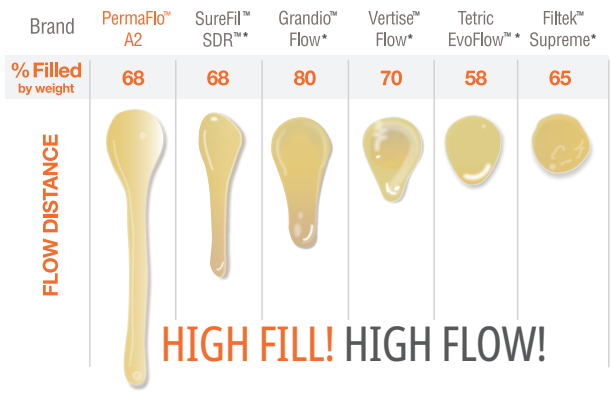


3. Etch preparations and apply Peak™ Universal Bond adhesive. Light cure for 10 seconds on Standard Power mode with VALO curing light. Apply a thin first layer of PermaFlo composite to the adhesive layer with Micro 20 ga tip. Light cure.



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

5. One year later.



"The opaque PermaFlo composite shade is a terrific tool for difficult esthetic restorations. It allows me to mask metal when repairing a PFM crown and eliminates the gray hue. I am able to cover dark stains and restore the tooth to its natural beautiful shade."
—DR. KENNETH B. ALLEN – FORT COLLINS, CO

"PermaFlo composite allows us to restore in so many different situations. The material seems to 'flex' better in those difficult Class V restorations, which serves us and our patients more successfully."
—DR. PAT PRENDERGAST – ENGLEWOOD, CO

"I literally use PermaFlo composite on every patient. I love the shades and the way it flows and handles. I use it around my posts, prior to core buildups. The stuff is awesome!"
—DR. IAN E. MODESTOW – FLORENCE, MA

1273 - PermaFlo Universal Kit

1 x Each 1.2 ml PermaFlo A1, A2, A3, A3.5, A4, B1, Dentin Opaquer, and Translucent syringe
1 x 1.2 ml Peak Universal Bond syringe
1 x 1.2 ml Ultra-Etch syringe
1 x Each half-size syringe organizer and shade guide
6 x Inspiral Brush tips
20 x Black Mini tips
20 x Micro 20 ga tips

PermaFlo Syringe Kits

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

2 x 1.2 ml syringes
4 x Micro 20 ga tips

Uveneer™ & Uveneer™ Extra

DIRECT COMPOSITE TEMPLATE SYSTEMS

- Creates predictable, reproducible, 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
- Autoclavable and reusable, making it a cost-effective choice

The original Uveneer template kit has everything you need to create a highly esthetic restoration with a perfect finish on both uppers and lowers. The templates help make procedures quick, cost effective, and minimally invasive. Templates from the original kit were designed to create beautiful, symmetrical smiles. The templates create a blank canvas for the dentist to add custom contours and anatomy to fit each patient's needs.

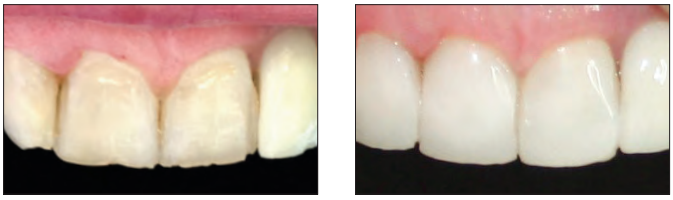
Uveneer Extra templates expand on this one-of-a-kind system, offering an innovative new esthetic in a wider variety of sizes for more versatility and less finishing time. Uveneer Extra templates are made from scans of actual teeth with mamelons and other tooth contours built right into the templates. The new system also offers additional sizes for more patients, including Extra Large, Large, Medium, and Square.

Both Uveneer template systems can be used for mock-ups, shade matching, provisionals, and composite veneers.

Courtesy of Dr. Hal Stewart.

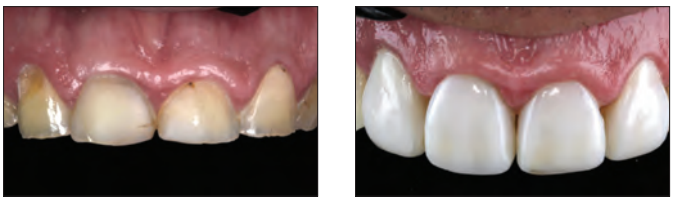
Patient wanted something quick, conservative, and affordable. Treatment time was 1.5 hours for teeth 22–27 using Vit-l-escence™ PN composite, and required no prep. Tissues still a bit irritated as this photo was taken immediately post-op after removing the retraction cords.

Courtesy of Dr. Sigal Jacobson.



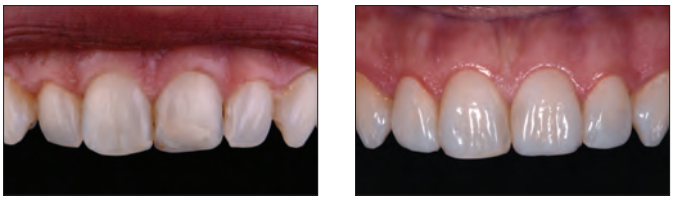
An implant crown on tooth #10 didn't match surrounding dentition. Treatment time was 45 minutes to restore teeth 7, 8, and 9. Minimal preparation needed.

Courtesy of Dr. Rafael Beolchi.



Heavy bruxist patient with failing, decades-old composite restorations. After removing the old composite, and with the assistance of a wax model, the six upper anterior teeth were restored in just one appointment. Mosaic™ universal composite shades A3 and A2 were applied free-hand, and the EW shade was applied with the Uveneer Extra template system.

Courtesy of Dr. Susan McMahon.



Patient had misaligned anterior teeth and a previous composite restoration on the left central. Patient wanted the appearance of straighter anterior teeth and to brighten their smile. The Gemini laser was used to contour the gingiva and restorations were completed with Mosaic composite EW shade and Uveneer Extra templates.

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.

"Terrific tool to quickly and easily create beautiful anterior restorations."
—DR. GARY M. RADZ, DDS

"The Uveneer template makes the practice of the anterior esthetic dentistry easier, faster, and better."
—DR. GEORGE FREEDMAN, DDS

"The simplicity of the Uveneer template is absolutely remarkable. Why didn't I think of this?"
—DR. JOHN C. COMISI, DDS, MAGD

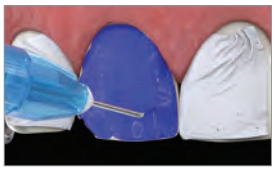
"In a single day I was able to do 11 mock-up veneers that were not part of the original schedule, resulting in several new cases being accepted. I wouldn't want to work without them now."
—DR. CHAD WAGENER, DDS

1. realityesthetics.com.

DIRECT COMPOSITE TECHNIQUE GUIDE

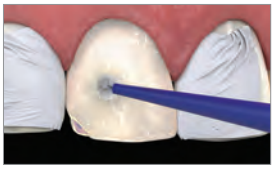
1. Select the template that corresponds with the tooth being restored. See handle of template for corresponding tooth position, size, and arch. Choose preferred composite shade(s).

2. Remove all caries if needed and minimally prepare the tooth.

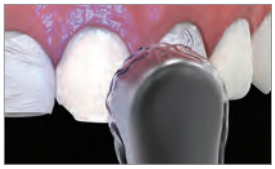


3. Place interproximal separating matrices and apply Ultra-Etch™ etchant, Peak™ SE Primer, or preferred etchant.

4. Rinse etchant and air dry according to manufacturer's instructions. Do not rinse if using Peak SE Primer; air thin.



5. Apply Peak™ Universal Bond adhesive or preferred adhesive to tooth surface.



6. Light cure with VALO™ curing light 10 seconds on Standard Power. If using other curing light, cure according to manufacturer instructions.

SINGLE SHADE TECHNIQUE

7a. If using a single shade technique, apply preferred composite directly onto tooth. Do not light cure composite.

OR

LAYERING TECHNIQUE

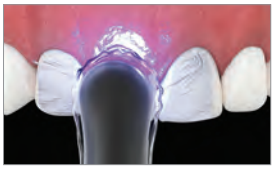
7b. If using a layering technique, place deepest composite layer directly onto the tooth and superficial composite layers into the template. Do not light cure composite.

8. Place selected template over uncured composite. Align centerline of template parallel to the midline of the face and perpendicular to the incisal plane. Using thumb, press the concave side of the template onto the tooth. Press firmly to remove any trapped air.

9. Remove any excess uncured composite from the periphery. Verify template alignment.

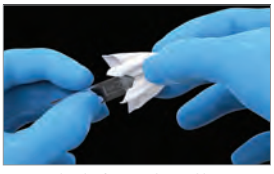
10. Using VALO curing light, cure composite through template. For every 2 mm layer, cure 10 seconds on Standard Power, 4 seconds on High Power, or 3 seconds on Xtra Power. If using other curing light, cure according to manufacturer's instructions.

11. Remove the Uveneer™ template by gently lifting the handle.



12. Final cure composite directly with the VALO curing light. Cure 5 seconds on Standard Power, 4 seconds on High Power, or 3 seconds on Xtra Power. If using other curing light, cure according to manufacturer's instructions.

13. Avoiding the glossy facial surface, trim bulk of cured composite from periphery with a fine flame-shaped bur from the Jiffy™ Composite Finishing Bur Kit. Use a blade for anything next to the margin to avoid altering the margin of the permanent restoration. Use Jiffy™ Composite Polishers, Brushes, Diamond Strips, or Proximal Saws for minimal finishing and adjusting if desired.



14. Immediately after use, thoroughly wipe template with an alcohol pad and then dry, bag, and autoclave according to Uveneer template IFU. Do not leave any composite residue on the template in order to maintain translucency and shine.

Do not autoclave the black base.

UVKV3 - 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.

UVKEV1 - Uveneer Extra Kit

6 x Extra Large upper anterior templates
6 x Large upper anterior templates
6 x Medium upper anterior templates
6 x Square upper anterior templates

Uveneer Extra kits include canine to canine templates.

UVKEXLSQV1 - Uveneer Extra XL & SQ Kit

6 x Extra Large upper anterior templates
6 x Square upper anterior templates

UVKELMV1 - Uveneer Extra L & M Kit

6 x Large upper anterior templates
6 x Medium upper anterior templates

PermaSeal™

PENETRATING COMPOSITE SEALER

Black Micro™ FX™ Tip page 88

- 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 ultrathin layer minimizes the need for occlusal adjustment.

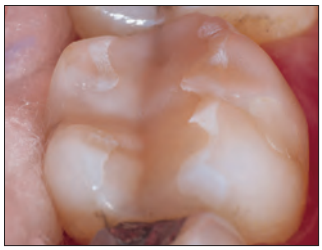
PermaSeal composite sealer seals voids and irregularities created during the polishing process, minimizing staining and wear. Place on Class V composite margins to reduce microleakage.[2] For the final glaze-type finish of resin provisionals, cover PermaSeal sealer with DeOx™ barrier solution prior to light curing. PermaSeal sealer bonds well to composite-type provisional restorations such as ExperTemp™ material and can be used to revitalize old composites as well.

NEW RESTORATIONS

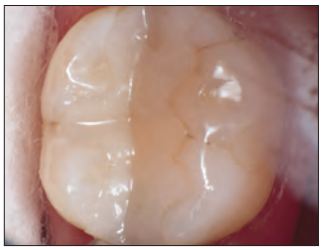
Before: Interproximal spaces and slight rotations to be corrected with Peak™ Universal Bond adhesive and composite.

After restoring and polishing, etch 5 seconds and apply PermaSeal composite sealer to seal composite and create a glossy finish. Air thin and light cure for 10 seconds.

EXISTING RESTORATIONS



Clean surfaces and margins to be sealed thoroughly with Consepsis™ Scrub, a micro etcher, or freshen with a bur and rinse thoroughly. Etch the enamel immediately adjacent to the restoration and all accessible composite surfaces for 15 seconds. If the enamel is not prepared as described above, etch for 30 seconds.



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

Smooth the provisional surface. Etch for 5 seconds, apply PermaSeal sealer onto surfaces, gently air thin, coat with DeOx oxygen barrier, and light cure for 10 seconds.

"Hands down, your composite sealer makes the composite look finished, gives it a glossy look, and 'fills' the microscopic pits. It makes or breaks my composites! I can't live without it!"
—DR. RICHARD J. HAULEY – SALT LAKE CITY, UT

631 - PermaSeal Syringe Kit
4 x 1.2 ml syringes
10 x Black Micro FX tips

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

1. realityesthetics.com. **2.** Dunn JR, Dole P, Fullerton B, Hennesy C. Microleakage of Class V composite restorations using a composite surface sealant. Biomaterials Research Center, Loma Linda University School of Dentistry. May 1996.

PrimaDry™

DRYING AGENT

Micro 20 ga FX™ Tip page 90

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 sealer to flow perfectly into every pit and fissure. Also useful prior to placing composite repairs. Do not use on dentin.

716 - PrimaDry Syringe *4pk*
717 - PrimaDry Syringe *20pk*
1.2 ml syringes

ENDODONTICS

ChlorCid Surf
ChlorCid V
File-Eze EDTA Lubricant
Ultradent EDTA 18% Solution
Consepsis
Consepsis V
UltraCal XS
Ultradent Citric Acid 20%
Endodontic Tips
PermaFlo Purple
Endodontic Tips
MTAFlow White
EndoREZ Canal Sealer
EndoREZ Accelerator
EndoREZ Points
Endo-Eze Ruler
Skini Syringe
DermaDam
DermaDam Synthetic
Luer Vacuum Adapter
TriAway Adapter

QUESTIONS ABOUT *Endo?*

WE HAVE YOUR SOLUTIONS.

Ultradent offers the most comprehensive list of chemistries and compatible tips for endodontic procedures. The products are designed to complement each other in order to maximize benefits and make each procedure safer and more efficient.

1.800.29.09.29

All of Ultradent's irrigants, lubricants, and medicaments are compatible with methacrylate resin sealers.

ChlorCid™ Surf

3% SODIUM HYPOCHLORITE SOLUTION WITH SURFACTANT

ChlorCid Surf 3% sodium hypochlorite solution includes surfactant to modify surface tension. This allows the irrigant to flow into the difficult areas of the root anatomy.

4613 - ChlorCid Surf Bottle *1pk*
480 ml bottle

ChlorCid™ V

3% SODIUM HYPOCHLORITE SOLUTION

ChlorCid V solution is perfect for cleaning and debriding during instrumentation

NaviTip™ Tip 31 ga - Double Sideport Irrigator page 93

ChlorCid V is a viscous 3% sodium hypochlorite solutions for enhanced flow control and lubrication.

1467 - ChlorCid V IndiSpense Syringe *1pk*
30 ml syringe

Ultradent™ Citric Acid 20% Solution

- Recommended as a cleanser/conditioner of prepared root canals
- Removes smear layer
- 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 paste). It is also recommended as a cleanser/conditioner to remove smear layer from dentinal walls.

NaviTip™ FX™ Tip 30 ga/25 mm page 93

NaviTip™ FX™ Tip 30 ga/17 mm page 93

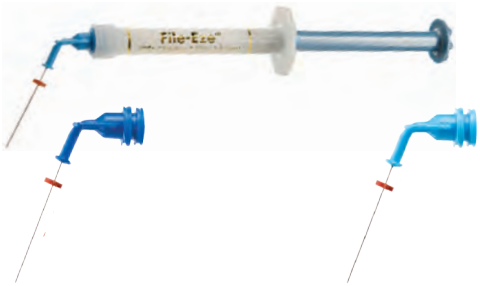
Empty 1.2 ml syringe page 95

329 - Citric Acid IndiSpense™ Syringe *1pk*
30 ml syringe

All of Ultradent's irrigants, lubricants, and medicaments are compatible with methacrylate resin sealers.

File-Eze™ EDTA Lubricant

FILE LUBRICANT



NaviTip™ Tip 30 ga/25 mm page 93 NaviTip™ Tip 29 ga/25 mm page 93

- 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,* and SlickGel ES.*

1075 - File-Eze Syringe Kit
4 x 1.2 ml syringes
5 x Each 30 ga NaviTip tips
17 mm, 21 mm, 25 mm, and 27 mm

297 - File-Eze Syringe *4pk*
1.2 ml syringes

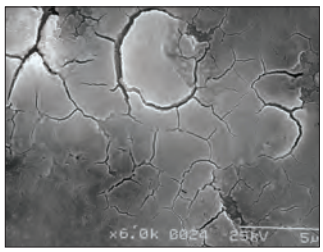
682 - File-Eze IndiSpense™ Syringe *1pk*
30 ml syringe

*Trademark of a company other than Ultradent.

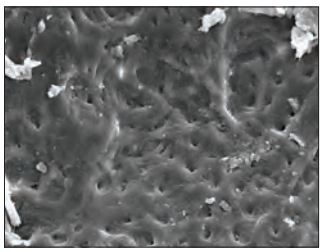
Ultradent™ EDTA 18% Solution

NaviTip™ FX™ Tip 30 ga/25 mm page 93 NaviTip™ FX™ Tip 30 ga/17 mm page 93

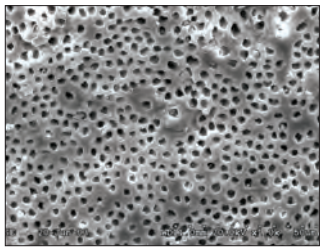
A root canal chelating agent that conditions/cleans through a chelation process, Ultradent EDTA 18% Solution is the irrigant of choice for smear layer removal and can be used as a final irrigant prior to obturation.



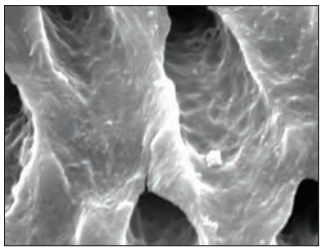
1. After canal instrumentation (no irrigants or lubricants). Smear layer intact.



2. After canal instrumentation plus sodium hypochlorite. Smear plugs still intact.



3. After canal instrumentation with both sodium hypochlorite and EDTA. Smear layer is removed. Clean, open tubules.



4. Close-up of Figure 3.

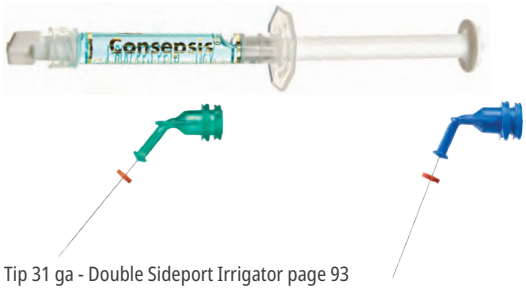
4616 - EDTA Bottle *1pk*
480 ml bottle

162 - EDTA IndiSpense Syringe *1pk*
30 ml syringe

All of Ultradent's irrigants, lubricants, and medicaments are compatible with methacrylate resin sealers.

Consepsis™

2% CHLORHEXIDINE ANTIBACTERIAL SOLUTION



NaviTip™ Tip 31 ga - Double Sideport Irrigator page 93

NaviTip™ Tip 30 ga/25 mm page 93

Consepsis antibacterial solution is recommended for procedural endodontic disinfection, and as a final endodontic rinse prior to canal obturation.[2–3] Consepsis solution should be used after smear layer removal for canal disinfection. Sodium hypochlorite should be rinsed and removed prior to using Consepsis solution.

Note: DO NOT mix Consepsis solution or any chlorhexidine solution with ChlorCid™ sodium hypochlorite solution in the canal, as a harmful brown precipitate will form.

4614 - Consepsis Bottle *1pk*
480 ml bottle

Check with local dealer for availabilty.

491 - Consepsis Syringe *20pk*
1.2 ml syringes

687 - Consepsis IndiSpense™ Syringe *1pk*
30 ml syringe

1. realityesthetics.com. **2.** Leonardo MR, Filho MT, Silva LAB, ácio KC, Ito IY. In vivo antimicrobial activity of 2% chlorhexidine used as a root canal irrigating solution. *J Endod.* 1999;25(3):167-71. **3.** Mohammadi Z, Abbott PV. Antimicrobial substantivity of root canal irrigants and medicaments: a review. *Aust Endod J.* 2009;35(3):131-9.

Consepsis™ V

2% CHLORHEXIDINE ANTIBACTERIAL VISCOUS SOLUTION

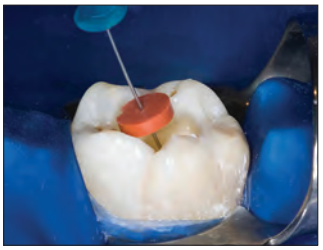
NaviTip™ Tip 31 ga - Double Sideport Irrigator page 93

- Designed for endodontic cleaning purposes
- A more viscous formulation of Consepsis antibacterial solution
- Stays in place, even in maxillary canals

The viscosity of Consepsis V antibacterial viscous solution makes it the perfect antibacterial irrigant in cases where you want to have more control than a liquid will give you.

Consepsis V solution can be used in the canal in place of formocresol as an antibacterial agent and interappointment intracanal medication.

Note: In cases of emergency treatments when there isn't enough space created to place calcium hydroxide, Consepsis V solution can be placed as the interappointment medicament. Use a NaviTip tip to express Consepsis V solution into the canal and seal with temporary restoration.



Use Consepsis V solution to disinfect canals as an interappointment intracanal medication.

2210 - Consepsis V IndiSpense Syringe *1pk*
30 ml syringe

All of Ultradent's irrigants, lubricants, and medicaments are compatible with methacrylate resin sealers.

Ultracal™ XS

30%–35% CALCIUM HYDROXIDE PASTE

NaviTip™ Tip 29 ga Single Sideport tip page 93

- Radiopaque
- High pH
- Superior delivery control

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

UltraCal XS paste elevates the dentin pH to alkaline, making it the ideal medium to be used as an interappointment dressing in clinical situations involving root resorption, dressing material, pulp capping, apexification, and perforations.[1]

5144 - UltraCal XS Syringe Kit
4 x 1.2 ml syringes
5 x Each 29 ga NaviTip single sideport tips
17 mm, 21 mm, 25 mm, and 27 mm

5145 - UltraCal XS Syringe *4pk*
5149 - UltraCal XS Syringe *20pk*
1.2 ml syringes

1. Tronstad L, Andreasen JO, Hasselgren G, Kristerson L, Riis I. pH changes in dental tissues after root canal filling with calcium hydroxide. *J Endod.* 1981;7(1):18-21.

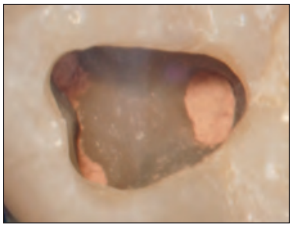
PermaFlo™ Purple

ANATOMICAL INDICATING COMPOSITE

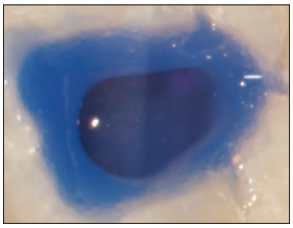
Micro 20 ga Tip page 90

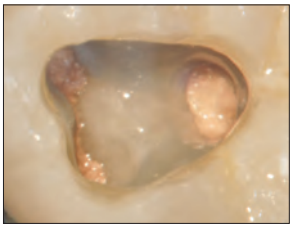
PermaFlo Purple is used with an adhesive system to create an easily identified coronal seal. The purple colour simplifies location of the pulp chamber floor when accessing the pulp chamber for future therapy.

Courtesy of Dr. Carlos Ramos.

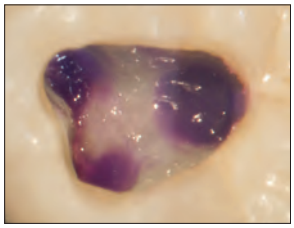


1. Root canal has just been completed and cleaned of excess EndoREZ canal sealer in the pulp chamber. (If significant unset EndoREZ canal sealer is exposed at canal orifice, coat with thin layer of Ultra-Blend™ plus liner and light cure.) Blot or air dry. Note: If eugenol or similar-based sealers have been used, wait until set and freshen all chamber and/or preparation surfaces with diamond bur prior to bonding.





2. Etch and place Peak™ Universal Bond adhesive; light cure.



3. Apply 1–1.5 mm-thick layer of PermaFlo Purple. Light cure 20 seconds to create an immediate "coronal seal." When a post and/or core is prepared, the purple identifies the position of root canal preparation. The contrast shows the clinician the pulp chamber floor in relation to the canal orifices, minimizing risk of perforation.

Note: Apply dentin bonding agent first. Remember that eugenol-containing sealers can prevent polymerization of bonding resins. We recommend EndoREZ™ hydrophilic resin sealer.

962 - PermaFlo Purple Syringe Kit
2 x 1.2 ml syringes
4 x Micro 20 ga tips

DermaDam™

RUBBER DAM

2021 REALITY [1]

- 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.

311 - DermaDam Medium 0.20 mm *36pk*
6"x 6" (15 cm x 15 cm)

314 - DermaDam Heavy 0.25 mm *36pk*
6"x 6" (15 cm x 15 cm)

DermaDam™ Synthetic

DENTAL DAM

2021 REALITY [1]

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.

299 - DermaDam Medium Synthetic 0.20 mm *20pk*
330 - DermaDam Medium Synthetic 0.20 mm *60pk*
6"x 6" (15 cm x 15 cm)

1.realityesthetics.com.

Ultradent™ Luer Vacuum Adapter

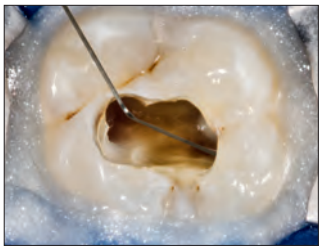
Capillary Tip page 92

Note: Capillary Tips should never be used to deliver irrigating materials or endodontic sealers.

- 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.

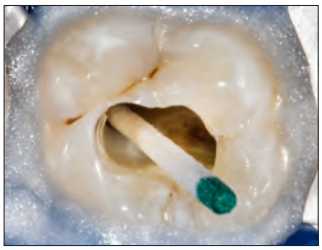
DRIES CANALS FASTER THAN EVER



1. Isolate with rubber dam and OpalDam resin barrier. Irrigate canals through NaviTip™ 31 ga Double Sideport Irrigator tip.

2. With Capillary tip attached to vacuum, slide tip deep into canal. Move tip in and out while vacuuming.

3. The Capillary tip allows visibility to see what is coming from inside the canal, easily identifying its content.



4. Insert paper points to verify level of dryness.

"The Luer Vacuum Adapter eliminates the need for fumbling with paper points! And the canals seem to be much drier—we couldn't do without it!"
—DR. JEFF ROSENTHAL – CHESTERLAND, OH

230 - Luer Vacuum Adapters *10pk*

TriAway™ Adapter

Use for controlled administration of water and/or air to depths of tiny cavity preparations, such as minimally invasive operative-type preparations or endodontic preparations. Note: Do NOT use in open canals.

	20pk
TriAway Adapter Irrigator	1375

WARNING:
• Use recommended endodontic tip • Make sure rubber stopper is in position
• Take extra precaution when not using sideport tips • Make sure tip is not wedged in the canal

Capillary Tips

Never use to delivery irrigating materials or endodontic chemistries.

- Evacuates canals and substantially minimizes use of paper points
- Narrow, flexible taper accesses curved canals
- Great for dental abscess procedures

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

LOK-TITE™	Internal diameter	20pk	50pk
0.014" Capillary	0.36 mm	341	3099
0.019" Capillary	0.48 mm	186	1425

Micro Capillary™ Tips

- Bright colour easily identified against soft tissues
- The world's smallest molded tips

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

LOK-TITE™	Tip length	20pk
0.008" Micro Capillary	5 mm	1120
0.008" Micro Capillary	10 mm	1121

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 syringe.

	Tip length	20pk
27 ga (0.40 mm) Endo-Eze Irrigator	25 mm	207

22 ga 20 ga 19 ga 18 ga

Endo-Eze™ Tips

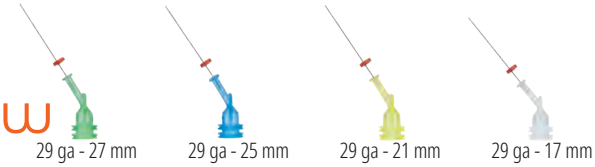
- Great for endodontic procedures such as post cementation and core buildups
- Flexible, strong cannulae
- Bend easily
- Length 19 mm

Designed for: Luting materials and air/water delivery. Use with: TriAway™ Adapter, PermaFlo™ DC (20 ga), and other Ultradent syringes.

	Bendable tip	20pk	100pk
22 ga - 0.028" Endo-Eze	0.70 mm	348	1431
20 ga - 0.035" Endo-Eze	0.90 mm	347	1430
19 ga - 0.042" Endo-Eze	1.06 mm	346	1429
18 ga - 0.049" Endo-Eze	1.25 mm	345	1428

WARNING:
• Use recommended endodontic tip • Make sure rubber stopper is in position
• Take extra precaution when not using sideport tips • Make sure tip is not wedged in the canal

new



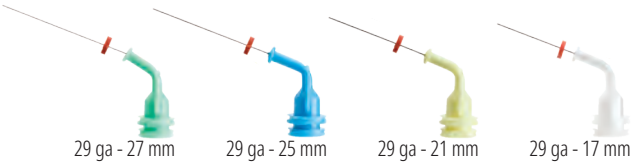
NaviTip™ Tips 29 ga
with Single Sideport

- Designed to direct the flow of chemistry through the sideport of the tip before flowing down into the area of the apex, thus reducing the risk of product extrusion
- Flexible, stainless steel cannula easily navigates curved canals
- Bendable tip 0.33 mm

29 ga delivers paste materials: MTAFlow™, EndoREZ™, and UltraCal™ XS.

NOTE: UltraCal™ XS calcium hydroxide paste should only be used with NaviTip 29 ga Single Sideport tips.

LOK-TITE™	Tip length	20pk
29 ga - 0.0129" NaviTip	27 mm	4989
29 ga - 0.0129" NaviTip	25 mm	4990
29 ga - 0.0129" NaviTip	21 mm	4991
29 ga - 0.0129" NaviTip	17 mm	4992
29 ga–29 ga NaviTips	27–17 mm	5143

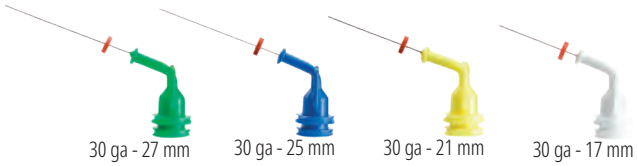


NaviTip™ Tips 29 ga

- Provide controlled delivery to the apex
- Flexible, stainless steel cannulae easily navigate curved canals
- Bendable tip 0.33 mm

29 ga delivers paste materials: MTAFlow™ and EndoREZ™.

LOK-TITE™	Tip length	20pk	50pk
29 ga - 0.0129" NaviTip	27 mm	5115	1377
29 ga - 0.0129" NaviTip	25 mm	5114	1376
29 ga - 0.0129" NaviTip	21 mm	5113	1374
29 ga - 0.0129" NaviTip	17 mm	5112	1378
29 ga–29 ga NaviTips	27–17 mm	5116	1379

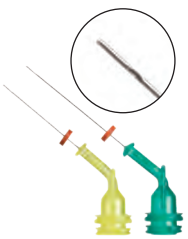


NaviTip™ Tips 30 ga

- Provide controlled delivery to the apex
- Flexible, stainless steel cannulae easily navigate curved canals
- Bendable tip 0.30 mm

30 ga delivers solutions/gels: File-Eze™, Ultradent™ EDTA 18% Solution and Consepsis™.

