



# RESTORATIVE SOLUTION

## Your complete system for QUALITY RESTORATIONS

Ultradent's Restorative Solution brings together some of our most-loved products to help you create long-lasting, beautiful restorations.



LEARN MORE ABOUT QUALITY RESTORATIONS



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(AU) 1800 29 09 29 | (NZ) 09 801 8123 — [ultradent.au](http://ultradent.au)

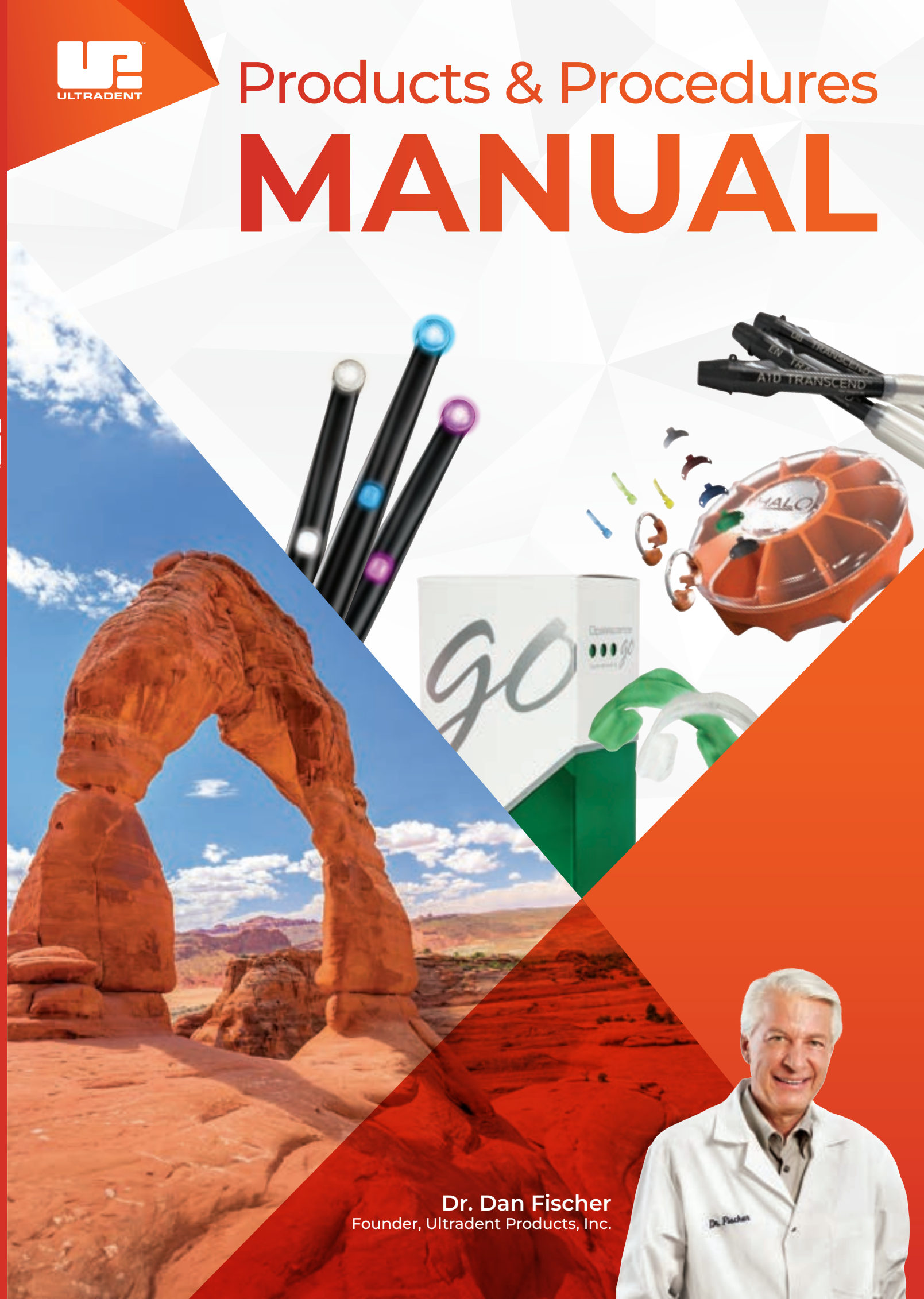
*Our culture shows in our products, the services we provide, and the influence we have to improve oral health globally. We want to bring smiles to all human beings.*



# Products & Procedures MANUAL



Products & Procedures MANUAL



**Dr. Dan Fischer**  
Founder, Ultradent Products, Inc.



# NEW PRODUCTS

**TRANSCEND™**  
UNIVERSAL COMPOSITE

Page 10

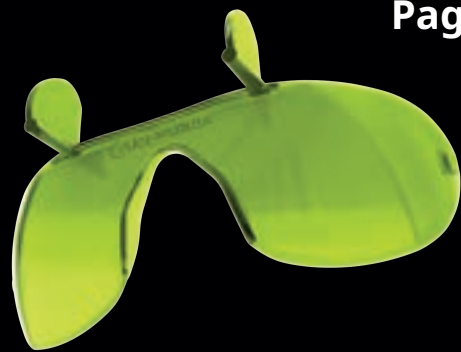
Restorations with  
**Just One Shade**



**EASE-IN-SHIELDS™**  
Protective Loupe Inserts

WORK WITH YOUR LOUPES,  
**UNINTERRUPTED**

Page 48



**HALO™**  
SECTIONAL MATRIX SYSTEM

Page 84

Beautiful Results  
in Less Time



## 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 AU 1.800.29.09.29 NZ 09.801.8123, email us at [info.anz@ultradent.com](mailto:info.anz@ultradent.com), or contact one of our authorised distributors directly by scanning the QR code below



ULTRADENT IS PROUD TO BE ISO 13485 CERTIFIED.

Ultradent is certified to MDSAP by a independent Auditing Organisation, 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 #4 "Best Workplace in Manufacturing and Production in 2023" by Fortune Magazine.

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Ultradent Products, Inc., a leading developer and manufacturer of high-tech dental materials, is being recognised for the third consecutive year as a Fortune Magazine Top Large Workplace in Manufacturing and Production. Ultradent is fourth on the list in 2023, after being fifth and ninth in 2022 and 2021, respectively. Ultradent is the only company in Utah, as well as the dental industry, to ever make the list.



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



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

All UPI 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.



# TABLE OF CONTENTS

## CEMENTS • 4–8

UltraTemp  
UltraTemp REZ II  
ExperTemp

## IMPRESSIONS • 73–76

Thermo Clone VPS  
Thermo Clone VPS Putty  
Thermo Clone Bite Registration  
Thermo Clone Clear Bite Registration

## COMPOSITES • 9–18

Transcend  
Vit-I-escence  
Composite Wetting Resin  
PermaFlo Pink  
PermaFlo  
PermaSeal  
PrimaDry

## PREPARE • 77–89

Sable Seek  
Umbrella  
DermaDam  
DermaDam Synthetic  
OraSeal  
STARbrush

InterGuard  
Halo  
Omni-Matrix  
Omni-Matrix Original

## ENDODONTICS • 19–34

File-Eze EDTA Lubricant  
Ultradent EDTA 18% Solution  
Consepsis  
Consepsis V  
UltraCal XS  
Ultradent Citric Acid 20%  
J-Temp  
NaviTip Reference Guide  
Endodontic Tips

MTAFlow White  
MTAFlow  
EndoREZ Canal Sealer  
Skini Syringe  
PermaFlo Purple  
UniCore  
DermaDam  
DermaDam Synthetic  
Luer Vacuum Adapter  
TriAway Adapter

## PREVENT & HYGIENE • 90–98

UltraSeal XT plus  
PrimaDry  
UltraSeal XT hydro  
Enamelast Fluoride Varnish  
Universal Dentin Sealant

Opalpix  
Opalescence Whitening Toothpaste

## EQUIPMENT • 35–50

VALO X  
VALO Grand  
Gemini EVO  
Ease-In-Shields  
UltraTect  
Ultradent Ultra-Trim Scalloping Scissors

## TIPS & SYRINGES • 99–108

Flocked Tips  
Mini Tips  
Brush Tips  
Micro Tips  
Dento-Infusor Tips  
Mixing Tips  
Intraoral Tips

Capillary Tips  
Impression Tips  
Empty Syringes and Covers  
Syringe Caps  
Syringe Organiser  
Micro Applicators

## TISSUE MANAGEMENT • 109–120

ViscoStat  
ViscoStat Clear  
Astringedent  
Astringedent X

Ultrapak  
Fischer's Ultrapak Packers

## ETCH & BOND • 51–60

Ultra-Etch  
Peak SE Primer  
Peak Universal Bond  
Peak-ZM Primer  
Ultradent Porcelain Repair Kit

Ultradent Porcelain Etch  
Silane  
Ultra-Blend plus  
Consepsis

## WHITEN • 121–145

Opalescence PF 10%, 15%, 20% and 35%  
Dual Whitening Kit  
Opalescence Go 6%  
Opalescence Boost  
Opalescence Endo  
OpalDam Green  
Opalustre and OpalCups  
Opalescence Whitening Toothpaste  
UltraEZ

IsoBlock  
Ultradent LC Block-Out Resin  
Sof-Tray Classic Sheets  
Ultra-Trim Scalloping Scissors  
Opalescence Shade Guide Card  
Opalescence Pocket Tray Cases  
Custom Tray Patient Instructions  
Opalescence Whitening Menu  
Opalescence Gift Bags

## FINISH • 61–72

Jiffy Spin  
Jiffy Original Composite  
Jiffy Natural Composite  
Jiffy Natural Universal Ceramic  
Jiffy Universal Ceramic  
Ultradent Diamond Polish Mint  
Jiffy Goat Hair Brush

Jiffy Composite Polishing Brushes  
Jiffy Diamond Strips  
Jiffy Proximal Saw  
PermaSeal  
PrimaDry

# ABOUT ULTRADENT



In 1976, after graduating from Loma Linda University and beginning his own practise, 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 fuelled Dr. Fischer's desire to continue developing innovative, advanced solutions—leading to the founding of Ultradent Products, Inc. Now, marking its 45th 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.

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 recognised 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 organisation, 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







HILLARY HUBBARD - Silver Lake Flats, Alpine Loop

# CEMENTS

UltraTemp  
UltraTemp REZ II  
ExperTemp



QUALITY SEAL. SUPERIOR HOLD.  
ULTRADENT CEMENTS

	UltraTemp™	UltraTemp™ REZ II
Description	Temporary luting cement	Temporary luting cement
Chemistry	Paste-to-paste, non-eugenol polycarboxylate	Paste-to-paste, non-eugenol resin-based
Indications for Use	Temporary cementation of provisional crowns, bridges, inlays, and onlays	Temporary cementation of provisional prosthesis or restorative procedures (i.e., provisional crowns, bridges, inlays, and onlays)
Delivery	5 ml dual-barrel syringe with mixing tip	5 ml dual-barrel syringe with mixing tip
Cure Type	Self cure	Self cure
Working Time/ Set Time	2–3 minutes	Fast Set 1–2 minutes Regular Set 2–3 minutes
Viscosity	Flowable	Flowable
Shades	Off-white	Off-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.	Mixes and delivers in one action. Hydrophilic resin-based formula is well-suited for cases when longer retention is required. Available in Regular and Fast Set times. Is radiopaque and fluoresces to ensure full cement removal.

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



1. Data on file. 2. Data on file. 3. Data on file.





## UltraTemp™ & UltraTemp™ REZ II

POLYCARBOXYLATE & RESIN-BASED  
NON-EUGENOL TEMPORARY CEMENTS



Ultradent™ Mixing Tip page 103

- 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

UltraTemp™ temporary cement 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 temporary cement is suggested for routine 1–2 week temporisation of custom-fabricated provisionals or standard preformed provisionals.

UltraTemp™ REZ II temporary cement features a hydrophilic resin-based formula that is recommended for the retention of interim restorations on implants and provisional restorations when longer retention (2–4 weeks) is required. It is radiopaque and also fluoresces under a black light to assist in removal. It is available in Fast Set (one to two minutes) and Regular Set (two to three minutes).

DO NOT REFRIGERATE



5916 - UltraTemp Regular Set Kit (2- to 3-Minute Set Time)

REFRIGERATE



6061 - UltraTemp REZ II Fast Set Kit (1- to 2-Minute Set Time)  
1 x 5 ml (7.96 g) syringe  
20 x Mixing tips

1. realityesthetics.com.

## TWO DIFFERENT CEMENTS

for Different Retention Options

### TEMPORARY PROVISIONAL LUTING



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



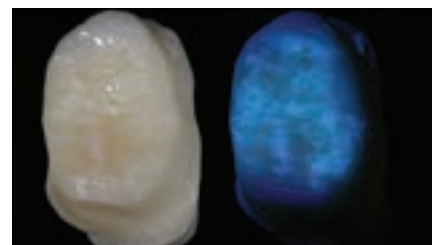
2. Upon provisional removal two weeks post-op, cement clings to both provisional and preparation. This is one indicator of a quality sealing cement.



3. Flake off residual cement with blunt hand instrument.



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



UltraTemp REZ II temporary cement is radiopaque and fluoresces under a black light to assist in removal.

## ExperTemp™

TEMPORARY CROWN AND BRIDGE MATERIAL



- 10:1 self-cured chemistry provides exceptional strength, flexibility, and high abrasion resistance<sup>2</sup>
- Fluoresces similarly to enamel<sup>3</sup>
- Low oxygen inhibition at polymerisation
- Easily repaired or characterised 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 aesthetic make ExperTemp material the perfect choice for temporisation.

Working and placement time	Allow to cure in mouth	Remove from mouth	Complete cure	Adjust provisional
0:00	0:40	1:30	2:30	4:00

### PROCEDURE\*

Courtesy of Dr. Jaleena Fischer-Issop.



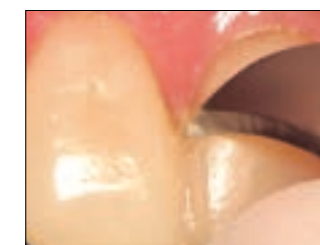
1. Prep teeth. Scour with Consepsis™ Scrub slurry and STARbrush™ intercoronal brush.



2. ExperTemp temporary crown and bridge with aesthetic translucency.



3. Apply ClearTemp™ LC temporary veneer cement.



4. Use blade to open embrasures without altering margins.



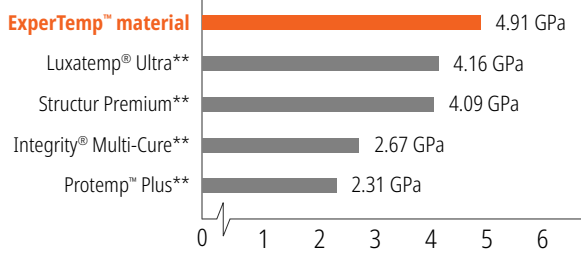
5. ExperTemp material achieves aesthetic blend with natural teeth. Three weeks post-op just prior to cementation of permanent veneers.

\* See IFU for complete instructions. \*\* Trademark of a company other than Ultradent. 1. realityesthetics.com. 2. Data on file. 3. Data on file.

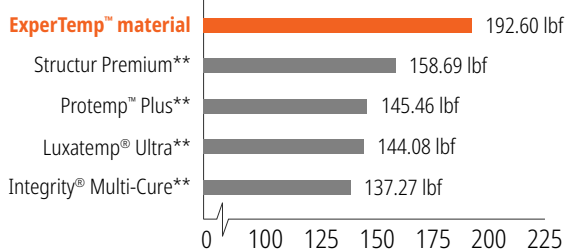




## FLEXURAL MODULUS COMPARATIVE<sup>2</sup>



## EDGE CHIP COMPARATIVE<sup>2</sup>



## ExperTemp Cartridge Kits

Shade	Kit
A1	6341
A2	6340
A3	6347
Bleach White	6344



1 x 50 ml (76 g) cartridge  
15 x Mixing tips

## 6345 - ExperTemp Dispensing Gun 1pk

10:1/4:1 gun



## 6346 - ExperTemp Mixing Tips 45pk



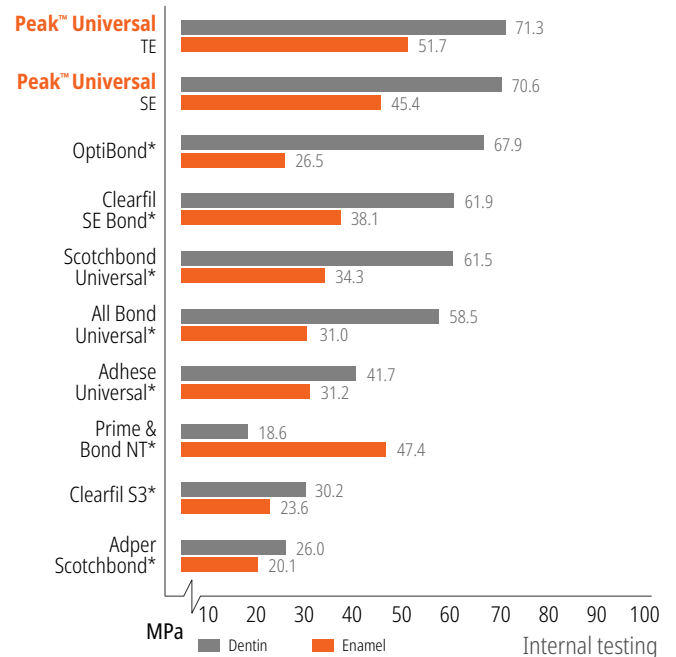
## Peak™ Universal Bond

LIGHT-CURED ADHESIVE



Inspiral™ Brush Tip page 101

## BOND STRENGTH COMPARISON<sup>2</sup>



Light-Cured Adhesive, see page 72.

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



# COMPOSITES

Transcend  
Vit-I-escence  
Composite Wetting Resin  
PermaFlo Pink  
PermaFlo  
PermaSeal  
PrimaDry

BRICE TOLBERT - Allsop Lake, Uinta's





## Transcend™ UNIVERSAL COMPOSITE



- Universal Body shade beautifully blends with most any tooth colour
- No blocker required
- Proprietary Resin Particle Match™ technology
- Universal Body shade continues to match the surrounding dentition even after whitening<sup>2</sup>
- Excellent mechanical and optical properties
- Ideal working consistency is easy to sculpt<sup>2</sup>
- High polishability<sup>2</sup>
- Additional enamel and dentin shades for more aesthetically demanding anterior cases
- Fluoresces similarly to natural dentition<sup>2</sup>

### RESIN PARTICLE MATCH™

Transcend composite allows you to complete restorations with just one shade. Thanks to Ultradent's Resin Particle Match technology, the refraction indices of the resin and particles work together to allow Transcend composite to blend with the surrounding tooth colour. That means you can use Transcend composite Universal Body shade almost anywhere in the mouth and know that it will look natural and beautiful, even in larger restorations. Plus, Transcend composite features ideal handling for manipulation and sculptability.<sup>3</sup>

## ONE-SHADE RESTORATIONS NO BLOCKER USED

### BEFORE AND AFTER



Before.

After.



Before.

After.

Courtesy of Dr. Yo-Han Choi.



Before.



After.

Courtesy of Dr. Rafael Beolchi.



Before.



After.

Courtesy of Dr. Gary Findley.



Before.



After.

## NO BLOCKER USED

Courtesy of Dr. Jaleena Fischer-Jessop.



Before.



After.

## CONTINUALLY MATCHES SURROUNDING DENTITION



No new composite restorations may be required after the whitening treatment is completed for teeth that have been previously restored with Transcend composite, as the shade of the composite can adapt itself to continue to match the optical properties of the surrounding dentition as teeth get whitened.<sup>4</sup>

<sup>1</sup>. Rated by 100% of Clinicians Report Evaluators as either excellent or good. Clinicians Report, Volume 16, Issue 10, October 2023. <sup>2</sup>. Data on file. <sup>3</sup>. Data on file. <sup>4</sup>. Data on file. <sup>5</sup>. Data on file.

## TECHNICAL OVERVIEW<sup>5</sup>

	TRANSCEND UB
Compressive Strength	450.7 MPa
Hardness	60.3 HK
Flexural Strength	156.17 MPa
Flexural Modulus	11.85 GPa
Volumetric Shrinkage	1.60%
Initial Gloss	93.5 GU
Final Gloss	91.2 GU
Depth of Cure	2.85 mm
Radiopacity	3.2 mm-Al
Fill by Volume	60–61%
Fill by Weight	79%

## UNIVERSAL BODY SHADE



### 4733 - Transcend UB Syringe 1pk

1 x 4 g syringe Universal Body shade

### 4734 - Transcend UB Syringe 4pk

4 x 4 g syringes Universal Body shade



### 4757 - Transcend UB Singles 1pk

10 x 0.2 g singles Universal Body shade

### 4817 - Transcend UB Singles 4pk

40 x 0.2 g singles Universal Body shade

Pair Composite Wetting Resin with any Ultradent composite to improve instrument and composite glide when sculpting and contouring.



### 3059 - Composite Wetting Resin Syringe 2pk

2 x 1.2 ml syringes

## COMPLEMENTARY SHADES



### Transcend Syringe 4 g

Dentin	1pk	Enamel	1pk
A1D	4727	Enamel Neutral	4731
A2D	4728	Enamel White	4732
A3D	4729		
B1D	4730		

1 x 4 g syringe



### Transcend Singles 0.2 g

Dentin	1pk	Enamel	1pk
A1D	4744	Enamel Neutral	4748
A2D	4745	Enamel White	4749
A3D	4746		
B1D	4747		

10 x 0.2 g singles



### 4726 - Transcend Syringe Intro Kit

1 x 4 g syringe of each shade:  
A1D, A2D, A3D, B1D, EN, EW, UB



### 4814 - Transcend Singles Intro Kit

10 x 0.2 g singles of each shade:  
A1D, A2D, A3D, B1D, EN, EW, UB





Vit-I-escence™  
AESTHETIC 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-I-escence aesthetic 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-I-escence aesthetic 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-I-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-I-escence products, these shades are truly 'pearl' precious and beautiful."

—DR. MARYANN PITTMAN – SAINT PETERSBURG, FL

"With Vit-I-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 Fischer-Jessop.

Before. After.

Courtesy of Dr. Altamiro Flávio.

Before. After.

Courtesy of Dr. Valter Devoto.

Before. After.

Courtesy of Dr. Jaleena Fischer-Jessop.

Before. After.

Courtesy of Dr. Rafael Beolchi.

Before. After.

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

VIT-I-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

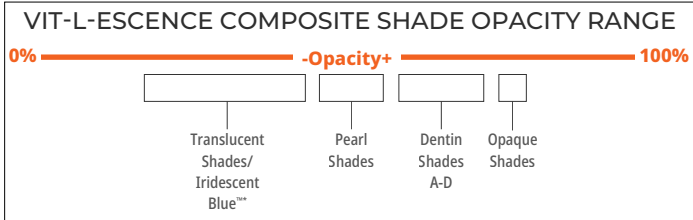
Courtesy of Dr. L. Vanini.

Vit-I-escence Enamel Traditional Composite Natural Tooth Vit-I-escence Dentin Shade

Courtesy of Dr. Nasser Barghi.

Vit-I-escence Composite Porcelain

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



\* Trans Ice, Trans Gray, Trans Mist, Trans Blue, Iridescent Blue, and Trans Smoke

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

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

**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.

**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.

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

**5 IDENTIFY UNIQUE OPAQUES 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.



REFRIGERATE

Vit-I-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 Mist™	482
B1	409	Trans Smoke™	485
B2	418	Trans Blue™	1188
B3	421	Trans Gray™	478
C1	426	Trans Ice™	479
C2	435	Iridescent Blue™	1317
C3	439		
C4	440		
C5	441		
D3	442		



x 1



822 - Master's Shade Guide—20 Shades

A1, A2, A3, A3.5, A4, A5, B1, B2, OW, OS,  
PF, PN, PA, PS, TM, TS, TB, TG, TI, IB

(Shades A6, B3, C1, C2, C3, C4, C5, and D3 are NOT included)



Shades are identified on both the barrel and the stem.



Facilitates removal of small amounts of material.



Composite Wetting Resin



Inspiral™ Brush Tip page 101

- 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 polymerisation.

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). Use Composite Wetting Resin on an instrument or brush to enhance glide. It may also be placed on a composite surface that has become dry during contouring. Composite Wetting Resin greatly facilitates adaptation of the composite restoration and preparation.

*"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. JAIMEE MORGAN – SALT LAKE CITY, UT

REFRIGERATE



3059 - Composite Wetting Resin Syringe 2pk  
2 x 1.2 ml (1.85 g) syringes

PermaFlo™ Pink  
COMPOSITE



Micro 20 ga Tip page 102

- Acts as an attractive solution for aesthetic 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 Kylova.

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.

REFRIGERATE



963 - PermaFlo Pink Syringe Kit  
2 x 1.2 ml (2.3 g) syringes  
4 x Micro 20 ga tips

1. realityesthetics.com.





## PermaFlo™ FLOWABLE COMPOSITE



Micro 20 ga Tip page 102



Black Mini™ Tip page 100

- High-fill, high-flow formula
- Highly radiopaque<sup>2</sup>
- Fluoride-releasing formulation<sup>3</sup>
- Superior polishability
- Strong and wear resistant
- Available in 7 shades

PermaFlo flowable composite is light-cured, radiopaque, methacrylate-based, and available in 7 shades. Its thixotropic properties impart ideal flowability for improved adaptation. PermaFlo composite is 67–68% filled by weight, 42–44% filled by volume,<sup>4</sup> and has an average particle size of 0.7 µm.<sup>4</sup>

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”).

### MICRO RESTORATIVE



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

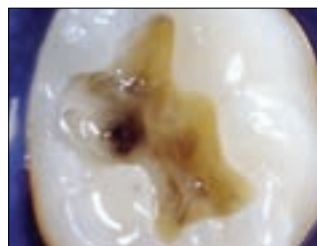


2. The flowable composite offers unsurpassed adaptation as it fills from preparation floor up.



3. Finished, radiopaque, 0.7 µm hybrid restoration.

### MASKER



Masking dark colours with PermaFlo composite initially facilitates gorgeous aesthetics 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.

### SUPERADAPTIVE INITIAL LAYER



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.

Courtesy of Dr. Howard Strassler.

### 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 aesthetic 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

REFRIGERATE

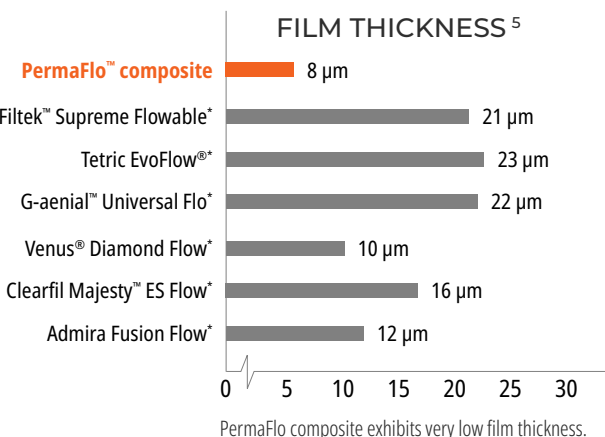


### PermaFlo Syringe Kits

Shade	Kit	Shade	Kit
A2	948	B1	956
Dentin Opaquer	1005	Translucent	612

2 x 1.2 ml (2.3 g) syringes  
4 x Micro 20 ga tips

\*Trademark of a company other than Ultradent. 1. As provided by original manufacturer. 2. Data on file.



\*Trademark of a company other than Ultradent. 1. realityesthetics.com. 2. Data on file. 3. Data on file. 4. Data on file. 5. Data on file.



## PermaSeal™

PENETRATING COMPOSITE SEALER



Black Micro™ FX™ Tip page 100

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

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

PermaSeal composite sealer seals voids and irregularities created during the polishing process, minimising staining and wear. Place on Class V composite margins to reduce microleakage.<sup>2</sup> 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 revitalise old composites as well.



