

PRODUCTS & PROCEDURES MANUAL

Dr. Dan Fisher
Founder, Ultradent Products, Inc .



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

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

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



A STRONG CODE OF ETHICS AND CORE VALUES

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

INTEGRITY • QUALITY • HARD WORK • INNOVATION • CARE



Scan the QR code to see our newest products-
so new they didn't make it into the catalog!

TABLE OF CONTENTS



CEMENTS • 1-5

UltraTemp
Ultradetemp REZ II
ExperTemp



COMPOSITES • 6-15

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



ENDODONTICS • 16-32

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

EndoREZ Canal Sealer
EndoREZ Accelerator
EndoREZ Points
Endo-Eze Ruler
Skini Syringe
DermaDam
DermaDam Synthetic
Luer Vacuum Adapter
TriAway Adapter
J-Temp



EQUIPMENT • 33-47

VALO
VALO Grand
VALO X
Gemini
UltraTest

Ultradent Ultra-Trim
Scalloping Scissors



ETCH & BOND • 48-57

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

Kit
Ultradent Porcelain Etch
Silane
Ultra-Blend plus
Consepsis



FINISH • 58-67

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



IMPRESSIONS • 68-71

Thermo Clone VPS
Thermo Clear Bite Registration



PREPARE • 71-85

Sable Seek
Seek
Umbrella
PropGard
DermaDam
DermaDam Synthetic
OraSeal
Consepsis Scrub

STARbrush
Omni-Matrix
Omni-Matrix Original
Halo Sectional MATRIX System



PREVENT & HYGIENE • 86-94

UltraSeal XT plus
PrimaDry
UltraSeal XT hydro
Ultrapro Tx Prophyl Paste
Ultrapro Tx Prophyl Angles

Enamelast Fluoride Varnish
Universal Dentin Sealant
Opalpix
Opalescence Whitening
Toothpaste



TIPS & SYRINGES • 95-104

Black Micro FX
Black Mini
Black Mini Brush
Black Micro
Blue Micro
Blue Mini Dento-Infusor
ExperTemp Mixing
Inspirial Brush
Intraoral Tip

Metal Dento-Infusor
Micro Capillary
Micro 20 ga
SoftEZ
SST
Mixing
White Mac
White Mini



TISSUE MANAGEMENT • 105-116

ViscoStat
ViscoStat Clear
Astringent
Astringent X

Astringent Spot Remover
Ultrapak
Fischer's Ultrapak Packers
Fischer's Slide Packers



WHITEN • 117-136

Whitening Gel
Prefilled Whitening Trays
In-Office Whitening
Endodontic Whitening
Light-Cured Resin Barriers
Hydrochloric Acid
Whitening Toothpaste

Desensitizing Gel
Lip and Cheek Retractors
Bite Block
Block-Out Resin
Tray Sheets
Cutters and Scissors



MARKETING MATERIALS • 137-139

Posters Small and Large
Display Brochures
Opalescence Frosted Bags
Opalescence Display Stand
Bags

ABOUT ULTRADENT



In 1976, after graduating from Loma Linda University and beginning his own practice, Dr. Dan Fischer invented his groundbreaking Astringedent™ hemostatic solution in response to the need for a tissue management product that achieved more rapid, profound hemostasis. Astringedent hemostatic with the Metal Dento-Infusor™ tip and Ultrapak™ cord became the backbone of Ultradent's chemical tissue management system. For the first time, clinicians could quickly and predictably achieve profound hemostasis. The success of Astringedent hemostatic fueled Dr. Fischer's desire to continue developing innovative, advanced solutions—leading to the founding of Ultradent Products, Inc. Now, marking its 44th year as a family-owned, international dental supply and manufacturing company, Ultradent has continued its vision to improve oral health globally by creating better dental products that continue to set new industry standards. Dr. Fischer has numerous patents to his name.

Ultradent currently researches, designs, manufactures, and distributes more than 500 materials, devices, and instruments used by dentists around the world. This includes its renowned, industry-leading Opalescence™ Tooth Whitening System, and the groundbreaking Opalescence Go™ professional take-home whitening system. Ultradent's product family also includes the award-winning VALO™ LED curing light, UltraSeal XT™ hydro pit and fissure sealant, and Ultra-Etch™ etchant. Recent innovations include the Uveneer™ direct composite template system, which creates natural-looking, high-quality direct composite veneers quickly and easily. This past year we were proud to introduce Jiffy™ finishing strips, Thermo Clone™ Clear bite registration, the NaviTip™ 29 ga Sideport tip, the Lotus™ disposable prophyl angle, and Enamelast™ Flavor Free fluoride varnish.

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

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

Dr. Fischer lives his life according to the same values that guide Ultradent: integrity, quality, hard work, innovation, and care. He enjoys tending to his garden and spending time with his wife, children, and lots of grandchildren.

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

Facebook



Instagram



CEMENTS

UltraTemp
UltraTemp REZ II
ExperTemp

PHYLLIS THIBODEAU - West Desert





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



UltraTemp™ & UltraTemp™ REZ II

POLYCARBOXYLATE & RESIN-BASE, NON-EUGENOL
TEMPORARY LUTING/FILLING MATERIAL



Ultradent™ Mixing Tip page 123

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

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

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)
1 x 5 ml 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 luting/filling material 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.

WALKING BLEACH CASE



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



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



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

Note: UltraTemp luting/filling material only. Do NOT use UltraTemp REZ II material for walking bleach cases.