LOK-TITE™	Tip length	20pk	50pk
30 ga - 0.0118" NaviTip	27 mm	1354	1424
30 ga - 0.0118" NaviTip	25 mm	1250	1423
30 ga - 0.0118" NaviTip	21 mm	1349	1422
30 ga - 0.0118" NaviTip	17 mm	1249	1421
30 ga–30 ga NaviTips	27–17 mm	1351	3319



NaviTip™ 31 ga Tips
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: ChlorCid™, ChlorCid™ V, ChlorCid™ Surf, Ultradent™ EDTA 18% Solution, and Ultradent™ Citric Acid 20%.

LOK-TITE™	Tip length	20pk	50pk
31 ga - 0.0098" NaviTip	21 mm	5121	5122
31 ga - 0.0098" NaviTip	27 mm	5123	5124

NaviTip™ FX™ Tips 30 ga

- One-of-a-kind brush cleans, scrubs, and irrigates simultaneously
- Rigid cannula

Designed for: Ultradent™ Citric Acid 20% Solution.

Listed as an "EXCELLENT" product by a prominent independent research institute.[1]

LOK-TITE™	Tip length	20pk
30 ga - 0.0118" NaviTip FX	17 mm	1452
30 ga - 0.0118" NaviTip FX	25 mm	1454

1. Clinical Research Associates Newsletter. Volume 29, Issue 1, January 2005.

Endo-Eze™
MTAFlow™ White
MINERAL TRIOXIDE AGGREGATE REPAIR CEMENT

2021 REALITY[1]

BEST PRODUCT

new

- Has bioactive apatite-forming properties[2]
- Mixes into a smooth consistency
- Resists washout
- Can be delivered with 29 ga NaviTip™ tip depending on consistency
- Predictable quick setting
- Has an adaptable mixing ratio based on procedure
- Now available in white nonstaining formula

Endo-Eze MTAFlow White mineral trioxide aggregate repair cement is designed to mix and deliver easily with your desired consistency. When using the NaviTip 29 ga tip you're assured precise placement for apexification, apical plug, resorption, and perforation. MTAFlow White repair cement is ideal for use above the clinical margin because it contains a radiopacity agent that is nonstaining–it will not be visible in the esthetic zone of the tooth.

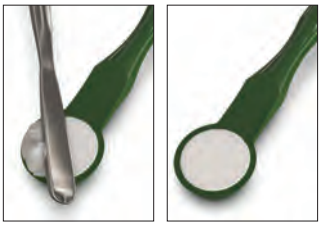
"MTA cement is a bioactive material. The formation of hydroxyapatite (HA) will cover the surface of the MTA exposed to body fluids, and that layer of HA will no longer look like a foreign material to the living cells. Therefore, the MTA will support healing.[3]"

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

1. realityesthetics.com. **2.** Guimaraes, B. et al. Chemical-physical properties and apatite-forming ability of mineral trioxide aggregate flow. *J Endod.* 2017; 43: 1692-96 **3.** Sarkar NK, Caicedo R, Ritwik P, et al. Physiochemical basis of the biologic properties of mineral trioxide aggregate. *J Endod. 2005;31(2):97-100.*

THE DIFFERENCE YOU CAN FEEL

MTAFlow White 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. Plus, it can be delivered using Ultradent's syringes and tips, ensuring precise placement for effective treatment.

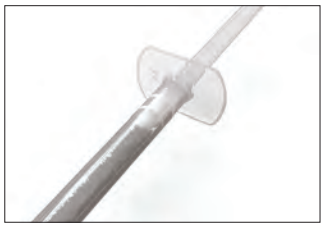


1. Use a cement spatula to remove excess powder. DO NOT use powder without leveling at edge of scoop.

2. Shake from top to bottom 3 times. Make sure that gel is in tip end of bottle before expressing.

3. After mixing, load the mixed MTAFlow White cement into back of clear Skini syringe.

4. Insert the plunger and express a small amount of material through the tip.



5. Mixed Endo-Eze MTAFlow White cement inside syringe will be usable for up to 15 minutes.

6. Use thin consistency and a NaviTip™ 29 ga tip to deliver MTAFlow White cement inside canal.

After 5 minutes you can lightly rinse and air dry the area and it will not dislodge the MTAFlow White cement. MTAFlow White cement, mixed and placed inside the Skini syringe, can be used for up to 15 minutes after mixing. Full setting is one hour. Complete cure and strengthening is 4 weeks.

Perforation located in cervical third of mesial buccal canal.

MTA cement in place showing repair.

THE RIGHT CONSISTENCY FOR THE RIGHT PROCEDURE

The mixing ratio of the powder and gel components of MTAFlow White repair cement is adaptable based on the procedure. MTAFlow White cement's nonstaining formula is specifically designed to be used for procedures like primary dentition vital pulpotomy and pulp capping. After placing MTAFlow White repair cement, allow initial set time of 5 minutes, then cover with UltraBlend™ plus liner and restore.

Whatever consistency you need, you can be sure MTAFlow White 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)*

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

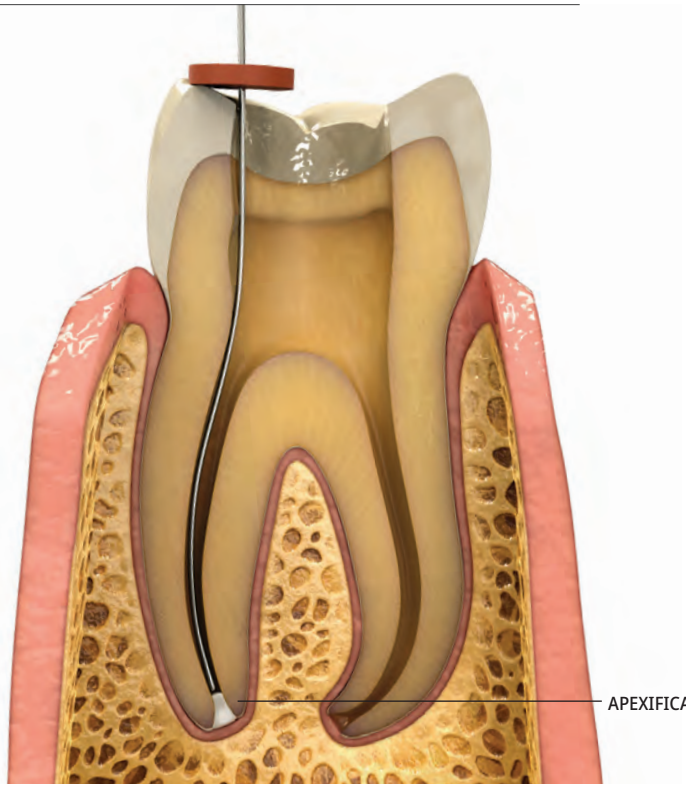
* More powder or gel can be added to achieve desired consistency.
** Depends on the desired consistency.

EVERYTHING YOU NEED IN ONE PLACE

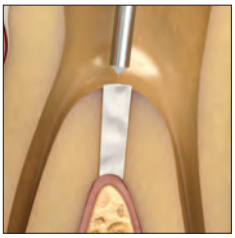
MTAFlow White repair cement kits come with the essential tools you'll need to mix and deliver cement. The kits contain enough MTA powder and gel to complete 8–10 applications.

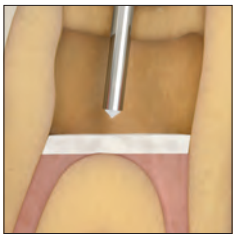
new

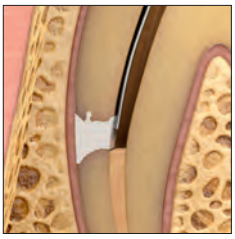
4980 - MTAFlow White Repair Cement Kit
1 x Each Technique guide, instructions for use, 2 g MTAFlow powder, 2 ml MTAFlow gel, measuring spoon, and mixing pad
10 x Skini syringes
10 x Luer Lock caps
20 x Micro 20 ga tips

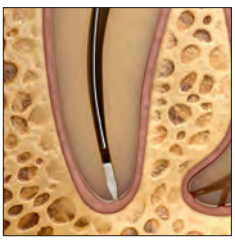


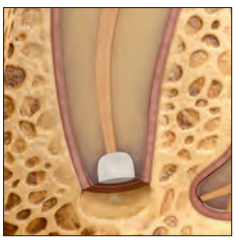

PULP CAPPING


PULP CHAMBER FLOOR PERFORATION


PRIMARY DENTITION VITAL PULPOTOMY


RESORPTION


APICAL PLUG


ROOT END FILLING

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

EndoREZ™

CANAL SEALER

2021 REALITY [1]

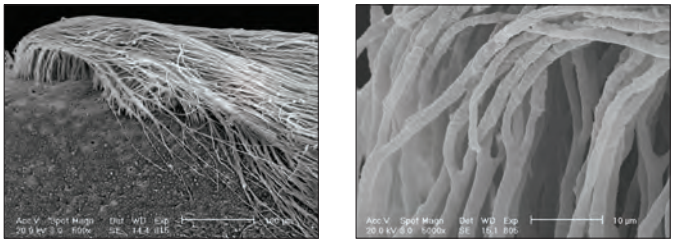
Ultradent™ Mixing Tip page 91

20–30 minute regular set
5–12 minute set when used with accelerator

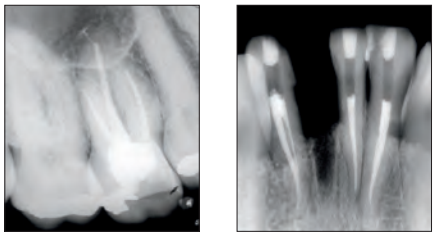
- The world's first hydrophilic and self-priming resin sealer
- More effective obturation in less time
- Provides a complete, thorough seal[2]
- Has the same radiopacity as gutta percha
- Bonds to resin-based core/composite materials
- Retreatable when combined with gutta percha[3]
- Provides syringe delivery to the apical third

EndoREZ canal sealer minimizes the amount of chair time required for obturation. This thixotropic material has an affinity for the moisture found deep in dentinal tubules and lateral canals[4] and provides 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 canal sealer 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 1200µ into tubules.

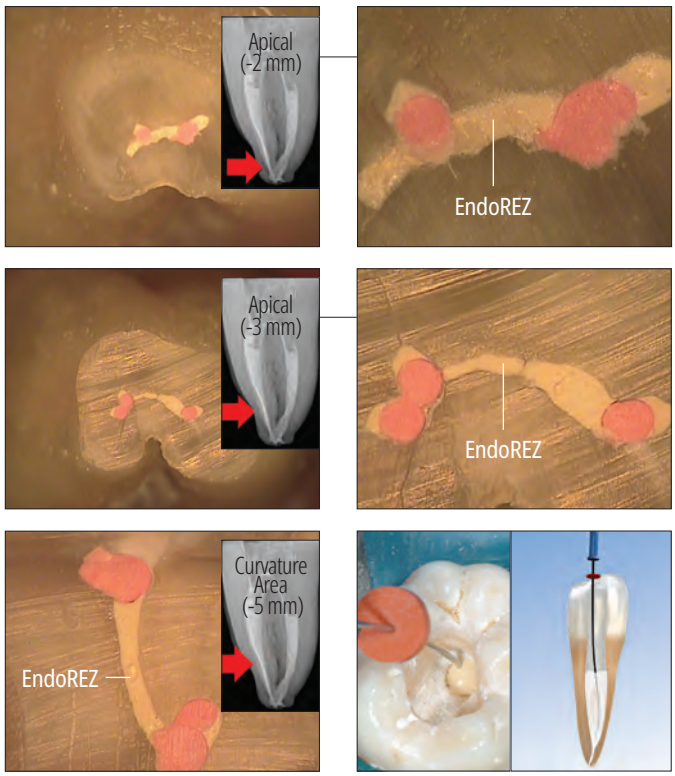


EndoREZ canal sealer penetrates into tubules and adapts to the walls like no other sealer on the market.



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

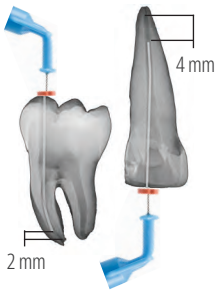
The improved flowability of EndoREZ canal sealer allows the sealer to reach the isthmus and intracanal areas during the obturation procedure without using any special device.

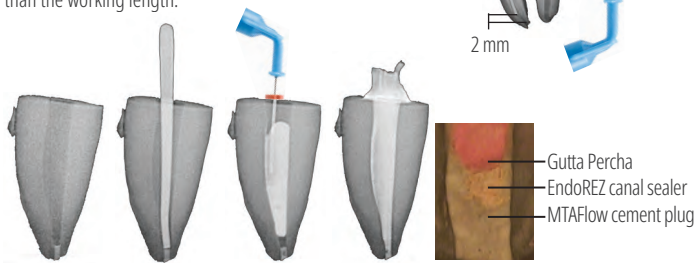


Ultradent's patented NaviTip™ tip delivers EndoREZ canal sealer into entire anatomy of canal in one step.

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.





MTAFlow™ cement in place | Master gutta percha Point | EndoREZ sealer insertion | Final obturation

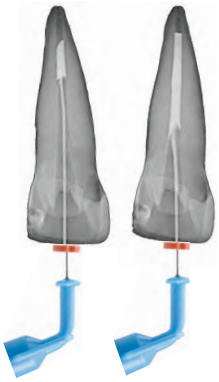
Cases of incomplete formation of apex or reabsorbed foramens can be treated in one visit with an apical MTAFlow cement plug. This will prevent the extrusion of the EndoREZ canal sealer and create a biological seal at apical foramen.

* Trademark of a company other than Ultradent. **1.** realityesthetics.com. **2.** Zmener O, Pameijer CH. Clinical and radiographic evaluation of a resin-based root canal sealer: an eight-year update. *J Endod.* 2010;36(8):1311-4. **3.** Zmener O, Banegas G, Pameijer C. Efficacy of an automated instrumentation technique in removing resin-based, zinc oxide and eugenol endodontic sealers when retreating root canal: an in vitro study. *Endod Pract.* 2005;8:29-33. **4.** Zmener O, Pameijer CH, Serrano SA, Vidueira M, Macchi RL. Significance of moist root canal dentin with the use of methacrylate-based endodontic sealers: an in vitro coronal dye leakage study. *J Endod.* 2008;34(1):76-9.

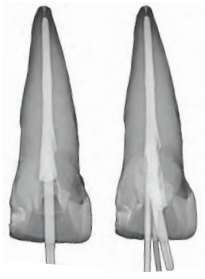
ENDOREZ CANAL SEALER SEQUENCE OF CLINICAL USE

1. Fit an EndoREZ™ gutta percha point to working length. Verify radiographically.

2. 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.



3. Express EndoREZ canal sealer with light pressure into canal while withdrawing tip. Keep the NaviTip tip orifice buried in material while expressing EndoREZ canal sealer and withdrawing tip.



4. Slowly insert master EndoREZ gutta percha point cone 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 compactions can be used. Without using accelerator, EndoREZ canal sealer will set in about 20–30 minutes.

5. 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 or using the Ultrawave™ XS EX1 tip with ultrasonification (no water). Complete restorations following obturation to properly seal canal entrance. Do not leave cotton pellets between obturation and temporary restoration.

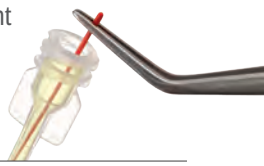
5900 - EndoREZ Syringe Kit
1 x 5 ml syringe
20 x Mixing tips

EndoREZ™ Accelerator

EndoREZ canal sealer sets in 5–12 minutes!

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

EndoREZ Accelerator reduces EndoREZ canal sealer set time from 20–30 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 canal sealer for reliable obturation and minimized chair time.



399 - EndoREZ Single Use Accelerator *20p*

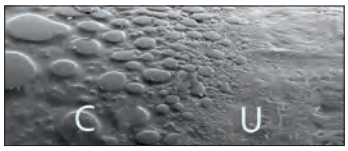
EndoREZ™ Points

RESIN-COATED GUTTA PERCHA POINTS

- The ONLY resin-coated gutta percha
- Chemically bonds to EndoREZ canal sealer 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 Uncoated

EndoREZ Gutta Percha Points

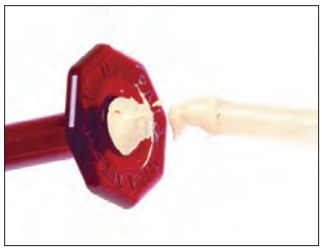
Size	.02 *120pk*	.04 *60pk*	.06 *60pk*
15	—	1838	—
20	—	1839	—
25	1631	1634	1637
30	1632	1635	1638
35	1633	1636	1639
40	1675	1707	—
15–40	3355	3357	3359
45–80	3356	—	—

3358 - Medium Medium Fine/Medium Fine Variety *100pk*

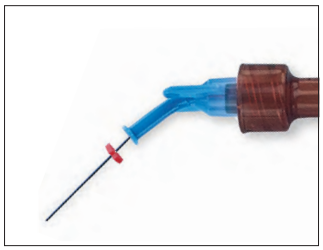
Skini Delivery Syringes

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 the Mixing tip.



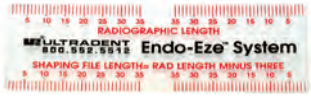
2. Fill syringe to back flange so no air remains between plunger and EndoREZ canal sealer.



3. Attach a 29 ga NaviTip™ tip of 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 sealant.

0.5 ml	*20pk*	*50pk*
Skini Delivery Syringe	1680	1681

Endo-Eze™ Ruler



1295 - Endo-Eze Ruler *25pk*

EQUIPMENT

VALO
VALO Grand
Gemini
UltraTect
Machine III
Ultradent Ultra-Trim Scalloping Scissors

STEVEE HIGHT - Lake Powell

"The VALO line of light curing products and accessories keeps setting the industry standard for highly efficient, effective, ergonomic, no-nonsense, virtually indestructible products."
—DR. FRED RUEGGEBERG, DDS

VALO™

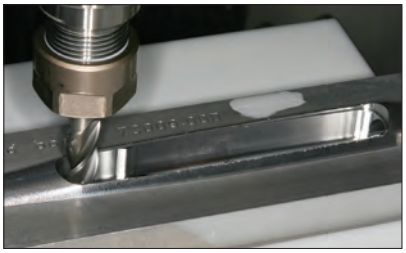
LED CURING LIGHTS

Best LED Curing Light

- 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 extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch

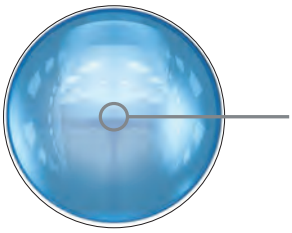
All VALO LED curing lights use a custom, multiwavelength light-emitting diode (LED) for producing high-intensity light at 385–515 nm, which is capable of polymerizing all light-cured dental materials. This intensity will also penetrate porcelain and is capable of curing underlying resin cements similar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

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****.*

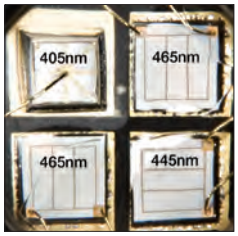


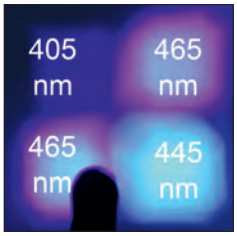
True unibody construction via machining ensures durability and superior heat dissipation and facilitates the elegant, ergonomic, and streamlined design that enables the VALO light to access areas other curing lights simply cannot reach.

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 Lucirin TPO, PPD, or more commonly found camphorquinone.

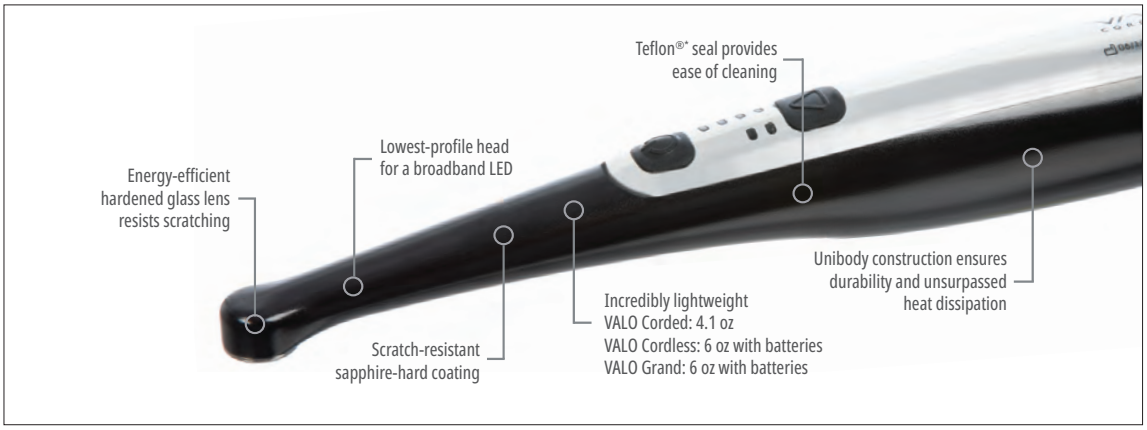


Unique glass lens system forms the light's collimated blended beam

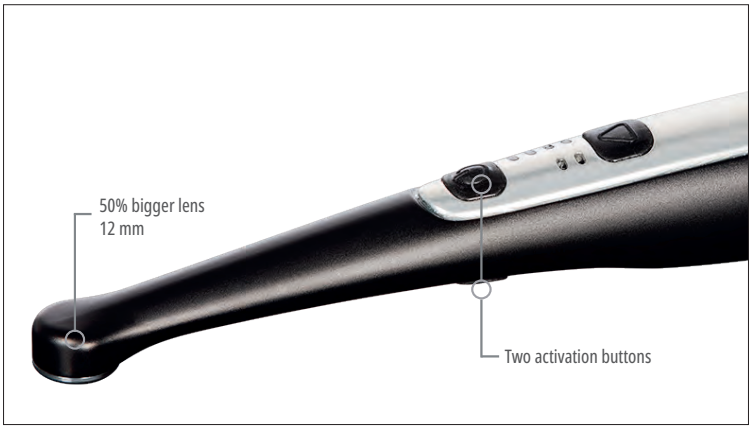




IMPORTANT DESIGN FEATURES

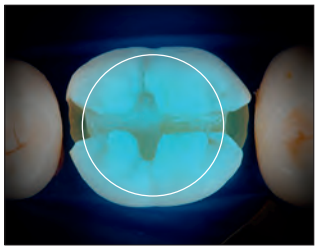


Available on ALL VALO curing lights.

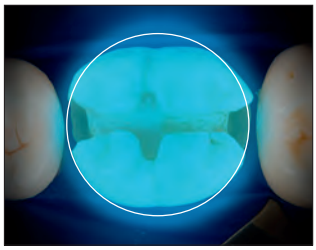


Available on VALO Grand and VALO Grand corded curing lights.

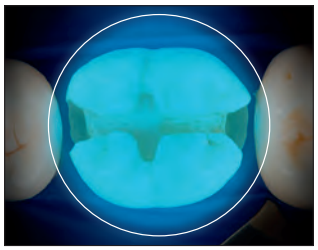
Available on VALO corded and VALO Grand corded curing lights.



Average competitor surface area
46 mm²



VALO curing light surface area
78 mm²

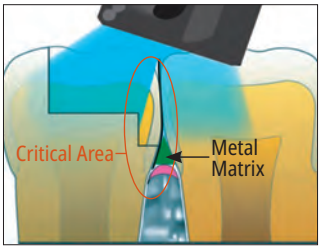


VALO Grand curing light surface area
107 mm²

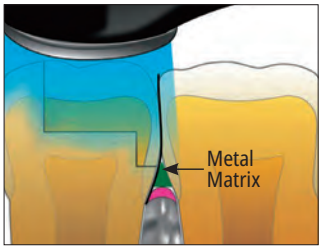
* Trademark of a company other than Ultradent. **1.** realityesthetics.com.

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.

The VALO light's slim head allows easy and direct access to all curing sites.



Angled light on a restoration with a matrix band can result in insufficient curing.

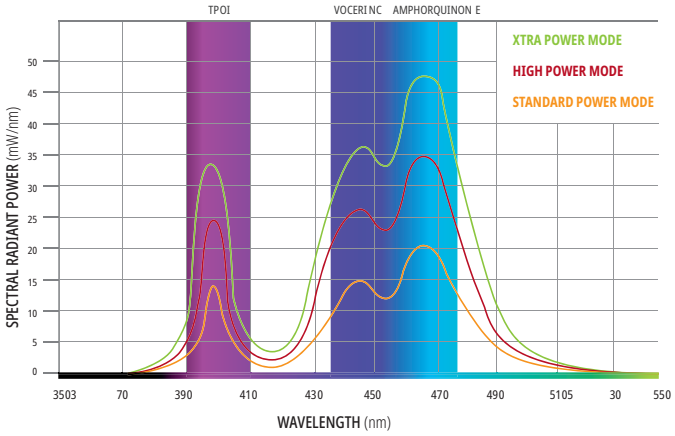


The VALO light's direct access and a collimated beam result in complete curing.

VALO TECHNICAL INFORMATION

Range of Light Output (nm)	385 nm–515 nm			
Wand Weight	VALO: 115 g (4.1 oz) VALO Cordless: 190 g (6.7 oz) VALO Cordless without batteries: 150 g (5.3 oz) VALO Grand: 190 g (6.7 oz) VALO Grand without batteries: 150 g (5.3 oz) Dimensions VALO: 9.25″ L x 0.8″ W x 0.75″ H VALO Cordless: 8″ L x 1.1″ W x 1.3″ H			
VALO Power Supply	9V DC at 2A, medical grade (UL CE) with surge protection of 100VAC to 240VAC			
VALO Cordless and VALO Grand Power Supply	Rechargeable batteries $LiFePO_4$ RCR123A, Smart battery charger 3.6 VDC $LiFePO_4$ Medical grade power adapter (UL, CE, RoHS, WEEE) 100VAC 240VAC			
		IRRADIANCE (mW/cm2)		
	Total Power (mW)	Demetron LED Radiometer	MARC Spectrum Analyzer	Gigahertz Spectrum Analyzer
VALO Standard Power	655	1000	1200900	
VALO High Power	960	1400	1600	1300
VALO Xtra Power	1550	N/A	3200	2100
VALO Grand Standard	970	1000	1200	900
VALO Grand High Power Plus	1615	1600	1800	1500
VALO Grand Xtra Power	2260	N/A	3200	2100
Lens Diameter	9.6 mm VALO and VALO Cordless 11.7 mm VALO Grand			
Light Timing Programs	Adjustable time options			

EFFECTIVE COMPOSITE-CURING WAVELENGTH BANDS



Scan for the video of the full story

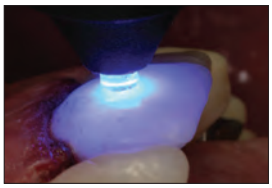
VALO®

DURABILITY THAT'S OUT OF THIS WORLD

VALO™ and VALO™ Cordless Lenses

Lenses are reusable and should be disinfected using an intermediate-level disinfectant.

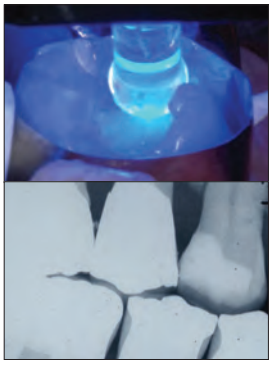
PointCure™ Lens



Clear lens for pinpoint curing of small composites or tack curing veneers.

	2pk
PointCure Lens	5934

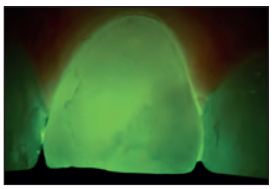
ProxiCure™ Ball Lens



The ProxiCure Ball lens facilitates 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.

	2pk
ProxiCure Ball Lens	5936

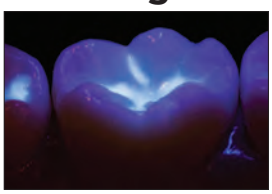
TransLume™ Lens



The penetrating ability of the lens shows the obstruction to light caused by posts or internal bubbles.

	2pk
TransLume Lens	5937

Black Light Lens

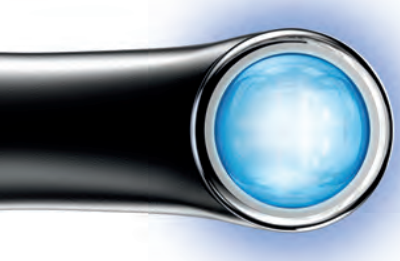


Black Light lens aids in detecting fluorescent particles in resins for easy differentiation from natural enamel.

	1pk
Black Light Lens	5939

VALO™ Grand Cordless

LED CURING LIGHT



50%
Bigger Lens (12 mm)

2021[1] REALITY — Pride INSTITUTE Best of Class TECHNOLOGY AWARD 2015 — TOP 50 TECHNOLOGY PRODUCTS — DENTAL PRODUCTS REPORT TOP100 — Best LED Curing Light

- Ultra-high-energy broadband LEDs cure all dental materials
- Three curing modes—Standard Power, High Power Plus, and Xtra Power—accommodate your preferences
- Optimally collimated beam delivers consistent, uniform power
- Extremely durable, slim, ergonomic shape allows unprecedented access to all restoration sites
- Unique unibody design is 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.

1. realityesthetics.com.

5972 - VALO Grand Cordless Kit - Black
4866 - VALO Grand Cordless Kit - Midnight
4864 - VALO Grand Cordless Kit - Sapphire
4865 - VALO Grand Cordless Kit - Red Rock
1 x VALO Grand 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

WARNING: Only use rechargeable batteries stated in the IFU.
Some rechargeable batteries can affect the function of the VALO curing light.

5963 - VALO Grand Rechargeable Batteries *2pk*

5962 - VALO Grand Battery Charging Unit *1pk*

5961 - VALO Charging Unit Power Supply *1pk*

1667 - VALO Surface Mounting Bracket *1pk*

3604 - VALO Grand Light Shield *1pk*

4666 - VALO Grand Cordless Barrier Sleeves *100pk*

508 - Blue Light Blocking Glasses *1pk*

VALO™ Cordless

LED CURING LIGHT

Best 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 extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody 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 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 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.

1. realityesthetics.com.

5941 - VALO Cordless Kit
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

WARNING: Only use rechargeable batteries stated in the IFU.
Some rechargeable batteries can affect the function of the VALO curing light.

5963 - VALO Cordless Rechargeable Batteries *2pk*

5962 - VALO Cordless Battery Charging Unit *1pk*

5961 - VALO Charging Unit Power Supply *1pk*

1667 - VALO Surface Mounting Bracket *1pk*

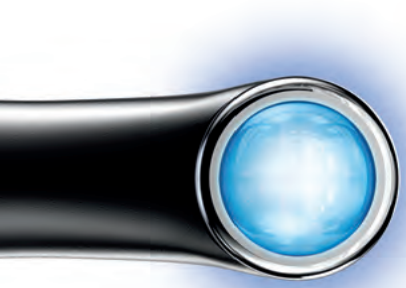
5929 - VALO Cordless Light Shield *1pk*

4667 - VALO Cordless Barrier Sleeves *100pk*

508 - Blue Light Blocking Glasses *1pk*

VALO™ Grand Corded

LED CURING LIGHT



50%
Bigger Lens (12 mm)

Best 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 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.

1. realityesthetics.com.