Smooth the provisional surface. Etch for 5 seconds, apply PermaSeal sealer onto surfaces, gently air thin, 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

REFRIGERATE



**631 - PermaSeal Syringe Kit**  
4 x 1.2 ml (1.3 g) 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, Hennessey C. Microleakage of Class V composite restorations using a composite surface sealant. Biomaterials Research Centre, Loma Linda University School of Dentistry. May 1996. Data on file.

## NEW RESTORATIONS

Courtesy of Dr. Dan Fischer



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 slurry, 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.

## PrimaDry™

DRYING AGENT



Black Micro FX™ Tip page 100

PrimaDry drying agent contains 99% organic solvents and 1% primer and is optimal for pit and fissure drying and preparation. It rapidly volatilises moisture content of pits and fissures. The ultrafine primer film allows UltraSeal XT™ plus sealant to flow perfectly into every pit and fissure.

REFRIGERATE



**716 - PrimaDry Syringe 4pk**  
1.2 ml (.953 g) syringes



# ENDODONTICS

File-Eze EDTA Lubricant  
Ultradent EDTA 18% Solution  
Consepsis  
Consepsis V  
UltraCal XS  
Ultradent Citric Acid 20%  
J-Temp  
NaviTip Reference Guide  
Endodontic Tips  
MTAFlow White

EndoREZ Canal Sealer  
Skini Syringe  
PermaFlo Purple  
DermaDam  
DermaDam Synthetic  
Luer Vacuum Adapter  
TriAway Adapter

HEATHER BOREN - Great Chamber





# ENDODONTICS

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 105      NaviTip™ Tip 29 ga/25 mm page 105

- 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 (1.43 g) 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 (1.43 g) syringes



**682 - File-Eze IndiSpense™ Syringe 1pk**  
30 ml (35.64 g) syringe

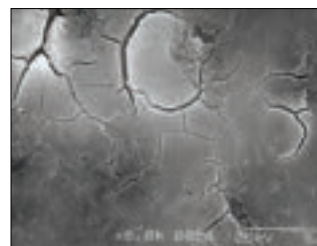
\* Trademark of a company other than Ultradent.

## Ultradent™ EDTA 18% Solution

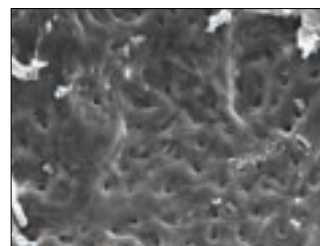


NaviTip™ FX™ Tip 30 ga/25 mm page 105      NaviTip™ FX™ Tip 30 ga/17 mm page 105

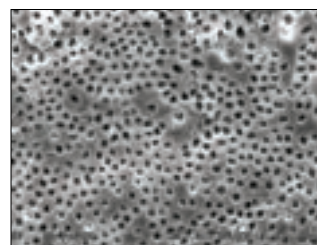
A root canal chelating agent that conditions/cleans through a chelation process, Ultradent EDTA 18% Solution is the irrigant of choice for smear layer removal and can be used as a final irrigant prior to obturation.



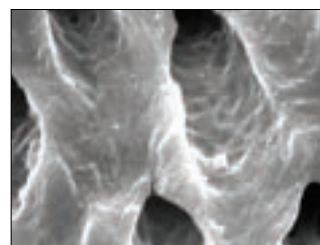
1. After canal instrumentation (no irrigants or lubricants). Smear layer intact.



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 (532.32 g) bottle



**162 - EDTA IndiSpense Syringe 1pk**  
30 ml (33.27 g) syringe



# ENDODONTICS

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 105      NaviTip™ Tip 30 ga/25 mm page 105

Consepsis antibacterial solution is recommended for procedural endodontic disinfection and as a final endodontic rinse prior to canal obturation.<sup>2,3</sup> 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 (446.4 g) bottle



**491 - Consepsis Syringe 20pk**  
1.2 ml (1.12 g) syringes



**687 - Consepsis IndiSpense™ Syringe 1pk**  
30 ml (27.9 g) syringe

1. realityesthetics.com. 2. Leonardo MR, Filho MT, Silva LAB, Bonifácio KC, Ito IY. In vivo antimicrobial activity of 2% chlorhexidine used as a root canal irrigating solution. *J Endod.* 1999;25(3):167-171. 3. Mohammadi Z, Abbott PV. Antimicrobial substantivity of root canal irrigants and medicaments: a review. *Aust Endod J.* 2009;35(3):131-139.

## Consepsis™ V 2% CHLORHEXIDINE ANTIBACTERIAL VISCOUS SOLUTION



- 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 (27.9 g) syringe





## UltraCal™ XS

35% CALCIUM HYDROXIDE PASTE



NaviTip™ Tip 29 ga Single Sideport tip page 105

- 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.<sup>1</sup>



### 5144 - UltraCal XS Syringe Kit

4 x 1.2 ml (1.76 g) 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 (1.76 g) syringes

<sup>1</sup>. Pedrinha VF, Cuellar MRC, de Barros MC, et al. The vehicles of calcium hydroxide pastes interfere with antimicrobial effect, biofilm polysaccharidic matrix, and pastes' physicochemical properties. *Biomedicine*. 2022;10(12):3123. doi:10.3390/biomedicine10123123.

## Ultradent™ Citric Acid 20% Solution



NaviTip™ FX™ Tip 30 ga/25 mm page 105



NaviTip™ FX™ Tip 30 ga/17 mm page 105



Empty 1.2 ml syringe page 105

- 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.



### 329 - Citric Acid IndiSpense™ Syringe 1pk

30 ml (31.26 g) syringe



## J-Temp™

LIGHT-CURED TEMPORARY RESIN



Black Mini tip page 100

Four clinical indications for use:

- Temporary restorations (endodontics, walking bleach technique, inlay/onlay, cusp buildup)
- Splinting between multiple implant copings for impressions to resist impression material distortion
- Provide structure for isolation clamping and to act as a barrier to endodontic irrigants
- Bite ramps and temporary occlusal buildups during orthodontics

- Self-levelling<sup>1</sup>
- Less than a 5% shrinkage rate<sup>2</sup>
- Purple colour for ease of identification and removal
- Dye free

J-Temp temporary resin is a radiopaque, light-cured, flowable, methacrylate-based resin that provides a durable, temporary material for multiple clinical indications. J-Temp resin is self-levelling,<sup>1</sup> has less than a 5% shrinkage rate,<sup>2</sup> and its distinctive purple colour is easy to distinguish from enamel and dentin without being too noticeable to the patient. With such versatility and quality, J-Temp temporary resin will quickly become a mainstay in your practise.



### 4897 - J-Temp Syringe Kit

1 x 1.2 ml syringes  
20 x Black Mini tips



## TEMPORARY RESTORATION: ENDODONTICS



1. Prepare root canal system.



2. Insert cotton/Teflon pellet (or other barrier) and pack to protect the root canal entrance.



3. Apply J-Temp temporary resin incrementally in 2–3 mm layers.











4. Light cure between layers and use burs to adjust occlusion.

<sup>1</sup>. Data on file. <sup>2</sup>. Data on file.



NaviTip™ Tip Reference Guide

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

	Product	Recommended Tip	Compatible Tips
	682 - File-Eze™ IndiSpense Syringe	NaviTip™ 29 ga or 30 ga	—
	162 - EDTA 18% IndiSpense Syringe	NaviTip™ 31 ga Double Sideport Irrigator	NaviTip™ 30 ga and NaviTip™ FX™
	687 - Consepsis™ IndiSpense Syringe	NaviTip™ 31 ga Double Sideport Irrigator	NaviTip™ 29 ga, 30 ga, and NaviTip™ FX™
	2210 - Consepsis™ V IndiSpense Syringe	NaviTip™ 29 ga	NaviTip™ 29 ga
	5144 - UltraCal™ XS Kit	NaviTip™ 29 ga Single Sideport	For direct pulp capping and pulp floor perforation application, use Micro 20 ga tip
	329 - Citric Acid	NaviTip™ FX™	NaviTip™ 30 ga and NaviTip™ 31 ga Double Sideport Irrigator
	5900 - EndoREZ™ Kit	NaviTip™ 29 ga Single Sideport	—
	4980 - MTAFlow™ White Kit	NaviTip™ 29 ga	—



- 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

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

Never use to deliver irrigating materials or endodontic chemistries.

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

Attach to the Ultradent Luer Vacuum Adapter for moisture removal of small prep areas and small periodontal pockets.

LOK-TITE™	Tip length	20pk	100pk
0.008" Micro Capillary	5 mm	1120	1802
0.008" Micro Capillary	10 mm	1121	—



Endo-Eze™ Irrigator Tip

- Provides ideal reach while expressing chemicals towards the canal wall, reducing pressure directly towards the apex
- Comes with a flexible, blunt cannula with a unique, anti-obturator 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: PermaFlo DC and air/water delivery. Use with: TriAway™ Adapter 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:

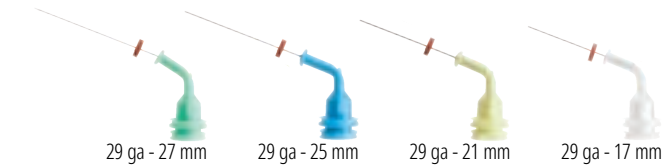
- Use recommended endodontic tip
- Make sure rubber stopper is in position
- Take extra precaution when not using sideport tips
- Make sure tip is not wedged in the canal



NaviTip™ 29 ga Tips 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™, MTApex™, EndoREZ™, Ultradent EDTA 18% Solution, File-Eze™, ChlorCid™, ChlorCid™ Surf, ChlorCid™ V, and UltraCal™ XS.



NaviTip™ 29 ga Tips

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

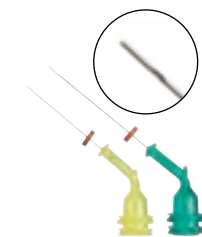
29 ga delivers paste materials: MTAFlow™, File-Eze™, Ultradent EDTA 18% Solution, ChlorCid™ V, Consepis™ V, ChlorCid™, and ChlorCid™ Surf.



NaviTip™ 30 ga Tips

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

30 ga delivers solutions: ChlorCid™, Consepis™, Ultradent™ Citric Acid 20% Solution, File-Eze™, and Ultradent™ EDTA 18% Solution.



NaviTip™ 31 ga Tips with Double Sideport Irrigator

- Double sideports deliver irrigants safely, minimising the possibility of chemicals being expressed past the apex
- One of the world's smallest cannula navigate the most intricate canal spaces

Designed for: Consepis, ChlorCid™, ChlorCid™ Surf, Ultradent™ Citric Acid 20% Solution, and Ultradent™ EDTA 18% Solution.



NaviTip™ FX™ 30 ga Tips

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

Designed for: Ultradent™ Citric Acid 20% Solution, Consepis™, and Ultradent™ EDTA 18% Solution.

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

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

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

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

Listed as an "EXCELLENT" product by a prominent independent research institute.<sup>1</sup>

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



- Has bioactive apatite-forming properties<sup>2</sup>
- 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
- Available in white nonstaining formula

The 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 aesthetic 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<sup>3,7</sup>

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. Guimarães BM, Vivan RR, Piazza B, et al. Chemical-physical properties and apatite-forming ability of mineral trioxide aggregate flow. J Endod. 2017;43(10):1692–1696. doi:10.1016/j.joen.2017.05.005 3. Sarkar NK, Caicedo R, Ritwik P, et al. Physicochemical basis of the biologic properties of mineral trioxide aggregate. J Endod. 2005;31(2):97-100.



THE DIFFERENCE YOU CAN FEEL

MTAFlow repair cements have 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 levelling 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 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 cement inside syringe will be usable for up to 15 minutes.



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

After 5 minutes you can lightly rinse and air dry the area and it will not dislodge the MTAFlow cement. MTAFlow 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 four weeks.



Perforation located in cervical third of mesial buccal canal.



MTA cement in place showing repair.





THE RIGHT CONSISTENCY  
FOR THE RIGHT PROCEDURE

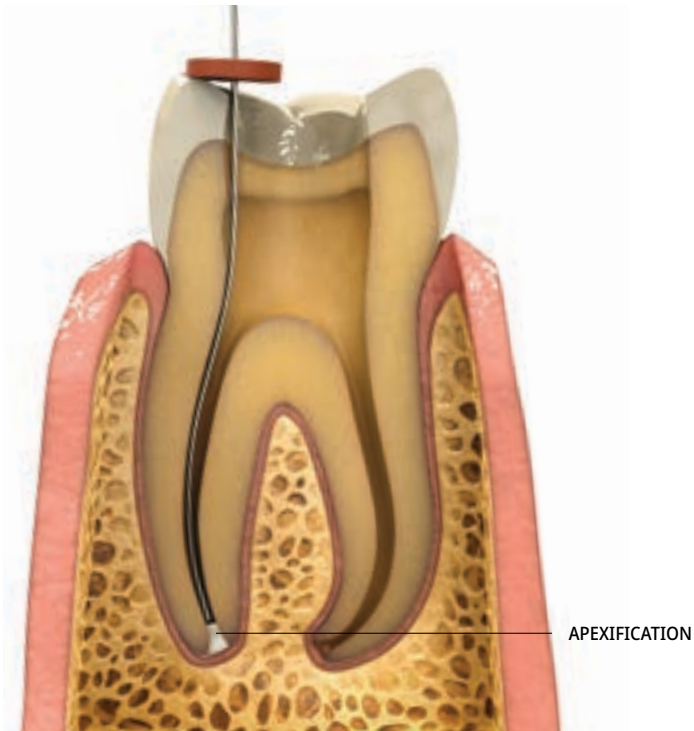
The mixing ratio of the powder and gel components of MTAFlow repair cements are adaptable based on the procedure. MTAFlow White cement's nonstaining formula is specifically designed to be used for procedures like primary dentition vital pulpotomy and pulp capping. After placing MTAFlow repair cement,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

Whatever consistency you need, you can be sure MTAFlow repair cement will be effective, non-gritty, and easy to deliver accurately. More gel or powder may be added at any time during mixing to achieve the desired consistency.

MIXING PROPORTION SUGGESTIONS (POWDER AND GEL)\*

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

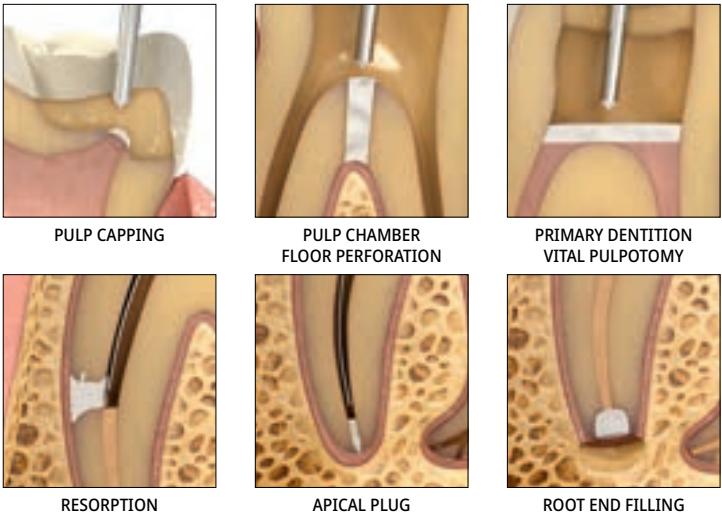
\* More powder or gel can be added to achieve desired consistency.  
\*\* Depends on the desired consistency.



EVERYTHING YOU NEED IN ONE PLACE  
MTAFlow 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.



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



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

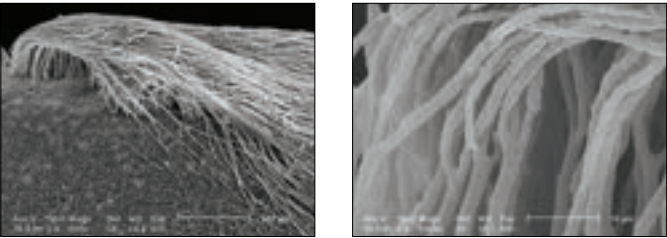


20–30 minute regular set

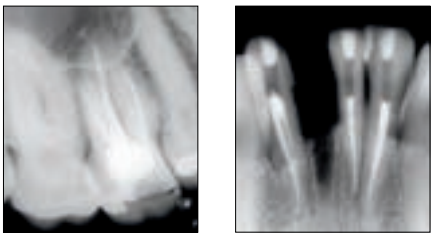
- The world's first hydrophilic and self-priming resin sealer
- More effective obturation in less time
- Provides a complete, thorough seal<sup>2</sup>
- Has the same radiopacity as gutta percha
- Bonds to resin-based core/composite materials
- Retreatable when combined with gutta percha<sup>3</sup>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

EndoREZ canal sealer minimises 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<sup>4</sup> 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 1000µm into tubules.<sup>5</sup>



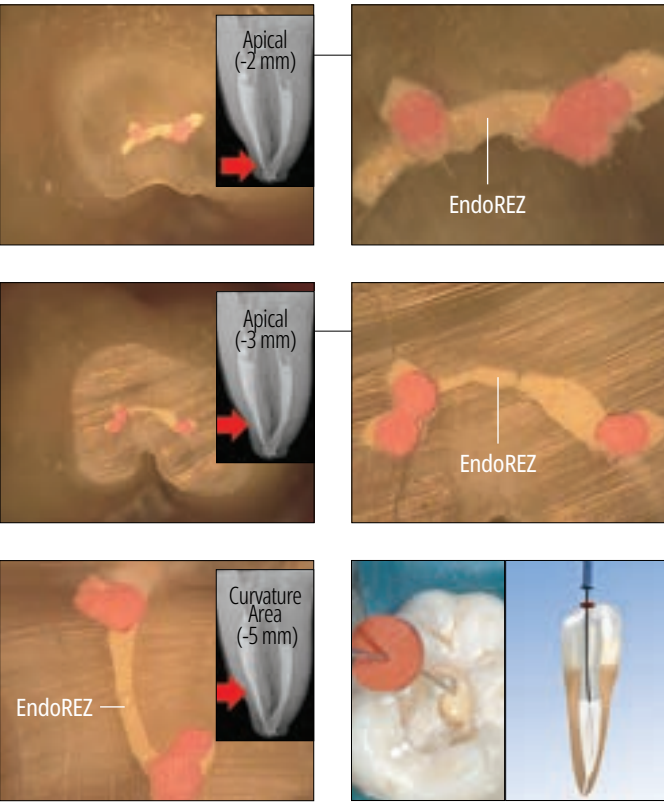
EndoREZ canal sealer penetrates into tubules and adapts to the walls like no other sealer on the market.



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



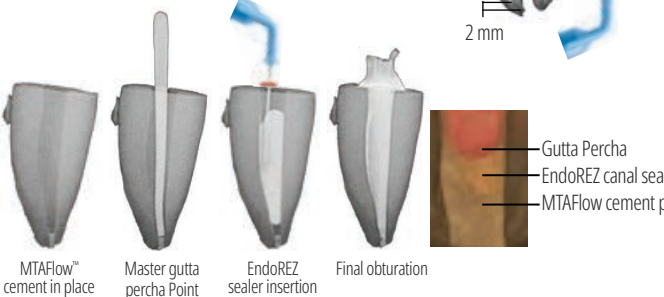
The improved flowability of EndoREZ canal sealer allows the sealer to reach the isthmus and intracanal areas during the obturation procedure without using any special device.



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.



Cases of incomplete formation of apex or reabsorbed foramina 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):1311-1314. 3. Zmener O, Banegas G, Pameijer C. Efficacy of an automated instrumentation technique in removing resin-based, zinc oxide and eugenol endodontic sealers when retreatment 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):76-79. 5. Data on file.





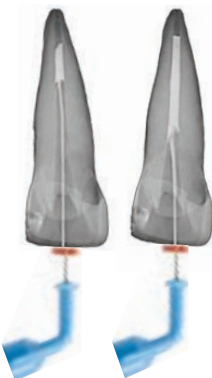
ENDOREZ CANAL SEALER  
SEQUENCE OF CLINICAL USE



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™ 29 ga tip with Single Sideport, 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 polymerisation 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™ 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 (8.15 g) syringe  
20 x Mixing tips



Opalescence™ Endo  
NON-VITAL “WALKING BLEACH”  
- 35% HYDROGEN PEROXIDE



- 35% hydrogen peroxide
- Easy to place inside pulp chamber
- 1–5 day treatment

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 optimised 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 the 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 with Single Sideport 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
<b>Skini Delivery Syringe</b>	<b>1680</b>



PermaFlo™ Purple  
ANATOMICAL INDICATING COMPOSITE

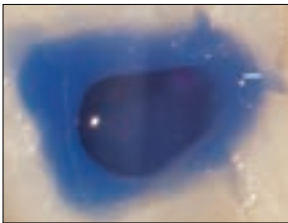


Micro 20 ga Tip page 102

PermaFlo Purple composite 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.



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 less than 1 mm thick layer of PermaFlo Purple. Light cure 10 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, minimising risk of perforation.

**Note: Apply dentin bonding agent first. Remember that eugenol-containing sealers can prevent polymerisation of bonding resins. We recommend EndoREZ hydrophilic resin canal sealer or MTApeX bioceramic root canal sealer.**



**962 - PermaFlo Purple Composite Syringe Kit**  
2 x 1.2 ml (2.23 g) syringes  
4 x Micro 20 ga tips



## DermaDam™ RUBBER DAM



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

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



**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



### Zero sensitising 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 104

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

- A great time saver for any practise
- Dries canals quickly and efficiently
- Minimises 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 minimises 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



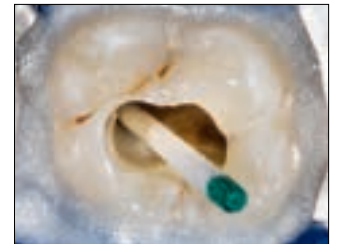
1. Isolate with rubber dam and OpalDam resin barrier. Irrigate canals through NaviTip™ 31 ga Double Sideport Irrigator tip.



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.**



**1375 - TriAway Adapter Irrigator 20pk**



# EQUIPMENT

VALO X  
VALO Grand  
Gemini EVO  
Ease-In-Shields  
UltraTect

Ultradent Ultra-Trim Scalloping Scissors

ANGELA WELLS - Bear River Bird Refuge





## VALO™ Family LED CURING LIGHTS



Reality Five Star Award, 12x Winner (2012–2023)  
Cellerant Best of Class, Technology Award, 6x Winner (2012–2015, 2017, 2019)  
Dentistry Today Top 50 Technology Products, Readers' Choice Award, 5x Winner (2012, 2015, 2017, 2018, 2019, 2024)  
Dentistry Today Top 25 Aesthetic/Restorative Products, Readers' Choice Award, 4x Winner (2020–2023)  
Dental Townie Choice Awards, 9x Winner (2014–2017, 2019–2023)  
Dental Townie Choice Award "Best New Product", 2x Winner (VALO Grand 2022, VALO X 2023)



### CLINICAL OUTPUT

The collimation and uniformity of a curing light's beam affects the amount of energy that reaches the restoration site. A dispersed beam will deliver less power than a beam that remains collimated and can lead to undercured restorations and eventual failures. A beam with hot or cold spots yields inconsistent curing, which can compromise restorations and cause sensitivity.

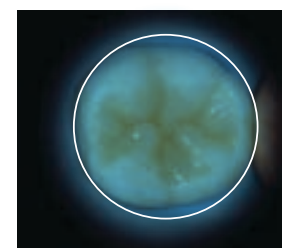
The VALO curing light family contains multiple LEDs and specialised optics to produce evenly distributed energy to deliver consistent results, regardless of the restoration type, size, or location. VALO curing lights have custom LED packs that contain chips in three wavelengths, which enable VALO lights to cure all dental materials, even those containing proprietary photoinitiators such as Lucirin TPO, PPD, or more commonly found camphorquinone.

1. realityesthetics.com.

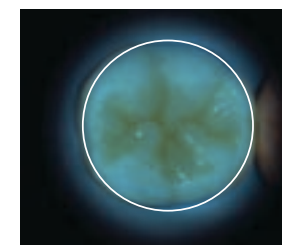
VALO X	VALO GRAND	VALO
Actual Lens Size		
12.5 mm (144 mm <sup>2</sup> )	11.7 mm (107 mm <sup>2</sup> )	9.8 mm (78 mm <sup>2</sup> )
LED Chips		
12 LEDs	4 LEDs	4 LEDs
Wavelength		
380 nm – 515 nm	385 nm – 515 nm	385 nm – 515 nm
Power (mW)		
1350 STANDARD 2700 XTRA POWER	970 STANDARD 2260 XTRA POWER	670 STANDARD 1570 XTRA POWER
Irradiance (mW/cm <sup>2</sup> )		
1100 STANDARD 2200 XTRA POWER	900 STANDARD 2100 XTRA POWER	900 STANDARD 2100 XTRA POWER
Joules (J)		
13.5 STANDARD 13.5 XTRA POWER	9.7 STANDARD 6.8 XTRA POWER	6.7 STANDARD 4.7 XTRA POWER
Beam Profile		
12 mm Molar Coverage		

### ACCESSIBILITY

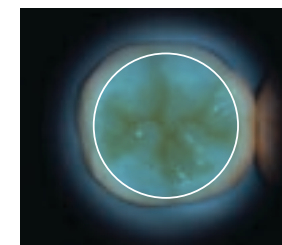
The VALO family of curing lights have a low-profile design to allow easy access to posterior restorations without sacrificing patient comfort.<sup>1</sup> The slim head allows the light to be placed directly over the curing site, no matter where it is in the mouth, ensuring all aspects of the preparation are covered. And the larger lenses give a larger curing surface area, so you can get the right light in the right place.



VALO X curing light  
Diameter and Surface Area  
12.5 mm & 144 mm<sup>2</sup>



VALO Grand curing light  
Diameter and Surface Area  
11.7 mm & 107 mm<sup>2</sup>



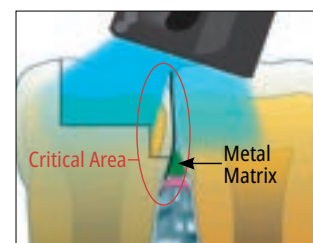
VALO curing light  
Diameter and Surface Area  
9.8 mm & 78 mm<sup>2</sup>



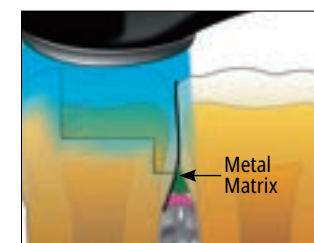
The angle of a competitor's 60° light guide causes overextension of jaw and often makes it impossible for light to reach all aspects of preparation.



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.



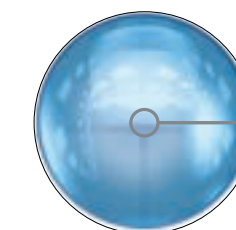
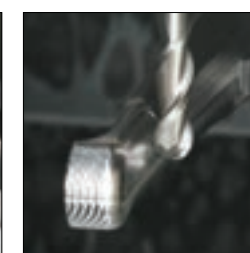
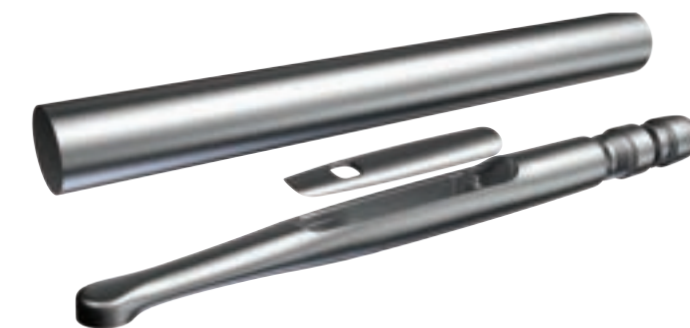
The VALO light's direct access and a collimated beam result in complete curing.