\$55.99 ea | \$53.19 ea 3/more | \$50.40 ea 5/more



ExperTemp™

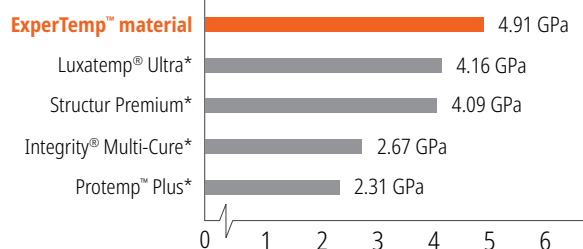
TEMPORARY CROWN AND BRIDGE MATERIAL



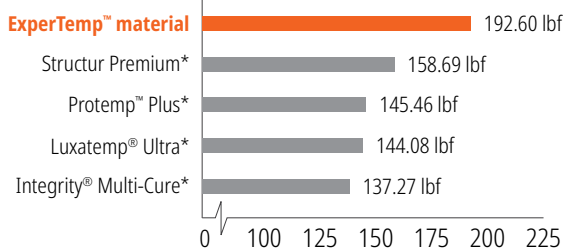
- 10:1 self-cured chemistry provides exceptional strength, flexibility, and high abrasion resistance
- Fluoresces similarly to enamel
- Low oxygen inhibition at polymerisation
- Easily repaired or characterized with a packable composite, a flowable composite, or additional ExperTemp material
- Trims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

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

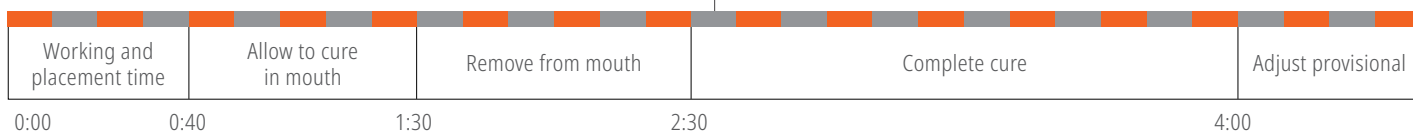
FLEXURAL MODULUS COMPARATIVE²



EDGE CHIP COMPARATIVE²



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



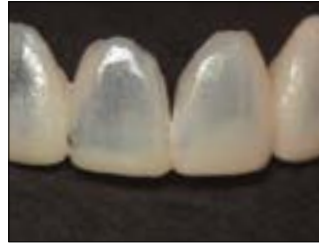


PROCEDURE

Courtesy of Dr. Jaleena Jessop.



1. Prep teeth. Scour with Consepis™ 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. 3 weeks post-op just prior to cementation of permanent veneers.

ExperTemp Cartridge Kits

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

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



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



6346 - ExperTemp Mixing Tips 45pk



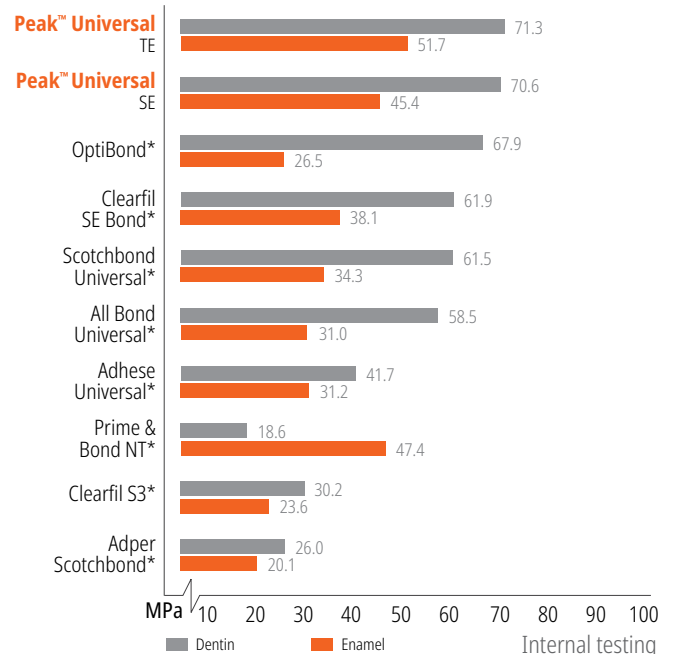
Peak™ Universal Bond LIGHT-CURED ADHESIVE



Inspiral™ Brush Tip page 51

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

BOND STRENGTH COMPARISON²



Light-Cured Adhesive, see page 64.

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

COMPOSITES

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

ADRIANA SANCHEZ - Prove River Falls



**Vit-I-escence™**

ESTHETIC RESTORATIVE MATERIAL



- Effortlessly blends with natural dentine 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 dentine 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 Jessop.



Before.



After.

Courtesy of Dr. Altamiro Flávio.



Before.



After.

Courtesy of Dr. Valter Devoto.



Before.



After.

Courtesy of Dr. Jaleena Jessop.



Before.



After.

Courtesy of Dr. Jaleena Jessop.



Before.



After.

Courtesy of Dr. Rafael Boelchi.



Before.



After.

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



VIT-L-ESSENCE 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 dentine 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 DENTINE FLUORESCENCE

Courtesy of Dr. L. Vanini.



Vit-l-escence Enamel



Traditional Composite

Natural Tooth

Vit-l-escence Dentine Shade

Courtesy of Dr. Nasser Barghi.

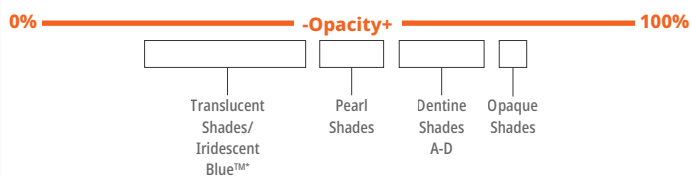


Vit-l-escence Composite

Porcelain

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

VIT-L-ESSENCE COMPOSITE SHADE OPACITY RANGE



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

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

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 OPAQUE 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.