5971 - VALO Grand Corded Kit
1 x VALO LED curing light - 7' cord
1 x Power supply with universal plugs - 6' cord
1 x Handpiece bracket holder
1 x Blue light blocking light shield
1 x Sample pack of barrier sleeves

5930 - VALO Power Supply - *6' cord*

5933 - VALO Power Supply - *16' cord*

1667 - VALO Surface Mounting Bracket *1pk*

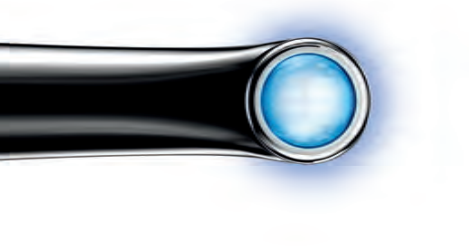
3604 - VALO Grand Light Shield *1pk*

4669 - VALO Grand Barrier Sleeves *100pk*

508 - Blue Light Blocking Glasses *1pk*

VALO™ Corded

LED CURING LIGHT



2021[1] REALITY · Pride INSTITUTE Best of Class TECHNOLOGY AWARD 2015 · TOP 50 TECHNOLOGY PRODUCTS · DENTAL REALITY REPORT TOP100 · Best 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 extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch

- International power supply is suitable for power outlets from 100 to 240 volts; no batteries needed

VALO 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.

"The VALO light is a fantastic piece of equipment. Clinicians no longer have to choose between normal output, high-intensity output, or the power of a PAC light, because the VALO light offers all three in one lightweight, compact, durable unit. The VALO light's ability to produce the greatest amount of energy at distances up to 10 mm from the tooth is just amazing. I have been using this light for some time and would not want to be without it."
—DR. JOHN KANCA, DDS – MIDDLEBURY, CT

"A new wave of LEDs is here! The sleek VALO light operates with standard curing, and innovative high-powered curing options. It is compact, light to the touch, and offers the benefits of three lights in one."
—DR. MARK COLONNA, DDS – WHITEFISH, MT

1. realityesthetics.com.

5919 - VALO Corded Kit
1 x VALO LED curing light - 7' cord
1 x Power supply with universal plugs - 6' cord
1 x Handpiece bracket holder
1 x Blue light blocking light shield
1 x Sample pack of barrier sleeves

5930 - VALO Power Supply - *6' cord*

5933 - VALO Power Supply - *16' cord*

1667 - VALO Surface Mounting Bracket *1pk*

5935 - VALO Light Shield 1pk

4668 - VALO Barrier Sleeves *100pk*

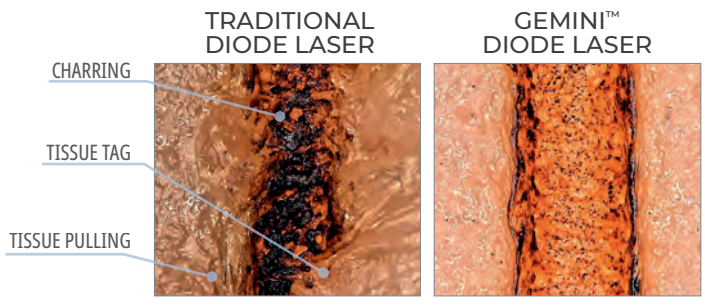
508 - Blue Light Blocking Glasses *1pk*

Gemini™

810 + 980 DIODE LASER

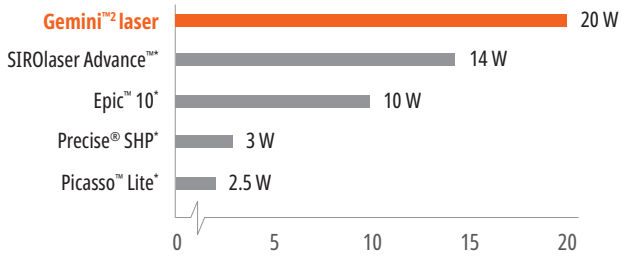
Scan here to connect with other Gemini laser fans in our Facebook group

- 20 watts of peak super-pulsed power for faster, smoother cutting
- Dual wavelength technology combines the optimal pigment absorption of the 810 nm wavelength and the optimal water absorption of the 980 nm wavelength in diode lasers
- 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



Watt Average Power, 400 micron fiber, Robotically Controlled Speed

DIODE LASER PEAK POWER COMPARISON[1]



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

8991 - Gemini Power Supply *1pk*

8993 - Gemini 5 mm Pre-Initiated Tip *25pk*
8994 - Gemini 7 mm Uninitiated Tip *25pk*

8998 - Gemini PBM Adapter Kit
1 x Photobiomodulation (PBM) adapter
2 x Spacers
1 x Handpiece holder clip
1 x Cleaning cloth

8995 - Gemini Safety Glasses *1pk*

8999 - Gemini PBM Spacer Tip Kit *5pk*

8996 - Handpiece Shell *1pk*

***** Trademark of a company other than Ultradent. **1.** Data published by manufacturer. **2.** Peak power in dual wavelength mode.

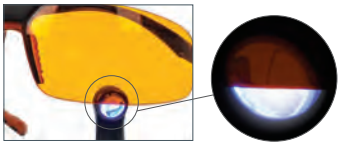
UltraTect™

PROTECTIVE EYEWEAR

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.

Glasses are flexible and impact resistant for ultimate durability.



Orange lenses protect against the blue light generated by the VALO™ curing lights.

914 - Maroon Frame/Brown Lens *1pk*
501 - Black Frame/Clear Lens *1pk*
508 - Black Frame/Orange Lens *1pk* (Blue Light Blocking Glasses)

Machine III™

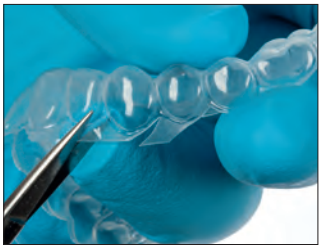
VACUUM FORMER

Machine III vacuum former uses a single, 3-position toggle switch that activates the unit's heating element, vacuum pump, and power. An indicator light in the base alerts the operator when the heating element is activated and ready for operation.

7000332 - Machine III Vacuum Former 220 v

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



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

ETCH AND BOND

Ultra-Etch
Peak SE Primer
Peak Universal Bond
Peak-ZM Primer
Ultradent Porcelain Repair Kit
Ultradent Porcelain Etch
Silane
Ultra-Blend plus
Consepsis

WILLIAM UTYKANSKI - Horsetail Falls, Alpine

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]

The industry leader for more than *35 years*

Ultra-Etch™

ETCH AND RINSE ETCHANT

Blue Micro™ Tip page 89

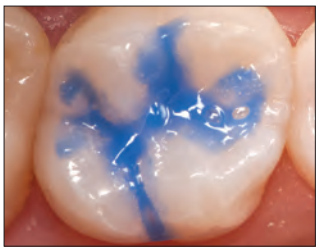
Inspiral™ Brush Tip page 89

- Self-limiting[2] on dentin
- Penetrates smallest fissures and won't run on a vertical surface
- Precise placement
- Etch and rinse
- 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 adhesives 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 occlusal fissures or vertical 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.

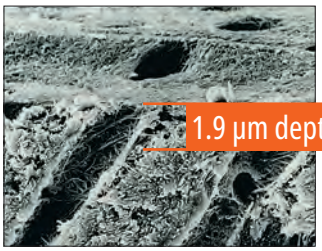
Ultra-Etch etchant is indicated for use on dentin and enamel to create optimal bonding surfaces. Ultra-Etch can be used for 5 seconds to remove the salts created by etching porcelain.

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



Courtesy of Dr. Jaleena Jessop.

Clinical experience and SEM evaluations[3] show that 15 seconds etch time on dentin and cut enamel—30 seconds on uncut enamel—provides optimal conditioning of both substrates.



Ultra-Etch phosphoric acid is proven to be uniquely self-limiting in its depth of etch. Acids with greater depth of etch go beyond the optimum level and increase the potential for incomplete resin impregnation.

"Ultra-Etch etchant has the best consistency and viscosity I've found. I've used it every day in my practice for over 19 years. Etches that come in kits or as samples are never opened ... and some are hard to give away!"
—DR. C. BRADFORD THOMAS – GALVESTON, TX

"I am a self-proclaimed 'bondodontist.' I use Ultra-Etch etchant almost every time I sit down to work. It is perfect—especially the viscosity. It goes where you want it to go and stays there until I rinse it off. Other reps are always bringing me something to try, and it either doesn't flow, flows too much, or doesn't come in a syringe. Enough said."
—DR. DAVID D. MAY – HEMET, CA

163 - Ultra-Etch Syringe Kit *4pk*
4 x 1.2 ml syringes
20 x Blue Micro tips

167 - Ultra-Etch Syringe Kit *20pk*
20 x 1.2 ml syringes
40 x Blue Micro tips

383 - Ultra-Etch IndiSpense™ Syringe Kit
1 x 30 ml IndiSpense syringe
20 x 1.2 ml empty syringes
20 x Blue Micro tips

164 - Ultra-Etch Syringe *4pk*
168 - Ultra-Etch Syringe *20pk*
1407 - Ultra-Etch Syringe *50pk*
1.2 ml syringes

685 - Ultra-Etch IndiSpense Syringe *1pk*
30 ml syringe

129 - Ultra-Etch Empty Syringe *20pk*
1.2 ml empty syringes

1. realityesthetics.com. **2.** Perdigão J, Lopes M. The effect of etching time on dentin demineralization. *Quintessence Int.* 2001;32(1). **3.** Perdigão J, Lambrechts P, Van Meerbeek B, Vanherle G. A field emission SEM study of dentin etched with different phosphoric acid compositions and/or concentrations. Katholieke Universiteit Leuven: Leuven, Belgium; 1994. **4.** "Can't Live Without" Clinical Research Associates Newsletter, Volume 21, Issue 7, July 1997. **5.** Syrop J. Tried & True Products: Ultra-Etch. Dental Product Shopper. 2008;2(6):76-77.

Peak™ SE Primer

NO-RINSE SELF-ETCHING PRIMER

Black Mini™ Brush Tip page 88

- Top-rated bond strengths by an independent non-profit dental education and product testing institute[2]
- Delivers fresh, stable chemistry
- Easy, one-coat technique
- Precise and convenient application
- No rinse needed

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 adhesive to achieve unsurpassed bond strengths.

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

1. Brush Peak SE Primer onto preparation for 20 seconds.

2. Thin/dry for 3 seconds.

3. Apply a puddle coat of Peak Universal Bond adhesive and scrub for 10 seconds into dentin.

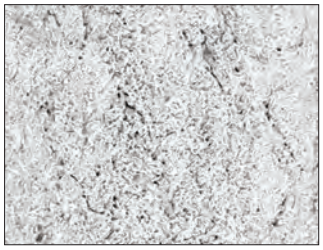
4. Thin/dry for 10 seconds and light cure for 10 seconds on Standard Power mode with VALO™ curing light.

Highest Bond Strengths to dentin and enamel![3]

COMPARISON OF 3 SELF-ETCH ADHESIVE SYSTEMS, UNIVERSITY OF IOWA COLLEGE OF DENTISTRY[4]

SEM of cut enamel treated with Peak SE Primer. Note the keyhole appearance of the etched enamel rods.

SEM of cut enamel treated with Clearfil®* SE Bond.



SEM of cut enamel treated with Adper®* Prompt L-Pop.

REFRIGERATE

5135 - Peak SE Primer Syringe *4pk*

1.0 ml syringes

REFRIGERATE

4541 - Peak Universal Bond Self-Etch Bottle Kit

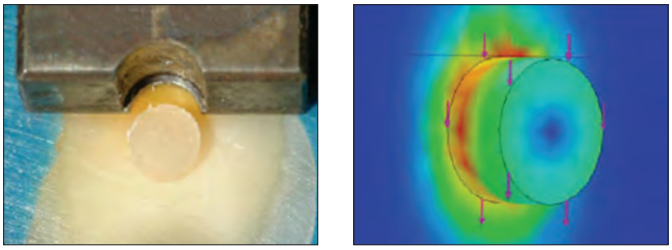
1 x 4 ml Peak Universal Bond bottle
4 x 1.0 ml Peak SE Primer syringes
40 x Black Mini Brush tips
50 x Mixing Wells
50 x Micro Applicator brushes

* Trademark of a company other than Ultradent. **1.** realityratings.com **2.** Clinicians Report, Volume 5, Issue 8, August 2012 **3.** Data on file. **4.** Vargas M. Ultramorphological evaluation of the resin-dentin-enamel interface produced by three proprietary self-etching adhesive systems. 2007.

Peak™ Universal Bond

LIGHT-CURED ADHESIVE

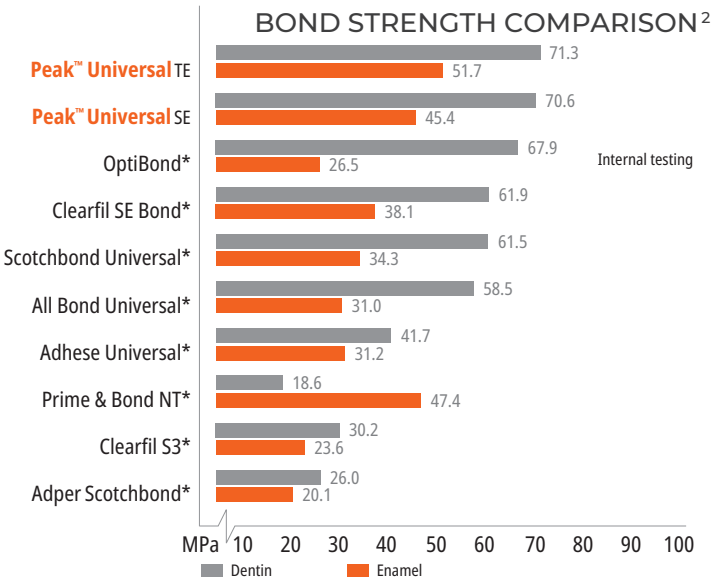
Inspiral™Brush Tip page 89



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

- Features Ultradent's Dymetech™ phosphate monomer blend for enhanced strength and greater versatility
- Bonds to all dental substrates
- Ideal for direct and indirect bonding, as well as post and core procedures
- Works with self-etch and total-etch techniques
- Available in syringe or bottle delivery

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

4553 - Peak Universal Bond Syringe *4pk*
4552 - Peak Universal Bond Syringe *20pk*
1.2 ml syringes

REFRIGERATE

4543 - Peak Universal Bond Bottle *1pk*
4 ml bottle

* Trademark of a company other than Ultradent. **1.** realityratings.com **2.** Data on file. Highest Bond Strengths to dentin and enamel.

Peak™-ZM

ZIRCONIA/METAL PRIMER

Black Mini™ Brush Tip page 88

Zirconia and metal have met their match!

- Includes a unique blend of phosphate monomers, as well as the 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 or GI.

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

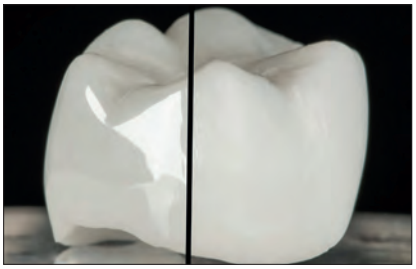
2463 - Peak-ZM Zirconia Primer Bottle *1pk*
4 ml bottle

1. Data on file.

Jiffy™ *Natural*

UNIVERSAL CERAMIC POLISHING SYSTEM

- Naturally adapts to any tooth surface, including occlusal anatomy
- Specially formulated Ultradent diamond grit allows for efficient polishing on any ceramic material, including zirconia
- Can be used to refresh older prosthetic cases
- Optimal two-step polishing sequence
- Available with or without autoclavable aluminum blocks*



Courtesy of Dr. Richard Tuttle.

Beautiful, smooth finish achieved on fully contoured zirconia crown in a few minutes time using the Jiffy Universal Ceramic Adjusting and Polishing System and the Jiffy Natural Universal Ceramic Polishing System.

Note: Do not use Jiffy Natural Universal polishing wheels to polish the labial surface near the gingival line. This can tear the gingiva.

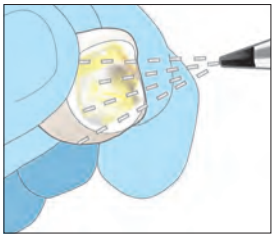
6081-1 - Jiffy *Natural* Universal Extraoral Polishing Kit
1 x Jiffy HP Medium Natural Universal 26 mm wheel
1 x Jiffy HP Fine Natural Universal 26 mm wheel

6080-1 - Jiffy *Natural* Universal Intraoral Polishing Kit
2 x Jiffy RA Medium Natural Universal 14 mm wheels
2 x Jiffy RA Fine Natural Universal 14 mm wheels

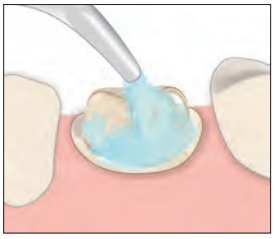
Universal Ceramic Polishing System, page 61.

PEAK-ZM ZIRCONIA/METAL PRIMER TECHNIQUE GUIDE

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



2. Air abrade internal surface with 50µ AI02, at 50–80 psi. Look for 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.

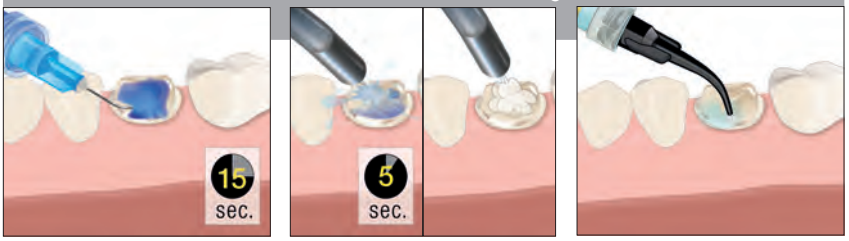


3. Clean tooth surface by applying an abrasive that is both oil and fluoride free such as Consepsis™ Scrub slurry.

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

CHOOSE

TOTAL-ETCH TECHNIQUE

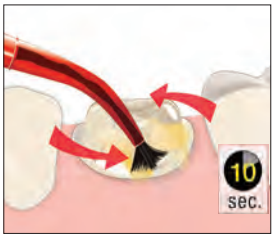


5. Apply Ultra-Etch™ etchant for 15 seconds. Rinse for 5 seconds, lightly dry, leave slightly damp.
Recommended: Apply Consepsis™ solution to preparation, suction off excess.

OR

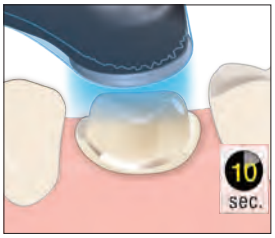
SELF-ETCH TECHNIQUE

5a. Apply Peak™ SE Primer using the Black Mini™ Brush tip for 20 seconds. Recommended: Apply Consepsis™ solution to preparation, suction off excess.

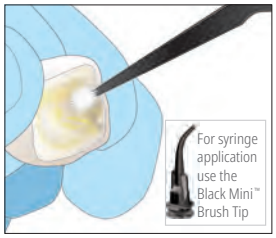


6. Apply a puddle coat of Peak™ Universal Bond adhesive in a scrubbing motion for 10 seconds.

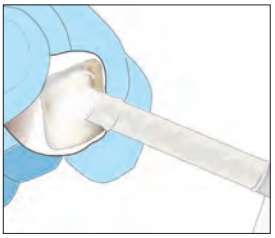
7. Thin aggressively with air and vacuum.



8. Light cure Peak Universal Bond adhesive for 10 seconds with VALO curing light on Standard Power mode.



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 modified glass ionomer.



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

Ultradent™ Porcelain Repair Kit

ETCH, SILANE, BOND RESIN, AND FLOWABLE COMPOSITE

2021 REALITY [1]

- Includes all necessary pre-composite 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.

"Ultradent's Porcelain Repair Kit gives us a good, dependable system for repairing bridges and crowns that chip or break."
—DR. FRED WALDSCHMIDT – BOURBONNAIS, IL

"Ultradent's Porcelain Repair Kit is the only one that works. It includes all the necessary materials and isn't overpriced. All the products are quality."
—DR. LLOYD B. SCHWARTZ – TROY, NY

"The Ultradent Porcelain Repair Kit actually works! I have made repairs, and patients haven't had to come back. With other kits I have tried, the patient ends up having to come back due to refracturing."
—DR. FELICIA CHU – ELGIN, IL

Rated excellent by a prominent independent research institute.[2]

1108 - Ultradent Porcelain Repair Syringe Kit

1 x 1.2 ml PermaFlo Dentin Opaquer syringe
1 x 1.2 ml EtchArrest syringe
1 x 1.2 ml OpalDam syringe
1 x 1.2 ml Peak Universal Bond syringe
1 x 1.2 ml Porcelain Etch syringe
1 x 1.2 ml 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

1. realityesthetics.com. **2.** Clinical Research Associates Newsletter, Volume 24, Issue 11, November 2000.

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 Power mode with VALO™ curing light.

↓

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.

↓

Option: Apply Porcelain Etch with an Inspiral™ Brush tip onto the fractured porcelain surface.

↓

Etch surface for 90 seconds; then suction off gel and carefully rinse with water spray.

↓

Option: Apply Ultra-Etch™ etchant for 5 seconds to remove porcelain salts.

↓

Rinse and thoroughly air dry fractured surface.

↓

Apply Silane onto fractured porcelain surface with a Black Mini™ Brush tip.

↓

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. DO NOT scrub.

↓

Light cure Peak Universal Bond adhesive for 10 seconds with a VALO LED curing light.

↓

Cover exposed metal with a thin layer of PermaFlo™ Dentin Opaquer composite using a Micro 20 ga tip, then light cure with VALO™ curing light 10 seconds on Standard Power. If using other curing light, cure according to manufacturer's instructions.

↓

Restore fracture by layering light-cured composite.

↓

Finish and polish repaired area.

"When I use Ultradent Porcelain Etch and Silane, my veneer cases bond securely, and the patient can feel my confidence. At the end of the appointment, I can smile along with my patient." —DR. TERRY BRAUN – OCALA, FL

Ultradent™ Porcelain Etch and Silane

90-Second Etch—60-Second Silane

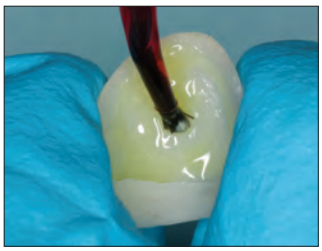
Inspiral™ Brush Tip page 89

Black Mini™ Brush Tip page 88

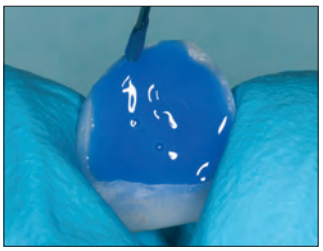
- Etch is easy to control and place
- Yields highest porcelain-to-resin bond strengths[2]
- Silane is a single component
- Use on feldspathic and lithium disilicate (IPS e.max®[3]) restorations

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

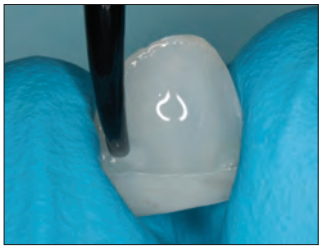
Porcelain Etch is designed for intraoral or extraoral porcelain etching. Use it for in-office etching of indirect restorations, such as veneers, inlays, etc. After porcelain etching, clean residual debris with Ultra-Etch™ etchant for 5 seconds and rinse thoroughly; follow with Silane application. Studies 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.

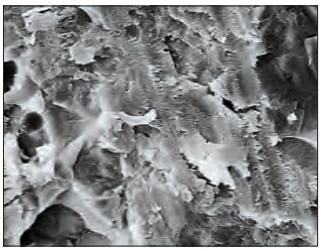


2. Apply Ultra-Etch™ etchant for five seconds to remove porcelain salts and debris formed by hydrofluoric acid etching.

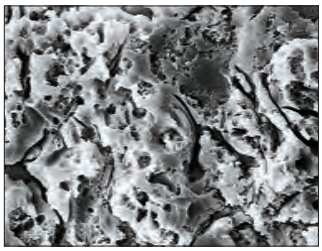


3. Apply a puddle coat of Silane to the inside surface of the prosthesis for 60 seconds, dry, and set aside. Do not rinse. Prosthesis now ready for luting/cementing.

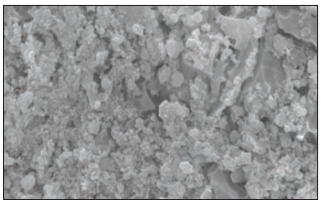
Courtesy of Dr. Cornelis Pameijer.



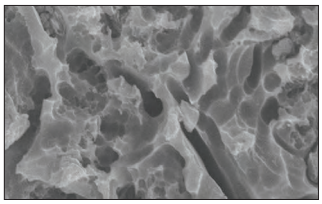
1. Diamond-cut porcelain surface.



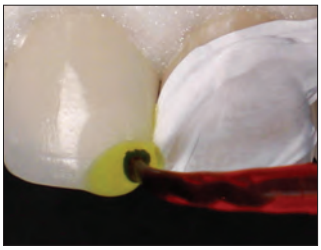
2. Same porcelain following 90-second etch with Ultradent Porcelain Etch.



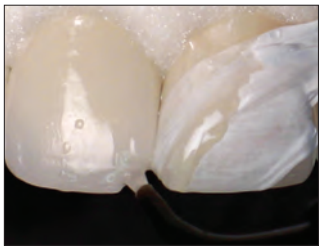
Residual silica salts on porcelain, post hydrofluoric acid etching for 90 seconds with Ultradent Porcelain Etch.



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



1. Porcelain Etch is delivered from Inspiral Brush tip to prepared porcelain.



2. After removing porcelain salts with Ultra-Etch, Ultradent™ Silane is applied and dried, followed by Peak™ Universal Bond adhesive.

405-AU - Porcelain Etch Syringe Kit
2 x 1.2 ml Porcelain Etch syringes
2 x 1.2 ml Silane syringes
20 x Black Mini Brush tips
20 x Inspiral Brush tips

406-AU - Porcelain Etch Syringe *2pk*
1.2 ml syringes

410 - Silane Syringe *2pk*
1.2 ml syringes

1. realityesthetics.com. **2.** Pameijer CH, Louw NP, Fischer D. Repairing fractured porcelain: how surface preparation affects shear force resistance. *J Amer Dent Assoc.* 1996;127(2):203-9. **3.** Trademark of a company other than Ultradent.

Ultra-Blend™ plus

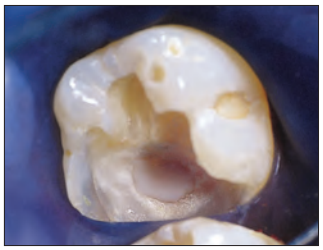
DENTIN LINER AND PROTECTIVE BASE

Black Micro™ Tip page 89

Black Mini™ Tip page 88

- Bioactive[1] liner and pulp-capping material
- Superior calcium release[2]
- Light curable
- Controlled, precise syringe delivery
- No mixing necessary
- Will not dissolve over time
- Radiopaque
- Highly filled
- Use to cover MTAFlow cement for pulp capping prior to restoration

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.

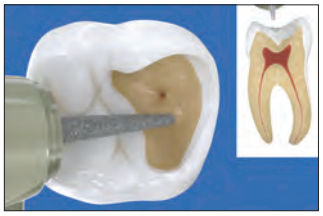
"We have been using Ultra-Blend plus liner on a daily basis. I use it primarily in deeper cavities as a liner and insulator. The syringe makes it easy to dispense the material, and it hardens quickly with the curing light. It is reliable and has adequate adhesion. I think all of Ultradent's products are excellent."
—DR. TERRY BRAUN – OCALA, FL

"Ultra-Blend plus liner, used with Black Micro tips, is the most efficient method for protecting pulp."
—DR. SHELDON BORUCHOW – AUDUBON, PA

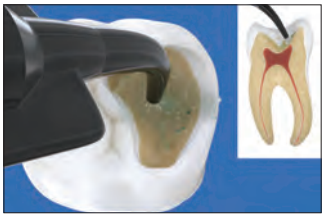
"Ultra-Blend plus liner has been working well and is easy to use compared to other products."
—DR. SUZETTE NIKAS – CARMEL, IN

"Ultra-Blend plus liner application is easy!"
—DR. MIMI V. JOHNSON – BELLWOOD, IL

LIGHT-CURED MATERIAL FOR PULP CAPPING

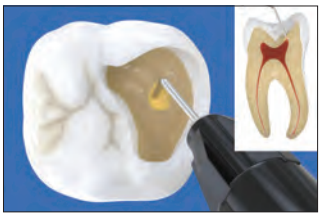


1. Small exposure - Use Ultra-Blend plus liner near pulp (pink) and for small nonhyperemic exposure. For larger exposure and/or hyperemic pulp, endodontic therapy should be considered.

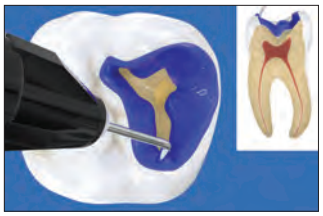


2. Consepsis solution - Apply Consepsis™ antibacterial solution with plastic Blue Mini™ Dento-Infusor™ or Black Mini™ brush tip for 60 seconds. Do not scrub. Air dry.

3. MTAFlow™ cement - Optional: If the exposure is larger than a pinhole, apply MTAFlow™ cement onto and slightly around the pulp exposure. Remove excess material with a dry cotton pellet.



4. Ultra-Blend plus liner - 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.



5. Ultra-Etch etchant - Apply Ultra-Etch™ 35% phosphoric acid etchant solution for 15 seconds. Suction, rinse, and dry until damp. NOTE: If desired, apply Consepsis solution prior to bonding, then place again for 60 seconds. Dry until dentin is slightly moist and proceed to the bonding agent.

6. Dentin Bonding/Peak Universal Bond adhesive - With the Inspiral™ Brush tip, apply Peak™ Universal Bond adhesive, paint onto enamel and scrub into dentin for 10 seconds. Air thin at half pressure for 10 seconds and light cure for 10 seconds with the VALO™ curing light on Standard Power mode. Restore with a quality composite.

415 - Ultra-Blend plus Syringe Kit
2 x 1.2 ml Dentin syringes
2 x 1.2 ml Opaque White syringes
20 x Black Micro tips
20 x Black Mini tips

416 - Ultra-Blend plus Dentin Syringe *4pk*
417 - Ultra-Blend plus Opaque White Syringe *4pk*
1.2 ml syringes

1. Pameijer CH, Stanley HR. The disastrous effects of the" total etch" technique in vital pulp capping in primates. *Am J of Dent.* 1998;11:45–54. **2.** Data on file.

Consepsis™

2% CHLORHEXIDINE ANTIBACTERIAL SOLUTION

Blue Mini™ DI Tip page 89

Black Mini™ Brush Tip page 88

- Reduces potential for postoperative sensitivity
- No bond strength compromise
- Syringe delivery makes placement easy

Consepsis antibacterial solution is a 2.0% chlorhexidine gluconate solution free of emollients that interfere with bond strength, unlike chlorhexidine mouth rinses.

Minimize post-op and sensitivity by thoroughly cleaning the preparation prior to sealing and restoring. Use prior to cementation, luting (provisional and/or permanent), and direct restorative placement. Clean with near-neutral Consepsis solution prior to pulp-capping.

In vivo studies have shown that restorations not treated with chlorhexidine (CHX) exhibited a significant DECREASE in the structural integrity of the collagen network and in bond strength (38% bond strength degradation vs. no degradation in CHX-treated teeth).[2–3]

Use Consepsis antibacterial solution prior to dentin bonding agent application to clean root surface with sensitive root treatment or when bonding.

WHEN DO YOU USE CONSEPSIS ANTIBACTERIAL SOLUTION?