1. Moreira RJ, de Deus RA, Ribeiro MTH, et al. Effect of light-curing unit design and mouth opening on the polymerisation of bulk-fill resin-based composite restorations in molars. *J Adhes Dent.* 2021;23(2):121–131. doi:10.3290/j.jad.b1079561.



### DURABILITY

Created from a solid bar of high-grade aerospace aluminum, the durable VALO light is virtually indestructible. True unibody construction via machining ensures durability and eliminates weak connection points and increased bioburden. It also allows for excellent heat dissipation and the elegant, ergonomic, streamlined design that enables the VALO light to access areas other curing lights simply cannot reach.



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

**5-YEAR MANUFACTURER WARRANTY**  
Each VALO light comes with a 5-year manufacturer's warranty, so you can be confident in the value of your purchase.



## PRODUCT SPECIFICATIONS

VALO X		VALO Grand	VALO
Range of Light Output (nm)	380 nm–515 nm	385 nm–515 nm	385 nm–515 nm
Peak Wavelengths (nm)	380–420 nm and 420–515 nm	395–415 nm and 440–480 nm	395–415 nm and 440–480 nm
Power (mW)			
Standard	1350 mW	970 mW	670 mW
High Power	NA	1620 mW	970 mW
Xtra Power	2700 mW	2260 mW	1570 mW
Irradiance* (mW/cm²)			
Standard	1100 mW/cm²	900 mW/cm²	900 mW/cm²
High Power	NA	1500 mW/cm²	1300 mW/cm²
Xtra Power	2200 mW/cm²	2100 mW/cm²	2100 mW/cm²
Total Energy Per Cycle			
Standard	13.5 J (10 seconds)	9.70 J (10 seconds)	6.65 J (10 seconds)
High Power	NA	6.46 J (4 seconds)	3.83 J (4 seconds)
Xtra Power	13.5 J (5 seconds)	6.30 J (3 seconds)	4.65 J (3 seconds)
Curing Time Modes			
Standard	10	20/15/10/5	20/15/10/5
High Power	NA	1/2/3/4	1/2/3/4
Xtra Power	5	3	3

VALO X		VALO Grand	VALO
Dimensions			
Cordless	8.9 x 0.83 x 0.83 in (226 x 21 x 21 mm)	8 x 1.28 x 1.06 in (203 x 32.5 x 27 mm)	8 x 1.28 x 1.06 in (203 x 32.5 x 27 mm)
Corded	Cord Length: 6 feet (1.8 m)	9.26 x 0.79 x 0.79 in (23.5 x 2 x 2 cm) Cord Length: 6 feet (1.8 m)	9.26 x 0.79 x 0.79 in (23.5 x 2 x 2 cm) Cord Length: 6 feet (1.8 m)
Wand Weight			
Cordless	Unit: 108 g (3.8 oz) With Batteries: 136 g (4.8 oz)	Cordless Unit: 150 g (5.3 oz) With Batteries: 190 g (6.7 oz.)	Cordless Unit: 150 g (5.3 oz) With Batteries: 190 g (6.7 oz.)
Corded	Corded: 158 g (5.6 oz)	Corded Unit: 226 g (8 oz)	Corded Unit: 226 g (8 oz)
Power Operation	Cordless/Battery or Corded	Cordless/battery unit Corded Unit	Cordless/battery unit Corded Unit
Battery	Protected, Rechargeable, Lithium-Ion Battery 11MR14/65 3.7V, 900mAh 3.33WH	Rechargeable, Safe chemistry Lithium Iron Phosphate Battery (LiFePO4) RCR123A, 3.2V, 400mAh 1.28WH	Rechargeable, Safe chemistry Lithium Iron Phosphate Battery (LiFePO4) RCR123A, 3.2V, 400mAh 1.28WH
*Irradiance conforms to ISO 10650 when measured with a Gigahertz spectrum analyser.			



## RESTORATIVE SOLUTION







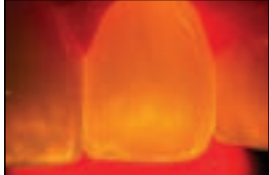










Your complete system for  
**QUALITY RESTORATIONS**

**VALO™ X**  
Curing Light

The VALO X curing light ensures a complete and accurate cure of all the products in Ultradent's Restoration Solution. Start to finish, we have everything you need for your restorative workflow.



VALO™ X and VALO™ Grand Accessory Lenses  
Lenses are reusable and should be disinfected using an intermediate-level disinfectant.

<h3>PointCure™ Lens</h3> 	<p>The PointCure lens is a clear, 2.5 mm diameter lens used for pinpoint curing of small composites, to aid in positioning, and tack curing.</p> <div> <div> <b>5890 - VALO X</b>  <b>PointCure Lens 2pk</b>  </div> <div> <b>4082 - VALO Grand</b>  <b>PointCure Lens 2pk</b>  </div> </div>	
<h3>ProxiCure™ Ball Lens</h3> 	<p>The ProxiCure Ball lens helps to hold the matrix band in interproximal contact during polymerisation.</p> <div> <div> <b>5889 - VALO X</b>  <b>ProxiCure Ball Lens 2pk</b>  </div> <div> <b>4081 - VALO Grand</b>  <b>ProxiCure Ball Lens 2pk</b>  </div> </div>	
<h3>TransLume™ Lens</h3> 	<p>The TransLume lens facilitates the visualisation and location of cracks, defects in teeth, or restorative materials.</p> <div> <div> <b>5891 - VALO X</b>  <b>TransLume Lens 2pk</b>  </div> <div> <b>4084 - VALO Grand</b>  <b>TransLume Lens 2pk</b>  </div> </div>	
<h3>Interproximal Lens</h3> 	<p>The Interproximal lens is a 1 mm white light lens that allows white light to be placed between teeth for observation of shadows, anomalies, or caries in the interproximal spaces.</p> <div> <div> <b>5893 - VALO X</b>  <b>Interproximal Lens 2pk</b>  </div> <div> <b>4658 - VALO Grand</b>  <b>Interproximal Lens 2pk</b>  </div> </div>	
<h3>Black Light Lens</h3> 	<p>The Black Light lens aids in detecting fluorescent particles in resins for easy differentiation from natural enamel.</p> <div> <div>N/A</div> <div> <b>4319 - VALO Grand</b>  <b>Black Light Lens 2pk</b>  </div> </div>	
<h3>White Light Lens</h3> 	<p>The White Light lens provides a pure, controlled, natural light source to aid in accurate shade matching.</p> <div> <div>N/A</div> <div> <b>4628 - VALO Grand</b>  <b>White Light Lens 2pk</b>  </div> </div>	
<h3>VALO X Diffuser Lens</h3>	<p>In Black Light diagnostic aid mode, the Diffuser lens gives visual aid of fluorescent particles in various dental resins. In White Light diagnostic aid mode, the Diffuser lens provides a pure, controlled, natural light source to aid in accurate shade matching.</p> <div> <div> <b>5892 - VALO X Diffuser</b>  <b>White Light Lens 1pk</b>  </div> <div>N/A</div> </div>	





# VALO™ X

BROADBAND LED CURING LIGHT

## THE CURING LIGHT REIMAGINED

### COMPLETELY REDESIGNED

- Rebuilt from the ground up to create the most innovative curing light available

### INCREASED LENS SIZE

- 12.5 mm lens covers any tooth while maintaining accessibility and patient comfort

### MULTI-CONFIGURATION

- Can be used in a corded or cordless configuration (battery and cord adapter included in kit)

### ACCELEROMETRE FUNCTION

- Allows you to quickly and easily move through curing and diagnostic aid modes

### HIGH-GRADE AEROSPACE ALUMINUM

- Unibody design is exceptionally durable and allows for excellent thermal management

### SIMPLIFIED INTERFACE

- Curing and diagnostic aid modes are indicated, operated, and activated with top and bottom buttons or by Accelerometre Function

### 5-YEAR WARRANTY

- Includes a 5-year manufacturer warranty

### 12 LED CHIPSET

- Provides high-intensity, broadband light for excellent beam uniformity, curing depth, and beam collimation

CURING MODES: Standard Power Mode, Xtra Power Mode | DIAGNOSTIC AID LIGHT MODES: White Light Diagnostic Aid Mode, Black Light Diagnostic Aid Mode

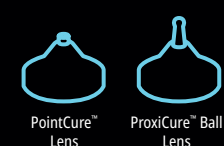
### CYCLING BETWEEN MODES

**CURING MODES:** Move the VALO X light forward in a drum tap motion to access and cycle through curing modes.

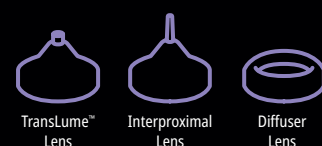
**DIAGNOSTIC AID LIGHT MODES:** Move the VALO X light in a drum tap motion to the side to access and cycle through diagnostic aid light modes.

### INCLUDED LENS ACCESSORIES

#### TWO CURING LENSES



#### THREE DIAGNOSTIC AID LENSES



### VALO™ X BROADBAND LED CURING LIGHT



Bigger Lens  
(12.5 mm)



- Twelve ultra-high-energy broadband LEDs cure all dental materials
- Optimally collimated beam delivers consistent, uniform power
- Two curing modes—Standard Power and Xtra Power—accommodate your preferences
- Extremely durable build, crafted with high-grade aerospace aluminum, allows for excellent thermal management
- Simplified interface with curing and diagnostic aid modes included
- Slim, unibody design and ergonomic shape allows unprecedented access to all restoration sites<sup>1</sup>
- New Accelerometre Function allows you to quickly change between modes with a drum-tap motion
- Second activation button on the underside allows for intuitive operation
- Five accessory lenses included with the kit for curing and diagnostic aid purposes

- Included power adapter allows clinicians to use the light as cordless or corded
- International power supply is suitable for power outlets from 100 to 240 volts

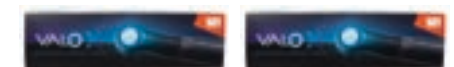
The VALO X light is the curing light reimaged. Its simplified design allows for one button activation and its Accelerometre Function allows the clinician to cycle between power and diagnostic aid modes with a simple wave of the wand. This eliminates awkward fumbling during a procedure, reduces the likelihood of dropping the instrument, and helps clinicians keep their minds on the task at hand. It uses a custom, multiwavelength light-emitting diode (LED) for producing high-intensity light at 380–515 nm, which is capable of polymerising all light-cured dental materials while providing excellent breadth of cure and consistent performance. This intensity will also penetrate porcelain and is capable of curing underlying resin cements. The handpiece is designed to rest in a standard dental unit bracket or can be custom-mounted using the bracket included in the kit.

<sup>1</sup> Moreira RJ, de Deus RA, Ribeiro MTH, et al. Effect of light-curing unit design and mouth opening on the polymerisation of bulk-fill resin-based composite restorations in molars. *J Adhes Dent.* 2021;23(2):121–131. doi:10.3290/j.jad.b1079561.



#### 5973 - VALO X Kit

- 1 x VALO X LED curing light
- 5 x Accessory lenses
- 2 x Rechargeable batteries
- 1 x Battery charger
- 1 x Power supply (for battery charger or cord adapter)
- 1 x Cord adapter
- 1 x Handpiece bracket holder
- 1 x Blue light blocking light shield
- 1 x Sample pack of barrier sleeves



4665 - VALO X Barrier Sleeves 100pk

5898 - VALO X Barrier Sleeves 600pk

508 - Blue Light Blocking Glasses 1pk



5839 - Curing Light Ease-In-Shields Kit

OD 5+ @ 400 – 500nm



5437 - VALO X Rechargeable Batteries 2pk



4951 - VALO X Battery Charging Unit 1pk



5189 - VALO X Assembled Cord 1pk



4952 - VALO X Power Supply 1pk





VALO™ Grand Cordless  
LED CURING LIGHT



11.7 mm  
Lens



- 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<sup>2</sup>
- 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 polymerising 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. 2. Moreira RJ, de Deus RA, Ribeiro MTH, et al. Effect of light-curing unit design and mouth opening on the polymerisation of bulk-fill resin-based composite restorations in molars. *J Adhes Dent.* 2021;23(2):121–131. doi:10.3290/jjad.b1079561.



- 5972 - VALO Grand Cordless Kit - Black
- 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



- 4666 - VALO Grand Cordless Barrier Sleeves 100pk
- 5896 - VALO Grand Cordless Barrier Sleeves 600pk

- 3604 - VALO Grand Light Shield 1pk



- 508 - Blue Light Blocking Glasses 1pk



- 5839 - Curing Light Ease-In-Shields Kit
- OD 5+ @ 400 – 500nm



- 1667 - VALO Surface Mounting Bracket 1pk



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 Power Supply 1pk



VALO™ Grand Corded  
LED CURING LIGHT



11.7 mm  
Lens



- 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<sup>2</sup>
- 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 polymerising 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. 2. Moreira RJ, de Deus RA, Ribeiro MTH, et al. Effect of light-curing unit design and mouth opening on the polymerisation of bulk-fill resin-based composite restorations in molars. *J Adhes Dent.* 2021;23(2):121–131. doi:10.3290/jjad.b1079561.



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



- 4669 - VALO Grand Barrier Sleeves 100pk
- 5897 - VALO Grand Barrier Sleeves 600pk



- 508 - Blue Light Blocking Glasses 1pk



- 5839 - Curing Light Ease-In-Shields Kit
- OD 5+ @ 400 – 500nm

- 1667 - VALO Surface Mounting Bracket 1pk



- 5930 - VALO Power Supply - 6' cord

- 5933 - VALO Power Supply - 16' cord



# GEMINI EVO™

810 + 980 DIODE LASER

## THE NEXT EVOLUTION IN LASER DENTISTRY

The Gemini EVO diode laser gives you the benefits of a higher 100-watt peak power for faster cutting, less heat, and ultra-clean incisions in soft tissue.

## Gemini EVO™

810 + 980 DIODE LASER



- Delivers 100 watts of peak power for faster cutting, less heat, and ultra-clean incisions in soft tissue<sup>1</sup>
- Wi-Fi connectivity allows for over-the-air updates and dedicated tech support
- Mobile app and Dashboard monitor usage statistics, including ROI and procedure data
- Three photobiomodulation adapters (3 mm, 7 mm, and 25 mm) are included so you can take full advantage of laser benefits
- Streamlined display and user interface for more intuitive and user-friendly control
- Three wavelength modes
- 16 preset procedures are divided into three categories for efficient, intuitive use
- Uses the same tips as the original Gemini laser
- Two-year warranty with an option to extend up to a five-year warranty



### WIFI CONNECTIVITY & DASHBOARD

- With the Gemini EVO Dashboard, you can view the number of procedures you perform, track ROI, ensure your software is up to date, download procedure reports, monitor full usage statistics, and more!

### EXCLUSIVE FEATURES OF THE GEMINI EVO LASER



### Wi-Fi CONNECTIVITY & DASHBOARD

- Software updates and over-the-air support
- Procedure reports
- Usage statistics
- ROI tracker
- Helpful videos and support content
- Extended warranty options



25 mm Tip



7 mm Tip



3 mm Tip

### BUILT-IN PHOTOBIOIMODULATION

Three PBM adapters are included for intraoral and extraoral treatment.

- 3 mm
- 7 mm
- 25 mm



### HAPTIC SENSE & TOUCH TECHNOLOGY

- Haptic Sense can be enabled on the foot pedal to add an additional indicator that the laser is firing
- Haptic Touch is available on the handpiece during PBM preset procedures to add physical sensation for the patient during treatment



### GUIDED TOUCH INTERFACE

- Operating the Gemini EVO laser is easier than ever. Only relevant icons light up to help guide you through the interface and make the proper input selection

<sup>1</sup>. Borchers R. Comparison of diode lasers in soft tissue surgery using CW and superpulsed mode, an in vivo study. *Int J Laser Dent.* 2011; 1(1):17–27.





## Gemini EVO™ 810 + 980 DIODE LASER



- Delivers 100 watts of peak power for faster cutting, less heat, and ultra-clean incisions in soft tissue<sup>1</sup>
- Wi-Fi connectivity allows for over-the-air updates and dedicated tech support
- Mobile app and Dashboard monitor usage statistics, including ROI and procedure data
- Three photobiomodulation adapters (3 mm, 7 mm, and 25 mm) are included so you can take full advantage of laser benefits
- Streamlined display and user interface for more intuitive and user-friendly control
- Three wavelength modes
- 16 preset procedures are divided into three categories for efficient, intuitive use
- Uses the same tips as the original Gemini laser
- Two-year warranty with an option to extend up to a five-year warranty

### 9120 - Gemini EVO Laser Kit

1 x Gemini EVO Laser  
1 x Foot pedal  
3 x Safety glasses sets  
10 x 5 mm disposable fibre tips  
1 x Power supply  
3 x PBM Adapters (25 mm, 7 mm, 3 mm)



8983 - Gemini EVO 5 mm Pre-Initiated Tip 25pk  
8984 - Gemini EVO 7 mm Uninitiated Tip 25pk



9127 - Gemini EVO Handpiece Shell 1pk



9125 - Gemini EVO Power Supply 1pk



5837 - Dual Wave Ease-In-Shields Kit  
OD 5+ @ 800-900nm OD 6+ @ 900-<980nm  
OD 7+ @ 980-1064nm OD 6+ @ >1064-1080nm



8985 - Gemini EVO Safety Glasses 1pk



### 9123 - Gemini EVO Intraoral PBM Adapter Kit

1 x 3 mm Photobiomodulation (PBM) adapter  
1 x 7 mm Photobiomodulation (PBM) adapter



### 9124 - Gemini EVO Extraoral PBM Adapter Kit

1 x 25 mm Photobiomodulation (PBM) adapter  
2 x Spacers  
1 x Cleaning cloth



8999 - Gemini EVO PBM Spacer Tip Kit 5pk

## Gemini™ Accesories 810 + 980 DIODE LASER



8986 - Gemini Handpiece Shell 1pk



8983 - Gemini EVO 5 mm Pre-Initiated Tip 25pk  
8984 - Gemini EVO 7 mm Uninitiated Tip 25pk



8981 - Gemini Power Supply 1pk



5837 - Dual Wave Ease-In-Shields Kit  
OD 5+ @ 800-900nm OD 6+ @ 900-<980nm  
OD 7+ @ 980-1064nm OD 6+ @ >1064-1080nm



8985 - Gemini Safety Glasses 1pk



8998 - Gemini PBM Adapter Kit  
1 x 25 mm Photobiomodulation (PBM) adapter  
2 x Spacers  
1 x Handpiece holder clip  
1 x Cleaning cloth



8999 - Gemini PBM Spacer Tip Kit 5pk



**EASE-IN-SHIELDS™**

Protective Loupe Inserts

WORK WITH YOUR LOUPES,  
**UNINTERRUPTED**



### Ease-In-Shields™ PROTECTIVE LOUPE INSERTS



- Allow you to wear loupes during laser or curing procedures
- Provide hands-free eye protection so you can use both hands for procedures
- Easy installation: drop in and go
- Lightweight polycarbonate construction

**Ease-In-Shields Kit Contents**

- 1 x Ease-In-Shield
- 1 x Adjustable headstrap
- 1 x Microfibre cloth
- 1 x Hard case



**5837 - Dual Wave Kit**  
OD 5+ @ 800-900nm OD 6+ @ 900-980nm  
OD 7+ @ 980-1064nm OD 6+ @ >1064-1080nm



**5839 - Curing Light Kit**  
OD 5+ @ 400 - 500nm



**5832 - Universal Soft Tissue Kit**  
OD 4+ @ 800-900nm OD 6+ @ 900-980nm  
OD 7+ @ 980-1064nm OD 6+ @ >1064-1080nm



**5835 - Universal Hard Tissue Kit**  
OD 4+ @ 1800-3000nm OD 5+ @ 10600nm



**5836 - CO<sub>2</sub> Kit**  
0.3<OD<0.49 @ 520-535nm  
OD 6+ @ 9000-11000nm



**5838 - Diode Soft Tissue Kit**  
OD 5+ @ 800-830nm



**5843 - Pink Diode Soft Tissue Edition Kit**  
OD 5+ @ 800-830nm



**5842 - Multi-Wave Kit**  
OD 8+ @ 180-385nm OD 1+ @ 650 - <730nm  
OD 2+ @ 730 - <800nm OD 4+ @ 800 - <840nm  
OD 5+ @ 840 - <960nm OD 7+ @ 960 - 1400nm  
OD 4+ @ >1400 - <3000nm OD 6+ @ 10600nm



**5844 - Clear CO<sub>2</sub> Kit**  
OD 5+ @ 190 - 390nm  
OD 6+ @ 9000 - 11000nm



**5845 - Tri-Wave Kit**  
OD 4+ @ 440-475 nm, OD 2+ @ 655-665 nm,  
OD 4+ @ 960-995 nm



**5846 - Nd:YAG and Er:YAG Kit**  
OD 6+ @ 1010-1030 nm, OD 7+ @ 1030-1070 nm,  
OD 6+ @ 1070-1080 nm, OD 4+ @ 1800-3000 nm





## UltraTect™

### PROTECTIVE EYEWEAR

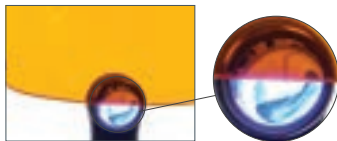


UltraTect protective eyewear is made for the modern dental environment. The high-quality, lightweight frames and polycarbonate lenses are both comfortable and durable, and they meet ANSI and CE safety standards for protection against impact injuries and chemical exposure. Clinicians, assistants, and 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 - Black-Green Frame/Gray Lens 1pk**

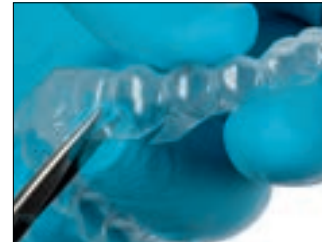
**501 - Black Frame/Clear Lens 1pk**

**508 - Black Frame/Orange Lens 1pk (Blue Light Blocking Glasses)**

## Ultradent™ Ultra-Trim

### SCALLOPING SCISSORS

- Precisely trims tray border around interdental papilla
- Spring-loaded to minimise 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

KATHRYN BAILEY - Pando Aspen Grove







The industry leader for more than **35 years**

## Ultra-Etch™ ETCH AND RINSE ETCHANT



Blue Micro™ Tip page 101



Inspiral™ Brush Tip page 101



- Self-limiting<sup>2</sup> on dentin
- Penetrates smallest fissures and won't run on a vertical surface<sup>3</sup>
- Precise placement
- Etch and rinse
- Rinses cleanly—leaves no residue

Ultra-Etch etchant 35% phosphoric acid solution features ideal viscosity, which 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),<sup>2</sup> 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.<sup>4</sup> 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.

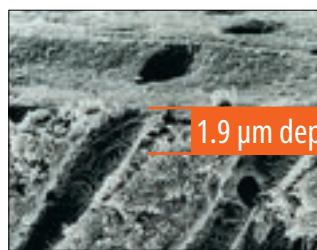
Ultra-Etch etchant is indicated for use on dentin and enamel to create optimal bonding surfaces. Ultra-Etch etchant can be used for 5 seconds to remove the salts created by etching porcelain.

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

Courtesy of Dr. Jaleena Fischer-Jessop.



Clinical experience and SEM evaluations show that 15 seconds etch time on both dentin and cut enamel provides optimal conditioning of both substrates.<sup>4</sup>



1.9 µm depth

Ultra-Etch etchant's phosphoric acid is proven to be uniquely self-limiting in its depth of etch.<sup>2</sup> Acids with a greater depth of etch than Ultra-Etch etchant go beyond the optimum level and increase the potential for incomplete resin impregnation.<sup>4</sup>

*"Ultra-Etch etchant has the best consistency and viscosity I've found. I've used it every day in my practise 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

Listed as a "CAN'T LIVE WITHOUT" product by a prominent independent research institute for more than 20 years.<sup>5</sup>



**163 - Ultra-Etch Syringe Kit 4pk**  
4 x 1.2 ml (1.584 g) syringes  
20 x Blue Micro tips

**167 - Ultra-Etch Syringe Kit 20pk**  
20 x 1.2 ml (1.584 g) syringes  
40 x Blue Micro tips



**383 - Ultra-Etch IndiSpense™ Syringe Kit**  
1 x 30 ml (39.6 g) 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 (1.584 g) syringes



**685 - Ultra-Etch IndiSpense Syringe 1pk**  
30 ml (39.6 g) syringe



**129 - Ultra-Etch Empty Syringe 20pk**  
1.2 ml (1.584 g) empty syringes

<sup>1</sup>. realityesthetics.com. <sup>2</sup>. Perdigão J, Lopes M. The effect of etching time on dentin demineralisation. *Quintessence Int.* 2001;32(1). <sup>3</sup>. Data on file. <sup>4</sup>. Perdigão J, Lambrechts P, Van Meerbeek B, Vanherle G. A FE-SEM study of the ultra-morphology of etched dentin. *J Dent Res* 75 (IADR Abstracts); 1996. Data on file. <sup>5</sup>. "Can't Live Without" Clinical Research Associates Newsletter, Volume 21, Issue 7, July 1997.



Highest Bond Strengths to Dentin and Enamel!<sup>3</sup>

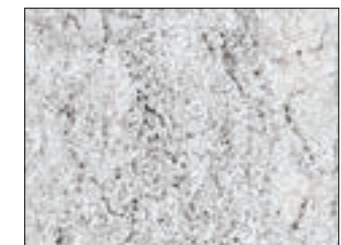
COMPARISON OF 3 SELF-ETCH ADHESIVE SYSTEMS, UNIVERSITY OF IOWA COLLEGE OF DENTISTRY<sup>4</sup>



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 (0.993 g) syringes

REFRIGERATE



**4541 - Peak Universal Bond Self-Etch Bottle Kit**  
1 x 4 ml (4.13 g) Peak Universal Bond bottle  
4 x 1.0 ml (0.993 g) Peak SE Primer syringes  
40 x Black Mini Brush tips  
50 x Mixing Wells  
50 x Micro Applicator brushes

## Peak™ SE Primer NO-RINSE SELF-ETCHING PRIMER



Black Mini™ Brush Tip page 100

- When used with Peak Universal Bond adhesive, provides top-rated bond strengths by an independent non-profit dental education and product testing institute<sup>2</sup>
- 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 optimised 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. The mixed chemistry is stable and can be used for 120 days. 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 temporisation.

## FOR INDIRECT BONDING

Courtesy of Dr. Rich Tuttle.



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.

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



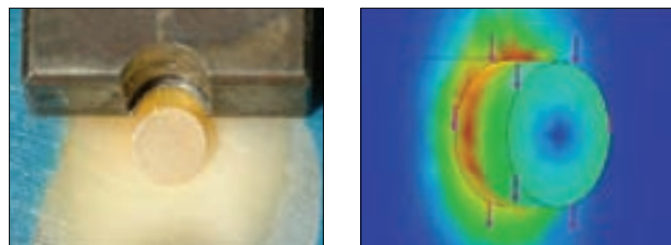
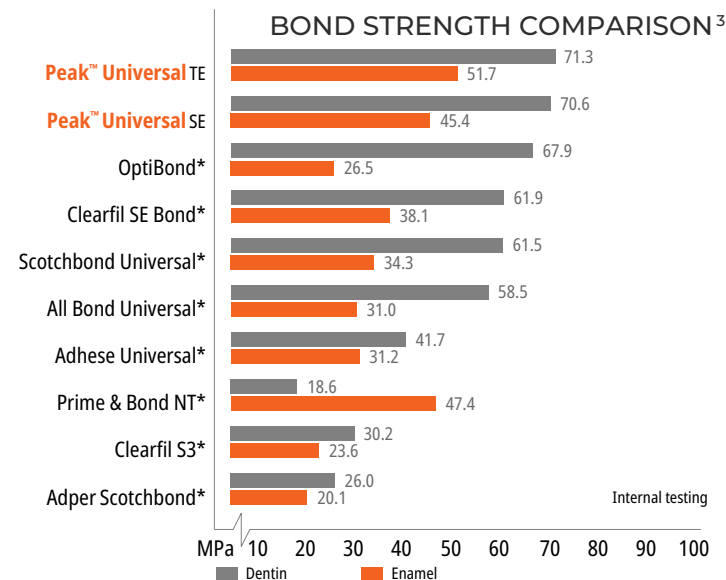
## Peak™ Universal Bond

LIGHT-CURED ADHESIVE



- Features Ultradent's Dymetech™ phosphate monomer blend for enhanced strength and greater versatility
- Contains 0.2% chlorhexidine to help ensure long-term bond strength<sup>2,3</sup>
- 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, bottle, and unit-dose 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-synthesised phosphate monomers, its viscosity has been optimised for minimal film thickness and superior strength. It contains an ethyl alcohol solvent carrier and will cure with any dental curing light, including LEDs.