Shades: A, B, C, D

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

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

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

Shades: Opaque White, Opaque Snow

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

**5016 - Vit-I-escence Essentials Kit—9 Shades**

1 x Each 2.5 g Vit-I-escence dentine shade - A1, A2, A3, and B1 syringe
 1 x Each 2.5 g Vit-I-escence enamel shade - Opaque Snow, Pearl Frost, Pearl Neutral, Trans Mist, and Iridescent Blue syringe
 1 x Each 1.2 ml (2.3 g) PermaFlo A4 and Translucent syringe
 1 x Each shade guide, half-size syringe organizer, and quad key
 20 x Micro 20 ga tips

REFRIGERATE

Vit-I-escence™ Syringe 2.5 g

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

x 1

**Optional KleenSleeve™ QuadraSpense™****QUAD KEY**

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



Shades are identified on both the barrel and the stem.



Facilitates removal of small amounts of material.

**822 - Master's Shade Guide - 24 Shades**

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

(Shades A6, B3, B4, B5, C1, C2, C3, C4, C5, and D3 are NOT included)

**3080 - Composite Quad Key 1pk**



Composite Wetting Resin



Inspiral™ Brush Tip page 123

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

REFRIGERATE



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

Ultradent™ Composite Gun

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



7800 - Ultradent Composite Gun 1pk

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

—DR. JAIMEE MORGAN – SALT LAKE CITY, UT

1. realityesthetics.com.

PermaFlo™ Pink

COMPOSITE



Micro 20 ga Tip page 124

- Acts as an attractive solution for esthetic gingival substitute

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

BEFORE AND AFTER

Courtesy of Dr. Anna Krylova.



1. Following tooth prep and application of Peak™ Universal Bond adhesive, build restoration incrementally with PermaFlo Pink composite.



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

REFRIGERATE



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



PermaFlo™

FLOWABLE COMPOSITE



Micro 20 ga Tip page 124

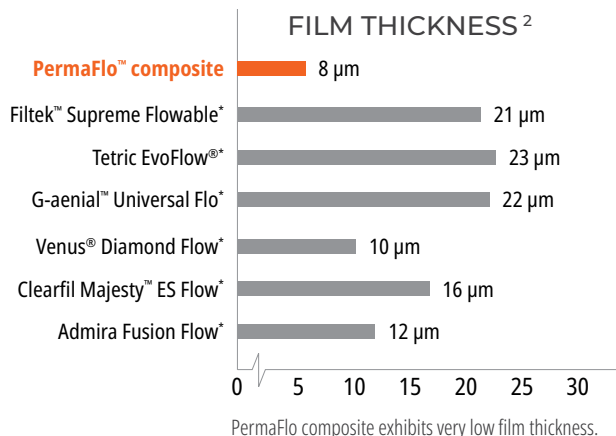


Black Mini™ Tip page 122

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

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

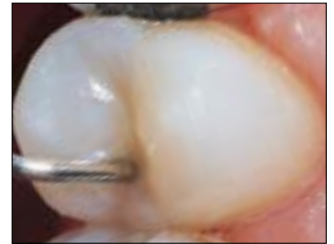
Use PermaFlo flowable composite for anterior and posterior restorations: Class I, II, III, IV, and V. It can also be used to restore missing subgingival tooth structure prior to endodontic procedures (the "Donut Technique").



MICRO RESTORATIVE



1. Small Class I preparation treated with dentine 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 colors with PermaFlo composite initially facilitates gorgeous aesthetics at surface.

METAL MASKING



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

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



SUPERADAPTIVE INITIAL LAYER

Courtesy of Dr. Howard Strassler.



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

PEDIATRIC RESTORATIONS



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



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



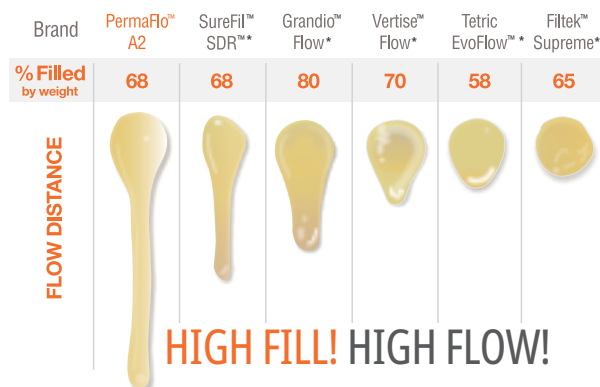
3. Etch preparations and apply Peak™ Universal Bond adhesive. Light cure for 10 seconds on Standard Power mode with VALO curing light. Apply a thin first layer of PermaFlo composite to the adhesive layer with Micro 20 ga tip. Light cure.



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



5. One year later.



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

—DR. KENNETH B. ALLEN – FORT COLLINS, CO

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

—DR. PAT PRENDERGAST – ENGLEWOOD, CO

"I literally use PermaFlo composite on every patient. I love the shades and the way it flows and handles. I use it around my posts, prior to core buildups. The stuff is awesome!"

—DR. IAN E. MODESTOW – FLORENCE, MA

REFRIGERATE

1273 - PermaFlo Universal Kit

- 1 x Each 1.2 ml (2.3 g) PermaFlo A1, A2, A3, A3.5, A4, B1, Dentin Opaquer, and Translucent syringe
- 1 x 1.2 ml (1.24 g) Peak Universal Bond syringe
- 1 x 1.2 ml (1.58 g) Ultra-Etch syringe
- 1 x Each half-size syringe organizer and shade guide
- 6 x Inspiral Brush tips
- 20 x Black Mini tips
- 20 x Micro 20 ga tips



REFRIGERATE

PermaFlo Syringe Kits



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

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

* Trademark of a company other than Ultradent.



Uvener™ & Uvener™ Extra DIRECT COMPOSITE TEMPLATE SYSTEMS



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

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

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

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

Courtesy of Dr. Hal Stewart.



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

Courtesy of Dr. Sigal Jacobson.



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

Courtesy of Dr. Rafael Beolchi.



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

Courtesy of Dr. Susan McMahon.