SELF-ETCH - Etch and no rinse
Peak SE + Peak Universal Bond

1. Peak SE primer

Consepsis solution - RECOMMENDED

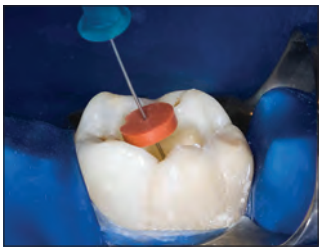
2. Peak Universal Bond adhesive

TOTAL-ETCH - Etch and rinse
Ultra-Etch + Peak Universal Bond

1. Ultra-Etch etchant

Consepsis solution - RECOMMENDED

2. Peak Universal Bond adhesive



Use Consepsis solution to disinfect canals during endodontic procedures.

490 - Consepsis Syringe Kit
4 x 1.2 ml syringes
20 x Blue Mini Dento-Inusor tips
20 x Black Mini Brush tips

404 - Consepsis IndiSpense Syringe Kit
1 x 30 ml IndiSpense syringe
10 x Blue Mini Dento-Inusor tips
10 x Black Mini Brush tips
20 x 1.2 ml empty syringes

491 - Consepsis Syringe *20pk*
1.2 ml syringes

687 - Consepsis IndiSpense Syringe *1pk*
30 ml syringe

1. realityesthetics.com. **2.** Carrilho MRO, Geraldeli S, Tay F, de Goes MF, Carvalho RM, Tjäderhane L, et al. In vivo preservation of the hybrid layer by chlorhexidine. *J Dent Res*. 2007;86(6):529–33. **3.** Hebling J, Pashley DH, Tjäderhane L, Tay FR. Chlorhexidine arrests subclinical degradation of dentin hybrid layers in vivo. *J Dent Res*. 2005;84(8):741-6.

FINISH

Jiffy Original Composite
Jiffy Universal Ceramic
Jiffy Natural Composite
Jiffy Natural Universal Ceramic
Ultradent Diamond Polish Mint
Jiffy Goat Hair Brush
Jiffy Composite Polishing Brushes
Jiffy Diamond Strips
Jiffy Proximal Saw
DeOx
PermaSeal
PrimaDry

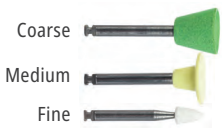
JOE DICKERSON - Spiral Jetty

Jiffy™

ORIGINAL COMPOSITE SYSTEM

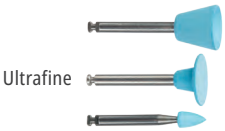
2021 REALITY[1]

- Excellent for adjusting and polishing any composite material
- Polishing cups feature a flared, flexible thin-wall design that is ideal for polishing near the gingiva
- Available with or without autoclavable aluminum blocks*
- Jiffy grit gives a beautiful finish on any composite material
- Not made with natural rubber latex
- Autoclavable



Gross to Fine Shaping

Use the green (coarse), yellow (medium), and then the white (fine) Jiffy polishers for quick shaping of composites with overbuilds and slight irregularities.



High Shine Polish

Use the blue (ultrafine) Jiffy HiShine system as an additional polishing step to provide an extra smooth and highly polished finish.

Final Finish Option

The unique Jiffy™ Goat Hair Brush used with Ultradent™ Diamond Polish Mint gives a final esthetic finish to composite or ceramic restorations.

INTRAORAL SHAPING

Recommended speed: 7,500–10,000 RPM

Jiffy Coarse Green cup shapes cusps, labial/buccal, and cervical surfaces.

Jiffy Coarse Green disk shapes labial/buccal surfaces.

Use Jiffy Coarse Green point to shape occlusal and labial/buccal surfaces.

INTRAORAL POLISHING

Recommended speed: 7,500–10,000 RPM

Use Jiffy Medium Yellow cup to polish margins and labial/buccal surfaces.

Jiffy Medium Yellow disk polishes labial/buccal surfaces.

Jiffy Medium Yellow point polishes occlusal and labial/buccal surfaces.

"Jiffy Polishers provide a great finish to my composite restoration in a time-efficient manner."
—DR. MARK KOENEN – DANVILLE, CA

INTRAORAL POLISHING CONT.

Recommended speed: 5,000–7,500 RPM

Jiffy Fine White cup creates final polish on cusp, labial/buccal, and cervical areas.

Jiffy Fine White disk creates final polish on labial/buccal surfaces.

Jiffy Fine White point creates final polish on occlusal and labial/buccal surfaces.

INTRAORAL FINAL POLISHING

Recommended speed: 5,000–7,500 RPM

Use Jiffy Ultrafine Blue HiShine cup as an additional step to create an extra smooth and highly polished finish on cusp, labial/buccal, and cervical areas.

Use Jiffy Ultrafine Blue HiShine disk as an additional step to create an extra smooth and highly polished finish on labial/buccal surfaces.

Use Jiffy Ultrafine Blue HiShine point as an additional step to create an extra smooth and highly polished finish on occlusal and labial/buccal surfaces.

* Ultradent recommends the use of an aluminum block when autoclaving to prevent warping and deformation.
1. realityesthetics.com.

4254 - Jiffy Composite Adjusting & Polishing Kit
3 x Each cups, disks, and points
(1 coarse, 1 medium, 1 fine)
2 x Jiffy brushes (1 regular, 1 pointed)

848 - Jiffy Composite Polishing Variety Pack
5 x Each cups and disks
(2 coarse, 2 medium, 1 fine)
10 x Points (4 coarse, 4 medium, 2 ine)

850 - Jiffy Regular Brush *10pk*
1009 - Jiffy Pointed Brush *10pk*

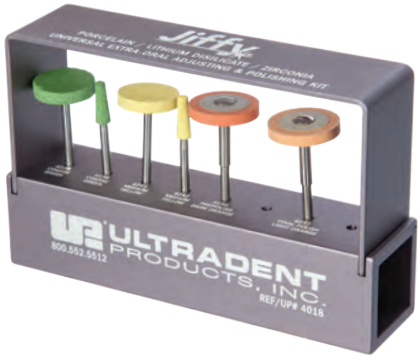
	Cups *20pk*	Disks *20pk*	Points *20pk*
Coarse	890	891	892
Medium	838	840	839
Fine	841	843	842

	Cups *10pk*	Disks *10pk*	Points *10pk*
HiShine	3061	3062	3060

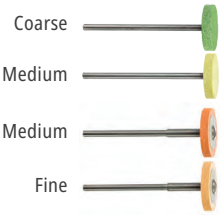
Jiffy™

UNIVERSAL CERAMIC ADJUSTING AND POLISHING SYSTEM

2021 REALITY[1]



- Universal application on all ceramic materials eliminates the need for multiple adjusters and polishers, saving you time and money
- Specially formulated Ultradent diamond grit provides optimal smoothness and outstanding polishing results while still being gentle on any ceramic material including zirconia
- Multi-grit diamond particles allow for effective adjustment of ceramics for a truly smooth and high-gloss finish
- Optimized two-step adjusting and polishing sequence
- Maximum diamond retention ensures a long service life
- Autoclavable aluminum block extends the life of the system



Extraoral Kit for Gross Adjustments and Polishing

Use the green (coarse) and yellow (medium) Jiffy grinders and tapers for adjusting of ceramics. The orange Universal wheels and Natural wheels are used to polish.

Intraoral Kit for Minor Adjustments and Polishing

Use the dark orange medium points, cups, and Natural wheels to pre-polish followed by the light orange for a final polish.

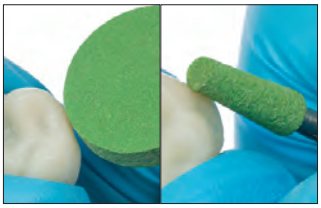
Final Finish Option

The unique Jiffy™ Goat Hair Brush used with Ultradent™ Diamond Polish Mint gives a final esthetic finish to ceramic restorations.

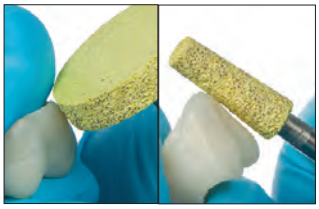
EXTRAORAL ADJUSTING

- Use light hand pressure
- Coarse diamond instruments and traditional abrasive stones can generate high heat, causing microfractures, and are not recommended

Recommended speed: 8,000–12,000 RPM



Jiffy Universal Coarse Green grinders are recommended for grinding down sprues and gross adjustment.



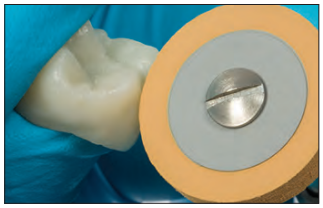
Jiffy Universal Medium Yellow grinders are designed for adjustments of lithium disilicate, zirconia, and feldspathic porcelain.

EXTRAORAL POLISHING

- Use light hand pressure
- Reduce speed with each step to achieve an ultra-smooth surface

Recommended speed: 7,000–10,000 RPM

1.Use Jiffy HP Medium Universal wheel to pre-polish.

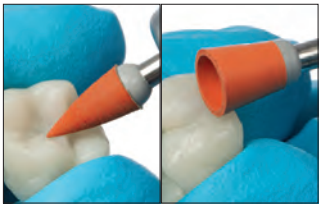


2. Use Jiffy HP Fine Universal wheel to create final polish.

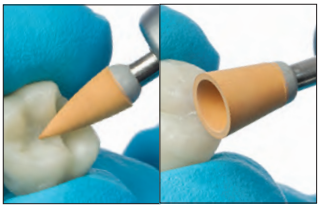
INTRAORAL POLISHING

- Use light hand pressure
- Reduce speed with each step to achieve an ultra-smooth surface

Recommended speed: 5,000–7,000 RPM

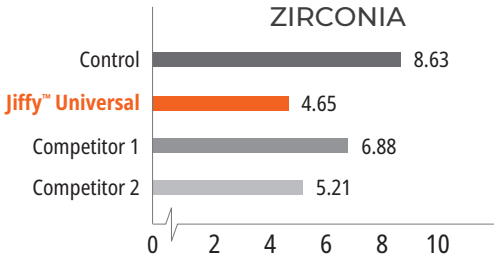


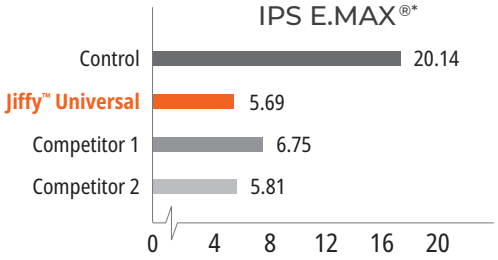
1. Use Jiffy Universal RA Medium point and cup to pre-polish.

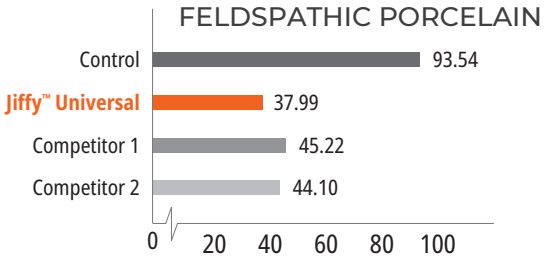


2. Use Jiffy Universal RA Fine point and cup to create final polish.

SURFACE ROUGHNESS (UIN)[2]







"These are by far the quickest and best polishing kits I have ever used. The polish on zirconia is incredible. I have never seen a better, more glass-like appearance on zirconia than I have with the Jiffy Universal System."
—DR. ERIC HOLLANDER DDS, AUSTIN, TX

"These polishing kits give a very nice sheen and are better than any others I've used."
—DR. WILLIAM J. DUNBAR DDS, GLENCLOE, MN

4018-1 - Jiffy Universal Extraoral Adjusting & Polishing Kit
2 x Jiffy HP Grinder Wheels (1 coarse, 1 medium)
2 x Jiffy HP Grinder Tapers (1 coarse, 1 medium)
2 x Jiffy HP Universal Wheels (1 medium, 1 ine)

4238-1 - Jiffy HP Coarse Polishing Grinder Wheel *1pk*
4241-1 - Jiffy HP Medium Polishing Grinder Wheel *1pk*

4239-1 - Jiffy HP Coarse Polishing Grinder Taper *1pk*
4242-1- Jiffy HP Medium Polishing Grinder Taper *1pk*

4236-1 - Jiffy HP Medium Polishing Wheel *1pk*
4237-1 - Jiffy HP Fine Polishing Wheel *1pk*

4019-1 - Jiffy Universal Intraoral Adjusting & Polishing Kit
2 x Jiffy RA Universal Points (1 Medium, 1 Fine)
2 x Jiffy RA Universal Cups (1 Medium, 1 Fine)
2 x Jiffy Natural Spiral Polishing Wheels (1 Medium, 1 Fine)

4108-1 - Jiffy RA Medium Polishing Point *5pk*
4109-1 - Jiffy RA Fine Polishing Point *5pk*

4234-1 - Jiffy RA Medium Polishing Cup *5pk*
4235-1 - Jiffy RA Fine Polishing Cup *5pk*

***** Trademark of a company other than Ultradent. **1.** realityesthetics.com. **2.** Data on file.

Jiffy™ *Natural*

COMPOSITE *POLISHING SYSTEM*

2021 REALITY[1]

- Easily re-creates the luster of natural enamel
- Specially formulated Ultradent diamond grit gives a beautiful finish on any composite material
- Ideal for finishing Ultradent's Mosaic™ universal composite
- Available with or without autoclavable aluminum blocks*

The Jiffy Natural composite finishing and polishing system consists of malleable spiral-shaped wheels that are designed to easily conform to all tooth surfaces, and a twirl shaped polisher that is ideal for occlusal surfaces.

Recommended speed: 5,000–8,000 RPM

Jiffy Natural Medium Yellow wheels polish all areas except near the gingiva, where a Jiffy Medium cup should be used.

Recommended speed: 5,000–8,000 RPM

Use Jiffy Fine White Natural wheels to create final polish on all areas except near the gingiva, where a Jiffy Fine White Polishing cup should be used.

6304-1 - Jiffy *Natural* Composite Polishing Kit
1 x Jiffy Medium spiral polisher
1 x Jiffy Fine spiral polisher
1 x Jiffy Medium twirl polisher
1 x Jiffy Fine twirl polisher

6089-1 - Jiffy *Natural* RA Medium
14 mm Spiral Polishing Wheel *3pk*

6090-1 - Jiffy *Natural* RA Fine
14 mm Spiral Polishing Wheel *3pk*

Note: Do not use Jiffy Natural Universal polishing wheels to polish the labial surface near the gingival line. This can tear the gingiva.

new

6305-1 - Jiffy *Natural* Occlusal Twirl Medium *3pk*
6306-1 - Jiffy *Natural* Occlusal Twirl Fine *3pk*

* Ultradent recommends the use of an aluminum block when autoclaving to prevent warping and deformation. **1.** realityesthetics.com.

Jiffy™ *Natural*

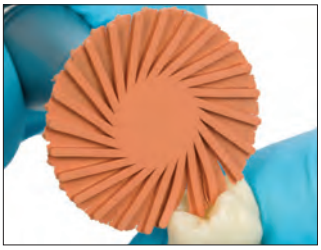
UNIVERSAL CERAMIC POLISHING SYSTEM

- Naturally adapts to any tooth surface, including occlusal anatomy
- Specially formulated Ultradent diamond grit allows for efficient polishing on any ceramic material, including zirconia
- Can be used to refresh older prosthetic cases
- Optimal two-step polishing sequence
- Available with or without autoclavable aluminum blocks*

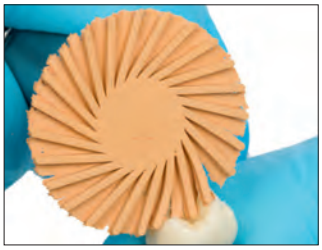
The Jiffy Natural Universal ceramic system consists of malleable spiral-shaped wheels that are designed to easily conform to tooth anatomy. Their pliable finger-like extensions easily reach where cups and points can't, and soften super high-gloss finishes for a natural enamel-like result. They are designed to be used in conjunction with the Jiffy Universal ceramic adjusting and polishing system to easily achieve a natural, high-quality finish on all ceramic restorations. The diamond-impregnated wheels are available in extraoral and intraoral in both medium and fine grits. The efficient two-step process allows you to easily achieve the most natural finish on any ceramic material including zirconia, lithium disilicate, and porcelain.

EXTRAORAL POLISHING

Recommended speed: 7,000–10,000 RPM



Use Jiffy Natural Universal HP Medium 26 mm wheel to pre-polish.



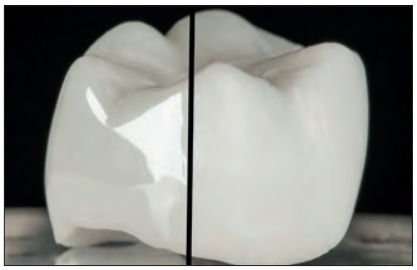
Use Jiffy Natural Universal HP Fine 26 mm wheel to create final polish.

INTRAORAL POLISHING

Recommended speed: 5,000–8,000 RPM

Use Jiffy Natural Universal RA Medium 14 mm wheel to pre-polish all areas except near the gingiva, where a Jiffy RA Medium Universal cup should be used.

Use Jiffy Natural Universal RA Fine 14 mm wheel to create final polish on all areas except near the gingiva, where a Jiffy Fine Universal cup should be used.



Courtesy of Dr. Richard Tuttle.

Beautiful, smooth finish achieved on fully contoured zirconia crown in a few minutes time using the Jiffy Universal Ceramic Adjusting and Polishing System and the Jiffy Natural Universal Ceramic Polishing System.

Note: Do not use Jiffy Natural Universal polishing wheels to polish the labial surface near the gingival line. This can tear the gingiva.

6081-1 - Jiffy *Natural* Universal Extraoral Polishing Kit
1 x Jiffy HP Medium Natural Universal 26 mm wheel
1 x Jiffy HP Fine Natural Universal 26 mm wheel

6085-1 - Jiffy *Natural* HP Medium
26 mm Spiral Polishing Wheel *1pk*

6086-1 - Jiffy *Natural* HP Fine
14 mm Spiral Polishing Wheel *1pk*

6080-1 - Jiffy *Natural* Universal Intraoral Polishing Kit
2 x Jiffy RA Medium Natural Universal 14 mm wheels
2 x Jiffy RA Fine Natural Universal 14 mm wheels

6082-1 - Jiffy *Natural* RA
Variety 14 mm Spiral Polishing Wheel *6pk*

6083-1 - Jiffy *Natural* RA
Medium 14 mm Spiral Polishing Wheel *3pk*

6084-1 - Jiffy *Natural* RA Fine
14 mm Spiral Polishing Wheel *3pk*

* Ultradent recommends the use of an aluminum block when autoclaving to prevent warping and deformation.

Ultradent™ Diamond Polish Mint

Black Mini™ Tip page 88

- High-grade white microcrystalline diamond particles
- Unsurpassed esthetic polish
- Ideal for porcelain or composite restorations

Use Ultradent Diamond Polish Mint with Jiffy Goat Hair Brushes.

5540 - Diamond Polish Mint Syringe 0.5 µm *2pk*
5541 - Diamond Polish Mint Syringe 1 µm *2pk*
1.2 ml syringes

Jiffy™ Goat Hair Brush

- Constructed of fine goat hairs
- Use moderate/firm pressure and high RPM in slow-speed handpiece

Recommended speed: 10,000 RPM

Jiffy Goat Hair Brush is used with Ultradent Diamond Polish for a final esthetic finish on composite or ceramic restorations.

1029 - Jiffy Goat Hair Brush *10pk*

1. realityesthetics.com.

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

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.

"The Jiffy brushes are versatile, durable, and dependable."
—DR. ANTHONY J. LUPINETTI – YORK, PA

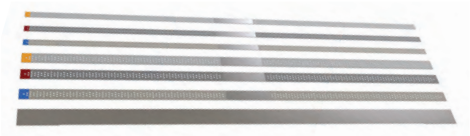
850 - Jiffy Regular Brush *10pk*
1009 - Jiffy Pointed Brush *10pk*

1. realityesthetics.com.

Jiffy™ Diamond Strips

new

These finishing strips are flexible, durable, thin, and more aggressive than aluminum oxide strips. The perforated design enhances visibility for more precise contouring. Available in two widths, wide and narrow.



4670 - Jiffy Diamond Strips Perforated *Narrow* Assorted *15pk*
4674 - Jiffy Diamond Strips Perforated *Wide* Assorted *15pk*
5 x Each Stainless Steel electroplated diamond strips (5 Medium, 5 Fine, and 5 X ine)

4671 - Jiffy Diamond Strips Perforated *Narrow* Medium *10pk*
4683 - Jiffy Diamond Strips Perforated *Wide* Medium *10pk*
10 x Stainless Steel electroplated diamond strips

4672 - Jiffy Diamond Strips Perforated *Narrow* Fine *10pk*
4676 - Jiffy Diamond Strips Perforated *Wide* Fine *10pk*
10 x Stainless Steel electroplated diamond strips

4673 - Jiffy Diamond Strips Perforated *Narrow* Xfine *10pk*
4677 - Jiffy Diamond Strips Perforated *Wide* Xfine *10pk*
10 x Stainless Steel electroplated diamond strips

Jiffy™ Proximal Saw

The Jiffy Proximal Saw is a very thin stainless steel strip with serrations on one edge. It may be sterilized by autoclave or dry heat.

4680 -Jiffy Proximal Saw Stainless Steel *10pk*
10 x Stainless Steel Ribbon Saw

DeOx™

VISCOUS OXYGEN BARRIER SOLUTION

CERTIFIED GLUTEN FREE GFCO.ORG

2021 REALITY [1]

Black Mini™ Tip page 88

- Prevents oxygen-inhibited layer formation
- Provides easy delivery

DeOx barrier solution is a viscous, glycerine-based gel designed to prevent formation of an oxygen-inhibited layer on the surface of resin materials when they are polymerized.

Veneer containing luting resin is placed. Before curing, excess resin is removed from margin. DeOx barrier solution is coated over margins as shown here.
Result: No oxygen inhibition on margin of luting resin surface upon polymerization; no ditching at margin.

238 - DeOx Syringe *4pk*
1.2 ml syringes

1. realityesthetics.com.

PermaSeal™

PENETRATING COMPOSITE SEALER

Black Micro™ FX™ Tip page 88

- 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 ultrathin layer minimizes the need for occlusal adjustment.

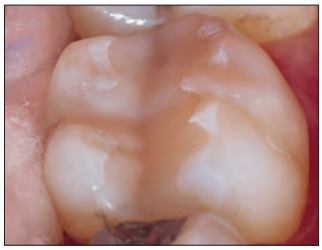
PermaSeal composite sealer seals voids and irregularities created during the polishing process, minimizing staining and wear. Place on Class V composite margins to reduce microleakage.[2] For the final glaze-type finish of resin provisionals, cover PermaSeal sealer with DeOx™ barrier solution prior to light curing. PermaSeal sealer bonds well to composite-type provisional restorations such as ExperTemp™ material and can be used to revitalize old composites as well.

NEW RESTORATIONS

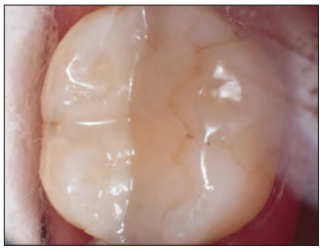
Before: Interproximal spaces and slight rotations to be corrected with Peak™ Universal Bond adhesive and composite.

After restoring and polishing, etch 5 seconds and apply PermaSeal composite sealer to seal composite and create a glossy finish. Air thin and light cure for 10 seconds.

EXISTING RESTORATIONS



Clean surfaces and margins to be sealed thoroughly with Consepsis™ Scrub, a micro etcher, or freshen with a bur and rinse thoroughly. Etch the enamel immediately adjacent to the restoration and all accessible composite surfaces for 15 seconds. If the enamel is not prepared as described above, etch for 30 seconds.



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

Smooth the provisional surface. Etch for 5 seconds, apply PermaSeal sealer onto surfaces, gently air thin, coat with DeOx oxygen barrier, and light cure for 10 seconds.

"Hands down, your composite sealer makes the composite look finished, gives it a glossy look, and 'fills' the microscopic pits. It makes or breaks my composites! I can't live without it!""
—DR. RICHARD J. HAULEY – SALT LAKE CITY, UT

631 - PermaSeal Syringe Kit
4 x 1.2 ml syringes
10 x Black Micro FX tips

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

1. realityesthetics.com. **2.** Dunn JR, Dole P, Fullerton B, Hennesy C. Microleakage of Class V composite restorations using a composite surface sealant. Biomaterials Research Center, Loma Linda University School of Dentistry. May 1996.

PrimaDry™

DRYING AGENT

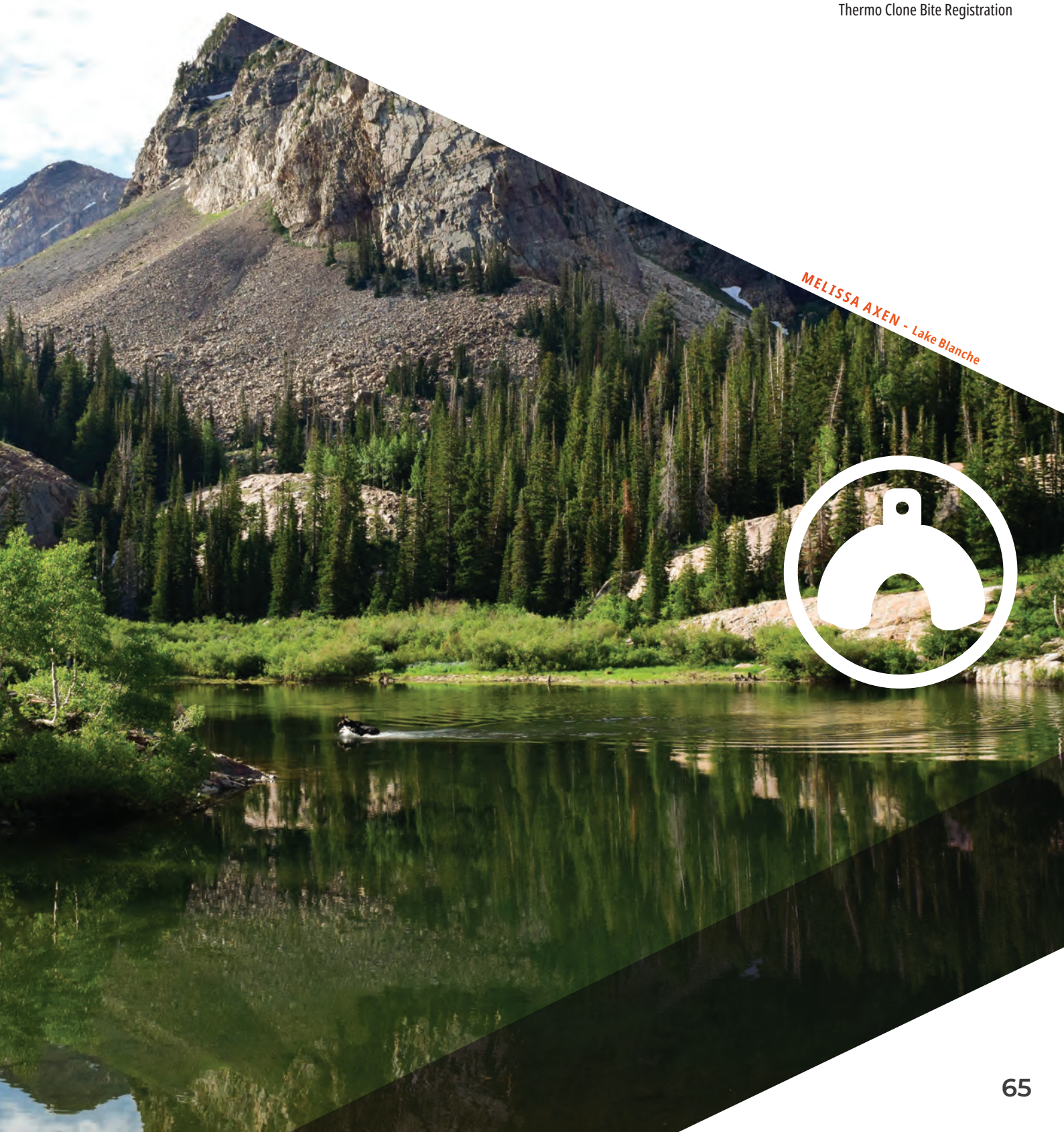
Micro 20 ga FX™ Tip page 88

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 sealer to flow perfectly into every pit and fissure. Also useful prior to placing composite repairs. Do not use on dentin.

716 - PrimaDry Syringe *4pk*
717 - PrimaDry Syringe *20pk*
1.2 ml syringes

IMPRESSIONS

Thermo Clone VPS
Thermo Clone Bite Registration



Thermo Clone™ VPS

VINYL POLYSILOXANE IMPRESSION MATERIAL

TAKE A GREAT IMPRESSION THE FIRST TIME

CERTIFIED GLUTEN FREE GFCO.ORG

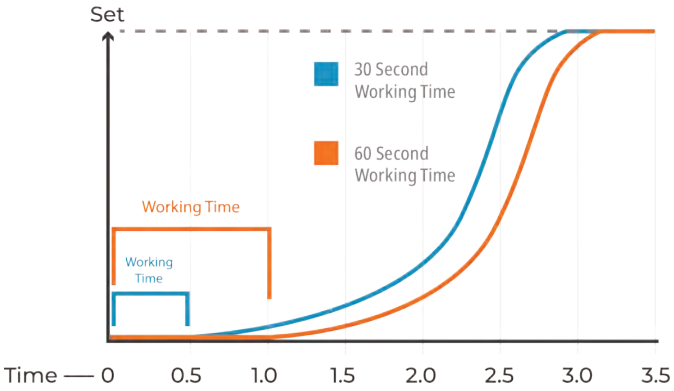
2021 [1] REALITY ★★★★

- Thermal-Accelerated Set ensures a long working time and short intraoral setting time
- Increased hydrophilicity reliably captures margins
- Highly thixotropic material flows into all gaps for maximum detail
- High tear strength with superb elastic recovery
- Bubble Gum scent

Thermo Clone impression material is heat-sensitive. This means that as the temperature of the material increases, the setting time decreases. We call this a Thermal-Accelerated Set.

At room temperature, Thermo Clone material stays unset, with a working time of up to 1:00. Once the tray is placed in the patient's mouth, the material rapidly begins to set due to the increased temperature. This accelerated setting time means there's less chance of distortion. See graph in the next column for a comparison of setting times for Thermo Clone heavy body fast set material.

THERMO CLONE HEAVY BODY FAST SET MATERIAL



1. There is no minimum working time; Thermo-Accelerated Set ensures that the material begins to set as soon as it is placed in the patient's mouth.
2. In these examples, with 30 second and 60 second working times, Thermo Clone material was out of the critical zone and fully set at 2:45 mins and 3:15 mins respectively.

The Thermal-Accelerated Set provided by Thermo Clone material gives you a long working time if desired and a short setting time, hence minimal time in the critical zone.

Note: The Critical Zone denotes the time between when the material starts to set intraorally and when it is completely set. This is when distortions most often occur, resulting in extra lab work, poorly fitting restorations, and costly retakes.

SET TIMES	SET SPEED	WORKING TIME	SET TIME	TOTAL TIME
SUPER LIGHT BODY	*FAST*	*1:00 min*	*1:15 mins*	*2:15 mins*
LIGHT BODY	REGULAR	2:15 mins	2:15 mins	4:30 mins
	FAST	*1:00 min*	*1:15 mins*	*2:15 mins*
MEDIUM BODY	REGULAR	2:15 mins	2:30 mins	4:45 mins
	FAST	*1:00 min*	*2:15 mins*	*3:15 mins*
HEAVY BODY	REGULAR	2:15 mins	2:30 mins	4:45 mins
	FAST	*1:00 min*	*2:15 mins*	*3:15 mins*
PUTTY	*FAST*	*2:00 mins*	*2:00 mins*	*4:00 mins*
BITE REGISTRATION	*FAST*	*0:15 min*	*0:55 mins*	*1:10 mins*
CLEAR BITE REGISTRATION	*FAST*	*0:15 min*	*0:45 mins*	*1:00 mins*

1. realityesthetics.com.