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

REFRIGERATE

**4543 - Peak Universal Bond Bottle 1pk**  
4 ml (4.13 g) bottle



REFRIGERATE

**4553 - Peak Universal Bond Syringe 4pk**  
**4552 - Peak Universal Bond Syringe 20pk**  
1.2 ml (1.24 g) syringes



## Peak™-ZM

ZIRCONIA/METAL PRIMER



Zirconia and metal have met their match!

- Includes a unique blend of phosphate monomers, as well as the MDP monomer
- Significantly enhances bond strengths to resin cements<sup>1</sup>
- 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.<sup>2</sup> With Peak-ZM primer, you can feel confident in your zirconia and metal restorations.

Note: Not for use with RMGI or GI.

REFRIGERATE



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

1. Data on file. 2. Data on file.





## 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 50µm Al<sub>2</sub>O<sub>3</sub> 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

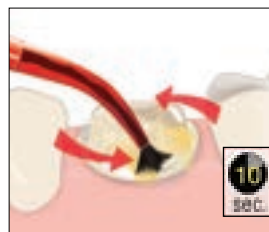


5. Apply Ultra-Etch™ etchant for 15 seconds. Rinse for 5 seconds, lightly dry, leave slightly damp. **Recommended:** Apply ConsepSis™ solution to preparation, suction off excess.

## OR



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



- Includes all necessary pre-composite placement materials
- Yields the highest porcelain-to-resin bond strengths<sup>2</sup>
- 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.

**Rated excellent by a prominent independent research institute.<sup>3</sup>**

*"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

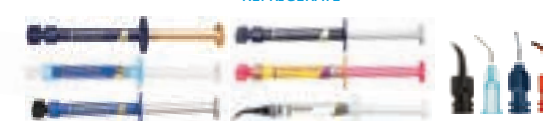
*"Ultradent's Porcelain Repair Kit is the only one that works. It includes all the necessary materials and isn't overpriced. All the products are quality."*

—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

## REFRIGERATE



## 1108 - Ultradent Porcelain Repair Syringe Kit

- 1 x 1.2 ml (2.3 g) PermaFlo Dentin Opaquer syringe
- 1 x 1.2 ml (1.584 g) Ultra-Etch syringe
- 1 x 1.2 ml (1.34 g) OpalDam syringe
- 1 x 1.2 ml (1.24 g) Peak Universal Bond syringe
- 1 x 1.2 ml (1.33 g) Porcelain Etch syringe
- 1 x 1.2 ml (0.96 g) Ultradent Silane syringe
- 20 x Black Mini Brush tips
- 20 x Blue Micro tips
- 20 x Micro 20 ga tips
- 20 x Inspiral Brush tips

<sup>1</sup>. realityesthetics.com. <sup>2</sup>. Pameijer CH, Fischer D. Repairing fractured porcelain: how surface preparation affects shear force resistance. *J Amer Dent Assoc.* 1996; 127(2):203-209. <sup>3</sup>. 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.





## Ultradent™ Porcelain Etch and Silane

### 90-Second Etch—60-Second Silane



Inspiral™ Brush Tip page 101



Black Mini™ Brush Tip page 100

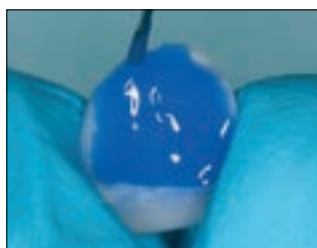
- Etch is easy to control and place
- Yields highest porcelain-to-resin bond strengths<sup>2</sup>
- Silane is a single component
- Use on feldspathic and lithium disilicate (IPS e.max®) restorations

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.<sup>2</sup>



1. Etch ceramic bonding surface with Porcelain Etch for 90 seconds, rinse, and dry.

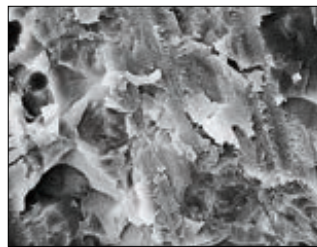


2. Apply Ultra-Etch™ etchant for five seconds to remove porcelain salts and debris formed by hydrofluoric acid etching.

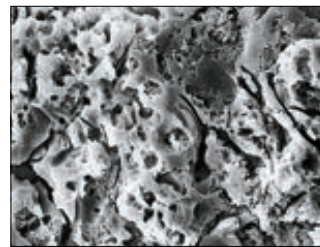


3. Apply a puddle coat of Silane to the inside surface of the prosthesis for 60 seconds, dry, and set aside. Do not rinse. Prosthesis is now ready for luting/cementing.

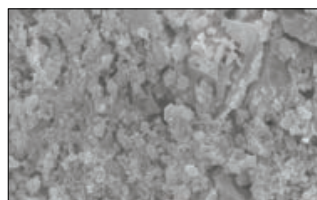
Courtesy of Dr. Cornells Pameijer.



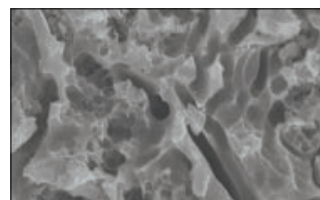
1. Diamond-cut porcelain surface.



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 Inspiril Brush tip to prepared porcelain.



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



**405-AU - Porcelain Etch Syringe Kit**  
2 x 1.2 ml (1.332 g) Porcelain Etch syringes  
2 x 1.2 ml (0.96 g) Silane syringes  
20 x Black Mini Brush tips  
20 x Inspiril Brush tips



**406-AU - Porcelain Etch Syringe 2pk**  
1.2 ml (1.332 g) syringes



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

\*Trademark of a company other than Ultradent. 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):203-209.



## Ultra-Blend™ plus DENTIN LINER AND PROTECTIVE BASE



Black Micro™ Tip page 101

Black Mini™ Tip page 100

- Bioactive<sup>2</sup> liner and pulp-capping material
- Superior calcium release<sup>3</sup>
- Light curable
- Controlled, precise syringe delivery
- No mixing necessary
- Will not dissolve over time
- Radiopaque
- Highly filled
- Use to cover MTAFlow™ repair 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. **Consepis solution** - Apply Consepis™ 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. Minimise dentin coverage to maximise 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 Consepis 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 Inspiril™ 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 (1.6 g) Dentin syringes  
2 x 1.2 ml (1.68 g) 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  
1.2 ml (1.6 g) Dentin syringes, 1.2 ml (1.68 g) Opaque White

1. realityesthetics.com. 2. 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. 3. Data on file.





## Consepsis™

2% CHLORHEXIDINE ANTIBACTERIAL SOLUTION



Blue Mini™ DI Tip page 101



Black Mini™ Brush Tip page 100

- Reduces potential for postoperative sensitivity<sup>2</sup>
- Helps ensure long-term bond strength<sup>3,4</sup>
- 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.

Minimise post-op sensitivity by thoroughly cleaning the preparation prior to sealing and restoring.<sup>2</sup> 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 (35% bond strength degradation vs. no degradation in CHX-treated teeth).<sup>3,4</sup>

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

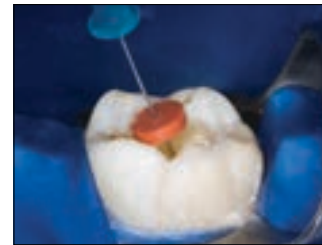
1. Ultra-Etch etchant



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 (1.116 g) syringes  
20 x Blue Mini Dento-Infusor tips  
20 x Black Mini Brush tips



**404 - Consepsis IndiSpense Syringe Kit**  
1 x 30 ml (27.9 g) IndiSpense syringe  
10 x Blue Mini Dento-Infusor tips  
10 x Black Mini Brush tips  
20 x 1.2 ml empty syringes



**491 - Consepsis Syringe 20pk**  
1.2 ml (1.116 g) syringes



**687 - Consepsis IndiSpense Syringe 1pk**  
30 ml (27.9 g) syringe

1. realityesthetics.com. 2. Al-Omari WM, Al-Omari QD, Omar R. Effect of cavity disinfection on postoperative sensitivity associated with amalgam restorations. *Oper Dent*. 2006;31(2):165–170. doi: 10.2341/05-8. PMID:16827017 3. Carrilho MR, Geraldini S, Tay F, et al. In vivo preservation of the hybrid layer by chlorhexidine. *J Dent Res*. 2007;86(6):529–533. 4. Hebling J, Pashley DH, Tjäderhane L, Tay FR. Chlorhexidine arrests subclinical degradation of dentin hybrid layers in vivo. *J Dent Res*. 2005;84(8):741–746.

# FINISH

Jiffy One Single-Use Polishers  
Jiffy Spin  
Jiffy Original Composite  
Jiffy Natural Composite  
Jiffy Natural Universal Ceramic  
Jiffy Universal Ceramic  
Ultradent Diamond Polish Mint

Jiffy Goat Hair Brush  
Jiffy Composite Polishing Brushes  
Jiffy Diamond Strips  
Jiffy Proximal Saw  
DeOx  
PermaSeal  
PrimaDry

ALONA LAKUBA - Canyonlands







Jiffy™ One  
SINGLE-USE POLISHERS



- No need to re-process the polishers
- Get the lustre you and your patients expect with specially formulated diamond grit
- No chance of cross-contamination
- No need to worry about accidentally throwing out multi-use polishers

SIMPLE, STRAIGHTFORWARD, AND SAFE



Polish.



Toss in the bin.



Quick. Easy. Beautiful.

For a one-step polish, start with Medium.  
Need more lustre? Use the Fine.

Maximum two-step system for quick and easy polishing.  
The Jiffy One single-use polishing system delivers  
a beautiful, natural shine while saving you time.



Medium



Fine

Jiffy One Cups, Disks, Points 20pk

	<b>Cups 20pk</b>	<b>Disks 20pk</b>	<b>Points 20pk</b>
<b>Medium</b>	<b>7024</b>	<b>7026</b>	<b>7028</b>
<b>Fine</b>	<b>7025</b>	<b>7027</b>	<b>7029</b>



7030 - Jiffy One Single Use Polisher Trial Kit

4 x Medium Yellow cups, 2 x Medium Yellow disks, 2 x Medium Yellow points  
4 x Fine White cups, 2 x Fine White disks, 2 x Fine White points

Jiffy™ Spin

COMPOSITE SHAPING & FINISHING DISK KIT



- Ultra-thin disks are perfect for interproximal finishing and shaping
- Every component of the Jiffy system works together to create a smooth, aesthetic restoration
- Suitable for use on composite materials
- Aluminum-oxide-coated disks range from coarse to fine for smoothing and polishing
- Extra-coarse diamond grit for rapid shaping and gross removal
- Creates the pristine finish patients love

The Jiffy Spin shaping and finishing disk system is a high-quality solution to shape and finish restorations, rapidly and efficiently. Clinicians love the finished results of any set in the Jiffy product line; but if you'd like a faster polish in your repertoire, this is the one to pick out of the lineup.



5570 - Jiffy Spin  
10 mm Shaping & Finishing Disk Kit

2 x Mandrels, 50 x Extra-Coarse Disks, 50 x Coarse Disks,  
50 x Medium Disks, 50 x Fine Disks



5571 - Jiffy Spin  
14 mm Shaping & Finishing Disk Kit

2 x Mandrels, 50 x Extra-Coarse Disks, 50 x Coarse Disks,  
50 x Medium Disks, 50 x Fine Disks



5581 - Jiffy Spin Mandrel 10pk

Jiffy Spin Shaping & Finishing Disks 75pk

<b>75pk</b>	<b>Extra-Coarse</b>	<b>Coarse</b>	<b>Medium</b>	<b>Fine</b>
<b>10 mm</b>	<b>5582</b>	<b>5572</b>	<b>5573</b>	<b>5574</b>

<b>75pk</b>	<b>Extra-Coarse</b>	<b>Coarse</b>	<b>Medium</b>	<b>Fine</b>
<b>14 mm</b>	<b>5583</b>	<b>5576</b>	<b>5578</b>	<b>5579</b>



Jiffy™

ORIGINAL COMPOSITE SYSTEM



- Unique disk shape gives you leverage on working surfaces
- Polishing cups feature a flared, flexible thin-wall design ideal for polishing near the gingiva
- Available with or without autoclavable aluminum blocks\*
- 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 aesthetic finish to composite or ceramic restorations.

INTRAORAL SHAPING

Recommended speed: 3,000–8,000 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: 3,000–8,000 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: 3,000–8,000 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: 3,000–8,000 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)



**7010 - Jiffy Composite Polishing Variety Pack**  
6 x Cups (2 coarse, 2 medium, 2 fine)  
3 x Disks (1 coarse, 1 medium, 1 fine)  
9 x Points (3 coarse, 3 medium, 3 fine)



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

Jiffy Cups, Disks, Points 12pk

	Cups 12pk	Disks 12pk	Points 12pk
Coarse	7011	7015	7019
Medium	7012	7016	7020
Fine	7013	7017	7021

Jiffy HiShine Cups, Disks, Points 10pk

	Cups 10pk	Disks 10pk	Points 10pk
HiShine	7014	7018	7022





## Jiffy™ **Natural** COMPOSITE POLISHING SYSTEM



- Easily re-creates the lustre 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 swirl 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 swirl polisher
- 1 x Jiffy Fine swirl 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.



### 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

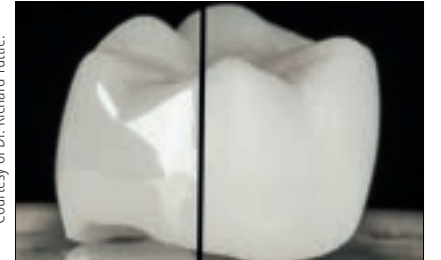


Use Jiffy Natural Universal RA Medium 14 mm wheel to pre-polish all areas except near the gingiva, where a Jiffy RA Medium Universal cup should be used.



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



### 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

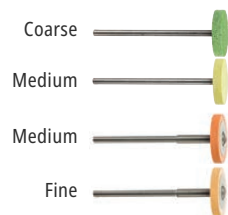
\* Ultradent recommends the use of an aluminum block when autoclaving to prevent warping and deformation.



## Jiffy™ UNIVERSAL CERAMIC ADJUSTING AND POLISHING SYSTEM



- 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<sup>2</sup>
- Optimised 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.

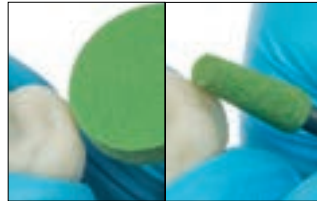


**Final Finish Option**  
The unique Jiffy™ Goat Hair Brush used with Ultradent™ Diamond Polish Mint gives a final aesthetic finish to ceramic restorations.

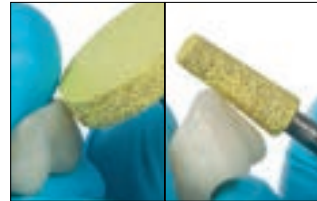
### EXTRAORAL ADJUSTING

- 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.

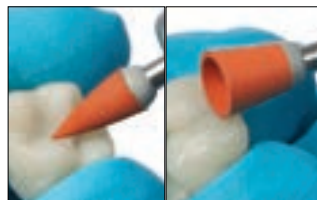


2. Use Jiffy HP Fine Universal wheel to create final polish.

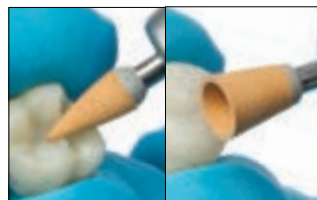
### INTRAORAL POLISHING

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

Recommended speed: 5,000–7,000 RPM

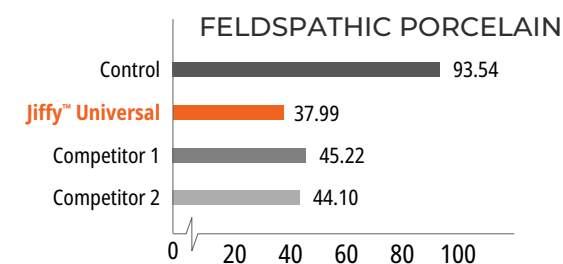
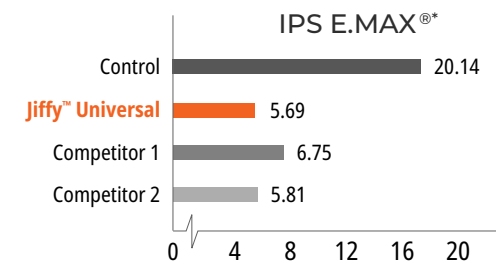
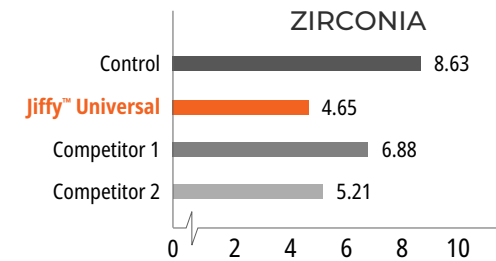


1. Use Jiffy Universal RA Medium point and cup to pre-polish.



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

### SURFACE ROUGHNESS (µin)<sup>2</sup>



"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 - GLENCOE, 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 fine)



### 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.





## Ultradent™ Diamond Polish **Mint**



Black Mini™ Tip page 100

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



Use Ultradent Diamond Polish Mint with Jiffy Goat Hair Brush.



**5540 - Diamond Polish **Mint** Syringe 0.5 µm 2pk**  
**5541 - Diamond Polish **Mint** Syringe 1 µm 2pk**  
 1.2 ml (1.404 g) 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 aesthetic finish on composite or ceramic restorations.



**1029 - Jiffy Goat Hair Brush 10pk**

## Jiffy™ Composite Polishing Brushes REGULAR AND POINTED



Each bristle is a polishing instrument. Special fibres are impregnated with abrasive silicon carbide particles.

Easily recognisable 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**

## Jiffy™ Diamond Strips



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 Xfine)

**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 sterilised by autoclave or dry heat.



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

## DeOx™

VISCOUS OXYGEN BARRIER SOLUTION



Black Mini™ Tip page 132

- 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 polymerised.



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 polymerisation; no ditching at margin.



**238 - DeOx Syringe 4pk**  
 1.2 ml (1.513 g) syringes



## PermaSeal™

PENETRATING COMPOSITE SEALER



Black Micro™ FX™ Tip page 100

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

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

PermaSeal composite sealer minimises staining and wear by sealing voids and irregularities created during the polishing process. Place on Class V composite margins to reduce microleakage.<sup>2</sup> 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 revitalise 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 slurry, 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. Apply PermaSeal composite sealer to seal composite and adjacent enamel. Air thin and light cure for 10 seconds



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 (1.3 g) 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, Hennessey C. Microleakage of Class V composite restorations using a composite surface sealant. Biomaterials Research Centre, Loma Linda University School of Dentistry. May 1996. Data on file.

## PrimaDry™

DRYING AGENT



Black Micro FX™ Tip page 100

PrimaDry drying agent contains 99% organic solvents and 1% primer and is optimal for pit and fissure drying and preparation. It rapidly volatilises moisture content of pits and fissures. The ultrafine primer film allows UltraSeal XT™ plus sealant to flow perfectly into every pit and fissure.

REFRIGERATE



**716 - PrimaDry Syringe 4pk**  
1.2 ml (.953 g) syringes



# IMPRESSIONS

Thermo Clone VPS  
Thermo Clone VPS Putty  
Thermo Clone Bite Registration  
Thermo Clone Clear Bite Registration

ANNA GRAY - White Pine Lake





## Thermo Clone™ VPS

VINYL POLYSILOXANE IMPRESSION MATERIAL

TAKE A GREAT IMPRESSION THE FIRST TIME



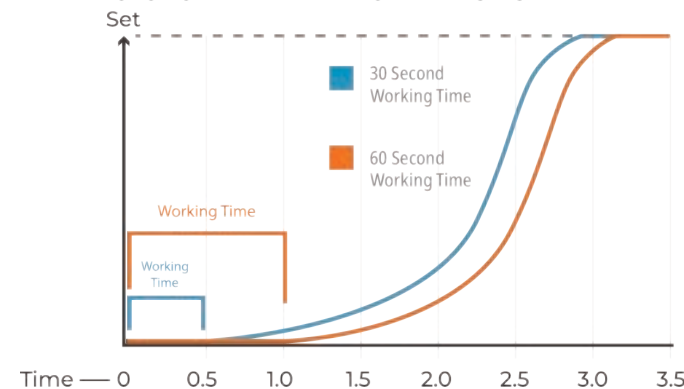
- Thermal-Accelerated Set ensures a long working time and short intraoral setting time
- Increased hydrophilicity reliably captures margins
- Highly thixotropic material flows into all gaps for maximum detail
- High tear strength with superb elastic recovery
- Bubble Gum scent

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 fast set 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.

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

## THERMO CLONE HEAVY BODY FAST SET MATERIAL<sup>2</sup>



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 min	1:10 mins
CLEAR BITE REGISTRATION	FAST	0:15 min	0:45 min	1:00 min

**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 contains a platinum catalyst.

## 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™ VPS 380 ml Jumbo Cartridges



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

1 x 380 ml cartridges  
1 x Bayonet ring  
10 x Thermo Clone 380 ml mixing tips



**6065 - Thermo Clone 380 ml Mixing Tip - 50pk**  
50 x Thermo Clone 380 ml mixing tips  
1 x Bayonet ring



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



## 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.

**4072 - Bite Registration 50 ml 2pk**  
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 material when used as a provisional template makes for temporaries that look and fit more like finished crowns and bridges, increasing patient satisfaction.

**4079 - Clear Bite Registration 50 ml 2pk**  
2 x 50 ml cartridges  
6 x Mixing tips



**ExperTemp™**  
TEMPORARY CROWN AND  
BRIDGE MATERIAL



For more information, see pages 7–8.





## J-Temp™ LIGHT-CURED TEMPORARY RESIN



SPLINTING BETWEEN MULTIPLE IMPLANT  
COPINGS FOR IMPRESSIONS TO RESIST  
IMPRESSION MATERIAL DISTORTION



1. Secure floss between implant copings.



2. Place J-Temp temporary resin in  
2–3 mm increments.



3. Alternate sides, working towards  
the middle.



4. Light cure between each increment



5. Final increment connecting the two  
sides should be as small as possible to  
minimise shrinkage.



6. Light cure final increment.



7. It is now ready for open tray impression.

Light-Cured Temporary Resin,  
4 indications in 1, see page 23.

# PREPARE

Sable Seek  
Umbrella  
DermaDam  
DermaDam Synthetic  
OraSeal  
Consepsis Scrub

STARbrush  
InterGuard  
Halo  
Omni-Matrix  
Omni-Matrix Original

KODA PEARCE - Strawberry Reservoir







## Sable™ Seek™ CARIES INDICATORS



Black Mini™ Brush Tip page 100

- Stains carious and demineralised dentin
- Provides precise, mess-free delivery
- Available in dark green for working near pulp

Sable Seek caries indicator contains FD&C dyes and it is used to stain carious and demineralised dentin.

Sable Seek caries indicators stain carious and demineralised dentin and can be very useful for difficult-to-see areas, for example; undercuts of preparations, dark dentin, areas along the DE junction, etc. Green Sable Seek caries indicator helps visualisation 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.

\* See IFU for complete instructions. 1. realityesthetics.com.



**233 - Sable Seek Syringe Kit**  
4 x 1.2 ml (1.223 g) syringes  
20 x Black Mini Brush tips



**234 - Sable Seek Syringe 4pk**  
**1805 - Sable Seek Syringe 20pk**  
1.2 ml (1.223 g) syringes

## 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**  
**5256 - Umbrella Retractor Large 5pk**  
**5257 - Umbrella Retractor Large 20pk**  
**5258 - Umbrella Retractor Large 40pk**



MEDIUM



LARGE

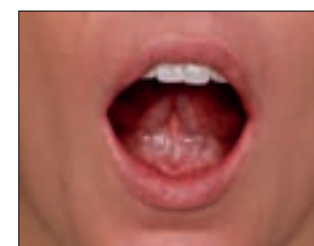
### PROCEDURE



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.



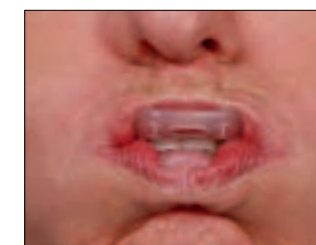
DO NOT place the retractor upside down.



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 centre 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.





## DermaDam™ RUBBER DAM



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

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

**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



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.



## J-Temp™ LIGHT-CURED TEMPORARY RESIN



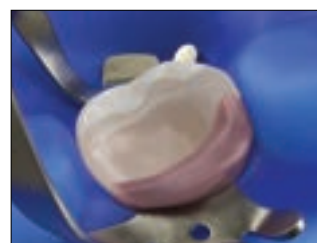
TO PROVIDE STRUCTURE FOR ISOLATION CLAMPING AND  
TO ACT AS A BARRIER FOR ENDODONTIC IRRIGANTS\*



1. Insufficient tooth structure complicates the placement of clamp and rubber dam.



2. Replace missing tooth structure by placing J-Temp temporary resin in 2–3 mm layers and light cure between. Use a bur to adjust if needed.



3. Rubber dam can now be securely placed to provide a barrier for irrigants.

\* See IFU for complete instructions.

Light-Cured Temporary Resin, 4 indications in 1, see page 23.



## OraSeal™ CAULKING AND PUTTY



White Mac™ Tip page 103

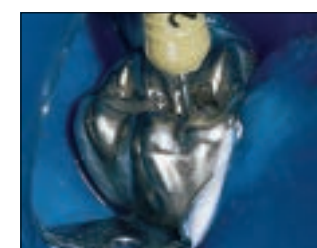
- Adheres under water and saliva
- Provides a protective seal against gingival exposure to peroxide or hydrofluoric acid
- Ideal for blocking out unwanted spaces for impressions
- Effectively adheres to wet rubber dams, tissue, teeth, and metal
- OraSeal Putty material has a stiffer consistency than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



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.<sup>2</sup> Procedure can then be performed in a clean, dry field.

\* See IFU for complete instructions. 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 (1.38 g) OraSeal Caulking syringes  
2 x 1.2 ml (1.44 g) OraSeal Putty syringes  
4 x Black Mini tips  
20 x White Mac tips



1.2 ml syringe (g, see above)	4pk	20pk
Caulking	351	354
Putty	353	355





Consepsis™ Scrub  
CHLORHEXIDINE ANTIBACTERIAL SLURRY



White Mac™ Tip page 103

- May reduce post-op sensitivity<sup>2</sup>
- Does not compromise bond strength<sup>3,4</sup>
- 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 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. Studies have shown that 2% chlorhexidine, such as Consepsis [Scrub slurry], helps address microorganisms in dentinal tubules better than other tested intracanal medicaments.<sup>5</sup>

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

See page 78 for Consepsis™ chlorhexidine antibacterial solution.

PROCEDURE



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



Before.

After.