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

Each reusable, autoclavable template is designed to mimic ideal tooth anatomy according to the rules of smile design and the "golden proportion." The system incorporates ideal height to width ratio, contour, embrasure, and center midline. Due to the precise anatomical facial tooth contour of the templates, the final result will yield different thicknesses of composite. The composite will be thinner toward the incisal third and gingival areas and will be thicker toward the middle of the facial surface. Because this varied thickness creates different effects and values, only one shade of composite is needed to achieve a natural gradient effect. However, multiple shades of composite can still be used depending on the clinician's preferred technique.

"Terrific tool to quickly and easily create beautiful anterior restorations."

—DR. GARY M. RADZ, DDS

"The Uvener template makes the practice of the anterior esthetic dentistry easier, faster, and better."

—DR. GEORGE FREEDMAN, DDS

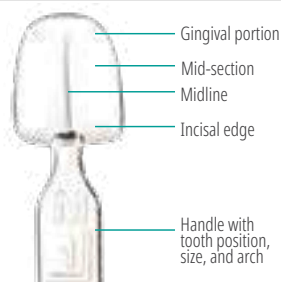
"The simplicity of the Uvener template is absolutely remarkable. Why didn't I think of this?"

—DR. JOHN C. COMISI, DDS, MAGD

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

—DR. CHAD WAGENER, DDS

1. realityesthetics.com.



L - Large Upper



L - Large Lower



M - Medium Upper



M - Medium Lower



XL - Extra Large



L - Large



M - Medium



SQ - Square

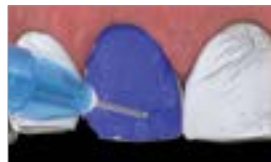
DIRECT COMPOSITE TECHNIQUE GUIDE



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



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



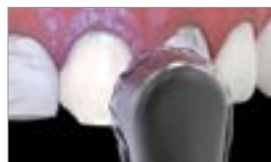
3. Place interproximal separating matrices and apply Ultra-Etch™ etchant, Peak™ SE Primer, or preferred etchant.



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



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



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

SINGLE SHADE TECHNIQUE



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

LAYERING TECHNIQUE



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



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



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



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



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



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



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



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

Do not autoclave the black base.



UVKV3 - Uvener Kit

16 x Medium upper and lower arch templates
16 x Large upper and lower arch templates

Medium and large templates provide 2 central incisors, 2 lateral incisors, 2 canines, and 2 premolar templates for both the upper and lower arches.



UVKEV1 - Uvener Extra Kit

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

Uvener Extra kits include canine to canine templates.

UVKEXLSQV1 - Uvener Extra XL & SQ Kit

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

UVKELMV1 - Uvener Extra L & M Kit

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



PermaSeal™

PENETRATING COMPOSITE SEALER



Black Micro™ FX™ Tip page 122

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

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

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



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 Center, Loma Linda University School of Dentistry. May 1996. Data on file.

NEW RESTORATIONS



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



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

EXISTING RESTORATIONS



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



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

PrimaDry™

DRYING AGENT



Micro 20 ga FX™ Tip page 122

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

REFRIGERATE



716 - PrimaDry Syringe 4pk
717 - PrimaDry Syringe 20pk
1.2 ml (.953 g) syringes

ENDODONTICS

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

EndoREZ Canal Sealer
EndoREZ Accelerator
EndoREZ Points
Endo-Eze Ruler
Skini Syringe
DermaDam
DermaDam Synthetic
Luer Vacuum Adapter
TriAway Adapter
J-Temp

CAROLYN TAYLOR - Coyote Gulch





QUESTIONS ABOUT

Endo?

WE HAVE YOUR SOLUTIONS.



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





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 127

NaviTip™ Tip 29 ga/25 mm page 127

- 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.

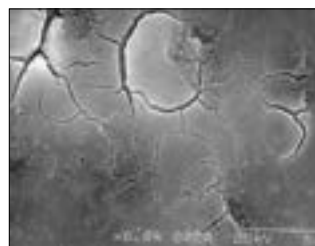
Ultradent™ EDTA 18% Solution



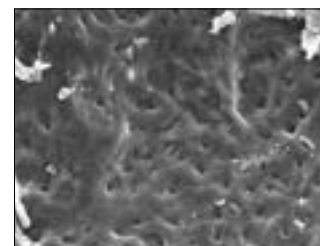
NaviTip™ FX™ Tip 30 ga/25 mm page 127

NaviTip™ FX™ Tip 30 ga/17 mm page 127

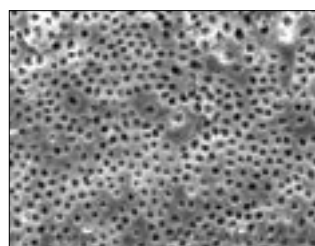
A root canal chelating agent that conditions/cleans through a chelation process, Ultradent EDTA 18% Solution is the irrigant of choice for smear layer removal and can be used as a final irrigant prior to obturation.



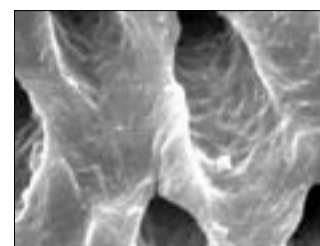
1. After canal instrumentation (no irrigants or lubricants). Smear layer intact.



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

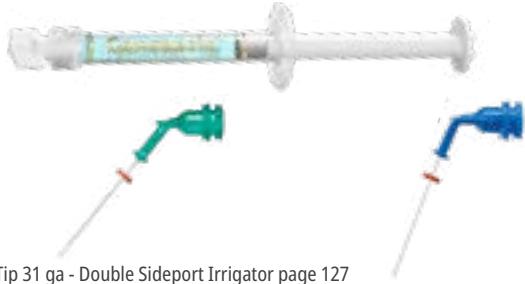
30 ml (33.27 g) syringe



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 127

NaviTip™ Tip 30 ga/25 mm page 127

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

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

4614 - Consepsis Bottle 1pk

480 ml (446.4 g) bottle

Check with local dealer for availability.