Thermo Clone™ VPS 50 ml Cartridges

50 ml	Regular *2pk*	Fast *2pk*
Super Light	—	4060
Light	4057	4065

2 x 50 ml cartridges
12 x Each Mixing/IntraOral tips

50 ml	Regular *2pk*	Fast *2pk*
Medium	4058	4066
Heavy	4059	4067

2 x 50 ml cartridges
6 x Mixing tips

50 ml	Fast *10pk*
Light	4076

10 x 50 ml cartridges
48 x Each Mixing/IntraOral tips

50 ml	Fast *10pk*
Heavy	4077

10 x 50 ml cartridges
30 x Mixing tips

Thermo Clone™ Bite Registration

BITE REGISTRATION MATERIAL

- Intraoral setting time of 55 seconds
- Captures exact detail of patient's occlusal relationship
- Shore A Hardness of 85
- Bubble Gum scent

Thermo Clone Bite Registration material makes a quick, accurate impression for an exact bite registration.

50 ml	*2pk*
Bite Registration	4072

2 x 50 ml cartridges
12 x Mixing tips

Thermo Clone™ Clear Bite Registration

BITE REGISTRATION MATERIAL

- Intraoral setting time of 45 seconds
- Transparent to improve visibility, accuracy, and ease of use
- Shore A Hardness of 62
- An ideal match to ExperTemp™ temporary crown and bridge material when used as a provisional template

The increased accuracy of Thermo Clone Clear Bite Registration when used as a provisional template makes for temporaries that look and fit more like finished crowns and bridges, increasing patient satisfaction.

50 ml	*2pk*
Clear Bite Registration	4079

2 x 50 ml cartridges
6 x Mixing tips

Thermo Clone™ VPS 380 ml Jumbo Cartridges

Remove cap.

Attach Dynamic Mixing tip.

Load mixing machine.

380 ml	Regular *1pk*	Fast *1pk*
Medium	4068	4070
Heavy	4069	4071

1 x 380 ml cartridges
10 x Dynamic Mixing tips

4073 - Thermo Clone VPS Putty Kit
1 x Each 200 ml base and 200 ml catalyst
2 x Scoops

Note: Vinyl Polysiloxane (VPS) and Polyvinyl Siloxane (PVS) are one and the same. VPS and PVS can be used interchangeably. They are also an "addition silicone" which contain a platinum catalyst.

FOR IMPRESSION TAKING

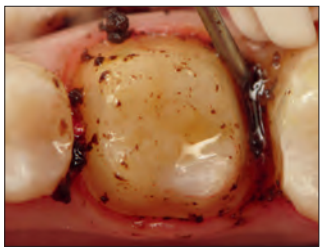
An astringent is a substance that eliminates permeability of epithelium to tissue fluid flow. The result is a dry field, an important tissue management solution. An ideal impression for successful crowns and bridges must accurately capture the preparation margins. This can be ensured only through reliable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

BLEEDING

Courtesy of Dr. Jaleena Jessop.

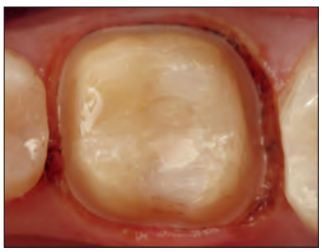
1. Subgingival preparation with bleeding.

HEMOSTASIS



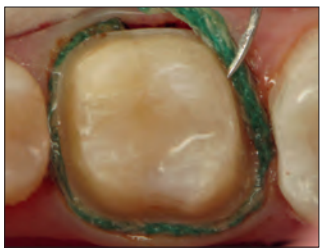
2. Scrub Astringedent™ X hemostatic firmly against bleeding sulcus with Metal Dento-Infusor™ tip.

CLEANING/TESTING



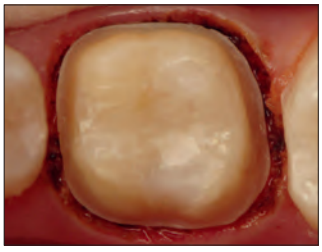
3. Firm air/water spray removes residual coagulum and tests tissue for quality, profound hemostasis.

DISPLACEMENT



4. Soak Ultrapak™ knitted cord in ViscoStat™ hemostatic, pack, and leave for 5 minutes.

DRYING/TESTING

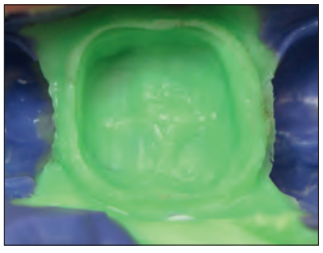


5. Remove Ultrapak knitted cord, follow with a firm air/water spray and dry.

TAKE IMPRESSION

6. Express Thermo Clone VPS impression material.

RESULT



7. Predictable quality impressions.

HYDROPHILIC

Hydrophilicity ensures precision in your impressions by displacing moisture on all tooth surfaces to capture exact details of teeth.

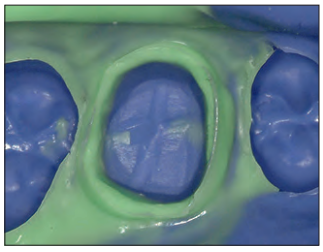
Hydrophilicity is evaluated based on contact angle, which measures how flat a drop of water spreads over the material. Thermo Clone material is among the industry leaders in hydrophilicity.

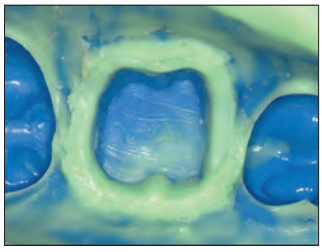
Initial water contact.

After 30 seconds.

THIXOTROPIC

Thixotropic materials become more fluid as they are agitated—like when they are applied to a crown preparation—and thicken when they are in place. This means that when Thermo Clone material is placed, the material flows into the sulcus and the spaces between teeth. This ensures a detailed impression and clear margins.





ULTRADENT

PREPARE

Sable Seek
Seek
Umbrella
PropGard
DermaDam
DermaDam Synthetic
OraSeal
Consepsis Scrub
STARbrush
Omni-Matrix
Omni-Matrix Original
InterGuard

EVAN MARX - Delicate Arch

Sable™ Seek™ and Seek™

CARIES INDICATORS

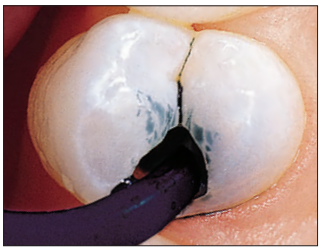
Black Mini™ Brush Tip page 88

- Stains carious and demineralized dentin
- Provides precise, mess-free delivery
- Available in dark green for working near pulp
- Aids in identifying root canal orifices

Sable Seek caries indicator contains FD&C dyes, and Seek caries indicator contains D&C dyes in a glycol base. Both are used to stain carious and demineralized dentin.

Seek and Sable Seek caries indicators stain carious and demineralized dentin and can be very useful for difficult to see areas, for example; undercuts of preparations, dark dentin, areas along the DE 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 dentin is easily identified.

3. Remove green-black colour (carious dentin) with slow-speed round bur or excavator. To control overexcavating near the pulp, remove final portion of caries with hand excavator.

4. Reapply. Rinse and verify appropriate caries removal.

233 - Sable Seek Syringe Kit
4 x 1.2 ml syringes
20 x Black Mini Brush tips

234 - Sable Seek Syringe *4pk*
1805 - Sable Seek Syringe *20pk*
1.2 ml syringes

209 - Seek Syringe Kit
4 x 1.2 ml syringes
20 x Black Mini Brush tips

210 - Seek Syringe *4pk*
1804 - Seek Syringe *20pk*
1.2 ml syringes

1. realityesthetics.com.

Umbrella™

TONGUE, LIP, AND CHEEK RETRACTOR

- Developed to give you a clear treatment field while making patient comfort a top priority
- Easy to place
- Disposable
- Naturally and gently helps the patient hold their mouth open without pulling or stretching their lips
- A new, innovative tongue-retraction design allows the tongue to comfortably rest behind the tongue guard, keeping it back and away from the working area
- Designed with anatomically placed/shaped bumpers, so clinicians can rest a hand on the patient's mouth without causing discomfort
- Provides relief and comfort to gaggers—it doesn't initiate the gag reflex for most
- Can be kept in place when checking bite

The Umbrella cheek retractor is ideal for a variety of procedures that require clear access without compromising patient comfort, including but not limited to: in-office whitening, scanning, impressions, bite registrations, surgical procedures and more.

4870 - Umbrella Retractor Medium *5pk*
4871 - Umbrella Retractor Medium *20pk*
5162 - Umbrella Retractor Medium 40pk

PROCEDURE

1. Simply press the tabs on the Umbrella tongue, lip, and cheek retractor together, ensuring the arrows on the top tab are pointing up, to prepare for insertion.

DO NOT place the retractor upside down.

2. Ask the patient to place the tip of their tongue on the roof of their mouth.

3. Choose one side of the mouth in which to start, and then comfortably insert the other side of the retractor into the cheek.

4. Use the tabs to center the retractor with the patient's mouth.

5. Check that the patient's tongue is resting comfortably behind the guard, ensuring easy access.

DO NOT place the tongue guard on top of the patient's tongue.

PropGard™

MOUTH PROP

- Use soft when some jaw relief is needed
- Use firm when optimal opening needs to be maintained

PropGard mouth prop's wedge design prevents contamination from tongue and mouth closure and also helps protect the tongue from trauma.

PropGard mouth prop protects adjacent teeth and tongue.

4100 - PropGard Kit
5 x Each PropGards large yellow and regular purple
10 x Each Tongue guards left and right

PropGard	Regular *5pk*	Large *5pk*
Soft	4105	4103
Firm	4101	4104

4102 - Tongue Guard *10pk*
5 x Each right and left

DermaDam™

RUBBER DAM

2021 [1] REALITY

- 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.

311 - DermaDam Medium 0.20 mm *36pk*
6"x 6" (15 cm x 15 cm)

314 - DermaDam Heavy 0.25 mm *36pk*
6"x 6" (15 cm x 15 cm)

DermaDam™ Synthetic

DENTAL DAM

2021 [1] REALITY

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.

Zero sensitizing proteins

299 - DermaDam Medium Synthetic 0.20 mm *20pk*
330 - DermaDam Medium Synthetic 0.20 mm *60pk*
6"x 6" (15 cm x 15 cm)

1. realityesthetics.com.

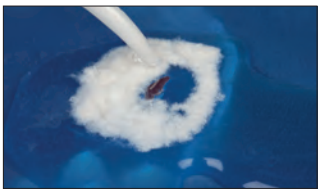
OraSeal™

CAULKING AND PUTTY

White Mac™ Tip page 91

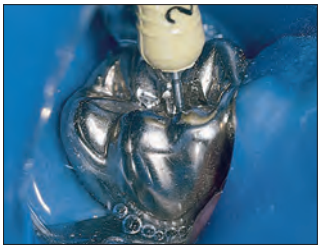
- Adheres under water and saliva
- Provides a protective seal against gingival exposure to peroxide or hydrofluoric acid
- Ideal for blocking out unwanted spaces for impressions
- Effectively adheres to wet rubber dams, tissue, teeth, and metal
- OraSeal Putty material has a stiffer consistency than the Caulking material, which some doctors prefer

Use OraSeal Caulking material when an adequate seal is difficult to obtain with compromised teeth or roots. 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 undercuts 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 impressions prior to making impressions.



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

PROCEDURE

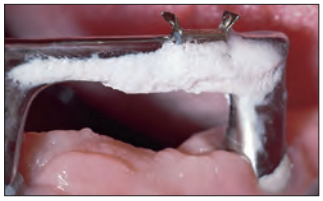


Apply OraSeal Caulking material with Black Mini™ or White Mac delivery tips to prevent leakage of rubber dam during treatment.[2] Shape with wet gloved finger, wet cotton swab, or instrument. Procedure can then be performed in a clean, dry field.

1. realityesthetics.com. 2. Cohen S, Burns RC. *Pathways of the Pulp.* 7th ed. St. Louis, MO: Mosby-Year Book; 1998:123-124.

USES

Ensure rubber dam seal when using strong peroxide for vital whitening, or when porcelain etching with hydrofluoric acid.

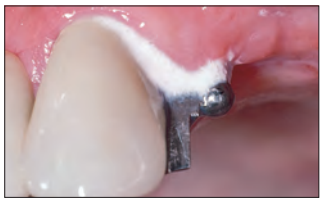


Block out undercuts below and around prosthetic implant clip. Flexing component of clip is covered with putty to accommodate clip flexure during insertion and removal.

Ensure moisture control when bonding lower orthodontic brackets. Seal with Caulking or Putty to prevent saliva from seeping through embrasures and contaminating 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.

352 - OraSeal Syringe Kit

2 x 1.2 ml OraSeal Caulking syringes
2 x 1.2 ml OraSeal Putty syringes
4 x Black Mini tips
20 x White Mac tips

1.2 ml syringe	*4pk*	*20pk*
Caulking	351	354
Putty	353	355

Consepsis™ Scrub

CHLORHEXIDINE ANTIBACTERIAL SLURRY

White Mac™ Tip page 91

- Reduces post-op sensitivity
- Does not compromise bond strength
- Nonsplatter formula
- Use to clean prior to cementation or around ortho brackets
- Use with STARbrush™ brush in grooves prior to sealant placement

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

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.

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

See page 54 for Consepsis™ chlorhexidine antibacterial solution.

PROCEDURE

Use Consepsis Scrub antibacterial slurry with a rubber cup or STARbrush™ coronal brush to remove residual cement.

BEFORE AND AFTER

Before.

After.

730 - Consepsis Scrub Syringe Kit
4 x 1.2 ml syringes
2 x STARbrush brushes
20 x White Mac tips

546 - Consepsis Scrub IndiSpense Syringe Kit
1 x 30 ml IndiSpense syringe
2 x STARbrush brushes
20 x White Mac tips
20 x 1.2 ml empty syringes

732 - Consepsis Scrub Syringe *4pk*
1.2 ml syringes

689 - Consepsis Scrub IndiSpense Syringe *1pk*
30 ml syringe

* Trademark of a company other than Ultradent. **1.** realityesthetics.com.

clinical

PROBLEM:
Staining under provisional crowns.

SOLUTION:
After proper selection of hemostatic agents, clean tooth well prior to cementing provisionals and use quality sealing provisional hydrophilic cements (e.g., UltraTemp™ temporary luting material)

CHEMISTRIES (THE "WHYS"):
1. Hemostatic agents as well as the blood from cut tissues are both sources of iron, which reacts with the hydrogen sulfide gas (rotten egg gas, H_2S) produced by anaerobic bacteria in this septic environment. The reaction yields ferric sulfide, the harmless yet annoying dark surface stain that is seen below. This stain can occur to a lesser degree solely from the natural iron in blood.

2. Non-sealing cements allow saliva and bacteria to move between the temporary and preparation. Additionally, non-sealing provisionals are problematic as saliva and/or bacteria removes the smear layer, opening tubules to bacteria.

HOW TO PREVENT/TREAT:
1. If there is no bleeding you can use a hemostatic agent that is not ferric sulfate-based (e.g., ViscoStat™ Clear hemostatic). If a ferric sulfate-based agent is required, be sure to clean the preparation well as instructed below.

2. Clean the preparation well. This can be done with Consepsis Scrub slurry and a STARbrush coronal brush or by etching with Ultra-Etch etchant for a couple of seconds and rinsing well.

3. Use a quality hydrophilic provisional cement like Ultradent's non-eugenol, polycarboxylate, paste-to-paste UltraTemp temporary luting material.

Note: Similar staining can occur even under definitive direct and indirect restorations if contamination is on the preparation prior to bonding. It is recommended to etch with Ultra-Etch etchant prior to application of the dentin bonding agent.

CASE 1

Two weeks earlier Viscostat hemostatic agent was used to arrest bleeding. Provisional crowns were cemented with a popular NON-sealing, hydrophilic, resin-based temporary cement.

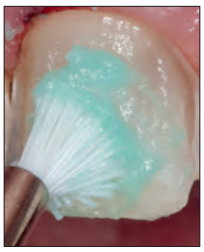
CASE 2

Provisionals have been removed. Characteristic dark stain is observed on preparations. This can be removed by ultrasonic scaling and scouring with Consepsis™ Scrub slurry. It's preferable to prevent it by using a hydrophilic provisional cements such as UltraTemp™ temporary luting material.

STARbrush™
CORONAL BRUSH

2021[1] REALITY

- 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



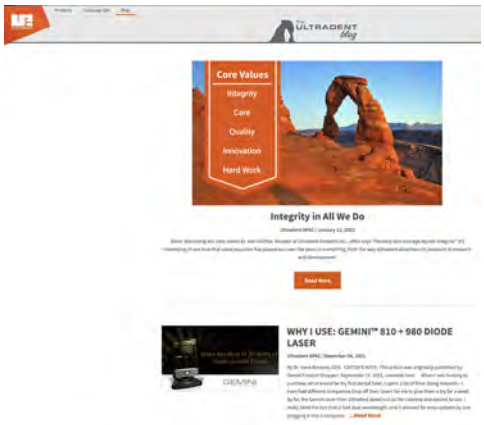
Actual size

	30pk	100pk
STARbrush	1091	1093

1. realityesthetics.com.

Ultradent blog

Visit the Ultradent Blog for technical articles, clinical cases, announcements and more, and subscribe to receive exclusive promotions, new product information and continuing education opportunities.

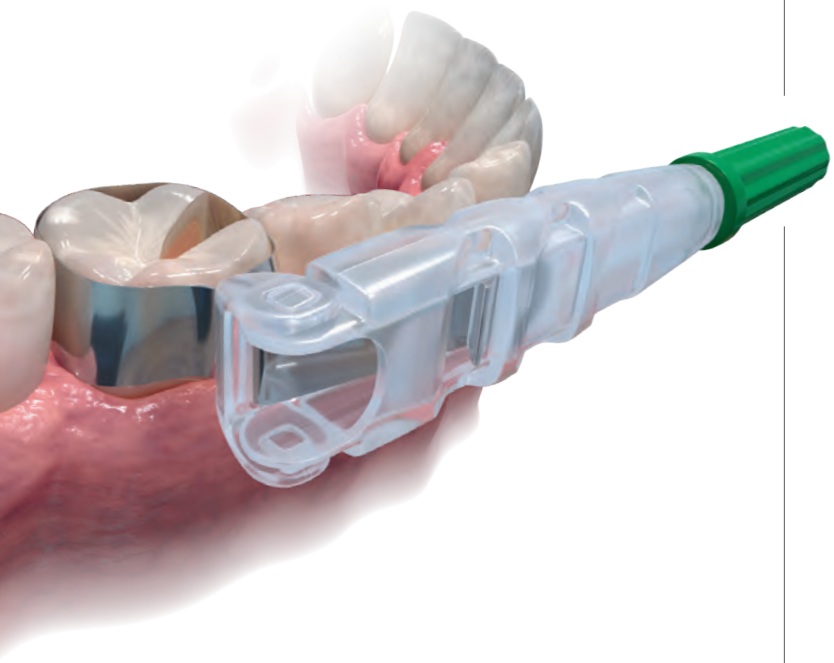


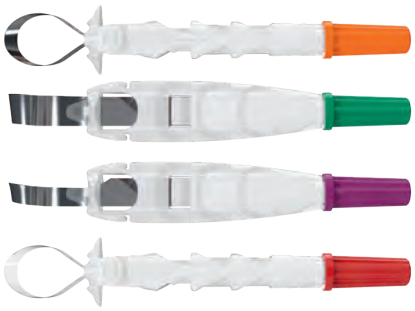
Visit en.ultradent.blog to sign up today!

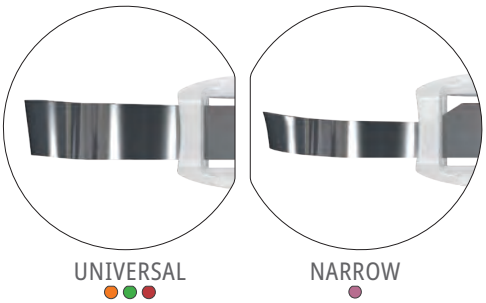
Omni-Matrix™

DISPOSABLE RETAINER AND MATRIX

2021 REALITY [1]







"Fast, easy, convenient, disposable! What else could you ask for?"
—DR. GEORGE FREEDMAN

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

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.

Stainless Steel	Wingless *48pk*	Winged *48pk*
6.5 mm — .001" (.025 mm)	7701	8801
6.5 mm — .0015" (.038 mm)	7702	8802
5.2 mm — .0015" (.038 mm)	7704	8804

Mylar	Wingless *48pk*	Winged *48pk*
6.5 mm — .0025" (.064 mm)	7703	8803

1. realityesthetics.com.

Omni-Matrix™ Original

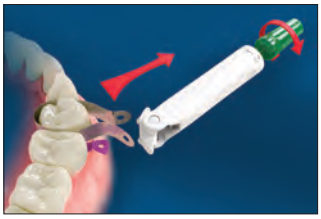
DISPOSABLE RETAINER AND MATRIX

- Disposable
- Easy to place
- Colour coded
- Comfortable for patients
- Adaptive, burnishable band (stainless steel version)
- No placement instruments required
- No lip, cheek, or glove capture

Omni-Matrix is a quick, easy-to-use, disposable retainer and matrix. Simply adjust the band's circumference by twisting the conical handle. Its patented, articulated head swivels, fitting comfortably into any quadrant of the mouth. Once the restoration is complete, the Omni-Matrix band is easily released, leaving restorative material intact. The stainless steel matrix band is thin, adaptive, and burnishable, and the wingless design allows wedges to be placed with ease. Also available in mylar.

1. Seat

2. Tighten.



3. Remove.

4. Dispose.

Stainless Steel	Winged *48pk*	Wingless *48pk*
6.5 mm — .001" (.025 mm)	2201	1101
6.5 mm — .0015" (.038 mm)	2202	1102
5.2 mm — .0015" (.038 mm)	2204	1104

Mylar	Winged *48pk*	Wingless *48pk*
6.5 mm — .0025" (.064 mm)	2203	1103

InterGuard®

INTERPROXIMAL TOOTH GUARD

2021 REALITY [1]

The InterGuard interproximal tooth guard reduces risk of iatrogenic damage by protecting adjacent teeth.[2–3] Stable curls at each end leave transition angles clear for full access. The .004 thick stainless steel InterGuard tooth guard is great for tunnel preparations and protecting the adjacent tooth during air abrasion.

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 tooth guard.

"InterGuard interproximal tooth guard was developed as a protective shield following the publication of a clinical investigation proving that two-thirds of the approximal surfaces of adjacent teeth showed evidence of iatrogenic preparation damage. In my office I soon found that InterGuard allows you to work both faster and safer, and I am proud to have contributed with a tool which has been called another step in the direction of higher quality dentistry."
—DR. OLE OSTERBY, INVENTOR, DENMARK

3097 - InterGuard Kit
5 x Each 4.0 mm and 5.5 mm

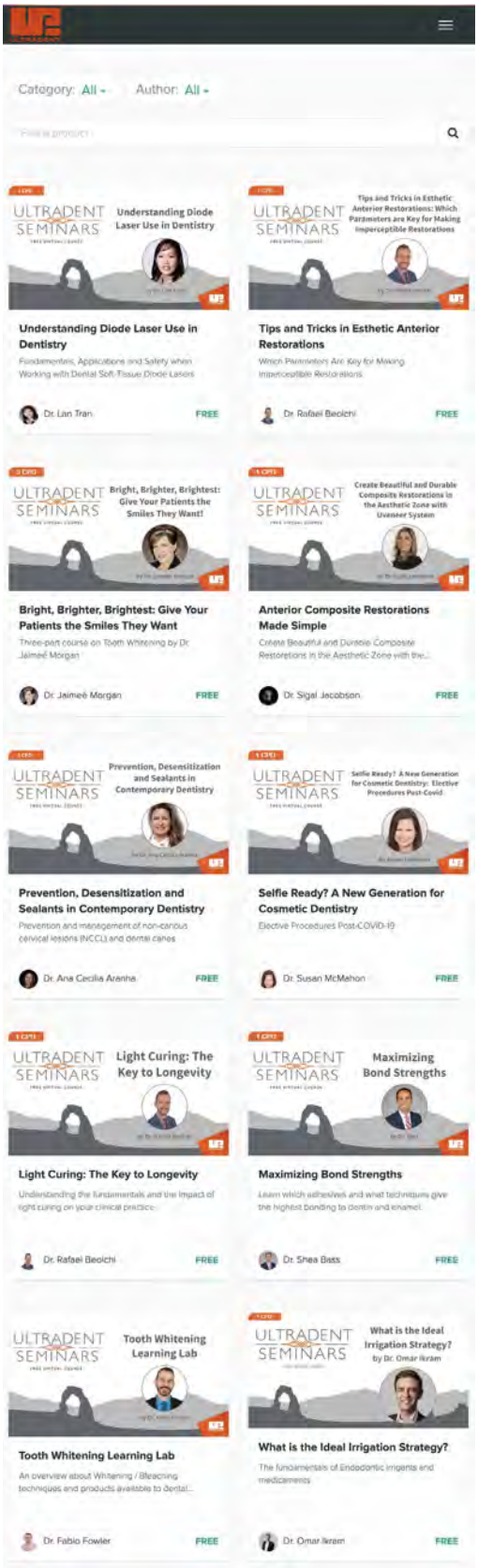
Size	10pk	50pk
4.0 mm	4016	4011
5.5 mm	4017	4012

1. realityesthetics.com. **2.** Lenters M, van Amerongen WE, Mandari GJ. Iatrogenic damage to the adjacent surfaces of primary molars, in three different ways of cavity preparation. *Eur Arch Paediatr Dent.* 2006;1(1):6-10. **3.** de la Peña VA, García RP, García RP. Sectional matrix: Step-by-step directions for their clinical use. *Br Dent J.* 2016;220(1):11-14.

try it out

Continuing Education

Scan the QR code to check out our website for free webinars with world-renowned clinicians and CPD certificates.



ULTRADENT

PREVENT AND HYGIENE

UltraSeal XT plus
PrimaDry
UltraSeal XT hydro
Ultrapro Tx Prophy Paste
Ultrapro Tx Prophy Angles
Enamelast Fluoride Varnish
Universal Dentin Sealant
Opalpix

HILLARY HUBBARD - Antelope Island

THE LEADER IN SEALANTS since 1998!*

UltraSeal XT™ plus

HYDROPHOBIC PIT AND FISSURE SEALANT

Inspiral™ Brush Tip page 89

- High retention rate[2]
- Direct delivery into difficult-to-access areas
- Bubble-free, drip-free placement
- High marginal retention prevents microleakage
- Penetrates deepest pits and fissures
- Thixotropic/ideal viscosity flowability
- Four shades: Opaque White, Clear, A1, and A2

UltraSeal XT plus hydrophobic pit and fissure sealant is a light-cured, radiopaque composite sealant that contains fluoride. It is stronger and more wear resistant because it is a 58%-filled resin and has less polymerization shrinkage than competitive products. Used with the Inspiral™ Brush Tip, the thixotropic nature of UltraSeal XT plus sealant causes itself to thin as it's expressed from the tip—allowing it to penetrate deep into the pits and fissures. When the resin stops flowing the shear thinning ceases and placement is complete—preventing it from running before it can be light cured. Using PrimaDry™ drying agent with UltraSeal XT plus sealant enhances penetration into pits and fissures by eliminating moisture that can cause failure in hydrophobic sealants.

BEFORE AND AFTER

Before.

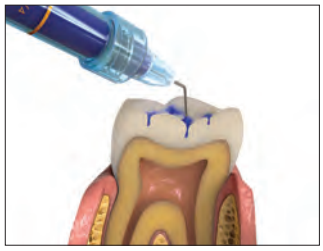
After UltraSeal XT plus sealant.

Before.

After UltraSeal XT plus sealant.

*Reality Ratings. Reality. Reality Publishing Company 1998–2017. **1.** realityesthetics.com. **2.** Boksman L, Carson B. Two-year retention and caries rate of UltraSeal XT and Fluorshield light-cured pit and fissure sealants. *Gen Dent.* 1998;46(2):184-7.

FIVE SIMPLE STEPS

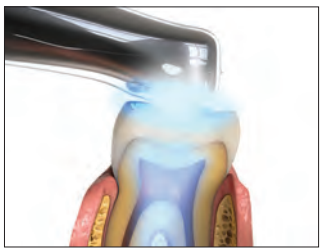


1. Etch for 30 seconds on uncut enamel, 15 seconds on cut enamel. Rinse.

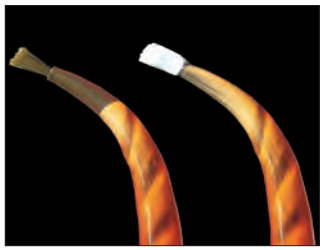
2. Remove visible moisture. PrimaDry™ drying agent will desiccate.

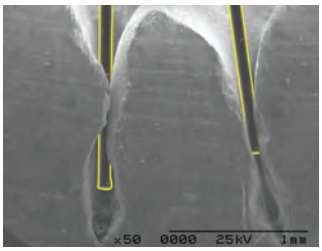
3. Apply PrimaDry agent for 5 seconds with Black Micro™ FX™ tip, then air dry.

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.





With its adjustable fibers and helical channel, the Inspiral™ Brush tip is designed to optimally deliver UltraSeal XT sealants.
Image of the bristles and tooth (on the right) were taken at the same magnification, and then overlaid.

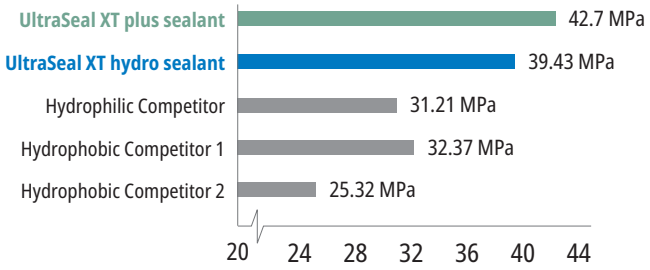
"We use this wonderful product on at least 30 patients a day. As a pediatric dentist for 38 years, prevention of cavities is the cornerstone of our practice. We have tried all the sealant products, and UltraSeal XT plus sealant has been the absolute best for ease of application and long-term retention and durability. The best testimony is having moms who were our patients bring their kids to us for sealants. Many of the moms still have sealants in place and have no cavities." —DR. JAMES HEFFNER – DAVIDSONVILLE, MD

"Being a pediatric dentist, this is one material I cannot practice without. I have never found such a user-friendly sealant that is so easy to apply and with such excellent retention as the UltraSeal XT plus sealant." —DR. DAVID GOLDSTEIN – ORLANDO, FL

"I love the UltraSeal XT plus sealant. I have used many different sealant products in my office as well as the dental school in which I am faculty. Actually, all the pediatric dental instructors had tried eight different sealants to compare, and UltraSeal XT plus was unanimously the sealant of choice. The viscosity, multiple shades, partially filled consistency, and the fact it is fluoride-releasing make UltraSeal XT plus the most reliable and superior sealant that I choose to use on my patients."—DR. ANGELA M. STOUT – ERDENHEIM, PA

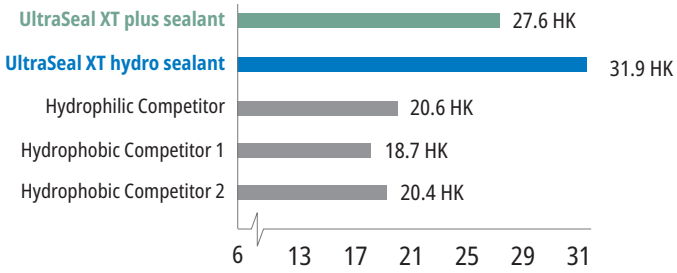
PHYSICAL PROPERTY COMPARISON

SHEAR BOND[1]



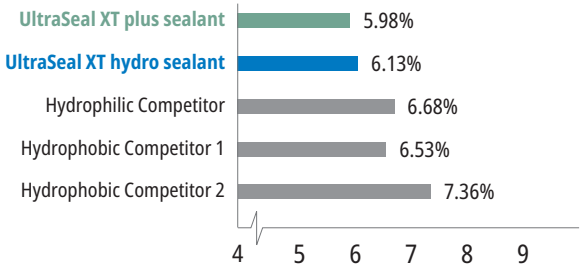
High shear bond strength is essential for retaining the sealant under normal use.