732 - Consepsis Scrub Syringe 4pk  
1.2 ml (1.89 g) syringes



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

1. realityesthetics.com. 2. Al-Omari WM, Al-Omari QD, Omar R. Effect of cavity disinfection on postoperative sensitivity associated with amalgam restorations. *Oper Dent.* 2006 ;31(2):165–170. doi: 10.2341/05-8. PMID:16827017. 3. Carrilho MR, Geraldeli S, Tay F, et al. In vivo preservation of the hybrid layer by chlorhexidine. *J Dent Res.* 2007;86(6):529–533. 4. Hebling J, Pashley DH, Tjäderhane L, Tay FR. Chlorhexidine arrests subclinical degradation of dentin hybrid layers in vivo. *J Dent Res.* 2005;84(8):741–746. 5. Vasudeva A, Sinha DJ, Tyagi SP, et al. Disinfection of dentinal tubules with 2% chlorhexidine gel, calcium hydroxide and herbal intracanal medicaments against enterococcus faecalis: an in-vitro study. *Singapore Dent J.* 2017 Dec;38:39–44. doi: 10.1016/j.sdj.2017.06.001. PMID: 29229073.



**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<sub>2</sub>S) 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



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



	50pk	100pk
STARbrush	1092	1093



Actual size

1. realityesthetics.com.

InterGuard™  
INTERPROXIMAL TOOTH GUARD



The InterGuard interproximal tooth guard reduces risk of iatrogenic damage by protecting adjacent teeth.<sup>2,3</sup> 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





# HALO™

## SECTIONAL MATRIX SYSTEM



Beautiful Results  
in Less Time

The easy-to-use Halo sectional matrix system allows you to create beautiful, anatomically contoured composite restorations in less time.

PREPARE



### Halo™ SECTIONAL MATRIX SYSTEM



Maximum tooth separation is achieved through the force of the nitinol ring and active wedging provided by the wedges. This ideal system of separation allows you to restore a single tooth or back-to-back restorations with ease. The unique beak design of the Halo ring allows the band to fully adapt to the prep from the gingival margin to the marginal ridge and maintain its shape even in large preparations, helping you achieve anatomically shaped restorations. When you have ideal contacts and well-adapted bands with anatomical curvature, you will see a reduction in the time spent shaping and finishing. The Halo system does exactly that with every restoration.



The easy-to-use Halo sectional matrix system allows you to create beautiful, anatomically contoured composite restorations in less time.



#### 4831 - Halo Original Bands with Instruments Kit

2 x Each *Universal Rings*  
25 x Each *Original Matrices*  
3.5 mm, 4.5 mm, 5.5 mm, 6.5 mm, and 7.5 mm  
25 x Each *Wedges Small, Medium, and Large*  
1 x *Halo Carousel*  
1 x *Tweezers*  
1 x *Forceps*



#### 4832 - Halo Original Bands Kit

2 x Each *Universal Rings*  
25 x Each *Original Matrices*  
3.5 mm, 4.5 mm, 5.5 mm, 6.5 mm, and 7.5 mm  
25 x Each *Wedges Small, Medium, and Large*  
1 x *Halo Carousel*

#### 4835 - Halo Original Bands Mini Kit

2 x Each *Universal Rings*  
5 x Each *Original Matrices*  
3.5 mm, 4.5 mm, 5.5 mm, 6.5 mm, and 7.5 mm  
5 x Each *Wedges Small, Medium, and Large*  
1 x *Halo Carousel*

#### 4833 - Halo Firm Nonstick Bands Kit

2 x Each *Universal Rings*  
20 x Each *Firm Nonstick Matrices*  
3.5 mm, 4.5 mm, 5.5 mm, 6.5 mm, and 7.5 mm  
25 x Each *Wedges Small, Medium, and Large*  
1 x *Halo Carousel*

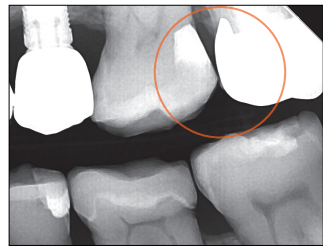
#### 4834 - Halo Firm Bands Kit

2 x Each *Universal Rings*  
25 x Each *Firm Matrices*  
3.5 mm, 4.5 mm, 5.5 mm, 6.5 mm, and 7.5 mm  
25 x Each *Wedges Small, Medium, and Large*  
1 x *Halo Carousel*

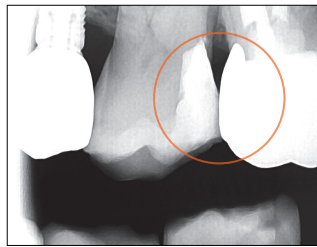




### WHY CHOOSE A SECTIONAL MATRIX?



- Large food trap above
- Fails to restore proximal anatomy
- Thin contact at the marginal ridge
- Likelihood of fracture, occlusal interference, recurrent caries, and periodontal disease



- User-friendly system
- Natural contours
- Tight, anatomically correct contact points at correct height of contour

### DO CLINICAL CASE



1. Pre-op.



2. Preparation with Halo system.



3. Post-op.

### MOD CLINICAL CASE



1. Pre-op.



2. Preparation with Halo system.

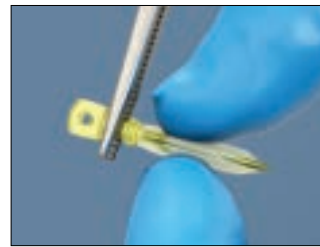


3. Post-op.

### STEP-BY-STEP GUIDE\*



1. Select an appropriate matrix band based on required occlusogingival height. Using tweezers, grip the matrix band tab and bend as needed, then place interproximally with the concave surface facing the tooth to be restored.



2. Select wedge that best adapts matrix band to the gingival portion of the preparation. Grip wedge with cotton pliers.



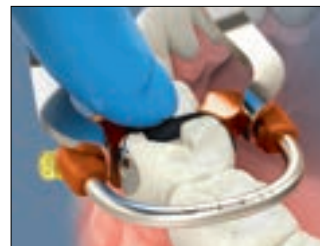
3. Light finger pressure may need to be applied to the matrix band to prevent it from being dislodged during wedge placement.



4. If needed, an additional wedge may be used to provide greater adaptation to the gingival cavosurface.



5. Carefully place Halo ring using the ring forceps.



6. The ring should be placed as low as possible with the tine ends of the ring straddling the wedge on each side of the tooth.



7. Inspect matrix band, wedge, and ring placement to ensure that the matrix band is well adapted to the cavosurface margins and that it is in intimate contact with the adjacent tooth.

\* See IFU for complete instructions.

### Halo™ Matrices MATRIX BANDS



- Anatomically shaped for ideal contacts
- Curve at marginal ridge creates ideal occlusal embrasure, reducing finishing<sup>1</sup>
- Tweezer holes for easy placement
- Bendable tab allows for easy placement and removal with increased visibility
- Optional colour coding according to size for easy identification
- Original bands allow for more adaptability and burnishing, while Firm bands resist deformation and are ideal for tight interproximal spaces

Original	50pk	100pk
3.5 mm	5448	5449
4.5 mm	5450	5451
5.5 mm	5452	5453
6.5 mm	5454	5455
7.5 mm	5456	5457

Firm	50pk	100pk
3.5 mm	5059	—
4.5 mm	5062	5063
5.5 mm	5064	5065
6.5 mm	5066	5067
7.5 mm	5068	—

Firm Nonstick	50pk	100pk
3.5 mm	5049	—
4.5 mm	5051	5052
5.5 mm	5053	5054
6.5 mm	5055	5056
7.5 mm	5057	—

### Halo™ WEDGE



- Firm wedge creates active wedging for enhanced separation, while being less traumatic to the papillae
- Hollow design makes wedges easy to place and allows wedges to be stacked when multiple wedges are needed
- Easy to distinguish colours help identify sizes of wedges
- Collapsible centre for anatomical adaptation of the band

Size	100pk
Small	5042
Medium	5043
Large	5044

### Halo™ Nitinol Rings UNIVERSAL RINGS



- Super-elastic nitinol metal maintains force during procedures and reduces cyclic fatigue
- Rings will last over 1,000 uses
- Glass-filled nylon tines won't easily break, and won't collapse into the prep and create under-contoured restorations
- Ring contours secure the band in a natural and anatomical shape, helping to eliminate flash and reducing the amount of finishing needed<sup>2</sup>
- Stackable design allows for use with MODs and other Class II restorations
- Provides ideal separation for back-to-back restorations

Size	1pk	2pk
Universal	5008	5009



### Halo™ Tweezers CROSSOVER ACTION TWEEZERS

- Passively hold wedges and matrices
- Simplify placement and removal of Halo matrices
- Ball tip for burnishing
- Crossover action
- Positive mechanical connection for secure handling and powerful grip



5048 - Tweezers 1pk

### Halo™ Forceps RING-PLACEMENT FORCEPS

The locking function and angled grip arms of the Halo forceps ensure maximum stability of the ring during placement both mesially and distally.

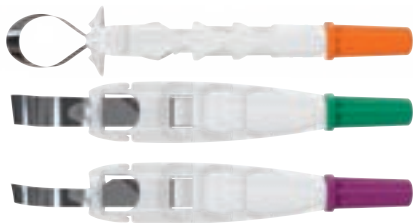
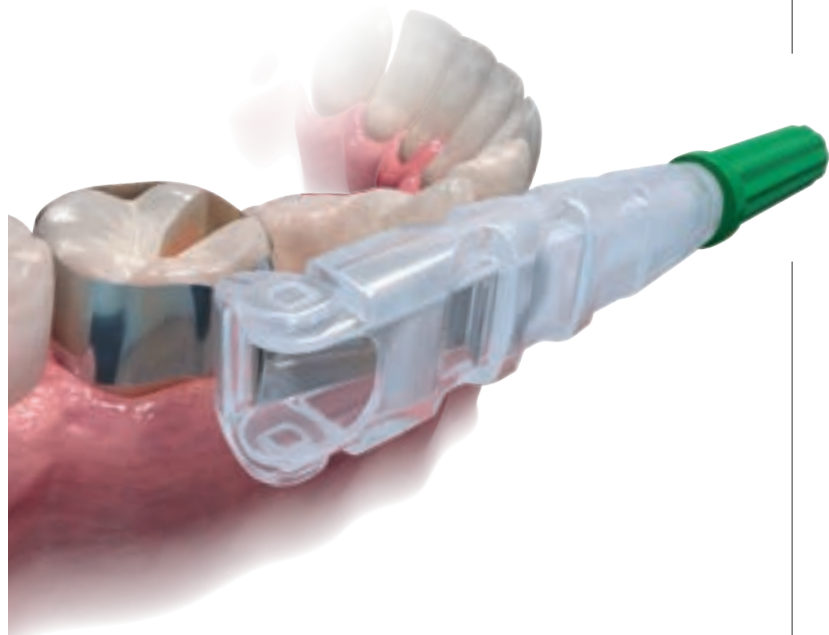


5047 - Halo Forceps 1pk

1. Data on file. 2. Data on file.

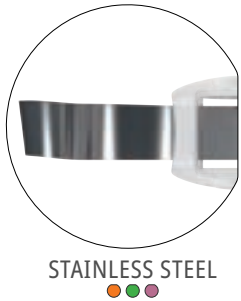
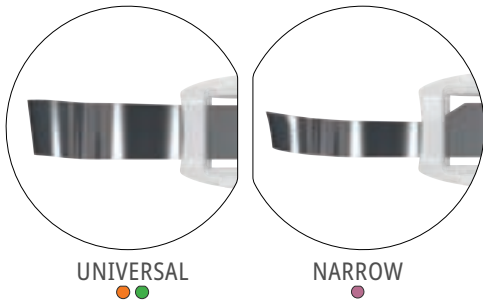


Omni-Matrix™  
DISPOSABLE RETAINER AND MATRIX



- Innovative shape allows procedural visibility and patient comfort<sup>2</sup>
- Ultra-thin burnishable stainless steel adapts to preparations<sup>3</sup>
- 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 customise 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.



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

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

1. realitysthetics.com. 2. Data on file. 3. Data on file.



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

The Omni-Matrix disposable retainer and matrix is designed to be quick and easy to use. 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.



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



# PREVENT AND HYGIENE

CHRISTIAN DE OLIVEIRA - Flaming Gorge

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



THE LEADER IN SEALANTS since 1998!\*

PREVENT AND HYGIENE



## UltraSeal XT™ plus HYDROPHOBIC PIT AND FISSURE SEALANT

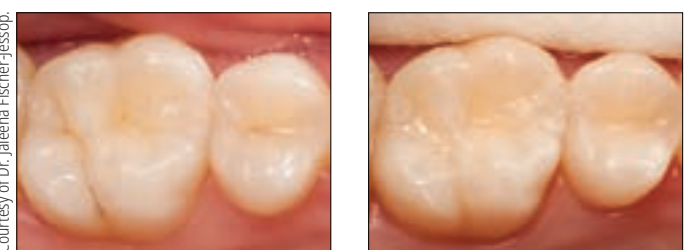


Inspiral™ Brush Tip page 101

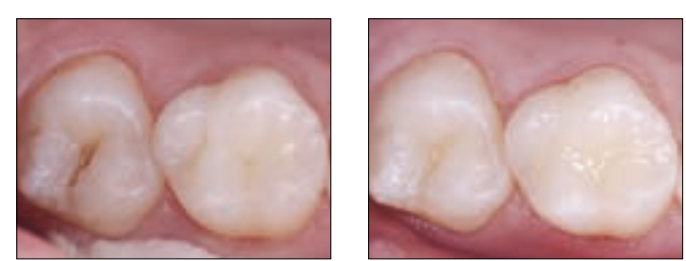
- Resin-based sealants have high retention rates<sup>2</sup>
- Direct delivery into difficult-to-access areas
- Drip-free placement
- Penetrates deepest pits and fissures<sup>3</sup>
- Thixotropic/ideal viscosity flowability<sup>4</sup>
- Four shades: Opaque White, Clear, A1, and A2

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 polymerisation shrinkage than competitive products.<sup>5</sup> 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<sup>6</sup>—preventing it from running before it can be light cured. Using PrimaDry™ drying agent with UltraSeal XT plus sealant allows complete 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. \*\* See IFU for complete instructions.  
1. realityesthetics.com. 2. Alirezai M, Bagherian A, Sarraf Shirazi A. Glass ionomer cements as fissure sealing materials: yes or no? A systematic review and meta-analysis. *J Am Dent Assoc.* 2018; 149(7):640.649.e9. doi:10.1016/j.adaj.2018.02.001 3. Data on file. 4. Data on file. 5. Data on file, tested to internal procedures. 6. Data on file.

## 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. Light cure with VALO™ curing light on Standard Power for 10 seconds or 3 seconds on Xtra Power mode.



With its adjustable fibres 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 practise. 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

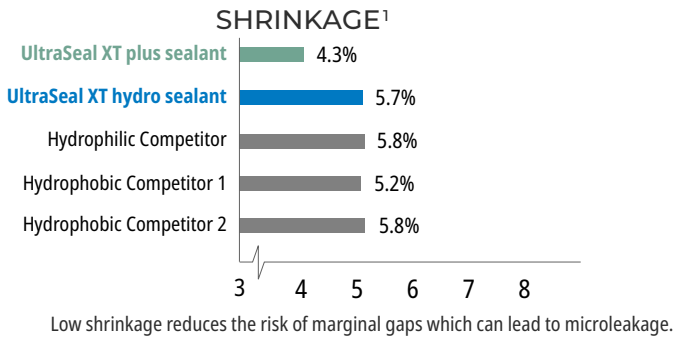
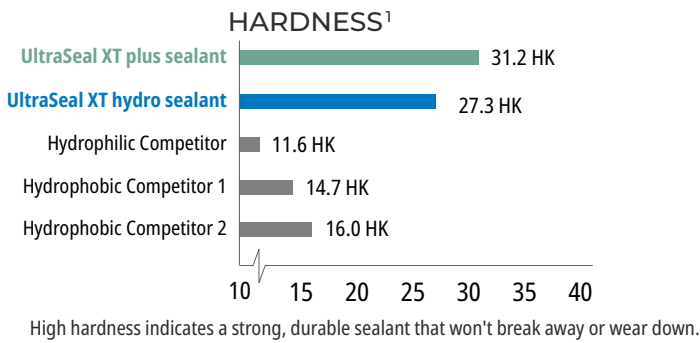
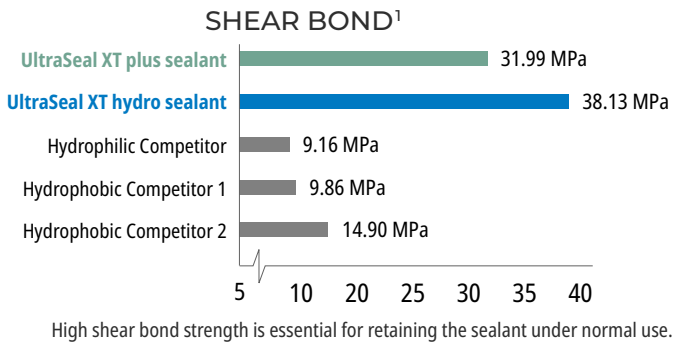
"Being a pediatric dentist, this is one material I cannot practise without. I have never found such a user-friendly sealant that is so easy to apply and with such excellent retention as the UltraSeal XT plus sealant." —DR. DAVID GOLDSTEIN – ORLANDO, FL

"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



<sup>1</sup>. Data on file, tested to internal procedures.

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 volatilises the 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.



UltraSeal XT plus Syringe Kits

Shade	Kit
Clear	563
A2	733

1 x 1.2 ml (2.04 g) UltraSeal XT plus syringe  
1 x 1.2 ml (1.584 g) Ultra-Etch syringe  
2 x 1.2 ml (3.53 g) PrimaDry syringes  
10 x Blue Micro tips  
10 x Black Micro FX tips  
20 x Inspiral Brush tips



UltraSeal XT plus Syringe 4pk and 20pk

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

1.2 ml (2.04 g) syringes



Black Micro™ FX™ Tip page 100



716 - PrimaDry Syringe 4pk  
1.2 ml (0.95 g) syringes



UltraSeal XT™ hydro  
HYDROPHILIC PIT AND FISSURE SEALANT

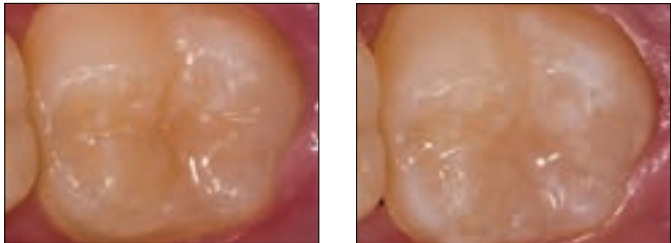


Inspiral™ Brush Tip page 101

- 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<sup>2</sup>
- Two shades: Opaque White and Natural

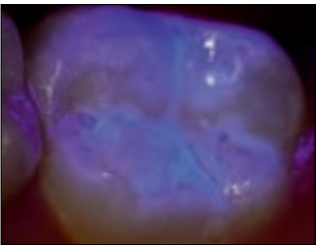
UltraSeal XT hydro hydrophilic pit and fissure sealant is a light-cured, radiopaque composite sealant that contains fluoride. It is stronger and more wear resistant because it is a 53%-filled resin and has less polymerisation shrinkage than competitive products.<sup>3</sup> Used with the Inspiral™ Brush Tip, the thixotropic nature of UltraSeal XT hydro sealant causes itself to thin as it's expressed from the tip, allowing complete penetration deep into the pits and fissures. When the resin stops flowing, the shear thinning ceases and placement is complete<sup>4</sup>—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



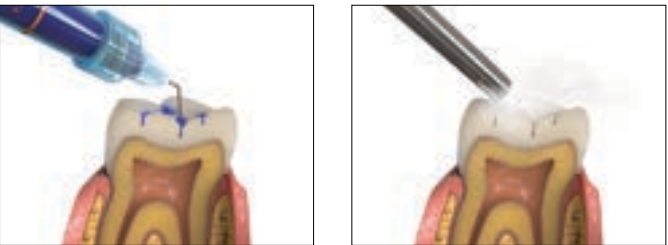
Before.

After.



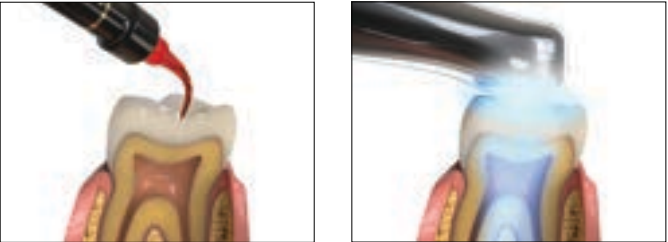
After placing a sealant, it is often difficult to check margins and retention. UltraSeal XT hydro sealant addresses that difficulty with added fluorescent properties. Fully viewable under a black light, the sealant's fluorescence allows you to check the integrity of the sealant at the time of placement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



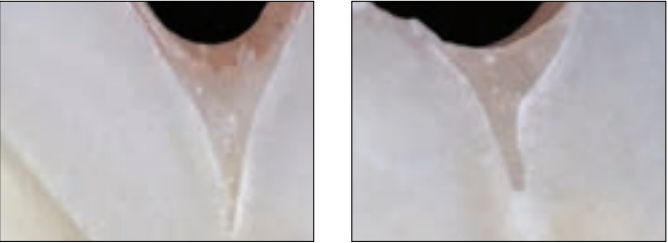
3. Place UltraSeal XT hydro sealant.

4. Light cure with VALO curing light on Standard Power for 10 seconds or 3 seconds on Xtra 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, VA

MARGINAL RETENTION AND MICROLEAKAGE

UltraSeal XT hydro Sealant



No microleakage.

Sealed margins.

Competitor Hydrophilic Sealant

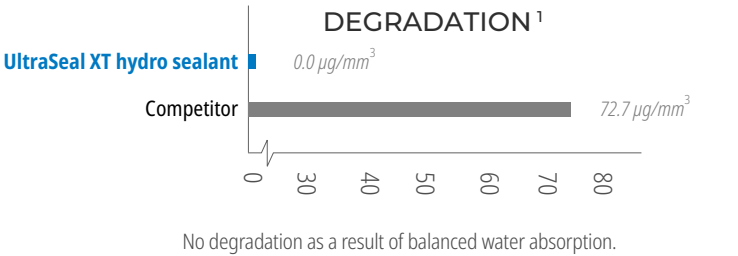
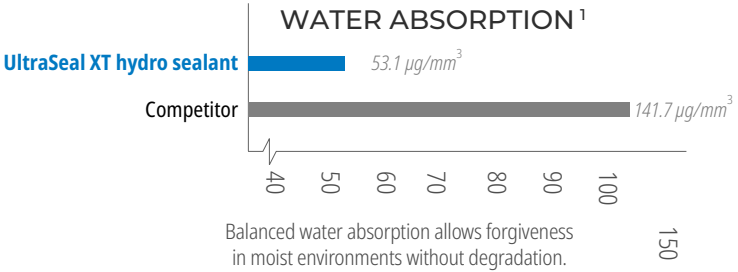


Microleakage.

Peeling from margins.

\* See JFU for complete instructions. <sup>1</sup>. realityesthetics.com. <sup>2</sup>. Data on file. <sup>3</sup>. Data on file, tested to internal procedures. <sup>4</sup>. Data on file.





<sup>1</sup>. Data on file, tested to internal procedures.



**UltraSeal XT hydro Syringe Kits**

Shade	Kit
Opaque White	3532
Natural	3533

1 x 1.2 ml (2.01 g) UltraSeal XT hydro syringe  
1 x 1.2 ml (1.584 g) Ultra-Etch syringe  
20 x Blue Micro tips  
20 x Inspiral Brush tips



**UltraSeal XT hydro Syringe 4pk and 20pk**

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

1.2 ml (2.01 g) syringes



**35551 - Black Light Keychain 1pk**



**Gemini EVO™**  
810 + 980 DIODE LASER



- Delivers 100 watts of peak power for faster cutting, less heat, and ultra-clean incisions in soft tissue<sup>1</sup>
- Wi-Fi connectivity allows for over-the-air updates and dedicated tech support
- Mobile app and Dashboard monitor usage statistics, including ROI and procedure data
- Three photobiomodulation adapters (3 mm, 7 mm, and 25 mm) are included so you can take full advantage of laser benefits
- Streamlined display and user interface for more intuitive and user-friendly control
- Three wavelength modes
- 16 preset procedures are divided into three categories for efficient, intuitive use
- Uses the same tips as the original Gemini laser
- Two-year warranty with an option to extend up to a five-year warranty

810 + 980 Diode Laser, page 44–47.



**Ultrapro™ Tx**  
PROPHY PASTE



- 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	—	8314	8315
Variety W-100, OD-50, CM-50	—	8327	—
PURE	—	8325	—

**Ultrapro™ Tx**  
DISPOSABLE PROPHY ANGLES



- Innovative cup design for reduced splatter and efficient cleaning
- Designed for better access and improved visibility, with 20% shorter head and 25% slimmer neck (Skini and Sweep angles)
- All designs feature optimal flare
- Outer ridges for improved interproximal cleaning (Extra, Skini, and Sweep angles)
- Available in right- or contra-angle designs (Extra and Skini angles)
- Comfortable, ergonomic design
- Not made with natural latex rubber
- Skini angle is sterile to minimise risk of infection

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 Extra, Skini, and Sweep angles are built to clean better than ever.

**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 keep 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.

<sup>1</sup>. realityesthetics.com.



Flavour-Free



Cool Mint



Caramel



Orange Cream



Bubble Gum



Walterberry

## Enamelast™ FLUORIDE VARNISH

MORE THAN JUST GREAT TASTE!

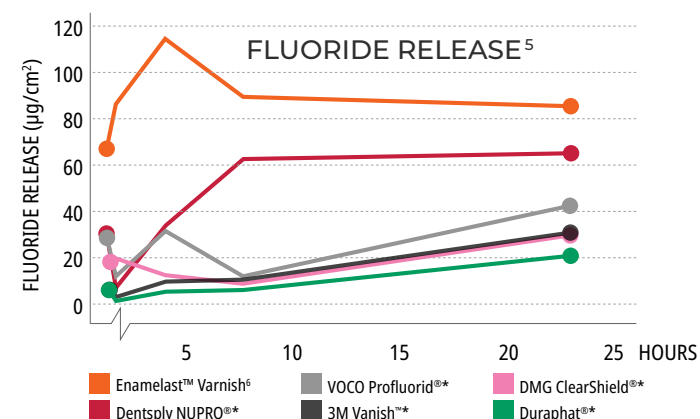
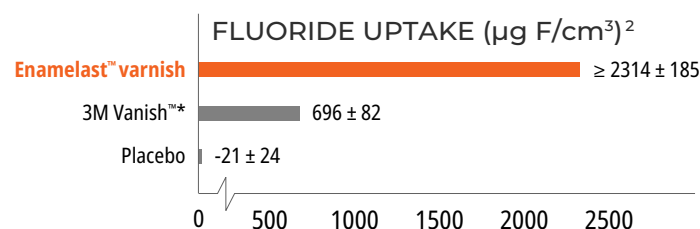


SoftEZ™ Tip page 103

- Patented adhesion-promoting agent for enhanced retention
- Superior fluoride release and uptake<sup>2</sup>
- 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.<sup>2</sup> Available in syringe applications in **Walterberry™** flavour and unit-dose applications in **Walterberry, Orange Cream, Cool Mint, Bubble Gum, Caramel** flavours, and **Flavour-Free**.

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.<sup>3</sup> The use of fluoride varnish for caries prevention has also been endorsed by the ADA.<sup>4</sup>



## 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 (1.23 g) syringes  
4 x SoftEZ tips



**4523 - Enamelast Walterberry Syringe 20pk**  
1.2 ml (1.23 g) 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
Caramel	4819	4822
Flavour-Free	5188	5187



## 4529 - Enamelast Application Brushes 200pk

\* Trademark of a company other than Ultradent. <sup>1</sup> realityesthetics.com <sup>2</sup> Schemehorn BR. Sound enamel fluoride uptake from a fluoride varnish. 2013. Data on file. <sup>3</sup> 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](http://www.aapd.org/media/Policies_Guidelines/P_FluorideUse.pdf). <sup>4</sup> American Dental Association Council on Scientific Affairs. Professionally applied topical fluoride: evidence-based clinical recommendations. *J Am Dent Assoc.* 2006;137(8):1151-1159. <sup>5</sup> Data on file. <sup>6</sup> Test results based on Walterberry flavour.