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):167-71. 3. Mohammadi Z, Abbott PV. Antimicrobial substantivity of root canal irrigants and medicaments: a review. *Aust Endod J.* 2009;35(3):131-9.

Consepsis™ V

2% CHLORHEXIDINE
ANTIBACTERIAL VISCOUS SOLUTION



NaviTip™ Tip 31 ga - Double Sideport Irrigator page 127

- 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



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

UltraCal™ XS

30%–35% CALCIUM HYDROXIDE PASTE



NaviTip™ Tip 29 ga Single Sideport tip page 127

- Radiopaque
- High pH
- Superior delivery control

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

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



5144 - UltraCal XS Syringe Kit

4 x 1.2 ml (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

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

Ultradent™ Citric Acid 20% Solution



NaviTip™ FX™ Tip 30 ga/25 mm page 127



NaviTip™ FX™ Tip 30 ga/17 mm page 127



Empty 1.2 ml syringe page 127

- 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



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™ 31 ga Double Sideport Irrigator	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™ 31 ga Double Sideport Irrigator
	5900 - EndoREZ™ Kit	NaviTip™ 29 ga	—
	4980 - MTAFlow™ White Kit	NaviTip™ 29 ga	—
	4900 - MTApex™ Bioceramic Sealer	NaviTip™ 29 ga Single Sideport	—



PermaFlo™ Purple

ANATOMICAL INDICATING COMPOSITE



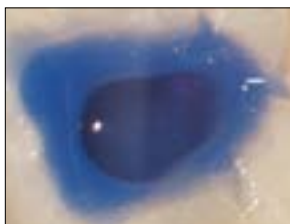
Micro 20 ga Tip page 124

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

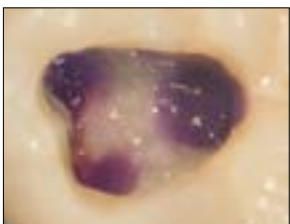
Courtesy of Dr. Carlos Ramos.



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



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



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

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



962 - PermaFlo Purple Syringe Kit
2 x 1.2 ml (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.



WARNING:

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



Capillary Tips

Never use to deliver irrigating materials or endodontic chemistries.

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

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

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



Micro Capillary™ Tips

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

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

LOK-TITE™	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 reducing risk of expressing chemicals past 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: Luting materials and air/water delivery. Use with: TriAway™ Adapter, PermaFlo™ DC (20 ga), and other Ultradent syringes.

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

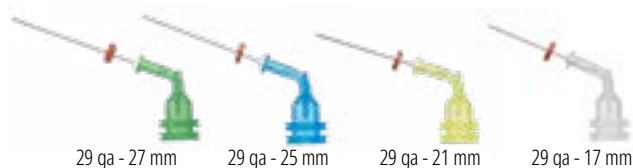


WARNING:

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



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

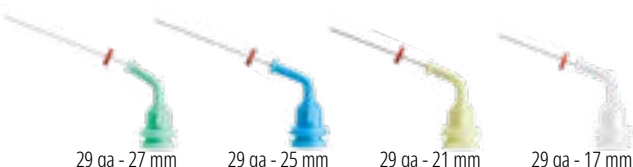


NaviTip™ 29 ga Tips with Single Sideport

- 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™, and UltraCal™ XS.

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

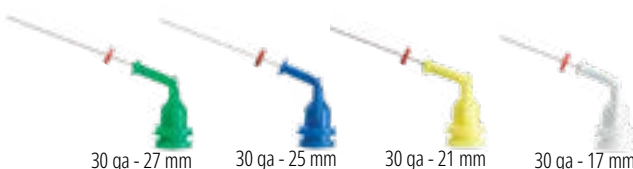


NaviTip™ 29 ga Tips

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

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

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



NaviTip™ 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/gels: File-Eze™, Ultradent™ EDTA 18% Solution, and Consepis™.

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



NaviTip™ 31 ga Tips with Double Sideport Irrigator

- Double sideports deliver irrigants safely, 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:
Ultradent™ EDTA 18% Solution, and Ultradent™ Citric Acid 20%.

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



NaviTip™ FX™ 30 ga Tips

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

Designed for: Ultradent™ Citric Acid 20% Solution.

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

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

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



Endo-Eze™ MTAFlow™ White

MINERAL TRIOXIDE AGGREGATE REPAIR CEMENT



- Has bioactive apatite-forming properties²
- 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."³

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

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

THE DIFFERENCE YOU CAN FEEL

MTAFlow repair cement has a smooth consistency due to the ultrafine powder and proprietary gel medium. The formulation is resistant to washout, which helps to ensure that the mixture stays right where you place it. Plus, it can be delivered using Ultradent's syringes and tips, ensuring precise placement for effective treatment.



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



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



3. After mixing, load the mixed MTAFlow 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 4 weeks.



Perforation located in cervical third of mesial buccal canal.



MTA cement in place showing repair.