HARDNESS[1]



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

SHRINKAGE[1]



Low shrinkage reduces the risk of marginal gaps which can lead to microleakage.

1. Data on file.

UltraSeal XT plus Syringe Kits

Shade	Kit
Opaque White	725
Clear	563
A1	1286
A2	733

1 x 1.2 ml UltraSeal XT plus syringe
1 x 1.2 ml Ultra-Etch syringe
2 x 1.2 ml PrimaDry syringes
10 x Blue Micro tips
10 x Black Micro FX tips
20 x Inspiral Brush tips

UltraSeal XT plus Syringe *4pks and 20pk*

Shade	*4pk*	*20pk*
Opaque White	726	727
Clear	565	—
A1	1289	—
A2	734	—

PrimaDry™

DRYING AGENT

- For use with UltraSeal XT plus pit and fissure sealant
- Reduces microleakage in hydrophobic sealants

PrimaDry drying agent is optimal for pit and fissure drying and prior to placement of hydrophobic sealants. 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 pit and fissure sealant to flow perfectly into every pit and fissure. Do not use on dentin.

Black Micro™ FX™ Tip page 90

716 - PrimaDry Syringe *4pk*
717 - PrimaDry Syringe *20pk*
1.2 ml syringes

UltraSeal XT™ hydro

HYDROPHILIC PIT AND FISSURE SEALANT

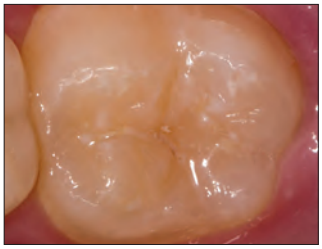
Inspiral™ Brush Tip page 89

- 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 flowability
- Two shades: Opaque White and Natural

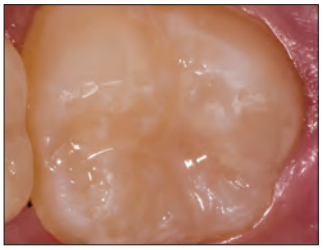
UltraSeal XT hydro hydrophilic pit and fissure sealant is a light-cured, radiopaque composite sealant that contains fluoride. It is stronger and more wear resistant because it is a 53%-filled resin and has less polymerization shrinkage than competitive products. Used with the Inspiral™ Brush Tip, the thixotropic nature of UltraSeal XT plus sealant causes itself to thin as it's expressed from the tip—allowing it to penetrate deep into the pits and fissures. When the resin stops flowing the 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.

BEFORE AND AFTER

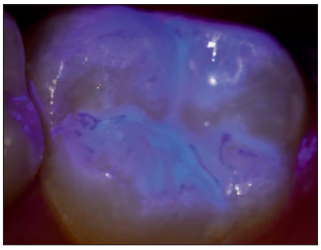
Courtesy of Dr. Jaleena Jessop.



Before.

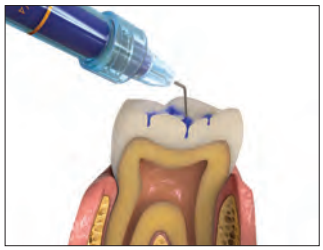


After.



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.

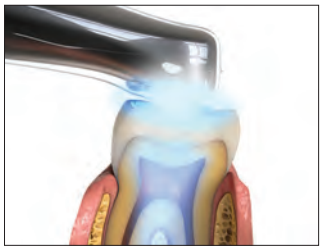
FOUR SIMPLE STEPS



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

2. Remove visible moisture.

3. Place UltraSeal XT hydro sealant.

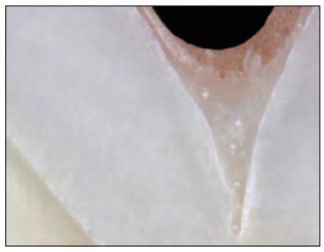


4. Cure for 3 seconds with VALO™ LED curing light on Xtra Power mode or 10 seconds on Standard Power mode.

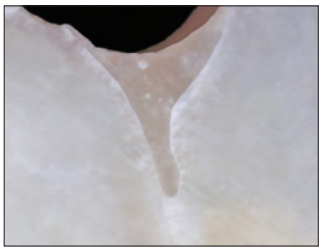
"Since I have had such great success with Opalescence™ Boost™ and Opalescence™ PF whitening, I also ordered the UltraSeal XT hydro sealant. I was previously using a competitor's sealant and they would pop off within a few weeks at times and just sat on top of the tooth. While placing the UltraSeal XT hydro sealant, you can literally see the sealant going into the pits and fissures! Day and night difference, and the use of the little light is a fun way to show the kids and parents and be able to check them at their 6-month appointments!!!"
—STEPHANIE VIEAU, DENTAL ASSISTANT – CENTREVILLE, VIRGINIA

MARGINAL RETENTION AND MICROLEAKAGE

UltraSeal XT hydro Sealant

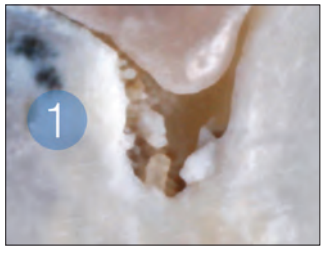


No microleakage.

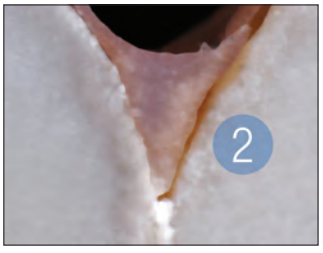


Sealed margins.

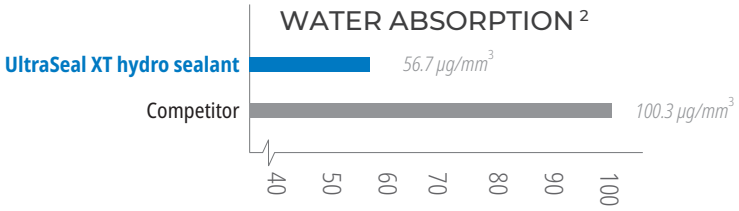
Competitor Hydrophilic Sealant



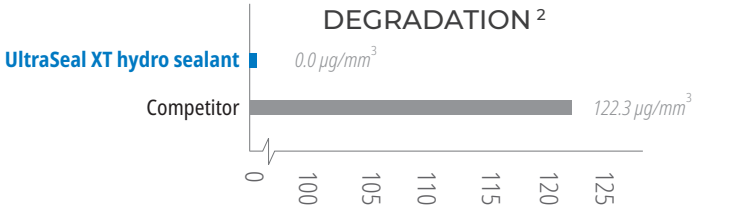
Microleakage.



Peeling from margins.



Balanced water absorption allows forgiveness in moist environments without degradation.



No degradation as a result of balanced water absorption.

UltraSeal XT hydro Syringe Kits

Shade	Kit
Opaque White	3532
Natural	3533

1 x 1.2 ml UltraSeal XT hydro syringe
1 x 1.2 ml Ultra-Etch syringe
20 x Blue Micro tips
20 x Inspiral Brush tips

UltraSeal XT hydro Syringe *4pks and 20pk*

Shade	*4pk*	*20pk*
Opaque White	3534	3536
Natural	3535	—

1.2 ml syringes

1. realityesthetics.com 2. Data on file.

try it out

VALO™ Grand Cordless

LED CURING LIGHT

2021 [1] REALITY — Pride Institute Technology Award 2015 — Top 50 Technology Products — Dental Product Report Top 100 — Best LED Curing Ligl

- Ultra-high-energy broadband LEDs cure all dental materials
- Three curing modes—Standard Power, High Power Plus, and Xtra Power—accommodate your preferences
- Optimally collimated beam delivers consistent, uniform power
- Extremely durable, slim, ergonomic shape allows unprecedented access to all restoration sites
- Unique unibody design is 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

Cordless LED Curing Light, page 38.

1. realityesthetics.com.

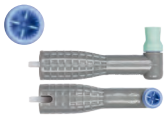
Ultrapro™ Tx

DISPOSABLE PROPHY ANGLES

- Innovative cup design for reduced splatter and efficient cleaning
- Designed for better access and improved visibility
- All designs feature optimal flare
- Outer ridges for improved interproximal cleaning (Sweep angles)
- Comfortable, ergonomic design
- Not made with natural latex rubber

Ultrapro Tx disposable prophy angles feature smooth, quiet gears and an ergonomic design so that both you and your patient have a comfortable experience. With an advanced cup design both inside and out, the Sweep angles are built to clean better than ever.

original	144pk	500pk
Soft	8308	8318
Firm	8307	8317



Ultrapro™ Tx Sweep

DISPOSABLE PROPHY ANGLES WITH BRUSH GUARD

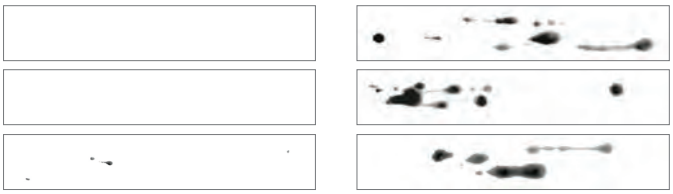
- Brush helps prevent accumulation of saliva and paste on outside of the cup
- Sweeps paste back toward the tooth, allowing the clinician to continue working and make fewer stops to refill the cup with prophy paste
- Advanced internal blade design
- Outer ridges for interproximal cleaning
- A 20% shorter head and 25% slimmer neck design gives better access and improved visibility
- Optimal flare
- Comfortable, ergonomic shape
- Not made with rubber latex
- Available in soft or firm cup design

The Ultrapro Tx Sweep disposable prophy angle has an innovative brush guard designed to keep the treatment field clean and free of excess saliva and paste. The flexible bristles efficiently keeps saliva from collecting and roping around the outside of the cup. The cup also sweeps the prophy paste back toward the tooth, so the paste is not wasted and lost in the saliva.

sweep	144pk	500pk
Soft	8357	8359
Firm	8358	8360

Reduces splatter by up to 95% to help prevent cross contamination.[1]

SWEEP DPA SPLATTER COMPARISON TESTING



Ultrapro Tx Sweep prophy angle | Traditional prophy angle

DPA HEAD COMPARISON

Sweep Original
25% slimmer neck

Sweep Original
20% shorter head

Ultrapro™ Tx

PROPHY PASTE

CERTIFIED GLUTEN FREE GFCO.ORG

COOL MINT | WALTERBERRY™ | BUBBLE GUM | ORANGE DREAMSICLE | PURE

- Contains 1.23% fluoride ion
- Low splatter formula
- Rinses easily and completely to eliminate residual grittiness
- Gluten free
- PURE is free of fluoride, flavours, dyes, and oil

Ultrapro Tx 2 g *200pk*

Flavour	Fine	Medium	Coarse
Cool Mint	8309	8310	8311
Walterberry	8320	8312	8313
Bubble Gum dye-free	8321	8314	8315
Orange Dreamsicle	8322	8323	8324
Variety W-100, OD-50, BG-50	8326	—	—
Variety W-100, OD-50, CM-50	—	8327	—
PURE	—	8325	—

1. Data on file.

Cool Mint | Orange Cream | Bubble Gum | Walterberry

Enamelast™

FLUORIDE VARNISH

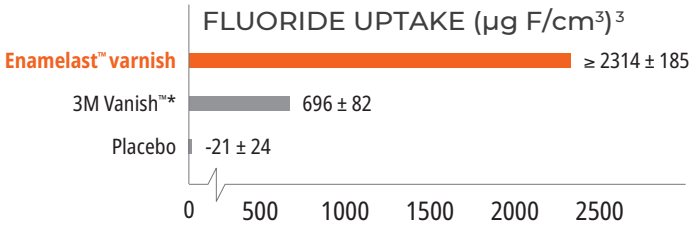
MORE THAN JUST GREAT TASTE!

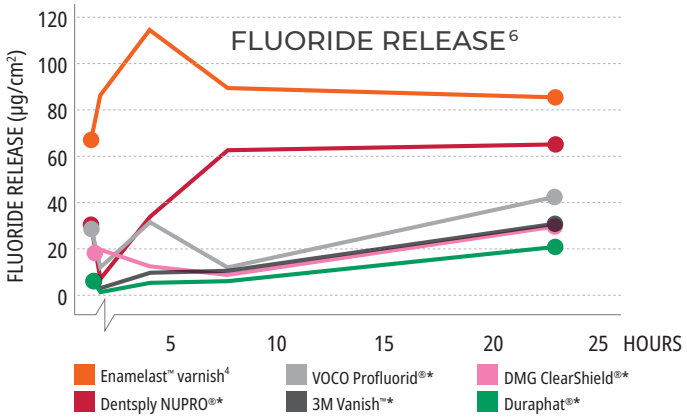
SoftEZ Tip page 91

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

Enamelast fluoride varnish is a 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™ flavour and unit-dose applications in Walterberry, Orange Cream, Cool Mint, and Bubble Gum 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.[2] The use of fluoride varnish for caries prevention has also been endorsed by the ADA.[5]

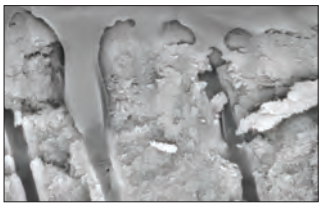


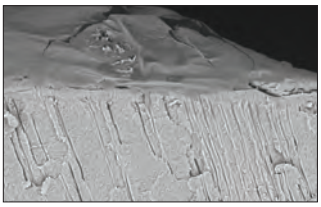


BEFORE AND AFTER

Before Enamelast fluoride varnish.

Immediately after applying Enamelast fluoride varnish.





Enamelast varnish produces a mechanical occlusion of the dentinal tubules in the treatment of tooth hypersensitivity. This makes it ideal to use before or after whitening to help ease patient discomfort in the cervical area.

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

4523 - Enamelast Walterberry Syringe *20pk*
1.2 ml syringes

Enamelast Unit-Dose 0.4 ml

Flavour	*50pk*	*200pk*
Walterberry	4518	4528
Orange Cream	4344	4343
Cool Mint	4353	4352
Bubble Gum	4363	4362
50 ea - W, OC, CM, BG		4368

4529 - Enamelast Application Brushes *200pk*

* Trademark of a company other than Ultradent. **1.** realityesthetics.com **2.** American Academy of Pediatric Dentistry. Policy statement on the use of fluoride. Adopted 1967. Reaffirmed 1977. Revised 2018. Available from http://www.aapd.org/media/Policies_Guidelines/P_FluorideUse.pdf. **3.** Schemehorn BR. Sound enamel fluoride uptake from a fluoride varnish. 2013. Data on file. **4.** Test results based on Walterberry flavour. **5.** American Dental Association Council on Scientific Affairs. Professionally applied topical fluoride: evidence-based clinical recommendations. *J Am Dent Assoc.* 2006;137(8):1151-9. **6.** Data on file.

Ultradent™ Universal Dentin Sealant

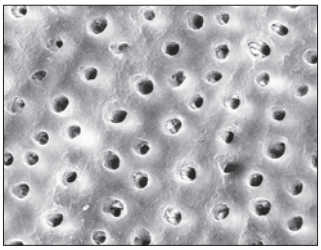
FOR TRANSIENT ROOT SENSITIVITY

Black Mini™ Brush Tip page 88

- 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.

266 - Universal Dentin Sealant Syringe *4pk*
1.2 ml syringes

Note: Ultradent Universal Dentin Sealant is NOT a bonding agent.
For unsurpassed bonding products, see pages 64.
If base or liner is needed, use Ultra-Blend™ plus liner, page 69.

Opalpix™

INTERPROXIMAL CLEANER

Toothpicks vs. Opalpix cleaners.

- Will not splinter or break
- Has a textured surface for better cleaning
- Perfect balance between flexibility and rigidity
- Massages interproximal tissue while removing debris and plaque
- Personalized stickers available with 100pk upon request

USES

Use Opalpix interproximal cleaners to clean under and around bonded retainers and brackets.

6600 - Opalpix *12pk*
5590 - Opalpix *100pk*
Each pk contains 32 Opalpix cleaners

TIPS AND SYRINGES

RESTORATIVE
Black Micro FX
Black Mini
Black Mini Brush
Black Micro
Blue Micro
Blue Mini Dento-Infusor
ExperTemp Mixing
Inspiral Brush
Intraoral Tip
Metal Dento-Infusor
Micro Capillary
Micro 20 ga
SoftEZ
SST
Mixing
White Mac
White Mini

ENDODONTICS
Capillary
Micro Capillary
Endo-Eze Irrigator
Endo-Eze
NaviTip 29 ga Single Sideport
NaviTip
NaviTip 31 ga Double Sideport
NaviTip FX

IMPRESSIONS
Mixing
IntraOral Impression
Dynamic Mixing

SYRINGES
Skini Delivery Syringes
Empty Delivery Syringes
Syringe Cover

ACCESSORIES
Luer Lock Cap
Luer Vacuum Adapter
TriAway Adapter
Syringe Organizer
STARbrush
Micro Applicators

DORA ESPINOSA - Silver Lake

ULTRADENT™ TIPS
DESIGNED TO DELIVER

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.

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 solution, 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.

Black Micro™ FX™ Tip

- Accommodates various viscosities
- Flocked tip fans out to spread materials in a thin, uniform layer

Designed for: PrimaDry™ and PermaSeal™.

LOK-TITE™	100pk	500pk
22 ga Black Micro FX	1357	1434

Black Mini™ Tip

- Dispenses large volumes
- Opaque plastic preserves flow of light-cured materials

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

LOK-TITE™	100pk	500pk
Black Mini	514	1433

Black Mini™ Brush Tip

- Precise, controlled delivery of aqueous materials
- Tight, adjustable brush fibers minimize bubbles
- Unique to Ultradent

Designed for: Consepsis™, Peak™ SE, Peak™-ZM, Seek™/Sable™ Seek™, Ultradent™ Silane, and Ultradent™ Universal Dentin Sealant.

LOK-TITE™	100pk	500pk
Black Mini Brush	1169	1432

Black Micro™ Tip

- Provides pinpoint precision
- Narrow cannula accurately delivers materials

Designed for: Ultra-Blend™ plus.

	100pk	500pk
22 ga Black Micro	1085	1435

Blue Micro™ Tip

- Provides pinpoint precision
- Narrow cannula accurately delivers materials

Designed for: Ultra-Etch™ and Opal™ Etch.

	100pk	500pk
25 ga Blue Micro	127	1436

Blue Mini™ Dento-Infusor™ Tip

- Offers the same tissue management benefits as the Metal Dento-Infusor™ tip
- Allows controlled flow of drop-sized quantities
- Outer diameter 1.2 mm

Designed for: Hemostatics, Consepsis™, and Opal™ Seal.

LOK-TITE™	mm	100pk	500pk
Blue Mini Dento-Infusor	1.20	1086	1440

ExperTemp™ Mixing Tip

- Mixes and delivers in one action

Designed for: ExperTemp™.

	45pk
ExperTemp Mixing	6346

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, PQ1™, Ultradent™ Porcelain Etch, Ultra-Etch™, UltraSeal XT™ plus, and UltraSeal XT™ hydro.

LOK-TITE™	100pk	500pk
Inspiral Brush	123	1033-I

Intraoral Tip

- Allows precise placement
- Attaches to dual-barrel mixing tips

Designed for: PermaFlo™ DC.

	20pk
Intraoral	5922

Metal Dento-Infusor™ Tip

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

Designed for: Astringedent™, Astringedent™ X, ViscoStat™, ViscoStat™ Clear, and Peak™ Universal Bond.

LOK-TITE™	100pk	500pk
19 ga Metal Dento-Infusor	2559	2560

Micro Capillary™ Tips

- Bright colour is easily identified against soft tissues
- The world's smallest molded tips

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

LOK-TITE™	mm	20pk
0.008" Micro Capillary	5	1120
0.008" Micro Capillary	10	1121

Micro 20 ga Tip

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

Designed for: Opalescence™ Boost™, MTAFlow™, PermaFlo™, PermaFlo™ Purple, PermaFlo™ Pink, OpalDam™, and OpalDam™ Green.

LOK-TITE™	100pk	500pk
20 ga Micro	1252	1437

SoftEZ™ Tip

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

Designed for: Enamelast™.

LOK-TITE™	50pk	100pk
SoftEZ	4712	4711

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™.

LOK-TITE™	20pk
SST	1248

Ultradent™ Mixing Tip

- Mixes and delivers in one action

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

	20pk
Ultradent Mixing	5920

White Mac™ Tip

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

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

	100pk	500pk
White Mac	1361	1480

White Mini™ Tip

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

Designed for: Consepsis™ Scrub and Opalustre™.

	20pk
White Mini	1247

WARNING:
• Use recommended endodontic tip • Make sure rubber stopper is in position
• Take extra precaution when not using sideport tips • Make sure tip is not wedged in the canal

Capillary Tips

Never use to deliver irrigating materials or endodontic chemistries.

- Evacuates canals and substantially minimizes use of paper points
- Narrow, flexible taper accesses curved canals
- Great for dental abscess procedures

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

LOK-TITE™	Internal diameter	20pk	50pk
0.014" Capillary	0.36 mm	341	3099
0.019" Capillary	0.48 mm	186	1425

Micro Capillary™ Tips

- Bright colour easily identified against soft tissues
- The world's smallest molded tips

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

LOK-TITE™	Tip length	20pk
0.008" Micro Capillary	5 mm	1120
0.008" Micro Capillary	10 mm	1121

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 syringe.

	Tip length	20pk
27 ga (0.40 mm) Endo-Eze Irrigator	25 mm	207

22 ga 20 ga 19 ga 18 ga

Endo-Eze™ Tips

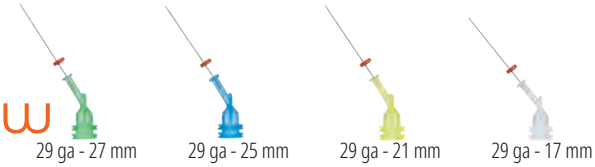
- Great for endodontic procedures such as post cementation and core buildups
- Flexible, strong cannulae
- Bend easily
- Length 19 mm

Designed for: Luting materials and air/water delivery. Use with: TriAway™ Adapter, PermaFlo™ DC (20 ga), and other Ultradent syringes.

	Bendable tip	20pk	100pk
22 ga - 0.028" Endo-Eze	0.70 mm	348	1431
20 ga - 0.035" Endo-Eze	0.90 mm	347	1430
19 ga - 0.042" Endo-Eze	1.06 mm	346	1429
18 ga - 0.049" Endo-Eze	1.25 mm	345	1428

WARNING:
• Use recommended endodontic tip • Make sure rubber stopper is in position
• Take extra precaution when not using sideport tips • Make sure tip is not wedged in the canal

new



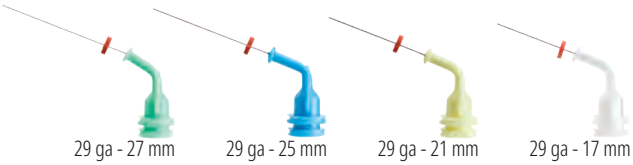
NaviTip™ Tips 29 ga
with Single Sideport

- Designed to direct the flow of chemistry through the sideport of the tip before flowing down into the area of the apex, thus reducing the risk of product extrusion
- Flexible, stainless steel cannula easily navigates curved canals
- Bendable tip 0.33 mm

29 ga delivers paste materials: MTAFlow™, EndoREZ™, and UltraCal™ XS.

NOTE: UltraCal™ XS calcium hydroxide paste should only be used with NaviTip 29 ga Single Sideport tips.

LOK-TITE™	Tip length	20pk
29 ga - 0.0129" NaviTip	27 mm	4989
29 ga - 0.0129" NaviTip	25 mm	4990
29 ga - 0.0129" NaviTip	21 mm	4991
29 ga - 0.0129" NaviTip	17 mm	4992
29 ga–29 ga NaviTips	27–17 mm	5143

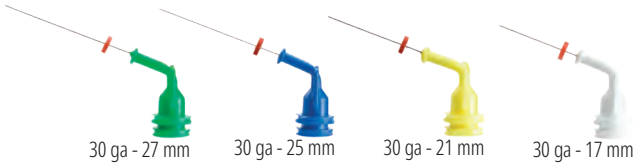


NaviTip™ Tips 29 ga

- Provide controlled delivery to the apex
- Flexible, stainless steel cannulae easily navigate curved canals
- Bendable tip 0.33 mm

29 ga delivers paste materials: MTAFlow™ and EndoREZ™.

LOK-TITE™	Tip length	20pk	50pk
29 ga - 0.0129" NaviTip	27 mm	5115	1377
29 ga - 0.0129" NaviTip	25 mm	5114	1376
29 ga - 0.0129" NaviTip	21 mm	5113	1374
29 ga - 0.0129" NaviTip	17 mm	5112	1378
29 ga–29 ga NaviTips	27–17 mm	5116	1379



NaviTip™ Tips 30 ga

- Provide controlled delivery to the apex
- Flexible, stainless steel cannulae easily navigate curved canals
- Bendable tip 0.30 mm

30 ga delivers solutions/gels: File-Eze™, Ultradent™ EDTA 18% Solution and Consepsis™.

LOK-TITE™	Tip length	20pk	50pk
30 ga - 0.0118" NaviTip	27 mm	1354	1424
30 ga - 0.0118" NaviTip	25 mm	1250	1423
30 ga - 0.0118" NaviTip	21 mm	1349	1422
30 ga - 0.0118" NaviTip	17 mm	1249	1421
30 ga–30 ga NaviTips	27–17 mm	1351	3319

NaviTip™ 31 ga Tips
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: ChlorCid™, ChlorCid™ V, ChlorCid™ Surf, Ultradent™ EDTA 18% Solution, and Ultradent™ Citric Acid 20%.

LOK-TITE™	Tip length	20pk	50pk
31 ga - 0.0098" NaviTip	21 mm	5121	5122
31 ga - 0.0098" NaviTip	27 mm	5123	5124

NaviTip™ FX™ Tips 30 ga

- One-of-a-kind brush cleans, scrubs, and irrigates simultaneously
- Rigid cannula

Designed for: Ultradent™ Citric Acid 20% Solution.

Listed as an "EXCELLENT" product by a prominent independent research institute.[1]

LOK-TITE™	Tip length	20pk
30 ga - 0.0118" NaviTip FX	17 mm	1452
30 ga - 0.0118" NaviTip FX	25 mm	1454

1. Clinical Research Associates Newsletter. Volume 29, Issue 1, January 2005.

Impression Mixing Tips

- Enable direct delivery of impression materials
- Automixing, disposable, and colour coded

Designed for: Thermo Clone™ VPS.

	50pk
Yellow	2902
Pink	2903
Teal	2904

IntraOral Impression Tip

- Allows precise placement
- Attaches to impression mixing tips

Designed for: Thermo Clone™ VPS.

	50pk
IntraOral Impression	2906

Dynamic Mixing Tip

- Easily and securely locks on cartridge
- Provides consistent mixing of base and catalyst

Designed for: Thermo Clone™ VPS 380 ml cartridges.

	50pk
Dynamic Mixing	4075

Skini Delivery Syringe

- Generates pressure in the syringe with low force to the plunger, resulting in more precise apical delivery
- Low waste

Designed for: EndoREZ™, MTAFlow™, and PermaFlo™ DC.

	20pk	50pk
0.5 ml Skini Delivery Syringe	1680	1681

ViscoStat™ Delivery Syringe

- Snug Luer Lock threads prevent tips from popping off
- Coloured plastic is light sensitive to preserve chemistry

Designed for: 30 ml IndiSpense™ syringes of ViscoStat™, ViscoStat™ Clear, Astringedent™, and Astringedent™ X.

	20pk
1.2 ml ViscoStat Delivery Syringe	1278

Ultra-Etch™ Delivery Syringe

- Snug Luer Lock threads prevent tips from popping off
- Blue colour makes identification easy

Designed for: 30 ml IndiSpense syringes of Ultra-Etch™.

	20pk
1.2 ml Ultra-Etch Delivery Syringe	129

1.2 ml Delivery Syringe

- Snug Luer Lock threads prevent tips from popping off

Designed for: All 30 ml IndiSpense™ syringes.

	20pk	100pk
1.2 ml Delivery Syringe	124	157

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 Capillary tip, ChlorCid™, Ultradent™ Citric Acid, Ultradent™ EDTA 18% Solution, and Consepsis™.

	10pk
5 ml Delivery Syringe	201

Ultradent™ Syringe Cover

- Provides an easy, reliable barrier
- Ensures asepsis of syringe during cleanup

Designed for: All 1.2 ml syringes.

	300pk
1.2 ml Syringe Cover	249

Luer Lock Cap

- Winged, polypropylene, plastic luer lock cap
- Use to seal syringes loaded in the office

Designed for: All Ultradent™ plastic syringes.

	20pk
Luer Lock Cap	205

Ultradent™ Luer Vacuum Adapter

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

	10pk
Luer Vacuum Adapter	230

TriAway™ Adapter

Use for controlled administration of water and/or air to depths of tiny cavity preparations, such as minimally invasive operative-type preparations or endodontic preparations. Note: Do NOT use in open canals.

	20pk
TriAway Adapter Irrigator	1375

Syringe Organizer

- Holds 14 syringes
- Made of clear acrylic

	1pk
Syringe Organizer	382

STARbrush™

2021[1] REALITY

- 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

1. realityesthetics.com.

Actual size

	30pk	100pk
STARbrush	1091	1093

Ultradent™ Micro Applicators

- Bend easily
- Apply small amounts accurately
- Standard size

The Micro Applicator is composed of small nonlinting, nonabsorbent fibers that suspend solutions, creating a nondripping sphere.

	400pk
Micro Applicator Brush Variety	4548

TISSUE MANAGEMENT

ViscoStat
ViscoStat Clear
Astringedent
Astringedent X
Astringedent Spot Remover
Ultrapak
Fischer's Ultrapak Packers
Fischer's Slide Packers

JAKUB LABEDZ - Zion National Park

FOR PROFOUND HEMOSTASIS

Tissue Management

Unparalleled tissue management starts with rapid, profound hemostasis. For more than 40 years, dentists have trusted the immediate hemostatic power, detailed margins, and elimination of surface bleeding and sulcular fluid provided by Ultradent's tissue management products.

FOR HEMOSTASIS AND FLUID CONTROL

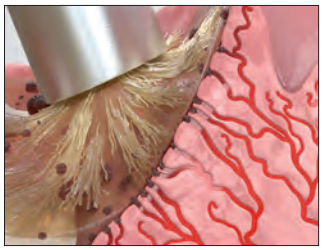
Our complete line of solutions continuously sets the standard for superior control and predictability while offering dentists fast, reliable, and affordable products.