## Ultradent™ Universal Dentin Sealant FOR TRANSIENT ROOT SENSITIVITY

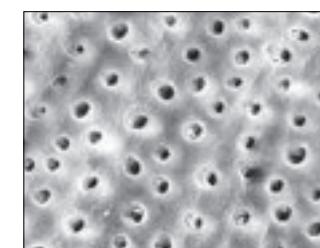


Black Mini™ Brush Tip page 100

- 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, nonpolymerisable, 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.<sup>1</sup>



**266 - Universal Dentin Sealant Syringe 4pk**  
1.2 ml (1.08 g) syringes

Note: Ultradent Universal Dentin Sealant is NOT a bonding agent. For unsurpassed bonding products, see pages 70–78. If base or liner is needed, use Ultra-Blend™ plus liner, page 77.

<sup>1</sup> Data on file.

## USES



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



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





## BEFORE AND AFTER



Results in as little as one week<sup>1</sup>

## Opalescence™ Whitening Toothpaste ORIGINAL



28 g (20 ml)	24pk
Original	402-AU



133 g (100 ml)	12pk
Original	401-AU

- Results in as little as one week<sup>1</sup>
- Whitens teeth up to 2 shades in just 2 weeks<sup>2</sup>
- Contains hydrated silica which is proven to remove staining<sup>1</sup>
- Gentle on gums<sup>1</sup>
- Safe for long-term daily use
- Contains sodium fluoride to help prevent cavities and strengthen enamel<sup>3</sup>
- Exceptional fluoride uptake<sup>4</sup>
- 78 RDA<sup>5</sup>
- Triclosan and TiO<sub>2</sub> free
- Vegan - no animal products are used

Opalescence™ whitening is the leader in tooth whitening. Part of that product family is Opalescence™ Whitening Toothpaste, which was developed by a dentist. It actively removes surface stains<sup>6</sup> and is gentle enough to use every day, thanks to its unique silica blend.

- Two kinds of exotic mint are blended into a fresh, clean, cool flavour
- Sweetened with xylitol, which may reduce the risk of tooth decay

\* Trademark of a company other than Ultradent. **1.** Çakmakçioğlu O, Yılmaz P, Topbaşı BF. Clinical evaluation of whitening effect of whitening toothpastes: A pilot study. *OHDMBMC*. 2009;8(4):613. **2.** Dursun MN, Ergin E, Tekce AU, Gurgan S. Which whitening toothpaste with different contents is more effective on colour and bond strength of enamel? *J Esthet Restor Dent*. 2023;35(2):397-405. doi:10.1111/jerd.12968 **3.** Sivapriya E, Sridevi K, Periasamy R, Lakshminarayanan L, Pradeepkumar AR. Remineralisation ability of sodium fluoride on the microhardness of enamel, dentin, and dentinoenamel junction: An in vitro study. *J Conserv Dent*. 2017;20(2):100-104. doi:10.4103/JCDJCD\_353\_16. **4.** Schemehorn, BR. Enamel Fluoride Uptake 09-107. Data on file. **5.** Attin, T. Assessment of relative dentin abrasion (RDA) of two toothpastes from Ultradent Products, Inc., Universität Zurich: Zurich, Switzerland. 2021. Data on file. **6.** Gultz J, Kaim J, Scherer W. Whitening efficacy of a whitening toothpaste creme [IADR abstract 2747]. *J Dent Res*. 1998;77(suppl 2):975.

# 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 with Single Sideport  
NaviTip  
NaviTip with  
Double Sideport Irrigator  
NaviTip FX

## *IMPRESSIONS*

Mixing  
IntraOral Impression  
380 ml Mixing Tip

## *SYRINGES*

Skini Delivery  
Delivery Syringes

Empty Delivery  
Syringes  
Syringe Cover

## *ACCESSORIES*

Luer Lock Cap  
Luer Vacuum Adapter  
TriAway Adapter  
Syringe Organiser  
STARbrush  
Micro Applicators

ESTHER ERICKSON - Provo Canyon







ULTRADENT™ TIPS  
DESIGNED TO DELIVER

Check out our tips with **LOK-TITE™**  
and **COMFORT HUB™**

Luer Lock tips with Lok-Tite feature double threads that lock the tip into place for increased security and wings for easy attachment and removal.

Tips with the Comfort Hub feature include larger ergonomic wings that provide a secure, comfortable grasp of the tip.

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 performs to the highest standards.

Restorative



Black Micro™ FX™ Tip

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

Designed for: Composite Wetting Resin, Consepsis™ V, PrimaDry™, and PermaSeal™.

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



Black Mini™ Tip

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

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

LOK-TITE™	20pk	100pk	500pk
Black Mini	196	514	1433



Black Mini™ Brush Tip

- Precise, controlled delivery of aqueous materials
- Tight, adjustable brush fibres minimise bubbles
- Unique to Ultradent

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

LOK-TITE™	20pk	100pk	500pk
Black Mini Brush	190	1169	1432



Restorative



Black Micro™ Tip

- Provides pinpoint precision
- Narrow cannula accurately delivers materials

Designed for: Ultra-Blend™ plus.

	20pk	100pk	500pk
22 ga Black Micro	194	1085	1435



Blue Micro™ Tip

- Provides pinpoint precision
- Narrow cannula accurately delivers materials

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

	20pk	100pk	500pk
25 ga Blue Micro	158	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: ViscoStat™ Clear, Consepsis™, Astringedent™, Astringedent™ X, and ViscoStat™.

	mm	20pk	100pk	500pk
Blue Mini Dento-Infusor	1.20	128	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 fibres minimise bubbles

Designed for: Composite Wetting Resin, Peak™ Universal Bond, PQ1™, Ultradent™ Porcelain Etch, Ultra-Etch™, Opal™ Etch, Consepsis™ Scrub, UltraSeal XT™ plus, and UltraSeal XT™ hydro.

LOK-TITE™	20pk	100pk	500pk
Inspiral Brush	710	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 with Comfort Hub™

- Comfort Hub™ design allows for secure, comfortable control while attaching or removing 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, PQ1™, and Peak™ Universal Bond.

COMFORT HUB™			
LOK-TITE™	20pk	100pk	500pk
19 ga Metal Dento-Infusor	4954	4955	4956



### Micro Capillary™ Tips

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

Attach to the Ultradent Luer Vacuum Adapter for moisture removal of small prep areas and small periodontal pockets.

LOK-TITE™	mm	20pk	100pk
0.008" Micro Capillary	5	1120	1802
0.008" Micro Capillary	10	1121	—



### Micro 20 ga Tip

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

Designed for: MTAFlow™, MTAFlow™ White, PermaFlo™, PermaFlo™ Purple, PermaFlo™ Pink, UltraCal™ XS, J-Temp™ and OpalDam™ Green.

LOK-TITE™	20pk	100pk	500pk
20 ga Micro	1168	1252	1437



### SoftEZ™ Tip

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

Designed for: Enamelast™.

LOK-TITE™	50pk
SoftEZ	4712



### 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™ whitening gel.

LOK-TITE™	20pk
SST	1248



### Ultradent™ Mixing Tip

- Mixes and delivers in one action

Designed for: UltraTemp™, UltraTemp™ REZ II, EndoREZ™, Opal™ Band Cement, 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





- 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

Endodontics



### Capillary Tips

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

Never use to deliver irrigating materials or endodontic chemistries.

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

Attach to the Ultradent Luer Vacuum Adapter for moisture removal of small prep areas and small periodontal pockets.

LOK-TITE™	Tip length	20pk	100pk
0.008" Micro Capillary	5 mm	1120	1802
0.008" Micro Capillary	10 mm	1121	—



### Endo-Eze™ Irrigator Tip

- Provides ideal reach while expressing chemicals towards the canal wall, reducing pressure directly towards the apex
- Comes with a flexible, blunt cannula with a unique, anti-obturing 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: PermaFlo DC and air/water delivery. Use with: TriAway™ Adapter 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



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

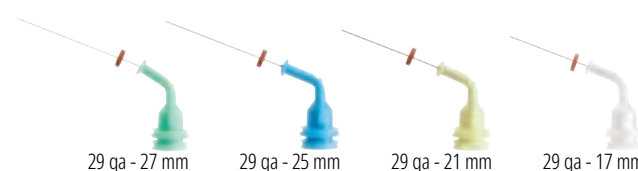
LOK-TITE™	Tip length	20pk
29 ga - 0.0129" NaviTip	27 mm	4989
29 ga - 0.0129" NaviTip	25 mm	4990
29 ga - 0.0129" NaviTip	21 mm	4991
29 ga - 0.0129" NaviTip	17 mm	4992
29 ga-29 ga NaviTips	27-17 mm	5143



### NaviTip™ 29 ga Tips 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

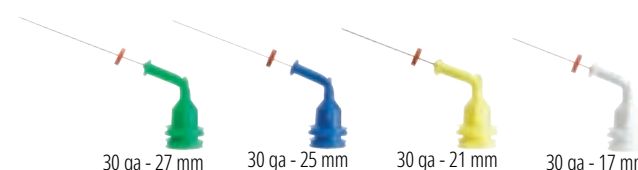
29 ga delivers paste materials: MTAFlow™, MTApeX™, EndoREZ™, Ultradent EDTA 18% Solution, File-Eze™, ChlorCid™, ChlorCid™ Surf, ChlorCid™ V, and UltraCal™ XS.



### NaviTip™ 29 ga Tips

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

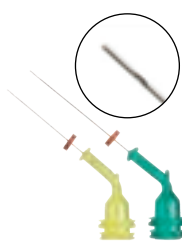
29 ga delivers paste materials: MTAFlow™, File-Eze™, Ultradent EDTA 18% Solution, ChlorCid™ V, Consepis™, Consepis™ V, ChlorCid™, and ChlorCid™ Surf.



### NaviTip™ 30 ga Tips

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

30 ga delivers solutions: ChlorCid™, Consepis™, Ultradent™ Citric Acid 20% Solution, File-Eze™, and Ultradent™ EDTA 18% Solution.



### NaviTip™ 31 ga Tips with Double Sideport Irrigator

- Double sideports deliver irrigants safely, minimising the possibility of chemicals being expressed past the apex
- One of the world's smallest cannula navigate the most intricate canal spaces

Designed for: Consepis, ChlorCid™, ChlorCid™ Surf, Ultradent™ Citric Acid 20% Solution, and Ultradent™ EDTA 18% Solution.



### NaviTip™ FX™ 30 ga Tips

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

Designed for: Ultradent™ Citric Acid 20% Solution, Consepis™, and Ultradent™ EDTA 18% Solution.

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

Listed as an "EXCELLENT" product by a prominent independent research institute.<sup>1</sup>

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

<sup>1</sup>. Clinical Research Associates Newsletter, Volume 29, Issue 1, January 2005.

Endodontics



### Impression Mixing Tips

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

Designed for: Thermo Clone™ VPS and Chromaclone™ PVS.

	50pk
Yellow	2902
Pink	2903
Teal	2904



### IntraOral Impression Tip

- Allows precise placement
- Attaches to impression mixing tips

Designed for: Thermo Clone™ VPS and Chromaclone™ PVS.

	50pk
IntraOral Impression	2906



### Thermo Clone 380 ml Mixing Tip

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

Designed for: Thermo Clone™ VPS 380 ml cartridges.

380 ml	50pk
Thermo Clone Mixing	6065

1 x Bayonet ring



### Skini Delivery Syringes

- 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.



0.5 ml Skini Delivery Syringe	20pk
	1680

### Ultradent™ Hemostatic 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, Astringent™, and Astringent™ X.



1.2 ml Hemostatic Delivery Syringe	20pk
	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™.



1.2 ml Ultra-Etch Delivery Syringe	20pk
	129

### 1.2 ml Delivery Syringe

- Snug Luer Lock threads prevent tips from popping off

Designed for: All 30 ml IndiSpense™ syringes.



1.2 ml Delivery Syringe	20pk	100pk
	124	157

### 5 ml Delivery Syringe

- Syringe barrel flange is positioned for optimum control/leverage
- Capillary tip not to be used for delivery

Designed for: Irrigants for in-office or dentist-supervised procedures, as well as Capillary tip, ChlorCid™, Ultradent™ Citric Acid 20% Solution, Ultradent™ EDTA 18% Solution, and Consepis™.



5 ml Delivery Syringe	10pk
	201

### Ultradent™ Syringe Cover

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

Designed for: All 1.2 ml syringes.



1.2 ml Syringe Cover	300pk
	5993





## 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 practise
- Dries canals quickly and efficiently
- Minimises 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 Organiser

- Holds 14 syringes
- Made of clear acrylic



	1pk
Syringe Organiser	382

## STARbrush™ Intercoronal Brush

- Effectively cleans in hard-to-reach areas
- Tight fibres 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.

	50pk	100pk	
STARbrush	1092	1093	Actual size

## Ultradent™ Micro Applicators

- Bend easily
- Apply small amounts accurately
- Standard size

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



	400pk
Micro Applicator Brush Variety	4548



# TISSUE MANAGEMENT

JOSHUA HUNT - Antelope Island

ViscoStat  
ViscoStat Clear  
Astringedent  
Astringedent X  
Ultrapak  
Fischer's Ultrapak Packers







## 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.

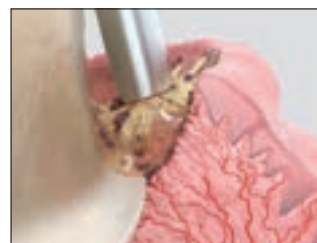


Reduce cross-contamination and need for sterilising by loading a unit-dose syringe directly from the IndiSpense™ syringe.

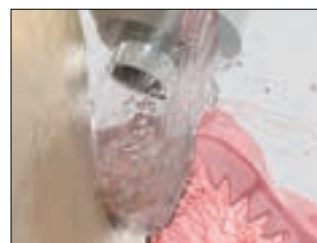


Firmly rub ViscoStat™, Astringent™, or Astringent™ X hemostatic against the cut bleeding tissue to obtain hemostasis.

#### FERRIC SULFATE - ACTIVE HEMOSTASIS\*



1. With the Dento-Infusor™ tip, rub 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.

\* See IFU for complete instructions.

#### FOR INDIRECT BONDING (LUTING)\* PROVISIONAL REMOVED CONTAMINATION



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



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.<sup>1</sup>**

\* See IFU for complete instructions. <sup>1</sup> 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 DIRECT BONDING\* MICROLEAKAGE STAINING



Courtesy of Dr. Dan Fischer.

1. Leakage under recently bonded composite.



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 Fischer-Jessop.

1. For restorations, Astringent™ 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.





## 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



1. Subgingival preparation with bleeding.

### HEMOSTASIS



2. Rub 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



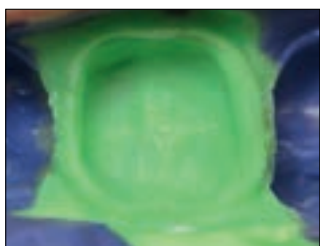
5. Remove Ultrapak knitted cord, follow with a firm air/water spray and dry.

### 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.† Use sterile water for this procedure.

### PROTECTION



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

### BARRIER



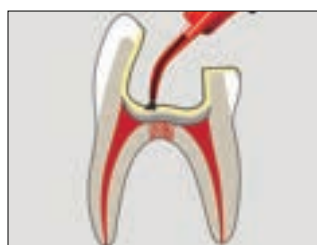
3. Apply a thin layer of Ultra-Blend™ plus liner.

### 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.

\* See IFU for complete instructions. 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):327-332.

## FOR CHALLENGING CASES\*



1. Fractured amalgam filling with secondary caries has caused gingival inflammation.



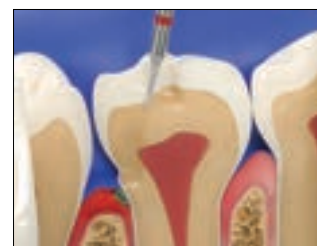
2. Remove failed amalgam restoration and begin initial caries removal. It is important to not complete caries removal at this step to avoid pulp exposure.



3. Expose gingival margin of restoration before placing rubber dam. Get control with complete hemostasis by using ViscoStat™, Astringedent™ X, or Astringedent™ hemostatic with a brush end of the Metal Dento-Infusor™ tip. Place Ultrapak™ retraction cord if needed.



4. Profound hemostasis and tissue control have been achieved.



5. Place dental dam, then remove residual caries. Treat exposed pulp using preferred technique for pulp capping.



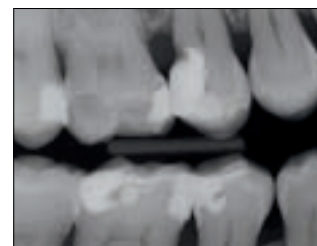
6. Place sectional matrix and wedge with separating ring (not pictured). Check to ensure proper proximal contact, burnishing the band against the adjacent tooth if needed. Etch and then bond with Peak™ Universal Bond adhesive.



7. Use one of Ultradent's quality composites to place restoration in a controlled environment.



8. Completed restoration with proper contours, proximal contacts, and sealed margins which will allow gingival tissues to become healthy again.



\* See IFU for complete instructions.



## 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 Fischer-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.



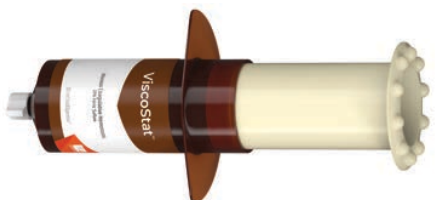
The flared brush padded end on the Metal Dento-Infusor™ tip enables hemostatic to temporarily close off capillary ends by causing collagen in them to swell.

Dento-Infusor Tips, see pages 101–102.





## ViscoStat™

VISCOSUS COAGULATIVE HEMOSTATIC  
20% FERRIC SULFATEMetal Dento-Infusor™ Tip  
with Comfort Hub™ page 102

- 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 (1.47 g) syringes  
20 x Metal Dento-Infusor tips

## 647 - ViscoStat Dento-Infusor IndiSpense™ Syringe Kit

1 x 30 ml (36.69 g) IndiSpense syringe  
20 x Metal Dento-Infusor tips  
20 x 1.2 ml empty syringes

## 3070 - ViscoStat Syringe 20pk

1.2 ml (1.47 g) syringes



## 645 - ViscoStat IndiSpense Syringe 1pk

30 ml (36.69 g) syringe



## 1278 - Hemostatic Delivery Syringe 20pk

1.2 ml empty syringes

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

1. realityesthetics.com.



## ViscoStat™ Clear

VISCOSUS HEMOSTATIC GEL  
25% ALUMINUM CHLORIDEMetal Dento-Infusor™ Tip  
with Comfort Hub™ page 102

- Does not discolour the gingiva
- Stops minor bleeding
- Rinses easily
- Viscous gel
- Does not interfere with bonding<sup>2</sup>

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 aesthetic 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 (1.54 g) syringes  
20 x Metal Dento-Infusor tips

## 6407 - ViscoStat Clear Dento-Infusor IndiSpense™ Syringe Kit

1 x 30 ml (38.52 g) IndiSpense syringe  
20 x Metal Dento-Infusor tips  
20 x 1.2 ml empty syringes

## 6410 - ViscoStat Clear Syringe 20pk

1.2 ml (1.54 g) syringes



## 6408 - ViscoStat Clear IndiSpense Syringe 1pk

30 ml (38.52 g) syringe

## PROCEDURE\*



1. Subgingival preparation and bleeding sulcus.



2. Rub hemostatic firmly against bleeding tissues with the Metal Dento-Infusor tip. The clear gel allows easy visibility and rinses away quickly.



3. Place soaked Ultrapak™ cord into the sulcus. Leave for 5 minutes.



4. Remove cord. Cleanse with 35% phosphoric acid. Firm air/water spray. Air dry. Facilitates great control in aesthetic zone with no gingival stain.



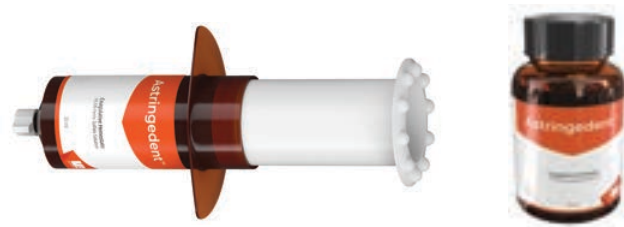
5. Finished restoration 2 weeks post-op.



\* See IFU for complete instructions.



### Astringedent™ COAGULATIVE HEMOSTATIC 15.5% FERRIC SULFATE SOLUTION



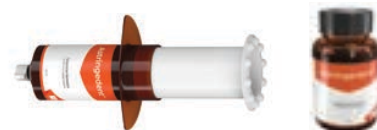
- The “Classic” hemostatic agent for profound hemostasis
- Stops moderate bleeding
- Eliminates sulcular fluid contamination for optimal bonding
- Decreases costly impression remakes

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.<sup>2</sup>

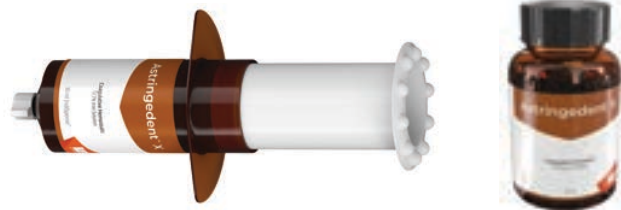
Note: ViscoStat™ and Astringedent hemostatic agents should be used with a Metal Dento-Infusor™ tip. The plastic Blue Mini™ Dento-Infusor™ tip should be used when you are dealing with newly healed epithelium, as the softer tip is slightly less aggressive.



111 - Astringedent Bottle 1pk  
686 - Astringedent IndiSpense™ Syringe 1pk  
30 ml (34.41 g)

1. realityesthetics.com. 2. “Can’t Live Without” Clinical Research Associates Newsletter, Volume 21, Issue 7, July 1997.

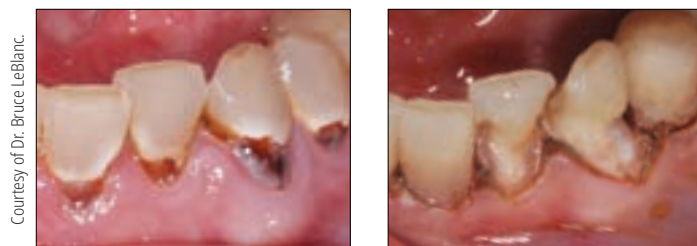
### Astringedent™ X COAGULATIVE HEMOSTATIC 12.7% IRON SOLUTION



- Clinicians “go-to” hemostatic for all case situations
- Ultradent’s fastest and most powerful hemostatic<sup>1</sup>
- Stops minor to severe bleeding

Astringedent X hemostatic is an aqueous 12.7% iron solution that works quickly to stop bleeding in seconds.<sup>2,3</sup> It contains equivalent ferric sulfate and ferric subsulfate. **Note: Diluted Astringedent X hemostatic does not equal ViscoStat or Astringedent hemostatics.**

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



Astringedent X hemostatic and Metal Dento-Infusor tip facilitate profound hemostasis, even with challenging cases.

new

5881 - Astringedent X Syringe 20pk  
1.2 ml (1.63 g) syringes



112 - Astringedent X Bottle 1pk  
690 - Astringedent X IndiSpense Syringe 1pk  
30 ml (40.71 g)

1. Data on file. 2. Bandi M, Mallineni SK, Nuvula S. Clinical applications of ferric sulfate in dentistry: A narrative review. J Cons Dent. 2017 Jul-Aug;20(4):278-281. DOI: 10.4103/jcd.jcd\_259\_16. 3. Spera S. Keeping blood under control in restorative procedures. Dent Prod Rep. 2023;57(10):32-33.



### Ultrapak™ KNITTED CORD



- 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.

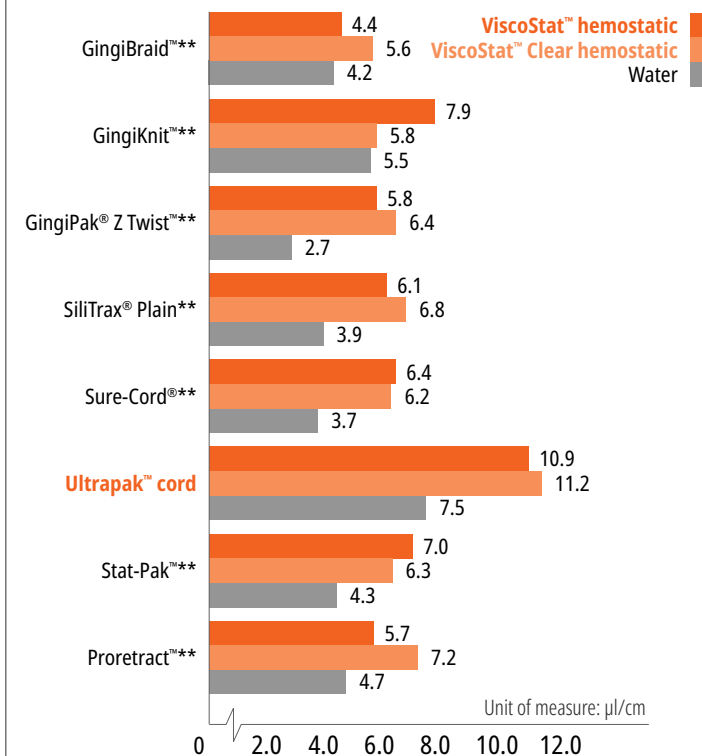


#### THE ONE WITH THE STRIPE!™

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.<sup>2</sup>

#### 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.

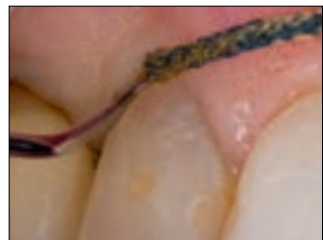




PRE-PREPARATION PACKING TECHNIQUE

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

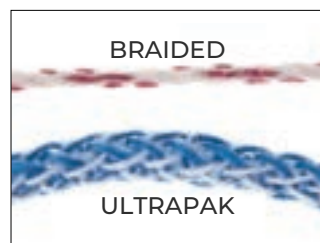


2. Place a second, thicker cord soaked in a hemostatic agent to expand the tissue laterally.

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 fibres provide high absorption<sup>1</sup> 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.

1. Data on file.



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 organiser



#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)

- #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

## TISSUE MANAGEMENT Decision Tree



We've designed our tissue management products to work together. This means clinicians can customize treatment, with interchangeable handles and instruments, depending on the case. Whether you're taking impressions, completing a Class V restoration, or placing a crown, there's a product that is good, better, and best.

The final decision is naturally up to the doctor's preference, but here are our recommended uses for our tissue management line.

## TISSUE MANAGEMENT Decision Tree



### KEY

- Blue Mist™ Dento Infuser™ Tip**  
Used after high healing tissue or sensitivity to pressure. Fully covered by water. Fully required. The water is on the inside of the tip. Use 20-30 psi for gentle.
- Metal Dento Infuser™ Tip**  
Effectively places hemostatic agents. It's best for bleeding, especially heavy bleeding, and is most useful for complete. The tip is covered with a 20-30 psi "backflow" by infusing and clearing the soft tissue.
- Burnishing Technique Indicator**  
Use to burnish into the sulcus. Firm pressure gives the best effect. Firm pressure gives the best effect.
- Cool Back Technique Indicator**  
Use the first cord in a hemostatic agent.
- Fischer's Ultrapak™ Packer**  
Specially designed to ease the packing of Ultrapak knitted cord. The thin edge helps compress the cord and serrated edge reduces the risk of slipping around the gingival attachment.