THE RIGHT CONSISTENCY FOR THE RIGHT PROCEDURE

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

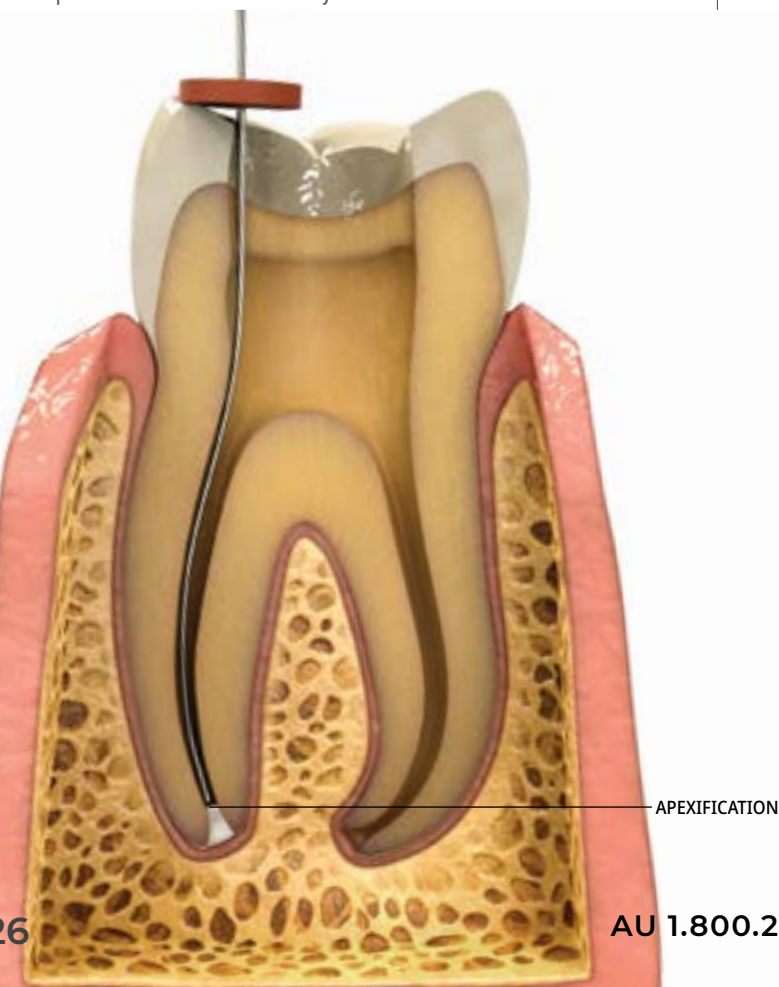
Whatever consistency you need, you can be sure MTAFlow repair cement will be effective, non-gritty, and easy to deliver accurately. More gel or powder may be added at any time during mixing to achieve the desired consistency.

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

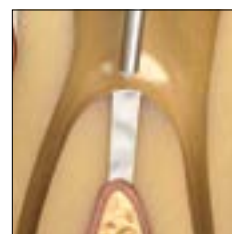
10 x Skini syringes

10 x Luer Lock caps

20 x Micro 20 ga tips



PULP CAPPING



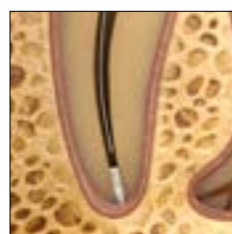
PULP CHAMBER
FLOOR PERFORATION



PRIMARY DENTITION
VITAL PULPOTOMY



RESORPTION



APICAL PLUG



ROOT END FILLING



MTAPEX™

BIOCERAMIC ROOT CANAL SEALER

new

A BIOCERAMIC ROOT CANAL SEALER WITH A PREDICTABLE SET!



MTApex™

BIOCERAMIC ROOT CANAL SEALER



- Does not cause discolouration¹
- Retreatment generated less residual root filling material with less dentin removal in comparison to epoxy resin sealers²
- MTApex sealer is bioactive. It forms HA on its surface to support healing of the pulp or the root canal apices³.
- Calcium silicate-based cements show potential antimicrobial activity due to high alkalinity⁴

MTApex™ bioceramic root canal sealer coats the wall of the canals and fills the inner spaces which promotes sealing against coronal and apical leakage. MTApex sealer forms HA on its surface to support healing, making it bioactive.³ Best of all, it can be easily delivered through the NaviTip™ 29 ga Single Sideport tip! It can also be used with any gutta percha for delivery into the canal and can be removed in case of retreatment.



4900 - MTApex Sealer Kit

1 x Each Technique guide, instructions for use, 5 g MTApex powder,
5 ml MTApex gel and measuring spoon
20 x NaviTip 29 ga Single Sideport tips
15 x Skini syringes

1. Camilleri, J. Staining potential of Neo MTA plus, MTA plus, and biodentine used for pulpotomy procedures. *JOE*. 2015;41(7):1139–1145. 2. Neelakantan P, Grotra D, Sharma S. Retreatability of 2 mineral trioxide aggregate-based root canal sealers: a conebeam computed tomography analysis. *JOE*. 2013;39(7):893–896. 3. Primus CM, Tay FR, Niu L. Bioactive tri/dicalcium silicate cements for treatment of pulpal and periapical tissues. *Acta Biomater*. 2019;96:35–54. 4. ElReash AA, Hamama H, Eldars W, et al. Antimicrobial activity and pH measurement of calcium silicate cements versus new bioactive resin composite restorative material. *BMC Oral Health*. 2019;19(235). <https://doi.org/10.1186/s12903-019-0933-z>



DELIVERING MTAPEX™ BIOCERAMIC SEALER USING THE NAVITIP 29 GA SINGLE SIDEPORT TIP



1. Remove the plunger from the clear Skini syringe. Take small portions of mixed MTApeX sealer and insert in the back of the barrel or the Skini Syringe. Replace the plunger.



2. Attach the tip securely onto Skini Syringe. Gently press the plunger to remove the air inside the syringe.



3. Verify flow of sealer prior to applying intraorally.



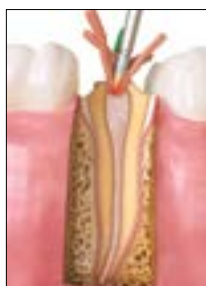
4. Place the sealer using the required tip in the treatment site following the listed precautions on the IFU.