For continuous control of bleeding and sulcular fluid, no one offers a more complete line of solutions.

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

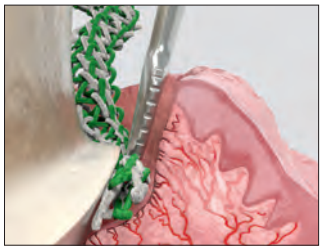
Firmly rub Viscostat™, Astringedent™, or Astringedent™ X hemostatics against the cut bleeding tissue to obtain hemostasis.

FERRIC SULFATE - ACTIVE HEMOSTASIS



1. With the Dento-Infusor™ tip, scrub hemostatic firmly against cut bleeding tissues until bleeding stops.

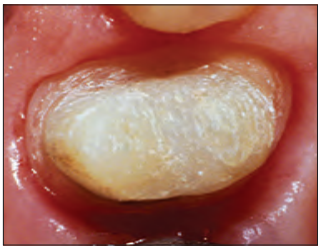
2. Give firm air/water spray to remove residual coagulum and to test for profound hemostasis. If bleeding continues, repeat.



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

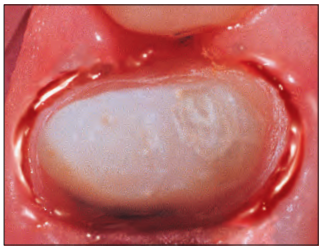
FOR INDIRECT BONDING (LUTING)

PROVISIONAL REMOVED



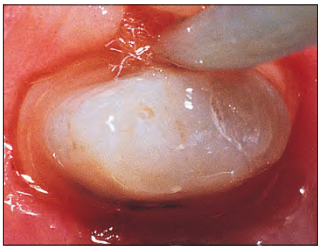
1. Well-healed tissue 2 weeks post-op.

CONTAMINATION



2. Sulcular fluids and blood are a contaminate to bonding.

SEAL/DRY



3. Hemostatics such as iron sulfates and aluminum chloride will reduce or help seal epithelium— rendering it impermeable to sulcular fluid.

WASH/DRY

4. Etch for 2–3 seconds then wash/dry and proceed with bonding/luting procedure.

SEAT RESTORATION

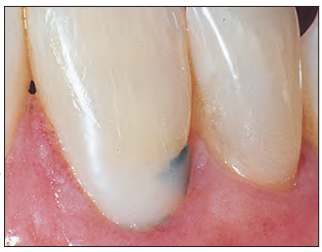
5. Bond/lute definitive crown.

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

FOR DIRECT BONDING

MICROLEAKAGE

Courtesy of Dr. Dan Fischer.



1. Leakage under recently bonded composite.

STAINING

2. Upon removing some of the composite, the extent of leakage is more evident. Contamination has occurred, therefore compromising the seal. Hemostatic, blood, sulcular fluid, saliva, and byproducts from anerobic bacteria can be sources of contamination. Retreatment is necessary.

ISOLATION

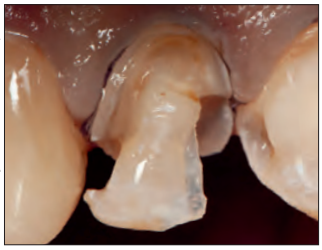
3. Isolate tissues with Ultrapak™ cord soaked in hemostatic. Proceed with bonding procedure.

RESTORATION

4. Repaired restoration.

CONTROL

Courtesy of Dr. Jaleena Jessop.

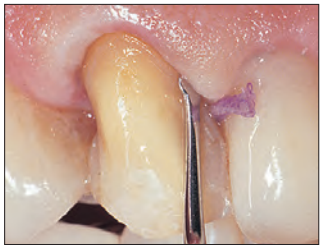


1. For restorations, Astingedent™ X hemostatic and Ultrapak cord are ideal for controlling blood and sulcular fluids and can also protect tissue from burs. Use a firm air/water spray to remove excess hemostatic solution.

BOND

2. Successful bonded restoration.

INDIRECT VENEER RETRACTION



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

1. Bailey JH, Fischer DE. Procedural hemostasis and sulcular fluid control: a prerequisite in modern dentistry. *Pract Periodontics Aesthet Dent.* 1995;7(4):65-75; quiz 76.

FOR IMPRESSION TAKING

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. An ideal impression for successful crowns, veneers, and bridges must accurately capture the preparation margins. This can be ensured only through reliable hemostasis and gingival displacement.

BLEEDING

Courtesy of Dr. Jaleena Jessop.

1. Subgingival preparation with bleeding.

HEMOSTASIS

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

CLEANING/TESTING

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

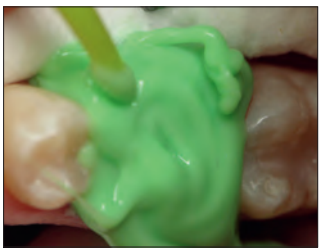
DISPLACEMENT

4. Soak Ultrapak™ knitted cord in Astringedent™ X hemostatic, pack, and leave for 5 minutes.

DRYING/TESTING

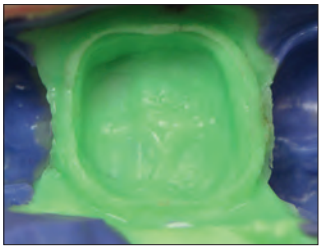
5. Remove Ultrapak knitted cord, follow with a firm air/water spray and dry.

TAKE IMPRESSION



6. Express Thermo Clone™ VPS impression material.

RESULT



7. Predictable quality impressions.

"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, DDS

FOR VITAL PULPOTOMY IN PRIMARY TEETH - EXPANDED APPLICATION

HEMOSTASIS

1. Control bleeding. Use Dento-Infusor tip with ViscoStat or Astringedent™ hemostatics.[1] Use sterile water for this procedure.

PROTECTION

2. Place a thin layer of MTAFlow™ White repair cement over the root canal orifice.

BARRIER

3. Apply a thin layer of Ultra-Blend™ plus liner.

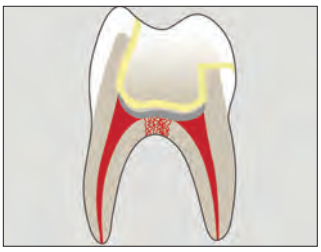
ETCH

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

BOND

5. Apply Peak™ Universal Bond bonding agent.

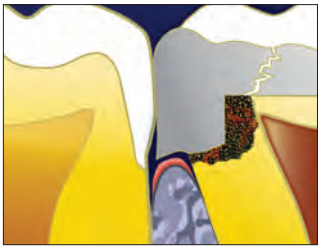
RESTORE



6. Use your preferred restorative material for definitive restoration.

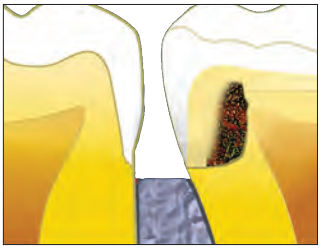
1. Fei AL, Udin RD, Johnson R. A clinical study of ferric sulfate as a pulpotomy agent in primary teeth. *Pediatr Dent.* 1991;13(6):327-32.

FOR CHALLENGING CASES



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

2. Remove old amalgam. Keep 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.

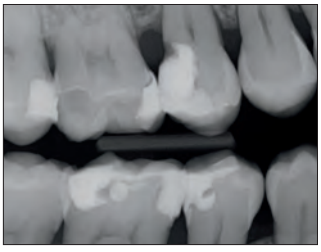
4. If necessary, achieve profound hemostasis by applying ViscoStat™ hemostatic or Astringedent™ X hemostatic with brush end of Metal Dento-Infusor™ tip.

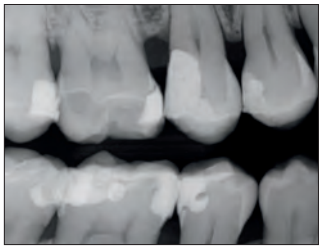
5. Place a dental dam; then remove residual caries. Treat exposed pulp if necessary. Etch and bond with Peak™ Universal Bond adhesive.

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

7. First, place matrix band to create a gingival barrier, etch and bond after placing matrix band, 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 PermaFlo™ flowable composite and fill cavity with one of our qualiuty composites.





it out

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.

Courtesy of Dr. Jaleena Jessop.

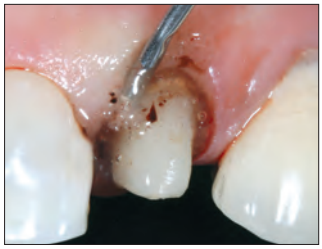
Bleeding must be controlled before starting any direct bonding procedure.

Profound hemostasis achieved, preparation is ready to restore.

As a rule, the Metal Dento-Infusor is the tip of choice for use with ViscoStat™, ViscoStat™ Clear, Astringedent™, and Astringedent™ X hemostatic agents. It can be used with enough pressure to infuse the capillaries with the hemostatic agent. If control of only sulcular fluid is required, the softer tip end of the plastic Blue Mini™ Dento-Infusor™ tip 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.

Tip infuses ferric sulfate hemostatic agent into capillaries, forming a cork-like "plug," then cleans coagulum away.



The softer padded end on the Blue Mini™ Dento-Infusor™ tip enables hemostatic to temporarily close off capillary ends by causing collagen in them to swell.

Dento-Infusor Tips, see pages 89–90.

ViscoStat™

20% FERRIC SULFATE

Metal Dento-Infusor™ Tip page 90

- Provides profound hemostasis
- Stops moderate bleeding
- Saves 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 fumed silica to limit the acidic activity, making it kind to hard and soft tissue.

ViscoStat 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 a hemostatic and isolate the tissues. Follow with a firm air/water spray.

"ViscoStat hemostatic has allowed me to take clean, dry, accurate impressions even in some of the most hemorrhagic situations. Thank you! I appreciate it, my lab man appreciates it, and my patients appreciate it."
—DR. MONTE PERSON – FRESNO, CA

"ViscoStat hemostatic can stop bleeding in the cervical area of a crown prep like nothing else I have ever seen! It is a miracle solution! I wish I knew how many thousands of hours it has saved me over the years. Thank you, Ultradent!"
—DR. SCOTT J. HADLEY – HAXTUN, CO

"Without a doubt I would be lost without ViscoStat hemostatic! It quickly stops sulcular bleeding, allowing me to place the Ultrapak #000 cord and get an excellent impression on the first try. It is also great to use when bonding composites near gingival tissues. ViscoStat hemostatic is a vital part of my crown prep and composite armamentarium."
—DR. JULIE ANN ROUTHIER – SAVANNAH, GA

3093 - ViscoStat Dento-Infusor Syringe Kit
4 x 1.2 ml syringes
20 x Metal Dento-Infusor tips

647 - ViscoStat Dento-Infusor IndiSpense™ Syringe Kit
1 x 30 ml IndiSpense syringe
20 x Metal Dento-Infusor tips
20 x 1.2 ml empty syringes

3070 - ViscoStat Syringe *20pk*
1.2 ml syringes

645 - ViscoStat IndiSpense Syringe *1pk*
30 ml syringe

1278 - ViscoStat Empty Syringe *20pk*
1.2 ml empty syringes

! Note: Do not use epinephrine preparations with ferric sulfate products (ViscoStat, Astringedent), as blue/black precipitate will occur.

1. realityesthetics.com.

ViscoStat™ Clear

25% ALUMINUM CHLORIDE

Metal Dento-Infusor™ Tip page 90

- Does not discolor the gingiva
- Stops minor bleeding
- Rinses easily
- Viscous gel
- Does not interfere with bonding[2]

ViscoStat Clear hemostatic is a 25% aluminum chloride gel in a viscous, aqueous solution. Its 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 hemostatic will not stain the hard or soft tissues.

ViscoStat Clear hemostatic is intended for sulcus retraction prior to impression making and to control bleeding and gingival fluid in restorative and operative dentistry. It is designed to be used with Ultrapak retraction cord and the Dento-Infusor tip. The gel facilitates the insertion of the cord into the sulcus.

1. realityesthetics.com. **2.** Data on file.

6409 - ViscoStat Clear Dento-Infusor Syringe Kit
4 x 1.2 ml syringes
20 x Metal Dento-Infusor tips

6407 - ViscoStat Clear Dento-Infusor IndiSpense™ Syringe Kit
1 x 30 ml IndiSpense syringe
20 x Metal Dento-Infusor tips
20 x 1.2 ml empty syringes

6410 - ViscoStat Clear Syringe *20pk*
1.2 ml syringes

6408 - ViscoStat Clear IndiSpense Syringe *1pk*
30 ml syringe

PROCEDURE

1. Subgingival preparation and bleeding sulcus.

2. Scrub hemostatic firmly against bleeding tissues with the Blue™ Mini™ Dento-Infusor tip. The clear gel allows easy visibility and rinses away quickly.

3. Place soaked Ultrapak™ cord into the sulcus. Leave for 5 minutes.

4. Remove cord. Firm air/water spray. Air dry. If necessary, scrub hemostatic into the sulcus again. Leave 1 minute. Facilitates great control in esthetic zone with no gingival stain.

5. Finished restoration 2 weeks post-op.

Astringedent™

15.5% FERRIC SULFATE

- The "Classic" hemostatic agent for profound hemostasis
- Stops moderate bleeding
- 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.

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.

Listed as a "CAN'T LIVE WITHOUT" product by a prominent independent research institute.[2]

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

111 - Astringedent Bottle *1pk*
686 - Astringedent IndiSpense™ Syringe *1pk*
30 ml

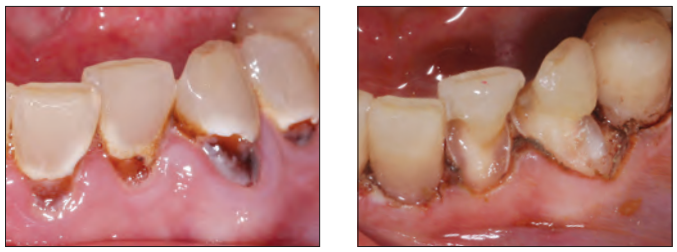
Astringedent™ X

12.7% IRON SOLUTION

- Clinicians "go-to" hemostatic for all case situations
- Stops minor to severe bleeding

Astringedent X hemostatic is an aqueous 12.7% iron solution that works quickly to stop bleeding in seconds. It contains equivalent ferric sulfate and ferric subsulfate. 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).



Courtesy of Dr. Bruce LeBlanc.

Astringedent X hemostatic and Metal Dento-Infusor tip facilitate profound hemostasis, even with challenging cases.

112 - Astringedent X Bottle *1pk*
690 - Astringedent X IndiSpense Syringe *1pk*
30 ml

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.

2160 - Astringedent Spot Remover *1pk*
30 ml bottle

1. realityesthetics.com. 2. "Can't Live Without" Clinical Research Associates Newsletter, Volume 21, Issue 7, July 1997.

Ultrapak™

KNITTED CORD

2021 REALITY [1] Best Gingival Retraction Material

- The original knitted cord
- Provides optimal tissue displacement and 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

Ultrapak cord is made of 100% cotton which has been knitted into thousands of tiny loops to form long, interlocking chains. After hemostasis is achieved, this unique knitted design exerts a gentle, continuous outward force following placement as the knitted loops seek to open. Optimal tissue displacement occurs in 5 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™ and Astringedent™ hemostatics. Conventional techniques using alum, aluminum chloride, etc. are also enhanced when using Ultrapak plain knitted cords, which carry significantly greater quantities of hemostatic solution than conventional cords.

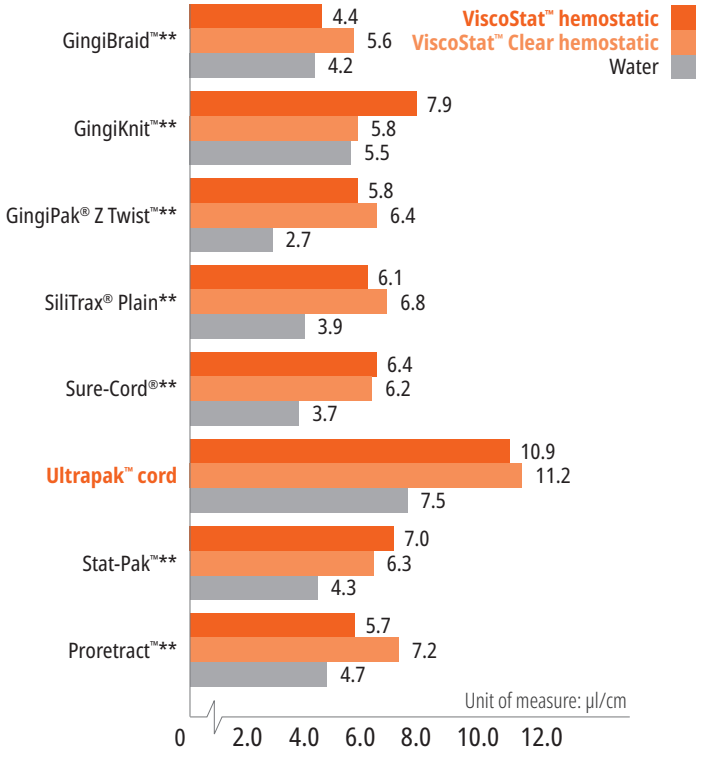
THE ONE WITH THE STRIPE!™

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.[2]

ULTRAPAK CORD COMPETITOR ABSORPTION COMPARISON

Ultrapak™ knitted cord vs. leading competitors' absorption abilities.*



* Data on file. ** Trademark of a company other than Ultradent. **1.** realityesthetics.com. **2.** "Can't Live Without" Clinical Research Associates Newsletter, Volume 21, Issue 7, July 1997.

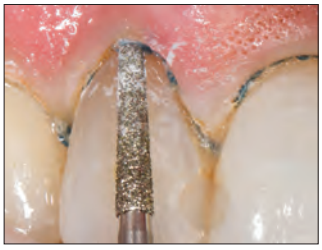
PRE-PREPARATION PACKING TECHNIQUE

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

PREPACK

1. 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.

PREPARATION



2. 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.

FOR DIGITAL IMPRESSIONS - COMPLETE HEMOSTASIS

HEMOSTASIS

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

CLEAR FIELD

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

"Ultrapak cord is excellent at displacing the gingival tissue and allowing proper hemostasis, and is easy to place and remove. It works very well for all retraction purposes. The different sizes are good for all situations."
—DR. Y CLEMENT SHEK – SAN FRANCISCO, CA

"In dentistry, time is money. Ultrapak cord's woven design makes packing the cord quick and easy, plus the tooth can be prepped or touched up without snagging the cord. This increases patient comfort in shortening the appointment with far less repeat impressions."
—DR. THOMAS J. FRANKFURTH – TAMPA, FL

"Ultrapak cord has taken the stress out of cord packing. This was the most frustrating part of my day when I was using other products. Add the amazing Astringedent hemostatic and... LIFE IS GOOD!"
—DR. LISA MARSHALL – XENIA, OH

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.

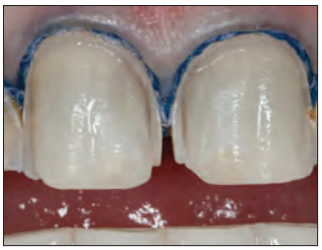
FIRST CORD

1. Once hemostasis is achieved, carefully place a single cord—such as Ultrapak™ knitted cord #0, #00, or #000—to the bottom of the sulcus. Use Fischer's Ultrapak Packers to place cords properly and efficiently.

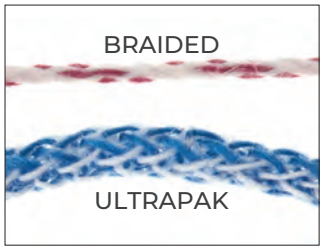
SECOND CORD

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

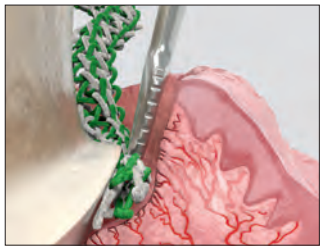
RINSE/DRY



3. Rinse the area well, lightly dry, and make 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 compresses upon packing and then expands for optimal tissue displacement.

Ultrapak cord, saturated with hemostatic solution, controls bleeding and sulcular fluid 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.

Each bottle contains 8 ft/244 cm of cord.

CORD COMPARISON CHART

#000 - .035" (0,889 mm)
#00 - .041" (1,041 mm)
#0 - .045" (1,143 mm)
#1 - .049" (1,245 mm)
#2 - .056" (1,422 mm)
#3 - .063" (1,6 mm)

130 - Ultrapak Kit

1 x Each #00, 0, 1, and 2 cord
1 x Ultrapak organizer

#000 - .035" (0,889 mm)

- Lower cord in the "double-cord" technique
- Anterior teeth

137 - Ultrapak Cord #000 Regular *1pk*

#00 - .041" (1,041 mm)

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

136 - Ultrapak Cord #00 Regular *1pk*

#0 - .045" (1,143 mm)

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

131 - Ultrapak Cord #0 Regular *1pk*

#1 - .049" (1,245 mm)

- 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

132 - Ultrapak Cord #1 Regular *1pk*

#2 - .056" (1,422 mm)

- Upper cord for "double-cord" technique
- Protective "pre-preparation" cord

133 - Ultrapak Cord #2 Regular *1pk*

#3 - .063" (1,6 mm)

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

134 - Ultrapak Cord #3 Regular *1pk*

Fischer's Ultrapak™ Packers

THIN SERRATED PACKING INSTRUMENTS

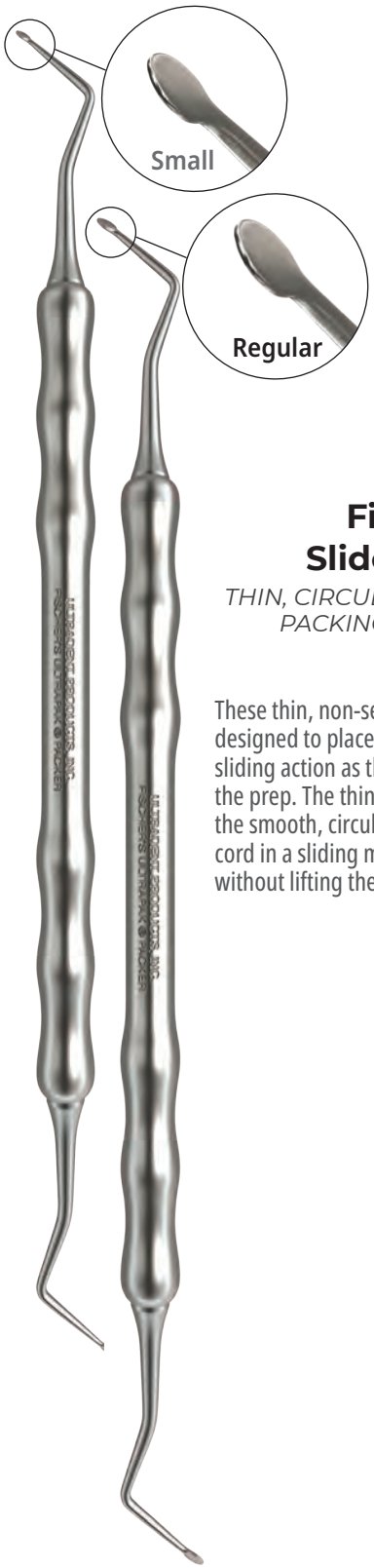
These specially designed packers ease the packing of Ultrapak™ knitted cord. Their thin edges and fine serrations press into the cord, preventing it from slipping off and reducing the risk of cutting the gingival attachment.

45° TO HANDLE: Our most popular packers, with heads at 45° to the handle and three 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 size 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.

"Ultrapak Packers help place the cords properly in a quick and efficient manner. Thanks to the inventors!"
— DR. JOHN LUI – BELLEVUE, WA

171 - Small Packer - 45° to handle *1pk*
170 - Regular Packer - 45° to handle *1pk*
174 - Small Packer - 90° to handle *1pk*
172 - Regular Packer - 90° to handle *1pk*



Fischer's Slide Packers

THIN, CIRCULAR, NON-SERRATED PACKING INSTRUMENTS

These thin, non-serrated slide packers are designed to place and compress cord with a sliding action as the clinician places cord around the prep. The thin head presses into the cord, and the smooth, circular head allows placement of cord in a sliding motion around the preparation without lifting the instrument from the cord.

834 - Small Slide Packer - 45° to handle *1pk*
833 - Regular Slide Packer - 45° to handle *1pk*

WHITEN

ANGELA WELLS - Bonneville Salt Flats

WHITEN YOUR SMILE - Questions Behind Tooth Whitening

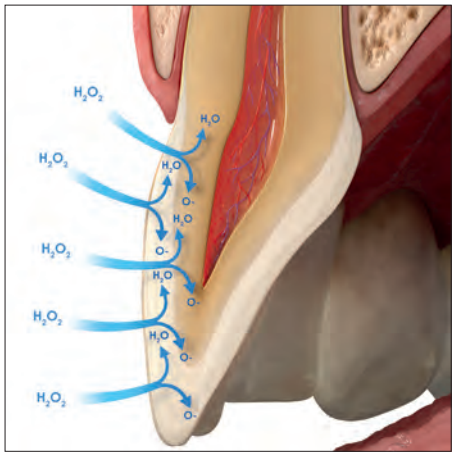
There are many causes of tooth staining. Certain medicines, tooth trauma, root fillings, and foods and beverages can cause tooth discoloration over time. Some discolorations are superficial, while others are internal. Both can be effectively treated by a dentist. Professional whitening is the best option to safely lighten discolored teeth.

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.[1]

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.[2–4]



WILL WHITENING AFFECT BOND STRENGTH?

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

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 resins.

HOW LONG DO WHITENING RESULTS LAST?

Whitening results are very stable. However, depending on the patient's 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 WITH OPALESCENCE WHITENING PRODUCTS WEAKEN THE TOOTH'S ENAMEL?

No. Opalescence whitening has not been shown to weaken tooth enamel.[5–6]

IMPORTANT: DENTIST SUPERVISION IS THE BEST WAY TO WHITEN!

Opalescence 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 store-bought products often does not provide the results desired, and leaves the patient without options for managing potential sensitivity or other concerns.

1. Kwon SR, Wertz PM. Review of the Mechanism of Tooth Whitening. *J Esthet Restor Dent.* 2015 Sep-Oct;240-57. **2.** Da Silva Machado J, et al. The influence of time interval between bleaching and enamel bonding. *J Esthet Restor Dent.* 2007;19(2):111-8; discussion 19. **3.** Spyrides GM, et al. Effect of whitening agents on dentin bonding. *J Esthet Restor Dent.* 2000;12(5);264-70. **4.** Unlu N, Cobankara FK, Ozer F. Effect of elapsed time following bleaching on the shear bond strength of composite resin to enamel. *J Biomed Mater Res B Appl Biomater.* 2008 Feb;84(2);363-8. . Basting RT, Rodrigues AL Jr, Serra MC. The effects of seven carbamide peroxide bleaching agents on enamel microhardness over time. *J Am Dent Assoc.* 2003; 134(10):1335-42. **6.** Al-Qunaian TA. The effect of whitening agents on caries susceptibility of human enamel. *Oper Dent.* 2005;30(2):265-70.

Whitening Treatment Protocol

We recommend the following steps for professional whitening evaluation and treatment.

1. TAKE PATIENT'S MEDICAL HISTORY

Pregnant or breastfeeding women should not whiten. Patients with serious health concerns should consult their primary care provider prior to treatment.

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 COLOUR

Identify the initial tooth colour 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 and consider using a lower concentration of gel and/or reduced wear time. 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 COLOUR

Identify the final tooth colour using the shade guide. Take a photograph with initial and final shade tab. A definitive colour 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.

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 resins.

Opalescence™ Tooth Whiting Reference Guide










PRODUCT NAME	CONTENTS	INDICATIONS FOR USE
Opalescence™ PF 10%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Patients with sensitivity concerns; can be worn day or night
Opalescence™ PF 16%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Faster whitening, recommended to wear during the day
Opalescence™ PF 20%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Faster whitening, recommended to wear during the day
Opalescence™ PF 35%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Shorter wear time and touch-ups
Opalescence™ Quick PF 45%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Shorter wear time and touch-ups
Opalescence Go™ 6%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Ready-to-go, an alternative to store-bought products
Opalescence Go™ 10%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Ready-to-go, an alternative to store-bought products
Opalescence Go™ 15%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Ready-to-go, an alternative to store-bought products
Opalescence™ Endo	—	DENTIST-ADMINISTERED Internal whitening of non-vital endodontically treated teeth
Opalescence™ Boost™ 40%	Potassium Nitrate and Fluoride	DENTIST-ADMINISTERED Fast chairside treatment
Opalustre™ Microabrasion Slurry	—	DENTIST-ADMINISTERED Chairside treatment to remove superficial enamel imperfections
UltraEZ™ Desensitizing Gel	—	TAKE-HOME Sensitivity treatment

FLAVOURS	Wear Time	ACTIVE INGREDIENT	Hydrogen Peroxide vs. Carbamide Peroxide Concentrations
10% Mint 10% Regular	8–10 hours a day	10% Carbamide Peroxide	~3% HP 10% CP
16% Mint 16% Regular	4–6 hours a day	16% Carbamide Peroxide	~5.3% HP 16% CP
20% Mint 20% Regular	2–4 hours a day	20% Carbamide Peroxide	~6.6% HP 20% CP
35% Mint 35% Regular	30–60 minutes a day	35% Carbamide Peroxide	~11.6% HP 35% CP
45% Mint	15–30 minutes a day	45% Carbamide Peroxide	~15% HP 45% CP
6% Mint	60–90 minutes a day	6% Hydrogen Peroxide	6% HP
10% Melon	30–60 minutes a day	10% Hydrogen Peroxide	10% HP
15% Mint	15–20 minutes a day	15% Hydrogen Peroxide	15% HP
—	1–5 days per treatment	35% Hydrogen Peroxide	35% HP
—	2–3 20-minute applications DO NOT exceed 3 applications per visit	40% Hydrogen Peroxide	40% HP
—	Office visit	6.6% Hydrochloric Acid Silicone Carbide	Note: To determine HP equivalence from a labeled CP concentration, divide by three. For example, 45% CP is equivalent to ~15% HP. This is important to know in order to correctly assess the intensity of whitening products.
—	15–60 minutes a day	3% Potassium Nitrate and 0.25% Neutral NaF	

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 Ultradent Sales Representative for even more tips!

Opalescence™ tooth whitening systems

Opalescence™ PF 10%, 16%, 20%, 35%, and 45%

CARBAMIDE PEROXIDE WITH POTASSIUM NITRATE AND FLUORIDE

CERTIFIED GLUTEN FREE GFCO.ORG

2021 REALITY [1]

Best Take-Home Cosmetic Bleaching System

- Opalescence PF tooth whitening gels contain PF (potassium nitrate and fluoride)
- Designed to maximize patient comfort
- Sticky, viscous gel won't migrate to soft tissues and ensures tray stays securely in place
- Formulated to prevent dehydration and shade relapse
- Five concentrations for treatment flexibility
- Opalescence PF whitening available in Mint and Regular flavours
- Day or night wear

The sticky, viscous formula of Opalescence gel does not leach from the tray like other whitening agents,[2] and the sticky gel holds the comfortable tray securely in place. Opalescence PF gel contains potassium nitrate and fluoride. Opalescence is effective in helping reduce shade relapse as compared to competitor tooth bleaching products.[3] Opalescence whitening gel is made up of at least 20% water which helps prevent dehydration. A university study proves that the gel stays active for 8–10 hours during overnight whitening,[4] which means patients experience results quickly, increasing compliance. Opalescence gel is available in a variety of concentrations, formulations, flavours, 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 factors such as, congenital, systemic, pharmacologic, traumatic, etc., as well as aging. It is successful with mild fluorosis and even tetracycline staining.[2]

1. realityesthetics.com. **2.** Caughman WF, DMD, Frazier KB, Haywood, VB. Carbamide peroxide whitening of non-vital single discolored teeth: Case reports. *Quintessence Int.* 1999;30(3):155-61. **3.** Grobler, S.R., et al. A Clinical Study of the Effectiveness of Two Different 10% Carbamide Peroxide Bleaching Products: A 6-Month Follow-up; *Int J Dent.* May 5, 2011: 167525; doi: 10.1155/2011/167525. **4.** Matis BA, Gaiao U, Blackman D, Schultz FA, Eckert G. In vivo degradation of bleaching gel used in whitening teeth. *J Am Dent Assoc.* 1999;130(2):227-35.