# WHITEN

CURTIS FOX - Lake Mary, Big Cottonwood Canyon

Opalescence PF 10%, 16%, 20%, 35%, and 45%  
Opalescence Go 6%, 10% and 15%  
Opalescence Boost  
Opalescence Endo  
OpalDam Green  
Opalustre and OpalCups  
Opalescence Whitening Toothpaste  
UltraEZ  
IsoBlock  
Ultradent LC Block-Out Resin  
Sof-Tray Classic Sheets  
Ultra-Trim Scalloping Scissors

Opalescence Shade Guide Card  
Opalescence Pocket Tray Cases  
Custom Tray Patient Instructions  
Opalescence Whitening Menu  
Opalescence Gift Bags





## WHITEN



### WHITEN YOUR SMILE - Questions Behind Tooth Whitening

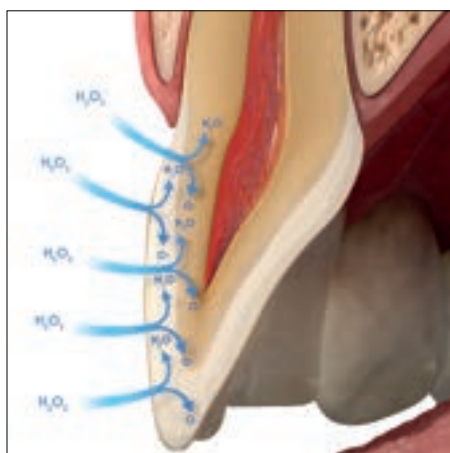
There are many causes of tooth staining. Certain medicines, tooth trauma, root fillings, and foods and beverages can cause tooth discoloration over time. Some discolourations are superficial, while others are internal. Both can be effectively treated by a dentist. Professional whitening is the best option to safely lighten discoloured teeth.

#### HOW DOES WHITENING WORK?

Opalescence whitening gels contain a powerful whitening ingredient, either carbamide peroxide or hydrogen peroxide. Peroxide gels break down into water, oxygen, and reactive oxygen molecules. These reactive oxygen molecules oxidise the bonds of discoloured stain molecules. By changing the stained molecules, the tooth becomes lighter.<sup>1</sup>

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.<sup>2–4</sup>



#### 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 polymerisation 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 during whitening treatment. If it does occur, it is transient and disappears after the completion of whitening treatments. If desensitising treatments are desired, we recommend the use of UltraEZ™ desensitising gel or Enamelast™ fluoride varnish.

#### WILL WHITENING WITH OPALESCENCE WHITENING PRODUCTS WEAKEN THE TOOTH'S ENAMEL?

No. Opalescence whitening has not been shown to weaken tooth enamel.<sup>5–7</sup>

#### 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;240-257. 2. Da Silva Machado J, Cândido MS, Sundfeld RH, et al. The influence of time interval between bleaching and enamel bonding. *J Esthet Restor Dent*. 2007;19(2):111-118; discussion 19. 3. Spyrides GM, Perdigão J, Pagani C, Araújo MA, Spyrides SM. Effect of whitening agents on dentin bonding. *J Esthet Restor Dent*. 2000;12(5):264-270. 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):363-368. 5. Metz MJ, Cochran MA, Matis BA, et al. Clinical evaluation of 15% carbamide peroxide on the surface microhardness and shear bond strength of human enamel. *Oper Dent*. 2007;32(5):427-436. doi:10.2341/06-142 6. Cadenaro M, Navarra CO, Mazzoni A, et al. An in vivo study of the effect of a 38 percent hydrogen peroxide in-office whitening agent on enamel. *J Am Dent Assoc*. 2010;141(4):449-454. doi:10.14219/jada.archive.2010.0198 7. Cadenaro M, Breschi L, Nucci C, et al. Effect of two in-office whitening agents on the enamel surface in vivo: a morphological and non-contact profilometric study. *Oper Dent*. 2008;33(2):127-134. doi:10.2341/07-89.

# TOP PICKS FOR DENTAL HYGIENE SCHOOL

Opalescence  
tooth whitening system



Opalescence  
Tooth Whitening go

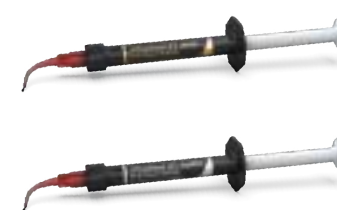
Prefilled whitening trays with a unique UltraFit™ tray material.



enamelast  
FLUORIDE VARNISH

Enamelast fluoride varnish has been proven to have both high fluoride release and high fluoride uptake compared to similar products.<sup>1</sup> And with a patented adhesion-promoting agent that enhances retention, you can be sure that your patients are receiving the full benefits of treatment.

UltraSeal XT™ plus<sup>+</sup>  
UltraSeal XT™ hydro<sup>+</sup>



Pit and Fissure Sealants

Ultradent™ Universal Dentin Sealant



Coat sensitive roots with Ultradent Universal Dentin Sealant to seal tubules and reduce discomfort<sup>2</sup>.

Opalpix™ Interproximal Cleaner







Opalescence™ Tooth Whitening Reference Guide



PRODUCT NAME	CONTENTS	INDICATIONS FOR USE
Opalescence™ PF 10% Whitening Gel	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Patients with sensitivity concerns; can be worn day or night
Opalescence™ PF 16% Whitening Gel	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% Whitening Gel	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Shorter wear time and touch-ups
Opalescence™ Quick PF 45% Whitening Gel	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Shorter wear time and touch-ups
Opalescence Go™ 6% Prefilled Whitening Trays	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Ready-to-go, an alternative to store-bought products
Opalescence Go™ 10% Prefilled Whitening Trays	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Ready-to-go, an alternative to store-bought products
Opalescence Go™ 15% Prefilled Whitening Trays	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Ready-to-go, an alternative to store-bought products
Opalescence™ Endo Whitening Gel	—	DENTIST-ADMINISTERED Internal whitening of non-vital endodontically treated teeth
Opalescence™ Boost™ 40% Whitening Gel	Potassium Nitrate and Fluoride	DENTIST-ADMINISTERED Fast chairside treatment
Opalustre™ Microabrasion Slurry	—	DENTIST-ADMINISTERED Chairside treatment to remove superficial enamel imperfections
UltraEZ™ Desensitising 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	<div><div>~3% HP</div><div>10% CP</div></div>
16% Mint 16% Regular	4–6 hours a day	16% Carbamide Peroxide	<div><div>~3% HP</div><div>10% CP</div></div>
20% Mint 20% Regular	2–4 hours a day	20% Carbamide Peroxide	<div><div>~5.3% HP</div><div>16% CP</div></div>
35% Mint 35% Regular	30–60 minutes a day	35% Carbamide Peroxide	<div><div>~6.6% HP</div><div>20% CP</div></div>
45% Mint	15–30 minutes a day	45% Carbamide Peroxide	<div><div>~11.6% HP</div><div>35% CP</div></div>
6% Mint	60–90 minutes a day	6% Hydrogen Peroxide	<div><div>~15% HP</div><div>45% CP</div></div>
10% Melon	30–60 minutes a day	10% Hydrogen Peroxide	<div><div>6% HP</div></div>
15% Mint	15–20 minutes a day	15% Hydrogen Peroxide	<div><div>10% HP</div></div>
—	1–5 days per treatment	35% Hydrogen Peroxide	<div><div>15% HP</div></div>
—	2–3 20-minute applications DO NOT exceed 3 applications per visit	40% Hydrogen Peroxide	<div><div>35% HP</div></div>
—	Office visit	6.6% Hydrochloric Acid Silicone Carbide	<div><div>40% HP</div></div>
—	15–60 minutes a day	3% Potassium Nitrate and 0.25% Neutral NaF	<div><div>Note: To determine HP equivalence from a labelled CP concentration, divide by three. For example, 15% CP is equivalent to ~5% HP. This is important to know in order to correctly assess the potency of whitening products.</div></div>



## 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 aesthetic 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.<sup>1,2</sup> 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 desensitising 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™ desensitising gel or Enamelast™ fluoride varnish. Opalescence™ Whitening Toothpaste Sensitivity Relief can also be used to help minimise sensitivity.



**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 polymerisation of resins.**

1. de Geus JL, de Lara MB, Hanzen TA, et al. One-year follow-up of at-home bleaching in smokers before and after dental prophylaxis. *J Dent*. 2015;43(11):1346-1351. 2. Wiegand A, Drebenstedt S, Roos M, Magalhães AC, Attin T. 12-month colour stability of enamel, dentine, and enamel-dentine samples after bleaching. *Clin Oral Investig*. 2008;12(4):303-310.



## 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 practise. Here are some simple tips to help grow the tooth whitening business in your practise:

- 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, organise 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 practise.
  - 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 practise. Every bride is looking for ideas for the big day—and what's a better idea than a bright white smile for them and their bridal party?
- 10) Set a goal of providing one whitening treatment a day. "Things that are measured are improved."

Contact your local Ultradent Sales Representative for even more tips!

Opalescence™  
tooth whitening systems







## Opalescence™ PF 10%, 16%, 20%, 35%, and 45%

CARBAMIDE PEROXIDE WITH POTASSIUM NITRATE AND FLUORIDE

- 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 whitening gel does not leach from the tray like other whitening agents,<sup>3</sup> and the sticky gel holds the comfortable tray securely in place. Opalescence PF gel contains potassium nitrate and fluoride. Opalescence gel is effective in helping reduce shade relapse as compared to competitor tooth whitening products.<sup>4</sup> 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,<sup>5</sup> 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 whitening gel is recommended for whitening discoloured teeth prior to placement of composite, veneers, and/or crowns. It is effective in breaking down some or all internal tooth discolourations due to factors such as congenital, systemic, pharmacologic, traumatic, etc., as well as aging. It is successful with staining from fluorosis and tetracycline.<sup>3,6</sup>

<sup>1</sup>. realityesthetics.com. <sup>2</sup>. Cordeiro D, Toda C, Hanan S, et al. Clinical evaluation of different delivery methods of at-home bleaching gels composed of 10% hydrogen peroxide. *Oper Dent*. 2019;44(1):13–23. doi:10.2341/17-174-C <sup>3</sup>. Caughman WF, DMD, Frazier KB, Haywood, VB. Carbamide peroxide whitening of non-vital single discoloured teeth: Case reports. *Quintessence Int*. 1999;30(3):155–161. <sup>4</sup>. Grobler SR, Majeed A, Hayward R, et al. A clinical study of the effectiveness of two different 10% carbamide peroxide bleaching products: a 6-month followup. *Int J Dent*. 2011;2011:167525. doi:10.1155/2011/167525 <sup>5</sup>. 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):227–235. <sup>6</sup>. Morgan J, Presley S. In-office "power" bleaching of vital teeth as an adjunct to at-home bleaching. *Pract Perio Aesthet Dent*. 2002;14(2):16–23.

### 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.<sup>1</sup>



### PROCEDURE\*



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.



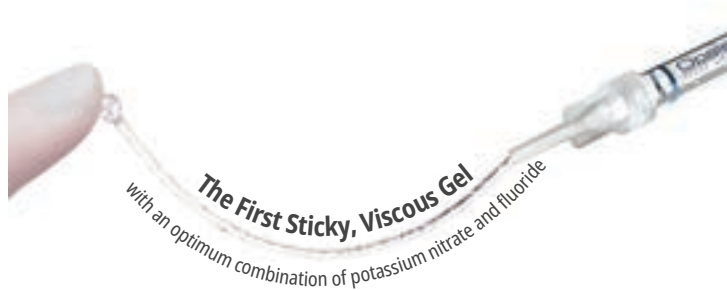
8. If too much gel has been placed or gel has been forced from tray, gently wipe off with a toothbrush.



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.

\* See IFU for complete instructions. <sup>1</sup>. 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





"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."

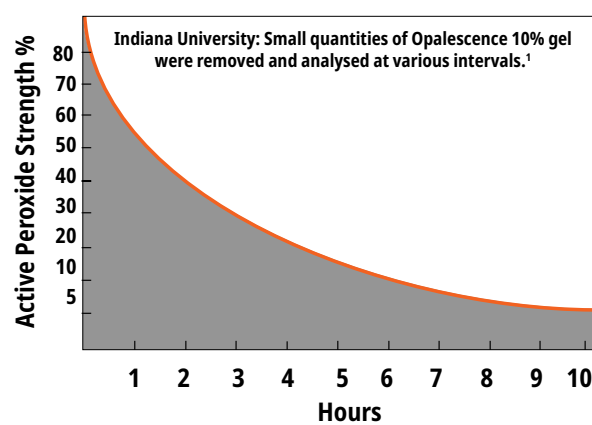
—DR. FRANK SPEAR – SEATTLE INSTITUTE FOR ADVANCED DENTAL EDUCATION

"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 practise 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):227-235.

#### Opalescence Doctor Kits



Flavour	10%	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 (1.5 g) Opalescence syringes  
1 x 28 g Whitening Toothpaste  
1 x Tray case  
1 x Shade guide

#### Opalescence Syringe 40pk



#### Opalescence™ Refill Sleeve 10pk Free of charge



4845

Flavour	10%	16% PF	20% PF	35% PF	45% PF
Mint	5394-AU	4486-AU	5400-AU	5403-AU	5359-AU
Regular	5396-AU	4488-AU	5402-AU	5405-AU	—

40 x 1.2 ml (1.5 g) syringes



Powerful,  
professional  
whitening  
**to go!**

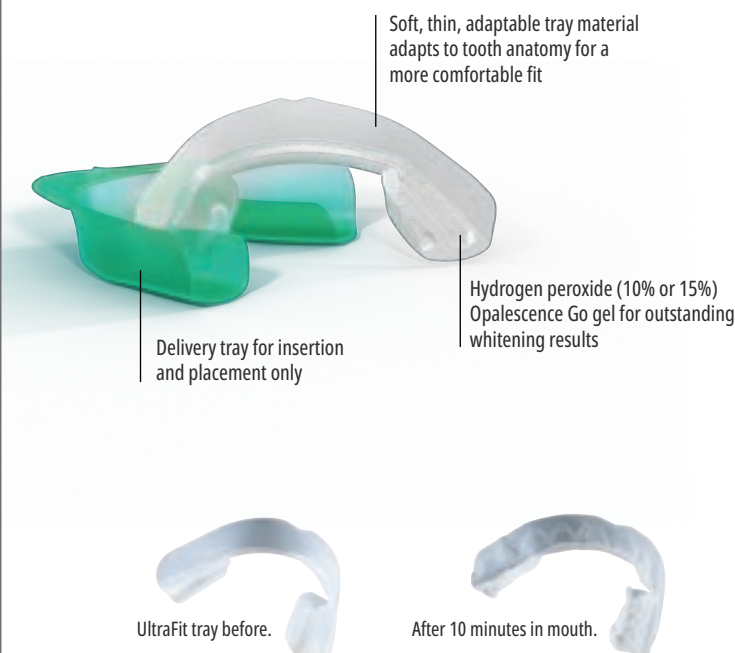
#### Opalescence Go™ 6%, 10% and 15%

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.



1. realityesthetics.com. 2. Cordeiro D, Toda C, Hanan S, et al. Clinical evaluation of different delivery methods of at-home bleaching gels composed of 10% hydrogen peroxide. *Oper Dent.* 2019;44(1):13–23. doi:10.2341/17-174-C





BEFORE AND AFTER



Before.



Female patient, results with Opalescence Go™ 10% whitening after ten trays.



Before.



Male patient, results with Opalescence Go 15% whitening after ten trays.



Before.



Male patient, results with Opalescence Go 10% whitening after ten trays.

PROCEDURE\*



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.

\*See IFU for complete instructions.

Opalescence Go Patient Kits Case of 6



Flavour	6%	10%	15%
Mint	4639-AU	—	4638-AU
Melon	—	4636-AU	—

10 x Each upper/lower trays in each kit

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 100

- NO LIGHT NEEDED!
- Whitens up to 4–5 shades for quick, visible results<sup>2</sup>
- 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
- Opalescence Boost whitening gel is designed to maximise 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, some research shows that using a light for whitening can be harmful to lips and gums.<sup>3</sup> 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. It safely provides excellent whitening results in about an hour,<sup>4</sup> and, in most cases, 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 practise." —DR. RONALD FISHER – DELRAY BEACH, FL*

\* See IFU for complete instructions. **1.** realityesthetics.com. **2.** Cordeiro D, Toda C, Hanan S, et al. Clinical evaluation of different delivery methods of at-home bleaching gels composed of 10% hydrogen peroxide. *Oper Dent.* 2019;44(1):13–23. doi:10.2341/17-174-C. **3.** 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) 377–385. **4.** Polydorou O, Wirsching M, Wokewitz M, Hahn P. Three-month evaluation of vital tooth bleaching using light units—a randomised clinical study. *Oper Dent.* 2013;38(1):21–32. doi:10.2341/12-041-C.



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.

PROCEDURE\*



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.





## PROCEDURE\* CONTINUED



5. Place Ultradent IsoBlock™ bite block and self-supporting plastic cheek retractors. Completely rinse and air dry teeth and gingiva.



6. Securely attach recommended tip to an OpalDam™ resin barrier syringe and check flow. Express a continuous bead along the gingival margin, overlapping approximately 2–3 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 (1.489 g) Opalescence Boost/Activator syringes  
2 x 1.2 ml (1.34 g) 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 (1.489 g) Opalescence Boost/Activator syringes  
1 x 1.2 ml (1.34 g) 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 (1.489 g) syringes

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

### Opalescence™ Endo

NON-VITAL “WALKING BLEACH”  
- 35% HYDROGEN PEROXIDE

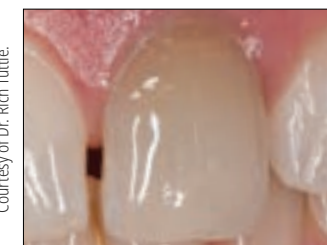


Black Mini™ Tip page 100

- 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



Before.



After.



Before.



After.



Before.



After.



Before.



After.



MUST BE REFRIGERATED



**1323 - Opalescence Endo Syringe 2pk**  
1.2 ml (1.45 g) syringes

1. realityesthetics.com.



### J-Temp™

LIGHT-CURED  
TEMPORARY RESIN



#### TEMPORARY RESTORATION: WALKING BLEACH TECHNIQUE\*



1. Evaluate, prepare, and seal the pulp chamber according to the IFU.



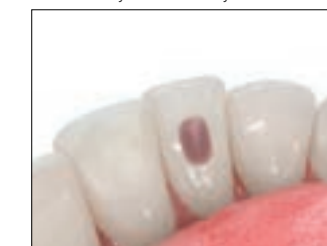
2. Place the whitening gel in the pulp chamber leaving 3–5 mm of space for J-Temp temporary resin (no barrier is needed between whitening gel and J-Temp temporary resin).



3. Apply J-Temp temporary resin incrementally in 2–3 mm layers.



4. Light cure between layers.



5. J-Temp temporary resin can be removed and replaced for each additional whitening appointment.



Light-Cured Temporary  
Resin, 4 indications in 1,  
see page 20.

**NOTE:** Ensure to not displace the whitening gel onto the margins as this may compromise the temporary seal.

\*See IFU for complete instructions.





SEE THE colour



OpalDam Green resin barrier offers effective coverage of oral tissues, making in-office whitening easier than ever before.

## OpalDam™ Green LIGHT-CURED RESIN BARRIERS

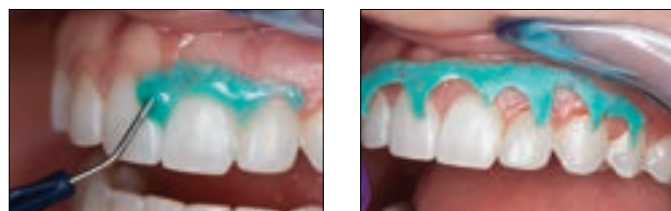


Black Mini™ Tip page 100

- Protects soft tissue with excellent 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 minimise heat and tissue sensitivity during curing. OpalDam Green resin barrier ensures a safe, unmistakable barrier every time.

### PROCEDURE\*



1. Apply OpalDam resin barrier 4–6 mm wide on gingiva. Seal interproximal spaces. Overlap resin approximately 2–3 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.

\* See IFU for complete instructions. 1. realityesthetics.com.



### 1824-U - OpalDam Green Syringe Kit

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



### 1826-U - OpalDam Green Syringe 20pk

1.2 ml (1.34 g) syringes

## Opalustre™ and OpalCups™ CHEMICAL AND MECHANICAL ABRASION SLURRY



White Mac™ Tip page 103



- Permanently removes superficial enamel imperfections
- Provides minimally invasive, permanent treatment
- Can help improve the appearance of mild fluorosis stains
- Low 6.6% hydrochloric acid concentration aids in removal of surface imperfections
- Silicon carbide microparticles provide gentle mechanical abrasion
- OpalCups cups minimise 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 minimise 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.<sup>2</sup> This treatment can be classified under ADA insurance code 9970: enamel microabrasion. We recommend using Opalescence teeth whitening products prior to an Opalustre abrasion slurry treatment, as this procedure can sometimes be avoided. Additionally, please be aware that because the reactive oxygen needs to dissipate from the tooth before bonding, it is necessary to wait 7–10 days before any bonding procedure<sup>3–5</sup> following a teeth whitening treatment.

WHITEN



### BEFORE AND AFTER



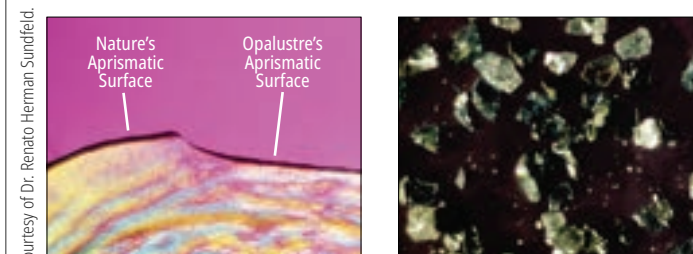
Remove or significantly reduce the appearance of mild fluorosis stains with a few applications of Opalustre™ slurry. Apply with stiff-bristle cup and 10:1 gear reduction handpiece with firm pressure.



Enamel decalcification corrected after one application of Opalustre™ slurry using OpalCups Bristle cup and 10:1 gear reduction handpiece with firm pressure.



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



Chemical and mechanical abrasion produce a natural-looking surface.

Silicon carbide microparticles contained in Opalustre slurry.

\* See IFU for complete instructions. 1. realityesthetics.com. 2. Celik EU, Yazkan B, Yildiz G, Tunac AT. Clinical performance of a combined approach for the aesthetic management of fluorosed teeth: three-year results. *Niger J Clin Pract.* 2017;20(8):943–951. 3. Da Silva Machado J, Cândido MS, Sundfeld RH, et al. The influence of time interval between bleaching and enamel bonding. *J Esthet Restor Dent.* 2007;19(2):111–119. doi:10.1111/j.1708-8240.2007.00077.x. 4. Spyrides GM, Perdigão J, Pagani C, Araújo MA, Spyrides SM. Effect of whitening agents on dentin bonding. *J Esthet Dent.* 2000;12(5):264–270. doi:10.1111/j.1708-8240.2000.tb00233. 5. 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):363–368.

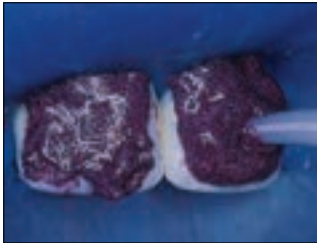


Courtesy of Dr. Rich Tuttle.

PROCEDURE\* - RUBBER DAM



1. Before.



2. After rubber dam placement, apply Opalustre slurry to discoloured 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.



554 - Opalustre Syringe Kit 4pk  
4 x 1.2 ml (1.87 g) Opalustre syringes  
10 x Each OpalCups Bristle and Finishing  
20 x White Mac tips



555 - Opalustre Syringe 4pk  
1.2 ml (1.87 g) syringes



5800 - OpalCups Bristle 20pk



5799 - OpalCups Finishing 20pk

Courtesy of Dr. Ted Croll.

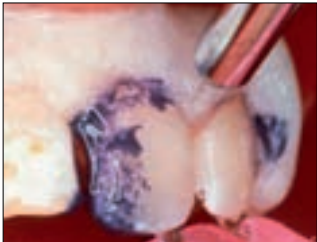
PROCEDURE\* - OPALDAM BARRIER



1. Isolate mottled teeth with OpalDam resin barrier. Apply Opalustre slurry directly out of the syringe with a White Mac™ 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.



BEFORE AND AFTER



Results in as little as one week<sup>1</sup>

Opalescence™  
Whitening Toothpaste  
ORIGINAL



28 g (20 ml)	24pk
Original	402-AU



133 g (100 ml)	12pk
Original	401-AU

- Results in as little as one week<sup>1</sup>
- Proven to whiten teeth up to 2 shades in just 2 weeks<sup>1</sup>
- Contains hydrated silica which is proven to remove staining<sup>1</sup>
- Gentle on gums<sup>1</sup>
- Safe for long-term daily use
- Contains sodium fluoride to help prevent cavities and strengthen enamel<sup>2</sup>
- Exceptional fluoride uptake<sup>3</sup>
- 78 RDA<sup>4</sup>
- Triclosan and TiO<sub>2</sub> free
- Vegan—no animal products are used

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

- Two kinds of exotic mint are blended into a fresh, clean, cool flavour
- Sweetened with xylitol which may reduce the risk of tooth decay

\* Trademark of a company other than Ultradent. 1. Çakmakçıoğlu O, Yılmaz P, Topbaşı BF. Clinical evaluation of whitening effect of whitening toothpastes: A pilot study. *OHDMBMC*. 2009;8(4):613. 2. Sivapriya E, Sridevi K, Periasamy R, Lakshminarayanan L, Pradeepkumar AR. Remineralisation ability of sodium fluoride on the microhardness of enamel, dentin, and dentinoenamel junction: An in vitro study. *J Conserv Dent*. 2017;20(2):100–104. doi:10.4103/JCD.JCD\_353\_16. 3. Schemehorn, BR. Enamel Fluoride Uptake 09-107. Data on file. 4. Attin, T. Assessment of relative dentin abrasion (RDA) of two toothpastes from Ultradent Products, Inc., Universität Zurich: Zurich, Switzerland. 2021. Data on file.





## UltraEZ™

DESENSITISING GEL WITH  
POTASSIUM NITRATE AND FLUORIDE



- Starts working immediately
- Treats sensitivity
- Non-flavoured gel available in syringes or disposable trays

UltraEZ gel is a sustained-release 3% potassium nitrate desensitising 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 (1.48 g) 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

1. realityesthetics.com.



## 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 79.

## IsoBlock™

BITE BLOCK



- 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**

1. realityesthetics.com.

## Ultradent™ LC Block-Out Resin



Black Mini™ Tip page 100

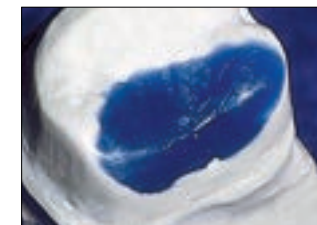
- Optimal viscosity for proper application
- Blue pigment for visibility during application
- Great utility resin with multiple uses

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.

\* See IFU for complete instructions. 1. realityesthetics.com.



"Ultradent LC Block-Out Resin is the original resin block-out product for extraoral use and it's still the best." —REALITY RATINGS



Also use for periodontal trays.