5. Insert the disinfected and dried master gutta percha point slowly into the canal.



6. Add as many gutta percha points as your desired obturation technique requires.



7. Remove excess gutta percha at the orifice following manufacturers direction.

DELIVERING MTAPEX™ BIOCERAMIC SEALER USING GUTTA PERCHA



1. Coat the disinfected and dried master gutta percha point with the mixed MTApeX sealer.



2. Slowly insert into the canal.



3. Add as many gutta percha points as your desired obturation technique requires.



4. Remove excess gutta percha at the orifice following manufacturer's direction.

MTAPEX™ BIOCERAMIC ROOT CANAL SEALER TECHNIQUE GUIDE



1. Shake bottle to fluff the powder. Use big end of spoon to make one scoop of powder, and use a spatula edge to level off. Dispense leveled scoop onto mixing surface.



2. Shake the gel bottle 3 times. Make sure that all gel is concentrated in the spout of the bottle before dispensing drops.



3. Open the cap and dispense 4 drops of MTApeX gel next to the powder.



4. Gradually combine the gel by spatulating the powder/gel mixture to ensure all the powder is thoroughly wetted by the gel. If the powder is not added gradually, in small amounts, the consistency may be too thick to dispense with the Navitip™ 29 ga Single Sideport tip.





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



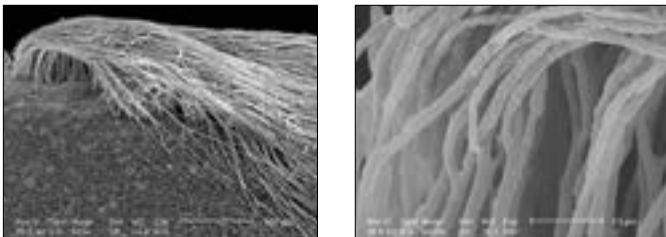
Ultradent™ Mixing Tip page 125

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

- The world's first hydrophilic and self-priming resin sealer
- More effective obturation in less time
- Provides a complete, thorough seal²
- Has the same radiopacity as gutta percha
- Bonds to resin-based core/composite materials
- Retreatable when combined with gutta percha³
- 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 canals⁴ and provides the most complete seal available. Since methacrylate-based EndoREZ canal sealer relies on chemistry rather than heat or pressure to fill the canal, the risk of additional root trauma/fracture is greatly reduced. Additionally, studies show that EndoREZ canal sealer is versatile enough to be used as the sealer with any obturation method, e.g., master cone, lateral condensation, or warm gutta percha. Create a “monobloc” by using EndoREZ resin-coated gutta percha points.

EndoREZ canal sealer contains a special hydrophilic organophosphate methacrylate monomer that increases its hydrophilicity and produces a resin with a strong affinity for moisture with resin penetration of 1200µ into tubules.

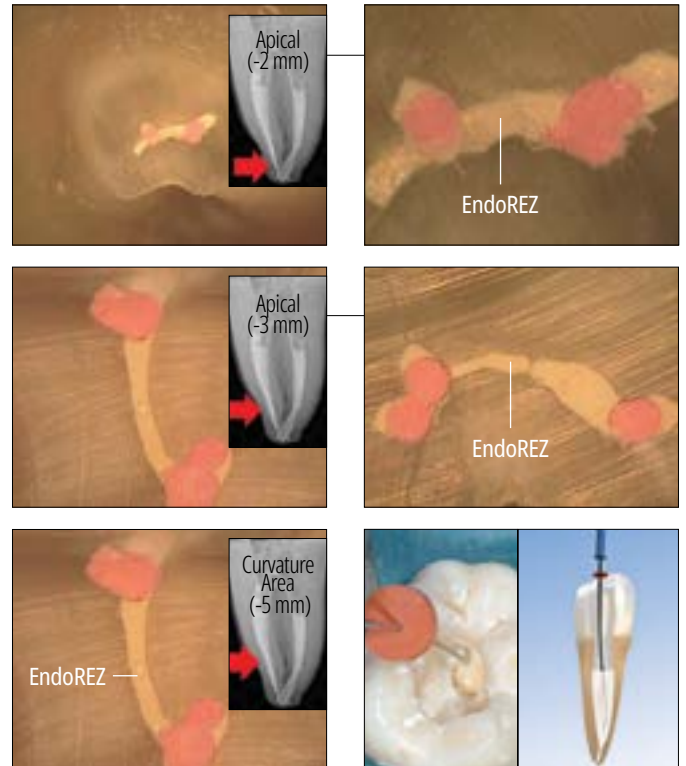


EndoREZ canal sealer penetrates into tubules and adapts to the walls like no other sealer on the market.



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

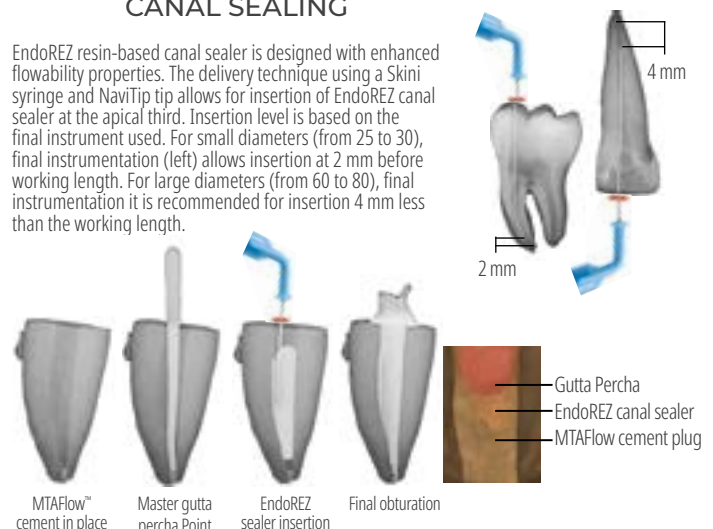
The improved flowability of EndoREZ canal sealer allows the sealer to reach the isthmus and intracanal areas during the obturation procedure without using any special device.