BEFORE AND AFTER

Courtesy of Dr. Robert Nixon.

Before whitening.

Upper teeth after 5 nights of treatment, approximately 40 hours.

Courtesy of Carol Jent, RDH.

Before whitening.

After seven Opalescence™ Boost™ whitening treatments over six months. Patient also whitened at home with Opalescence™ PF 10%, 15%, 20%, and 35% whitening.

Courtesy of Carol Jent, RDH.

Before whitening.

After one month of whitening.

A 12-year-old before whitening.

After 5 nights of whitening.

Before whitening.

After 16 days of treatment with Opalescence™ PF 20% whitening gel.

Moderate to advanced tetracycline stains.

Improvement in 2 weeks. With tetracycline stains, treatment can require 2 to 6 months.[1]

1. Haywood VB, Leonard RH, Dickinson GL. Efficacy of six months of nightguard vital bleaching tetracycline-stained teeth. *J Esthet Dent.* 1997;9(1):13-19

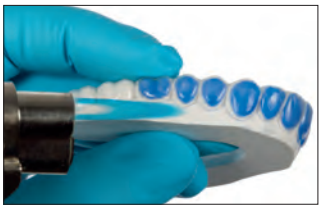
INSTRUCTIONS

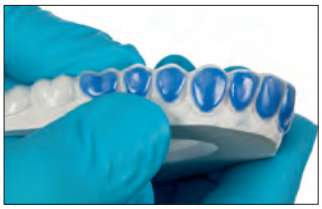
1. Pour impression with fast-set plaster or dental stone. Pour alginate shortly after making impression to ensure accuracy. Trimming is less work if quantity of stone is kept to a minimum. Palate and tongue areas are not poured or should be removed after plaster has set. Allow model to dry two hours.

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

3. Use the vacuum former to heat Sof-Tray™ Classic tray material until it sags approximately 1/4 to 1/2 inch for the 0.035" sheets, and 1" for the 0.060" and 0.080" sheets. Adapt plastic over model. 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.





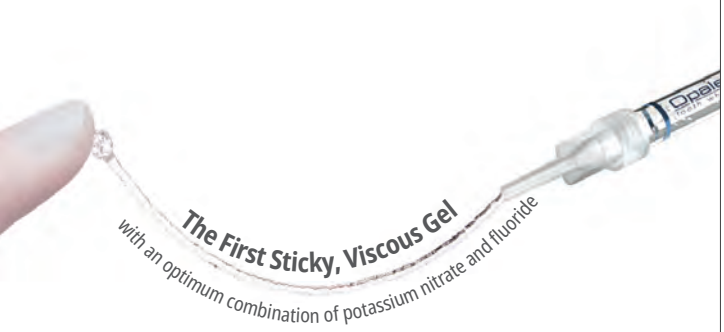
5. Return tray to model; check tray extensions. Gently flame polish the edges one quadrant at a time, if necessary, with a butane torch. While still warm, immediately hold periphery of each segment firmly against model for three seconds with water-moistened gloved finger. If this over-thins the tray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

6. 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.

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

8. If too much gel has been placed or gel has been forced from tray, gently wipe off with a toothbrush.

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

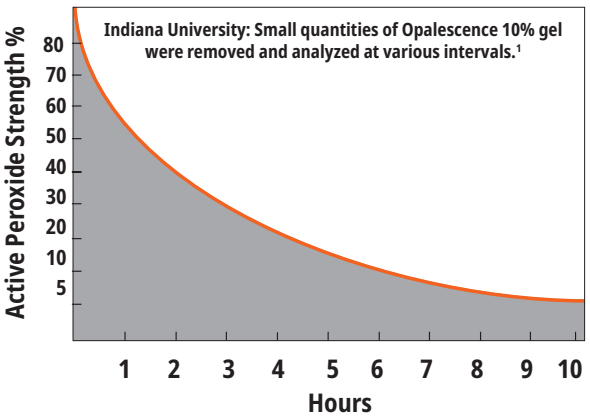


"I recommend Opalescence PF gel to other doctors because the results from patients using it are consistent. The sticky, viscous Opalescence PF gel is one of the most effective solutions I've used. My patients feel better knowing that the application of the gel also provides beneficial results such as improving enamel health and increasing enamel microhardness."
—DR. FRANK SPEAR – SEATTLE INSTITUTE FOR ADVANCED DENTAL EDUCATION

"On behalf of my staff as well as my patients, not one person has made a comment in regards to sensitivity while using this product."
—DR. HEDY ATASHBAR – SILVER SPRING, MD

"Opalescence gel has had 100% patient satisfaction [in our office] for over 10 years. Despite all the changes and competition of OTC products and otherwise, Opalescence gel has been a product that we have been proud to stake our reputation on....The cosmetic aspect of my practice has been dramatically enhanced." —DR. GUY MINOLI – NEW YORK, NY

STAYS ACTIVE THROUGH THE NIGHT!



1. Matis BA, Gaiao U, Blackman D, Schultz FA, Eckert GJ. In vivo degradation of bleaching gel used in whitening teeth. *J Am Dent Assoc*. 1999;130(2):227-35.

Opalescence Doctor Kits

Flavour	10% PF	16% PF	20% PF	35% PF	45% PF
Mint	5379-AU	4483-AU	5385-AU	5388-AU	5358-AU
Regular	5381-AU	4485-AU	5387-AU	5390-AU	—

8 x 1.2 ml Opalescence syringes
1 x 1.2 ml Ultradent LC Block-Out Resin syringe
2 x Sof-Tray 0.035" 5" x 5" sheets
1 x Black Mini tip
1 x Tray case
1 x Shade guide

Opalescence Syringe *40pk*

Opalescence™ Refill Sleeve

4845

Flavour	10% PF	16% PF	20% PF	35% PF	45% PF
Mint	5394-AU	4486-AU	5400-AU	5403-AU	5359-US
Regular	5396-AU	4488-AU	5402-AU	5405-AU	—

40 x 1.2 ml syringes

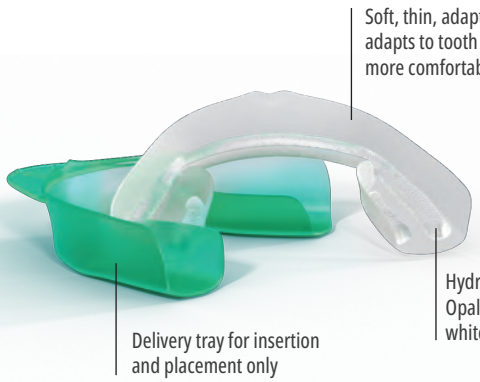
Powerful, professional whitening to go!

Opalescence Go™ 6%, 10% and 15%

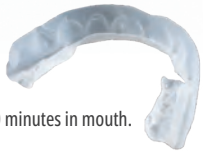
PREFILLED WHITENING TRAYS - HYDROGEN PEROXIDE

- Unique UltraFit™ tray material offers a remarkably comfortable fit and easily conforms to any patient's 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
- 6% - wear 60–90 minutes per tray;
  10% - wear 30–60 minutes per tray;
  15% - wear 15–20 minutes per tray
- Opalescence Go tooth whitening gel contains PF (potassium nitrate and fluoride)
- Delicious Mint and Melon flavours

Opalescence Go take-home whitening system is recommended for patients looking for professional whitening to go or as an alternative to store-bought whitening products. With no impressions, models, or lab time required, Opalescence Go whitening trays are also a perfect follow-up to in-office whitening.




UltraFit tray before.


After 10 minutes in mouth.

1. realityesthetics.com.

BEFORE AND AFTER

Courtesy of Shannon Pace Brinker.

Before

Female patient, results with Opalescence Go™ 10% whitening after ten trays

Courtesy of Shannon Pace Brinker.

Before

Male patient, results with Opalescence Go 15% whitening after ten trays

Courtesy of Carol Jent, RDH.

Before

Male patient, results with Opalescence Go 10% whitening after ten trays

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 coloured outer tray, leaving white inner tray on teeth. Repeat process for the lower tray.

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

Opalescence Go

Flavour	6%	10%	15%
Mint	4639-AU	—	4638-AU
Melon	—	4636-AU	—

10 x Each upper/lower trays

Opalescence Go Sample Dispenser Kits

Flavour	10%
Melon	4652-AU

20 x Each upper/lower trays in each kit
20 x Patient instructions

Opalescence™ Boost™

IN-OFFICE POWER WHITENER
-40% HYDROGEN PEROXIDE

Black Mini™ Tip page 88

- NO LIGHT NEEDED!
- No refrigeration required before mixing
- 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
- Designed to maximize patient comfort
- Precise delivery
- Easy to see for placement and removal
- Chairside syringe-to-syringe mixing ensures maximum strength
- Opalescence Boost tooth whitening gel contains PF (potassium nitrate and fluoride)

Opalescence Boost in-office whitener is chemically activated, so it does not require a light for whitening. In fact, research shows that using a light for whitening can be harmful to lips and gums.[2]
Syringe-to-syringe mixing activates the product just prior to application. The activated 40% hydrogen peroxide is conveniently delivered via syringe and applied to teeth for whitening.

While there are many other factors to consider, the beginning shade sets the foundation for proper expectations after treatment. This is especially true with in-office whitening. Opalescence Boost whitening is an excellent in-office treatment for less severe, more mild staining as well as tetracycline staining. Patients should see immediate results and, in most cases, their teeth will continue to whiten 24–48 hours after the treatment.

"Opalescence Boost whitening gives the patient the results they are looking for: having whiter teeth after one hour of sitting in the dental chair. Instant gratification is very important to people who desire beautiful white teeth. This product achieves the results we're looking for in our practice." —DR. RONALD FISHER – DELRAY BEACH, FL

1. realityesthetics.com. **2.** Bruzell EM, Johnsen B, Aalerud, TN, Dahl JE, Christensen T. In vitro efficacy and risk for adverse effects of light-assisted tooth bleaching. *Photochem Photobiol Sci.* 2009:8(3) 377-85.

BEFORE AND AFTER

Before Opalescence Boost in-office whitener.

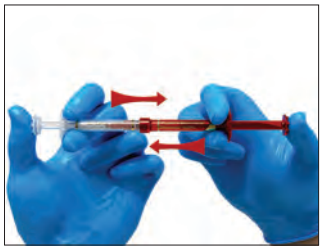
After two 20-minute applications of Opalescence Boost whitening treatments.

Before Opalescence Boost in-office whitener.

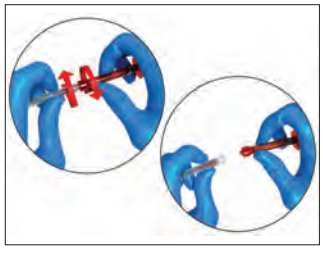
After three 20-minute applications of Opalescence Boost and Opalescence 10% whitening treatments.

INSTRUCTIONS

1. Confirm 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. Press the plunger of the red syringe into the larger clear syringe.



2. Press the contents of the clear syringe back into the red syringe. Thoroughly and rapidly mix the contents by pushing back and forth continually a minimum of 50 times (25 times each side).



3. Press all mixed gel into RED syringe and separate the two syringes.

4. Attach the Black Mini™ tip onto the red syringe. Verify flow on a cotton gauze or mixing pad prior to applying it intraorally. If resistance is met, replace the tip and recheck the flow.

INSTRUCTIONS CONTINUED

5. Place Ultradent IsoBlock™ bite block and self-supporting plastic cheek retractors. Completely rinse and air dry teeth and gingiva.

6. Securely attach a Micro 20 ga tip to an OpalDam™ resin barrier syringe and check flow. Express a continuous bead along the gingival margin, overlapping approximately 0.5 mm onto the enamel. Begin and finish the bead one tooth beyond the most distal tooth that is being whitened. Express the resin through any open embrasures.

7. Light cure the OpalDam resin barrier for 20 seconds per arch using a scanning motion. Check the resin cure with an instrument, using caution to not disrupt the seal.

8. Apply a 0.5–1.0 mm thick layer of the gel to the labial surface of the tooth. Allow the gel to remain on the teeth for 20 minutes per application.

9. Suction gel from teeth using the Ultradent™ Luer Vacuum Adapter and SST™ tip or a surgical suction tip. To avoid gel splatter, do not use water while suctioning gel. When no gel is visible, lightly rinse and air dry. Use caution not to dislodge the isolation barrier or rubber dam seal.

10. After the final application is complete and all visible gel is removed, thoroughly rinse the teeth with an air/water spray and high volume suction.

11. Gently slide the tip of a dental instrument beneath the OpalDam resin barrier and lift it off. Check for and remove any interproximal remnants.

12. Evaluate the shade change. If additional whitening is desired and no sensitivity is noted, reschedule patient in 3–5 days for repeat treatment or dispense take-home whitening treatment.

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 gel.

4750-AU - Opalescence Boost 40% Syringe Intro Kit
4 x 1.2 ml Opalescence Boost/Activator syringes
2 x 1.2 ml OpalDam Green syringes
2 x Ultradent Luer Vacuum Adapters
2 x Shade guide cards
2 x IsoBlocks
2 x SST tips
20 x Black Mini tips

4751-AU - Opalescence Boost 40% Syringe Patient Kit
2 x 1.2 ml Opalescence Boost/Activator syringes
1 x 1.2 ml OpalDam Green syringe
1 x Shade guide card
1 x IsoBlock
10 x Black Mini tips

4754-AU - Opalescence Boost 40% Syringe *20pk*
1.2 ml syringes

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

Opalescence™ Endo

NON-VITAL "WALKING BLEACH"
- 35% HYDROGEN PEROXIDE

Black Mini™ Tip page 88

- 35% hydrogen peroxide
- Easy to place inside pulp chamber
- 1–5 day treatment

Opalescence Endo non-vital whitening gel is formulated specifically to whiten non-vital endodontically treated teeth using the "walking bleach" technique.

BEFORE AND AFTER

Courtesy of Dr. Rich Tuttle.

Before.

After.

Before.

After.

Courtesy of Dr. Jaleena Jessop.

Before.

After.

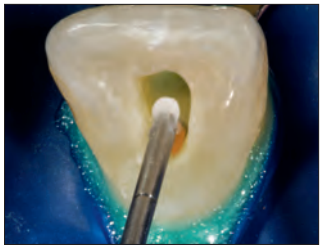
Courtesy of Dr. Arno Schoeler.

Before.

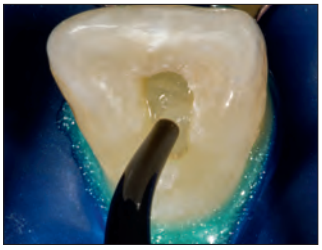
After.

PROCEDURE

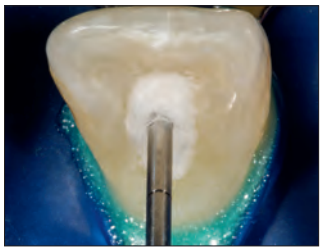
Courtesy of Dr. Carlos Ramos.



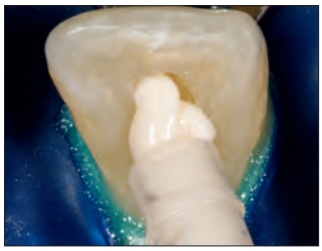
1. Completely remove all the restorative and root sealing material from the coronal pulp chamber and 2–3 mm below healthy gingiva. Place a 2 mm thick conventional glass ionomer or a resin-modified glass ionomer to seal the endodontically treated canal. Verify set of material before proceeding.



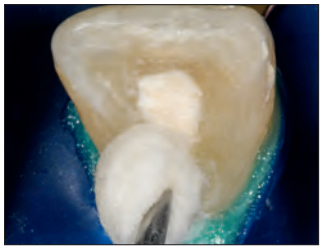
2. Express Opalescence Endo whitening into the coronal pulp chamber, avoiding soft tissues. Fill the pulp chamber with UltraTemp™ Regular temporary filling material, leaving 3–5 mm of space to allow for the necessary depth.



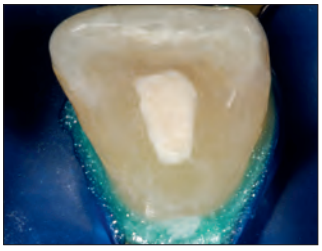
3. A thin cotton membrane or a small piece of cotton pellet can be used as a separator between temporary and whitening gel. Make sure to place gently to not displace the whitening gel onto the margins, as this will compromise the temporary seal. However, this is not a requirement if adequate space is left to accommodate temporization.



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.

MUST BE REFRIGERATED

1323-AU - Opalescence Endo Syringe *2pk*
1.2 ml syringes

1. realityesthetics.com.

SEE THE COLOUR

OpalDam Green resin barrier offers effective coverage of oral tissues, making in-office whitening easier than ever before.

OpalDam™ and OpalDam™ Green

LIGHT-CURED RESIN BARRIERS

CERTIFIED GLUTEN FREE GFCO.ORG

2021 REALITY [1]

Black Mini™ Tip page 88

- 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 to be 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. Designed to remove easily from embrasures and undercuts.

1. realityesthetics.com.

324-U - OpalDam Syringe Kit
4 x 1.2 ml OpalDam syringes
10 x Black Mini tips
10 x Micro 20 ga tips

326-U - OpalDam Syringe *20pk*
1.2 ml syringes

1824-U - OpalDam Green Syringe Kit
4 x 1.2 ml OpalDam Green syringes
10 x Black Mini tips
10 x Micro 20 ga tips

1826-U - OpalDam Green Syringe *20pk*
1.2 ml syringes

Opalustre™ and OpalCups™

CHEMICAL AND MECHANICAL ABRASION SLURRY

White Mac™ Tip page 91

OpalCups Bristle OpalCups Finishing

- Permanently removes superficial enamel imperfections
- Provides minimally invasive, permanent treatment for mild fluorosis
- Low 6.6% hydrochloric acid concentration aids in removal of surface imperfections
- Silicon carbide microparticles provide gentle mechanical abrasion
- OpalCups cups minimize splatter

Opalustre 6.6% hydrochloric acid slurry contains carbide microparticles to treat surface imperfections through gentle mechanical abrasion and chemical means. OpalCups Bristle cups 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 cups to quickly remove unsightly enamel decalcification defects that are less than 0.2 mm in depth. Opalustre is effective in treating mild fluorosis and stains in the superficial layer of the enamel.[2] This treatment can be classified under ADA insurance code 9970: enamel microabrasion.

BEFORE AND AFTER

Courtesy of Dr. Renato Herman Sundfeld.

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.

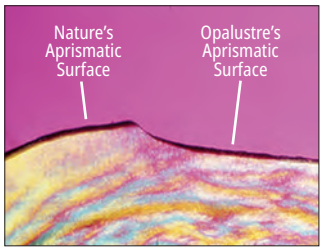
Courtesy of Dr. Rich Tuttle.

Enamel decalcification corrected after one application of Opalustre™ slurry using OpalCups Bristle cup and 10:1 gear reduction handpiece with firm pressure.

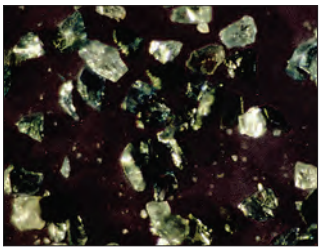
Courtesy of Dr. Jaleena Jessop.

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

Courtesy of Dr. Renato Herman Sundfeld.



Chemical and mechanical abrasion produce a natural-looking surface.



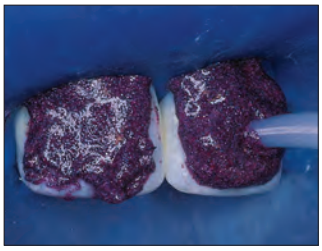
Silicon carbide microparticles contained in Opalustre slurry.

1. realityesthetics.com. **2.** Celik EU, et al. Clinical performance of a combined approach for the esthetic management of fluorosed teeth: three-year results. Niger J Clin Pract. 2017:20(8);943–951.

INSTRUCTIONS - RUBBER DAM

Courtesy of Dr. Rich Tuttle.

1. Before.



2. After rubber dam placement, apply Opalustre slurry to discolored enamel using the syringe.

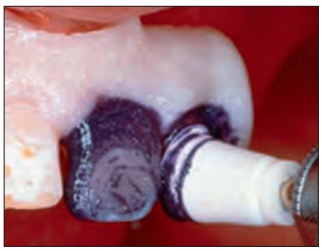
3. Use OpalCups™ Bristle cup to compress Opalustre slurry on tooth surface using medium to heavy pressure. Suction the paste from the teeth then rinse, evaluate, and repeat as necessary. Finish treatment by polishing with OpalCups™ Finishing cup.

4. After enamel microabrasion and 21 days of using Opalescence™ whitening gel.

INSTRUCTIONS - OPALDAM

Courtesy of Dr. Ted Croll.

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 with OpalCups Finishing cup.

4. Result of the Opalustre slurry treatment. Upper: before. Lower: after.

554 - Opalustre Syringe 4pk Kit
4 x 1.2 ml Opalustre syringes
10 x Each OpalCups bristle and finishing
20 x White Mac tips

555 - Opalustre Syringe *4pk*
1.2 ml syringes

5800 - OpalCups Bristle *20pk*

5799 - OpalCups Finishing *20pk*

try it out

new

Umbrella™

TONGUE, LIP, AND CHEEK RETRACTOR

- Naturally and gently helps the patient hold their mouth open without pulling or stretching their lips
- A new, innovative tongue-retraction design allows the tongue to comfortably rest behind the tongue guard, keeping it back and away from the working area
- Designed with anatomically placed/shaped bumpers, so clinicians can rest a hand on the patient's mouth without causing discomfort

Tongue, lip, and cheek retractor, page 71.

Ultradent™ LC Block-Out Resin

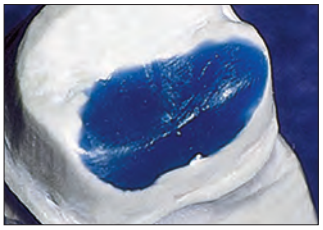
Black Mini™ Tip page 88

- 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 whitening 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.

USES

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.

Also use for periodontal trays.

"Ultradent LC Block-Out Resin is the original resin block-out product for extraoral use and it's still the best." —REALITY RATINGS

1. realityesthetics.com.

240 - Ultradent LC Block-Out Resin Syringe Kit *4pk*
4 x 1.2 ml syringes
20 x Black Mini tips

242 - Ultradent LC Block-Out Resin Syringe Kit *20pk*
20 x 1.2 ml syringes
20 x Black Mini tips

241 - Ultradent LC Block-Out Resin Syringe *4pk*
1.2 ml syringes

Sof-Tray™ Classic Sheets

Select the 0.035" for most whitening trays, and the 0.060" or the 0.080" for whitening patients who are bruxers.

Use the vacuum former to heat Sof-Tray™ Classic tray material until it sags approximately 1/4 to 1/2 inch for the 0.035" sheets, and 1" for the 0.060" and 0.080" sheets. Adapt plastic over model. Cool and remove model from vacuum former.

226 - Sof-Tray Sheets Regular 0.035" 5" x 5" *25pk*
0.9 mm - 127 x 127 mm
0.035" thickness

227 - Sof-Tray Sheets Medium 0.060" 5" x 5" *20pk*
1.5 mm - 127 x 127 mm
0.060" thickness

284 - Sof-Tray Sheets Heavy 0.080" 5" x 5" *20pk*
2.0 mm - 127 x 127 mm
0.080" thickness

UltraEZ™

DESENSITIZING GEL WITH POTASSIUM NITRATE AND FLUORIDE

2021 [1]

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

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

1008 - UltraEZ Syringe *4pk*
1007 - UltraEZ Econo Syringe *20pk*
1.2 ml syringes

Featuring the UltraFit™ tray

5743 - UltraEZ Mini Tray Combo *4pk*
4 x Each upper/lower trays

Featuring the UltraFit™ tray

5721 - UltraEZ Tray Combo *10pk*
10 x Each upper/lower trays

IsoBlock™

BITE BLOCK

2021 [1]

- Designed to be comfortable for patients
- 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 whitening, Class V restorations, veneers, cementation,etc.

331 - IsoBlock *10pk*

Ultradent™ Ultra-Trim Scalloping Scissors

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

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

1. realityesthetics.com.

try it out

opalpix™

- Will not splinter or break
- Has a textured surface for better cleaning
- Perfect balance between flexibility and rigidity
- Massages interproximal tissue while removing debris and plaque
- Personalized stickers available with 100pk upon request

Interproximal Cleaner, page 86.

Opalescence™ Shade Guide Card

	50pk
Shade Guide Card	498

Opalescence™ Pocket Tray Cases

	20pk
Variety Pocket Tray Cases	707

Opalescence™ Whitening Menu

Educate patients on the many whitening options available in your office and set your offerings apart from the many store-bought whiteners available.

	50pk
Whitening Menu	68396

Opalescence™ Frosted Plastic Bag

9" x 14"	10pk
Frosted Plastic Bag	8752

Opalescence™ Small Organza Bag

4.5" x 12"	10pk
Small Organza Bag	8751

Opalescence™ Large Organza Bag

9" x 14"	10pk
Large Organza Bag	8750

Opalescence™ Carryall Bag

L-3.27" x W-2" x H-5.63"	1pk
Carryall Bag	5337

Note: Gift bags only. Product not included.

ULTRADENT

Get your patients excited with marketing materials designed specifically for your practice.

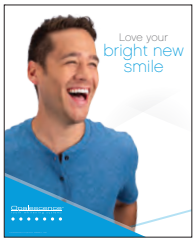
MARKETING MATERIALS

Posters Small and Large
Ceiling Posters
Statement Stuffers
Office Flyers
Appointment Cards
Display Inserts
Display Brochures
Display Stands

Opalescence Displays
Window Clings
Mirror Clings
Opalescence Whitening Menu
Opalescence Refill Sleeve
Opalescence Gift Certificate
Opalescence Gift Bags

BEULAH VALLUR - Logan Canyon

Opalescence™ Small Posters
16" x 20" *1pk*



1008235 - PF

1008234 - PF

1008236 - PF

1008244 - PF

1008245 - PF

1008246 - Wedding 1

1008247 - Wedding 2

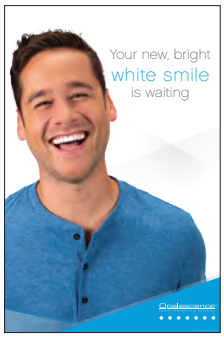
1009695 - PF

1009694 - Go

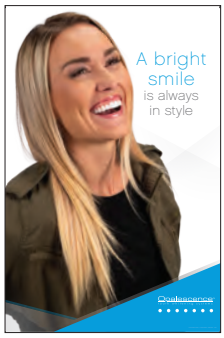
1009693 - Boost

Opalescence™ Large Posters
24" x 36" *1pk*

1008200 - PF



1008201 - PF



1008223 - PF

1009698 - PF

1009697 - Go

1009696 - Boost

1008202 - PF

1008226 - Go

1008224 - Boost

68286 - Menu

Opalescence™ Ceiling Posters
24" x 24" *1pk*

Place these on the ceiling above your dental chairs. Patients will see them and ask for more information about whitening treatments.

1008248 - PF

1008249 - PF

1009692 - PF

1009691 - Go

1009690 - Boost

Opalescence™ Statement Stuffers
3.25" x 6" *50pk*

1008168 - PF

1008169- Go

1008170 - Boost

1009708 - PF

1009709- Go

1009710 - Boost

Opalescence™ Off ce Flyers
8.5" x 11" *50pk*

Customize it! Visit ultradent.com to personalize these products using our printing template.

1008174 - PF

1008175 - Go

1008176 - Boost

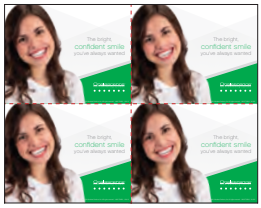
1009702 - PF

1009703 - Go

1009704 - Boost

Opalescence™ Appointment Cards
8.5" x 11" *50pk*

Printed on a perforated sheet with a blank back so you can print a message and your address using an inkjet or laser printer.



1008171 - PF

1008172 - PF

1008173 - PF

1009705 - PF

1009706 - PF

1009707 - PF

Opalescence™ Display Inserts
8.5" x 11" *1pk*

1008276 - PF

1008274 - Go

1008271 - Boost

1008277 - PF

1008275 - Go

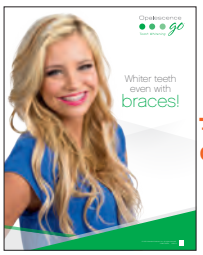
1008272 - Boost

1009701 - PF

1009700 - Go

1009699 - Boost

1008278 - PF



Ortho

1008273 - Go

Opalescence™ Display Brochures
50pk

1008259 - PF

1008266 - Go

1008269 - Boost

1008260 - PF

1008267 - Go

1008270 - Boost

1009731 - PF

1009732 - Go

1009733 - Boost

Clinical Patient

80035 - PF

Ortho

1008268 - Go

1008261 - PF

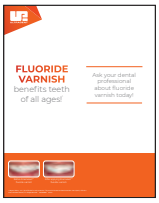
UltraSeal XT™ plus and Enamelast Display Inserts
8.5" x 11" *1pk*

84094

1003984

1006917

1006918



1009042

Plastic Display Stand
1pk

23920 - Pocket

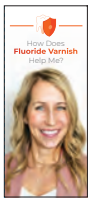
Opalescence™ Displays
1pk

80028

UltraSeal™ XT plus and Enamelast™ Display Brochures *1pk*
F

84093

1003723



1008770

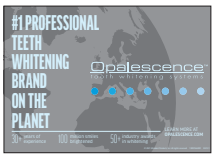
UltraSeal™ XT plus Display Brochures
50pk

1003983

1006735

Place these on your windows/mirrors for patients to see and ask for more information about whitening treatments.

Opalescence™ Window Clings Small
3" x 6" *1pk* Free of charge



1009765 - PF

1009766 - Go

1009767 - Boost

1006233 Go

Opalescence™ Mirror Cling
5 1/2" x 7" *1pk* Free of charge

1005909 White

MARKETING MATERIALS

Opalescence™ Whitening Menu

50pk Free of charge

Educate patients on the many whitening options available in your office and set your offerings apart from the many store-bought whiteners available.

	50pk
Whitening Menu	68396

Opalescence™ Refill Sleeve

	10pk
Refill Sleeve	4845

Opalescence™ Gift Certificate

	1pk
Gift Certificate	52

Opalescence™ Frosted Plastic Bag

	10pk
Frosted Plastic Bag	8752

Opalescence™ Small Organza Bag

	10pk
Small Organza Bag	8751

Opalescence™ Large Organza Bag

	10pk
Large Organza Bag	8750

Opalescence™ Carryall Bag

	1pk
Carryall Bag	5337

Note: Gift bags only. Product not included.

NOTES

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