**240 - Ultradent LC Block-Out Resin Syringe Kit 4pk**  
4 x 1.2 ml (1.38 g) syringes  
20 x Black Mini tips

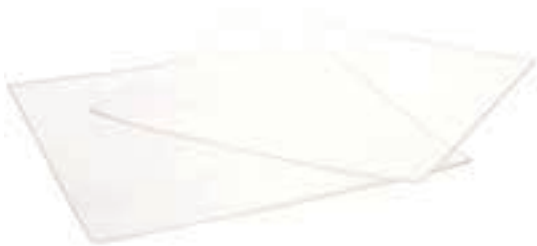
**242 - Ultradent LC Block-Out Resin Syringe Kit 20pk**  
20 x 1.2 ml (1.38 g) syringes  
20 x Black Mini tips



**241 - Ultradent LC Block-Out Resin Syringe 4pk**  
1.2 ml (1.38 g) 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

Ultradent™ Ultra-Trim  
Scalloping Scissors

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



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



Opalescence™ Shade Guide Card

	50pk
Shade Guide Card	498



Opalescence™ Pocket Tray Cases

	20pk
Variety Pocket Tray Cases	707



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

Note: Gift bags only. Product not included.



Product Family	ARTG Number	WAND Reference
1.2ml Plastic Syringe	109183	170704-WAND-6OGILK
5ml Plastic Syringe	109183	170704-WAND-6OGILK
Absorbent Paper Points		170704-WAND-6OGHMH
Anatomical Matrix	109038	
Astringedent	149529	170704-WAND-6OGHNZ
Astringedent X	149529	170704-WAND-6OGHNZ
Black Micro FX Tip	109320	170707-WAND-6OH3UT
Black Micro Tip	109320	170707-WAND-6OH3UT
Black Mini Brush Tip	109320	170707-WAND-6OH3UT
Black Mini Tip	109320	170707-WAND-6OH3UT
Blue Micro Tip	109320	170707-WAND-6OH3UT
Blue Mini Dento-Infusor Tip	109320	170707-WAND-6OH3UT
Capillary Tip	109320	170707-WAND-6OH3UT
Citric Acid	299124	180320-WAND-6Q01AR
Clone Bite	298948	180130-WAND-6PPD26
Composite Wetting Resin	196719	170704-WAND-6OGIC6
Consepsis	299125	180320-WAND-6Q01EH
Consepsis V	299125	180320-WAND-6Q01EH
Consepsis Scrub	299125	180320-WAND-6Q01EH
Deliver-Eze		
DeOx	126802	170704-WAND-6OGICN
DermaDam	106468	170704-WAND-6OGIDA
Dual Barrel Mixing Tip	109320	170707-WAND-6OH3UT
Ease-In-Shields	443653	240314-WAND-730KNV
EDTA 18% Solution	301120	180320-WAND-6Q01CS
Enamelast	208238	
Endo-Eze Irrigator Tip	109320	170707-WAND-6OH3UT
Endo-Eze MTAFlow	317675	190802-WAND-6S24YJ
Endo-Eze MTAFlow White	317675	201112-WAND-6VRGLL
Endo-Eze Tip	109320	170707-WAND-6OH3UT
EndoREZ	98711	180821-WAND-6QX1ZR
ExperTemp	299412	180322-WAND-6Q0E0F
ExperTemp Mixing Tip	109320	170707-WAND-6OH3UT
File-Eze	301120	
Fischer Ultrapak Packer	125986	170707-WAND-6OH3YU
FORMA		250221-WAND-752B55
Gemini EVO	430870	170703-WAND-6OGAPI
Gemini PBM	318907	190524-WAND-6SK4RR
HALO	398512	221027-WAND-700I31
Inspiral Brush Tip	109320	170707-WAND-6OH3UT
InterGuard		170704-WAND-6OGIL6
IntraOral Tip	109320	170707-WAND-6OH3UT
IsoBlock	351710	
Jiffy Composite	208748	
Jiffy Composite Polishing Brush	208748	
Jiffy Diamond Strip	422550	230927-WAND-720B4G
Jiffy Goat Hair Brush	208748	
Jiffy One	422757	231003-WAND-721MGK; 231003-WAND-721MGJ
Jiffy Proximal Saw	422550	230927-WAND-720B4G
Jiffy Spin	422757	231003-WAND-721MGJ
Jiffy Mandrels	425490	231016-WAND-724EWI
Jiffy Universal		
J-Temp	407899	230516-WAND-717K6G
LC Block-Out	207470	170704-WAND-6OGIOY
Luer Lock Cap	118085	
Luer Vacuum Adapters	N/A*	N/A*
Metal Dento-Infusor Tip	109320	170707-WAND-6OH3UT
Micro 20 Gauge Tip	109320	170707-WAND-6OH3UT
Micro Applicator	N/A*	N/A*
Micro Capillary Tip	109320	170707-WAND-6OH3UT
Mixing Well		
MTApex	406596	230327-WAND-70WUMJ
NaviTip 29g Single Sideport	109320	170707-WAND-6OH3UT
NaviTip 31G Sideport	109320	170707-WAND-6OH3UT
NaviTip FX Tip	109320	170707-WAND-6OH3UT
NaviTip Tip	109320	170707-WAND-6OH3UT

\*Does not require registration

Product Family	ARTG Number	WAND Reference
Omni-Matrix	109038	170704-WAND-6OGJK4
OpalCups	207640	
OpalDam & OpalDam Green	126997	170704-WAND-6OGJIQ
Opalescence Boost PF 35%	N/A*	N/A*
Opalescence Endo	N/A*	N/A*
Opalescence GO	N/A*	N/A*
Opalescence PF 10%	N/A*	N/A*
Opalescence PF 15%	N/A*	N/A*
Opalescence PF 20%	N/A*	N/A*
Opalescence PF 35%	N/A*	N/A*
Opalescence Whitening Toothpaste	N/A*	N/A*
Opalpix	N/A*	N/A*
Opalustre	208756	170704-WAND-6OGJKO
OraSeal	126997	*170704-WAND-6OGJLW, 170704-WAND-6OGJL4"
		170704-WAND-6OGJN4
Peak Universal Bond	196719	
Peak SE	125828	
Peak-ZM	322280	
PermaFlo	128379	170704-WAND-6OGJNJ
PermaFlo DC	208186	
PermaFlo Pink	128379	170704-WAND-6OGJNJ
PermaFlo Purple	98711	170704-WAND-6OGJNJ
PermaSeal	208186	170704-WAND-6OGJOR
PermaShade LC	208186	170704-WAND-6OGJP2
PermaShade LC Try-In Paste		
Porcelain Etch	125829	170704-WAND-6OGJPF
Porcelain Repair	125829	170829-WAND-6OSCI0
PrimaDry	220611	170704-WAND-6OGJQ9
PropGard	353979	
Sable Seek	130166	170704-WAND-6OGJSU
Seek	130166	170704-WAND-6OGJSU
Silane	125829	170827-WAND-6OS372
Skini Syringe	109183	170704-WAND-6OGILK
Slide Packer	125986	
SoftEZ Tip	109320	170707-WAND-6OH3UT
Sof-Tray Classic Sheet	N/A*	170707-WAND-6OH3SO
SST (Surgical Suction Tip)	109320	170707-WAND-6OH3UT
Star Brush	208748	170710-WAND-6OHTVW
Syringe Cover	309582	170710-WAND-6OHTWF
Thermo Clone VPS		170704-WAND-6OGI8O
Transcend	376258	211018-WAND-6XS9FP
TriAway Adaptor	N/A*	N/A*
Ultra-Blend plus	115523	170710-WAND-6OHTX2
UltraCal XS	115523	170710-WAND-6OHTXJ
UltraCem	208215	170707-WAND-6OH3UD
Ultradent Diamond Polish Mint	208756	170704-WAND-6OGIFF
Ultra-Etch	125828	170707-WAND-6OH3W5
UltraEZ	208238	170707-WAND-6OH3YC
Ultrapak	137524	170704-WAND-6OGJRB
UltraPro Tx	207640	200708-WAND-6V09P9, 200703-WAND-6UZ796
		200708-WAND-6V09ML
UltraPro Tx Air		200708-WAND-6V09NK
Ultrapro Tx Sweep		170707-WAND-6OH3ZP
UltraSeal XT Hydro	128379	170827-WAND-6OS37G
UltraSeal XT plus	128379	
UltraTemp	208186	170711-WAND-6OHU61
UltraTemp REZ II	398528	221205-WAND-708V1N
Ultra-Trim Scissors	291434	
Umbrella Cheek Retractor	351710	201102-WAND-6VPBSU
Universal Dentin Sealant	208238	170707-WAND-6OH4G9
VALO	164433	170707-WAND-6OH4H3
VALO Grand	164433	170707-WAND-6OH4H3
VALO X	405079	230221-WAND-70PKR5
ViscoStat	149529	170711-WAND-6OHU97
ViscoStat Clear	149529	170707-WAND-6OH4ID
Vit-I-escence	128379	170704-WAND-6OGJMJ, 170707-WAND-6OH4KF
White Mac Tip	109320	170707-WAND-6OH3UT
White Mini Laser Tip	109320	170707-WAND-6OH3UT

810 + 980 Diode Laser . . . . . 44 - 47

Acid, Citric. . . . . 22

Acid, Hydrofluoric . . . . . 58

Acid, Phosphoric . . . . . 52

Acid Etchant. . . . . 52, 58

Adjusters and Polishers, Ceramic. . . . 67, 68 - 69

Adjusters and Polishers, Composite. . . 64 - 65, 66

Aluminum Chloride. . . . . 115

Anatomical Indicating Composite. . . . . 33

Anatomical Wedge. . . . . 89

Antibacterial Slurry . . . . . 82

Antibacterial Solution. . . . . 21, 82

Applicators. . . . . 96, 108

Astringedent Hemostatic . . . . . 116

Astringedent Spot Remover . . . . . 116

Astringedent X Hemostatic. . . . . 116

Barrier Solution. . . . . 71

Base and Liner. . . . . 59

Bilateral Support . . . . . 140

Bioceramic Root Canal Sealer. . . . . 29

Bis-GMA. . . . . 12

Bite Block. . . . . 80, 140

Bite Registration Material . . . . . 74, 75

Black Light Lens. . . . . 39

Black Micro FX Tip . . . . . 100

Black Micro Tip. . . . . 101

Black Mini Brush Tip . . . . . 100

Black Mini Tip . . . . . 100

Bleaching, In-Office. . . . . 133-134

Bleaching, Take-Home . . . . . 128-132

Bleaching Trays . . . . . 128

Block-Out Resin . . . . . 141

Blue Micro Tip . . . . . 101

Blue Mini Dento-Infusor Tips. . . . . 101

BOND SECTION. . . . . 52 - 60

Bottles (480 ml), Irrigants. . . . . 20 - 21

Brush Tips . . . . . 100 - 103

Brushes, Polishing. . . . . 70

Calcium Hydroxide Paste. . . . . 22

Canal Sealer. . . . . 31

Capillary Tips. . . . . 25, 104 - 105

Caps, Luer Lock . . . . . 108

Carbamide Peroxide. . . . . 128

Carbamide vs Hydrogen Peroxide. . . . . 124

Caries Indicator. . . . . 78

Caulking Material. . . . . 81

Cement, Temporary (Provisional). . . . . 6

CEMENTS SECTION. . . . . 6-7

Ceramic Finishing System. . . . . 67, 68 - 69

Cheek Retractor. . . . . 79, 140

Chelating Agent. . . . . 20

Chelating and Filing Lubricant. . . . . 20

Chemical Abrasion Slurry. . . . . 137

Chlorhexidine. . . . . 21, 82

Citric Acid 20% Solution. . . . . 22

Classic Sheets. . . . . 142

CleanCut. . . . . 118

Cleaners and Disinfectants. . . . . 21 - 22, 60

Cleaner/Conditioner. . . . . 20

Cleaning Brush. . . . . 83, 108

Cleaning Solution. . . . . 116

Clear Skini Syringe. . . . . 33, 107

Coagulative Hemostatics . . . . . 114 - 116

Comfort Hub Tip. . . . . 102

Composite Restorative Material. . . . . 10

Composite Sealer. . . . . 18, 72

Composite Shade Guides . . . . . 11, 14, 17

Composite Singles . . . . . 11, 14, 17

Composite Polishing Brushes. . . . . 70

Composite Wetting Resin . . . . . 15

COMPOSITES SECTION . . . . . 10-18

Consepsis. . . . . 21, 60

Consepsis Scrub. . . . . 82

Consepsis V . . . . . 21

Cord, Displacement . . . . . 117 - 119

Cordless LED Curing Light . . . . . 41

Cord Packers . . . . . 120

Coronal Brush . . . . . 83

Coronal Seal. . . . . 33

Cover, Syringe . . . . . 107

Crossover Action Tweezers. . . . . 87

Crown/Bridge Material . . . . . 7-8

Cups, Finishing. . . . . 64 - 65

Curing Lights. . . . . 41 - 43

Dams . . . . . 34, 80

Delivery Syringes. . . . . 33, 107

Dentin, Liner and Base. . . . . 59

Dentin Bonding Agents. . . . . 54 - 56

Dentin Sealant. . . . . 97

Dento-Infusor Tips. . . . . 101, 102

DeOx . . . . . 71

DermaDam. . . . . 34, 80

DermaDam Synthetic . . . . . 34, 80

Desensitizing Gel. . . . . 139

Diamond Polish Mint . . . . . 71

Diamond Strips. . . . . 71

Difficult Bleeding. . . . . 116

Diode Laser . . . . . 44- 47

Direct Bonding. . . . . 53 - 56

Direct Composite Veneers. . . . . 16, 18

Disks, Finishing . . . . . 63

Disinfectants and Cleaners . . . . . 20 - 22, 60, 82

Displacement Cord. . . . . 117 - 119

Disposable Matrix Bands . . . . . 85

Disposable Prophyl Angles . . . . . 95

Disposable Retainer. . . . . 88, 89

Double-Cord Technique . . . . . 118

Drying Agent . . . . . 18, 72, 92

EDTA Lubricant . . . . . 20

EDTA Solution. . . . . 20

Empty Syringes. . . . . 107

Enamel Bonding Agents. . . . . 52, 53, 54

Enamelast. . . . . 96

ENDODONTICS SECTION. . . . . 20 - 34

Endodontic Tips. . . . . 24, 104

Endo-Eze Irrigator Tips. . . . . 24, 104

Endo-Eze Luer Vacuum Adapters. . . . . 108

Endo-Eze MTAFlow. . . . . 29

Endo-Eze Syringe Tips . . . . . 104 - 105

EndoREZ. . . . . 31

EndoREZ Obturation. . . . . 32

EndoREZ Points. . . . . 32

Aesthetic Restorative Material. . . . . 12

EQUIPMENT SECTION. . . . . 39 - 50

ETCH SECTION . . . . . 52 - 60

Etchants. . . . . 52, 58

ExperTemp. . . . . 7

ExperTemp Mixing Tip . . . . . 7, 101

Eyewear. . . . . 47 - 50

Ferric Sub sulfate Hemostatic . . . . . 114

Ferric Sulfate Hemostatic. . . . . 114, 115

File-Eze EDTA . . . . . 20

File Lubricant. . . . . 20

Filling/Sealer, Canal. . . . . 31

FINISH SECTION. . . . . 62 - 72

Finishing Strips . . . . . 70

Finishing System, Ceramic. . . . . 67 - 69

Finishing System, Composite. . . . . 64 - 66

Fischer's Ultrapak Packers . . . . . 120

Fissure Sealant. . . . . 91, 93

Flowable Composite. . . . . 16

Fluid Control . . . . . 110

Fluoride. . . . . 91, 93, 127, 132

Fluoride Gel. . . . . 139

Fluoride Varnish. . . . . 96

Foot Pedal, Gemini. . . . . 45

Forceps. . . . . 87

Gemini EVO Diode Laser. . . . . 46

Gemini Foot Pedal . . . . . 45

Gemini PBM Adapter . . . . . 45

Gemini Protective Eyewear. . . . . 47 - 50

Glasses. . . . . 47 - 50

Goat Hair Brush. . . . . 70

Gun, ExperTemp. . . . . 8

Hemostasis. . . . . 114 - 116

Hemostatic Agents. . . . . 114 - 116

HiShine. . . . . 65

Hydrochloric Acid Microabrasion Slurry. . 137

Hydrofluoric Acid Etchant. . . . . 58

Hydrogen Peroxide. . . . . 130, 132, 134

Hydrophilic Pit and Fissure Sealant . . . 93

Hydrophobic Pit and Fissure Sealant. . . 91

HYGIENE SECTION . . . . . 91 - 98

Impression Materials. . . . . 74

IMPRESSIONS SECTION . . . . . 74 - 75

In-Office Whitening Gel. . . . . 133

Indicator, Caries. . . . . 78

Indirect Bonding . . . . . 53

Inspiral Brush Tip. . . . . 101

Instruments, Packing. . . . . 120

Intercoronal Brush. . . . . 83, 108

InterGuard. . . . . 83

Interproximal Cleaner . . . . . 97

Interproximal Lens. . . . . 39

IntraOral Impression Tip . . . . . 102

Intraoral Tip. . . . . 102

Iron Solution . . . . . 116

Irrigator Tips. . . . . 104 - 105

IsoBlock. . . . . 140

Jiffy Composite Polishing Systems . . . 64 - 66

Jiffy Composite Polishing Brushes . . . . 70

Jiffy Diamond Strips. . . . . 71

Jiffy Extraoral Kit . . . . . 67 - 69

Jiffy Goat Hair Brush. . . . . 70

Jiffy HiShine. . . . . 65

Jiffy Intraoral Kit . . . . . 67

Jiffy Finishing Cups, Disks, Points. . . 62, 63, 68, 69

Jiffy One. . . . . 62

Jiffy Proximal Saw. . . . . 71

Jiffy Spin. . . . . 63

J-Temp . . . . . 23

Knitted Displacement Cord. . . . . 117 - 119

Laser, Gemini EVO. . . . . 39 - 50  
LC Block-Out Resin. . . . . 141  
LED Curing Lights. . . . . 41 - 43  
Lenses, VALO . . . . . 39  
Light-Cured Bonding System. . . . . 54 - 56  
Light-Cured Resin Barrier. . . . . 140  
Light Curing Unit. . . . . 41 - 43  
Light Shield . . . . . 47 - 50  
Liner Material . . . . . 59  
Lip Retractor . . . . . 79  
Luer Lock Cap. . . . . 108  
Luer Vacuum Adapter. . . . . 108  
Matrices. . . . . 84 - 89  
Matrix Bands . . . . . 85  
Matrix Clamps . . . . . 87  
Matrix System . . . . . 88  
Mechanical Abrasion Slurry . . . . . 136  
Metal Dento-Infusor Tip. . . . . 101, 102  
Metal Masking. . . . . 16  
Methacrylate . . . . . 18, 31, 134  
Microcrystalline Diamonds. . . . . 70  
Microhybrid Composite . . . . . 12  
Micro 20 ga Tip . . . . . 102  
Micro Applicators. . . . . 108  
Micro Capillary Tips. . . . . 104  
Mixing Tips . . . . . 106  
Mixing Wells . . . . . 106  
Mounting Bracket. . . . . 42 - 43  
Mouth Prop . . . . . 80  
MTAFlow White. . . . . 27  
NaviTip 29 ga Tips . . . . . 25, 105  
NaviTip 31 ga Tips . . . . . 25, 105  
NaviTip FX Tip. . . . . 25, 105  
NaviTip Reference Guide . . . . . 24  
NaviTip Tips. . . . . 25, 105  
Non-Vital Bleach . . . . . 135  
Omni-Matrix. . . . . 88  
Omni-Matrix Original. . . . . 89  
Omni-Matrix Sectional. . . . . 88, 89  
OpalCups. . . . . 136, 137  
OpalDam Green . . . . . 133, 135  
OpalDam . . . . . 57, 100  
Opalescence 10%. . . . . 131  
Opalescence . . . . . 121 - 135  
Opalescence Boost. . . . . 133  
Opalescence Endo . . . . . 135  
Opalescence Go. . . . . 131  
Opalescence PF . . . . . 128  
Opalescence Reference Guide . . . . . 124  
Opalescence Whitening Toothpaste . . . . . 139  
Opalustre. . . . . 137  
OraSeal . . . . . 81  
Organic Solvent . . . . . 18, 72, 97  
Packers, Fischer's. . . . . 120  
Peak-ZM. . . . . 55, 56  
Peak SE Primer. . . . . 53, 60  
Peak Universal Bond. . . . . 53, 54, 56  
PermaFlo . . . . . 16, 17  
PermaFlo Pink . . . . . 15  
PermaFlo Purple. . . . . 33  
PermaSeal . . . . . 18, 72  
Phosphoric Acid. . . . . 52  
Photobiomodulation . . . . . 45 - 47, 94  
Pit and Fissure Sealant. . . . . 18, 72, 91 - 93  
PointCure Lens. . . . . 39, 40  
Polish, Diamond. . . . . 64, 68, 70  
Polishing Brushes. . . . . 70  
Polishing, Ceramic. . . . . 67  
Polishing, Composite. . . . . 65, 66, 70  
Polysiloxane, Vinyl. . . . . 74  
Porcelain Etch . . . . . 58  
Porcelain Repair Kit. . . . . 56, 57  
Potassium Nitrate and Fluoride. . . . . 123, 127, 130, 132, 139  
Prefilled Whitening Trays. . . . . 123, 131  
PREPARE SECTION. . . . . 77 - 89  
PREVENT SECTION. . . . . 90 - 98  
PrimaDry . . . . . 18, 72  
Prophy Paste . . . . . 95  
Protective Eyewear. . . . . 50  
ProxiCure Ball Lens. . . . . 39  
Proximal Saw. . . . . 71  
Pulp Capping. . . . . 24, 28, 59  
Putty Material . . . . . 81  
QuadraSpense . . . . . 14  
Repair Cement . . . . . 27, 28, 59  
Resin Barrier . . . . . 141  
Retainer. . . . . 88, 89  
Retraction Cords. . . . . 117 - 119  
Rings . . . . . 85, 87  
Root Canal Sealer. . . . . 29, 30, 31  
Root Sensitivity . . . . . 97  
Rubber Dam. . . . . 34  
Sable Seek . . . . . 78  
Safety Glasses . . . . . 46 - 50  
Scalloping Scissors. . . . . 142  
Scissors . . . . . 142  
Sectional Matrix System. . . . . 84 - 86  
Sealer/Filler, Canal. . . . . 29 - 33  
Shade Guide Card. . . . . 14, 129, 133, 142  
Sideport Irrigator Tips. . . . . 21 - 26  
Silane. . . . . 57, 58  
Single-Use Polishers. . . . . 62  
Skini Syringe . . . . . 107  
Smear Layer Remover. . . . . 20, 21  
Sodium Hypochlorite Solution . . . . . 20, 21  
SoftEZ Tip. . . . . 96, 103  
Sof-Tray Classic Sheets. . . . . 142  
STARbrush . . . . . 82, 83, 108  
Surgical Suction Tip. . . . . 103  
Synthetic Rubber Dam . . . . . 34, 80  
SYRINGES SECTION. . . . . 99 - 108  
Syringe Covers . . . . . 107  
Syringes, 1.2 ml Plastic . . . . . 107  
Syringes, 5 ml Plastic. . . . . 107  
Syringes, Empty. . . . . 107  
Syringes, Skini. . . . . 107  
Take-Home Whitening. . . . . 128, 131  
Temporary Crown/Bridge Material. . . . . 7, 75  
Temporary Resin. . . . . 23, 76, 80, 134  
Thermo Clone VPS Accessories. . . . . 74, 75  
Thermo Clone VPS Alginate Alternative . . . . . 74, 75  
Thermo Clone Bite Registration. . . . . 74, 75  
Thermo Clone Clear Bite Registration. . . . . 74, 75  
Thermo Clone VPS Dispensing Gun. . . . . 74, 75  
Thermo Clone VPS Impression Material. . . . . 74, 75  
Thermo Clone VPS Mixing Tips. . . . . 74, 75  
Thermo Clone VPS Putty. . . . . 74, 75  
Tips, Black Micro . . . . . 101  
Tips, Black Micro FX. . . . . 100  
Tips, Black Mini . . . . . 100  
Tips, Black Mini Brush . . . . . 100  
Tips, Blue Micro. . . . . 101  
Tips, Blue Mini Dento-Infusor . . . . . 101  
Tips, Capillary . . . . . 25, 102  
Tips, Dento-Infusor . . . . . 101, 102  
Tips, Endodontic. . . . . 35, 104 - 105  
Tips, Endo-Eze . . . . . 35, 104  
Tips, Endo-Eze Irrigator. . . . . 35, 105  
Tips, ExperTemp Mixing. . . . . 106  
Tips, Gemini Laser. . . . . 46  
Tips, Impression. . . . . 106  
Tips, Inspiral Brush . . . . . 101  
Tips, Intraoral . . . . . 102  
Tips, IntraOral Impression. . . . . 106  
Tips, Irrigator. . . . . 104, 105  
Tips, Metal Dento-Infusor . . . . . 102  
Tips, Micro Capillary . . . . . 102  
Tips, Mixing. . . . . 103  
Tips, NaviTip 29 ga. . . . . 25, 105  
Tips, NaviTip 31 ga. . . . . 25, 105  
Tips, NaviTip . . . . . 25, 105  
Tips, NaviTip FX . . . . . 25, 105  
Tips, SoftEZ . . . . . 103  
Tips, SST. . . . . 103  
Tips, Surgical Suction. . . . . 103  
Tips, White Mac. . . . . 103  
TIPS SECTION. . . . . 100 - 108  
TISSUE MANAGEMENT SECTION. . . . . 114 - 120

Tongue Guard. . . . . 79, 140  
Toothpaste. . . . . 139  
Toothpicks . . . . . 97  
Tooth Whitening Reference Guide . . . . . 124  
TransLume Lens . . . . . 39  
Transcend. . . . . 10  
Transient Root Sensitivity. . . . . 97  
Tray Cases . . . . . 143  
Tray Sheets. . . . . 142  
TriAway Adapter. . . . . 34, 108  
Ultra-Blend plus. . . . . 59  
UltraCal XS. . . . . 22  
Ultra-Etch Etchant . . . . . 52  
UltraEZ. . . . . 140  
UltraFit Tray. . . . . 141  
Ultrapak Knitted Cord. . . . . 117 - 119  
Ultrapak Packers . . . . . 120  
Ultrapro Tx Prophyl Angles . . . . . 95  
Ultrapro Tx Prophyl Paste . . . . . 95  
UltraSeal XT hydro . . . . . 93  
UltraSeal XT plus . . . . . 91  
UltraTect Protective Eyewear . . . . . 50  
UltraTemp. . . . . 6  
UltraTemp REZ II. . . . . 6  
Ultra-Trim Scalloping Scissors . . . . . 50, 142  
Umbrella . . . . . 79  
Unit-Dose Composite. . . . . 12  
Universal Bonding Agent . . . . . 54  
Universal Ceramic Finishing System. . . . . 68 - 69  
Universal Composite. . . . . 10  
Universal Dentin Sealant . . . . . 97  
Utility Resin. . . . . 141  
Vacuum Adapter. . . . . 34  
VALO LED Grand Corded Curing Light. . . . . 42  
VALO LED Grand Cordless Curing Light. . . . . 43  
VALO Lenses. . . . . 39  
VALO Mounting Bracket. . . . . 42 - 43  
VALO X . . . . . 41  
Varnish, Fluoride . . . . . 96  
Vinyl Polysiloxane Impression Material. . . . . 74 - 75  
ViscoStat Clear Hemostatic. . . . . 115  
ViscoStat Hemostatic . . . . . 114  
Vit-I-escence. . . . . 12  
Vit-I-escence Singles . . . . . 14  
Walking Bleach . . . . . 134  
Wedge . . . . . 87  
Wetting Resin. . . . . 15  
Wheels, Finishing. . . . . 84 - 87  
White Light Lens . . . . . 39  
White Mac Tip . . . . . 103  
White Mini Tip. . . . . 103  
WHITEN SECTION. . . . . 127 - 142  
Whitening In-Office. . . . . 121-142  
Whitening, Non-Vital Teeth . . . . . 135  
Whitening Reference Guide. . . . . 124  
Whitening Take-Home . . . . . 128, 131  
Whitening Toothpaste . . . . . 139  
Whitening Trays. . . . . 128, 131, 140