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

CANAL SEALING

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



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

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



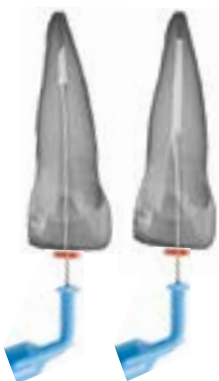
ENDORez CANAL SEALER SEQUENCE OF CLINICAL USE



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



2. Remove moisture from canal space using Capillary tip and Ultradent™ Luer Vacuum Adapter, followed by a paper point (paper point should be damp 1–3 mm at tip). Canal should be damp, not desiccated, prior to obturating with hydrophilic EndoREZ sealer. Deliver hydrophilic EndoREZ sealer using a NaviTip™ tip 29 ga, inserting the tip 2–4 mm short of working length.



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



4. Slowly insert master EndoREZ gutta percha point cone to working length. Be sure to use a single gentle movement toward apical area. Avoid using a “pump” movement with cone. Passive or cold lateral compactions can be used. Without using accelerator, EndoREZ canal sealer will set in about 20–30 minutes.



5. Light cure EndoREZ canal sealer with VALO™ LED curing light for 40 seconds. Initial surface polymerization with curing light (without EndoREZ Accelerator) is less than 0.3 mm thick and aids in immediate restoration. Trim excess gutta percha with a very hot instrument or using the Ultrawave™ XS EX1 tip with ultrasonification (no water). Complete restorations following obturation to properly seal canal entrance. Do not leave cotton pellets between obturation and temporary restoration.



5900 - EndoREZ Syringe Kit

1 x 5 ml (8.15 g) syringe

20 x Mixing tips

EndoREZ™ Accelerator

EndoREZ canal sealer sets in 5–12 minutes!

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

EndoREZ Accelerator reduces EndoREZ canal sealer set time from 20–30 minutes to about 5–12 minutes before the commencement of post-endo restorative procedures, enabling the start of definitive post restorations right away. It is designed to work hand in hand with the groundbreaking EndoREZ canal sealer for reliable obturation and minimised chair time.



399 - EndoREZ Single Use Accelerator 20pk



EndoREZ™ Points

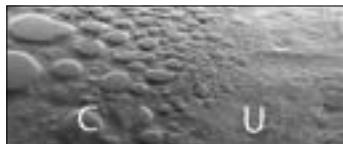
RESIN-COATED GUTTA PERCHA POINTS



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

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

GUTTA PERCHA SEM



Coated

Uncoated



EndoREZ Gutta Percha Points

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



3358 - Medium Medium Fine/Medium Fine Variety 100pk

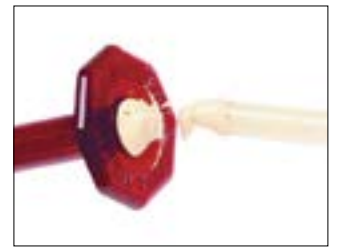
Skini Syringes



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 dual barrel syringe into back of a Skini syringe using the Mixing tip.



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



3. Attach a 29 ga NaviTip™ tip of appropriate length. Express a small amount of EndoREZ canal sealer extraorally to verify flow. Make sure tip end is not bound in the apical region before expressing sealant.



0.5 ml	20pk	50pk
Skini Delivery Syringe	1680	1681



Ultradent™ Luer Vacuum Adapter



Capillary Tip page 126

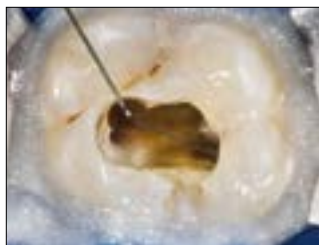
Note: Capillary Tips should never be used to deliver irrigating materials or endodontic sealers.

- A great time saver for any practice
- Dries canals quickly and efficiently
- 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

J-Temp™ Temporary Resin

new



Use with Black Mini™ tip

J-Temp temporary resin is premixed for ease of use. It is viscous enough that it will not run, but fluid enough to be self-leveling¹ and easy to manipulate. We recommend use with the Black Mini™ tip for simple, precise placement. When it needs to be removed, the light purple color of J-Temp temporary resin allows for easy identification.

J-TEMP™ 4 IN 1



1. Bite Ramps & Temporary Occlusal Buildups



2. Structure for Isolation Clamping



3. Temporary Restorations.



4. Splinting Between Implant copings



J-Temp

4 x 1.2 ml J-Temp syringes
20 x Black Mini tips

EQUIPMENT

VALO
VALO Grand
VALO X
Gemini
UltraTect
Ultradent Ultra-Trim Scalloping Scissors

NICOLAS SONDZ - Bryce Canyon





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

—DR. FRED RUEGGEBERG, DDS

VALO™

LED CURING LIGHTS



Best LED
Curing Light

VALO GRAND



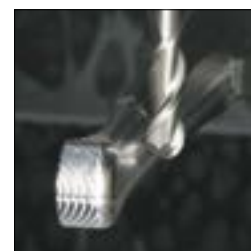
VALO



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

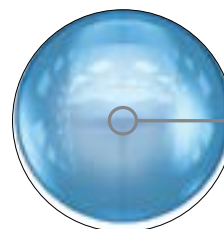
All VALO LED curing lights use a custom, multiwavelength light-emitting diode (LED) for producing high-intensity light at 385–515 nm, which is capable of polymerizing all light-cured dental materials. This intensity will also penetrate porcelain and is capable of curing underlying resin cements similar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

Every VALO™ LED curing light starts as a single bar of tempered, high-grade aerospace aluminum, which is CNC precision milled at Ultradent's facility in Utah, USA and ends as the most advanced curing light in the world.

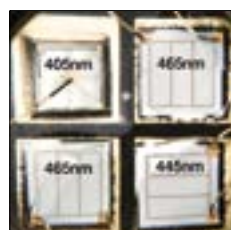


True unibody construction via machining ensures durability and superior heat dissipation and facilitates the elegant, ergonomic, and streamlined design that enables the VALO light to access areas other curing lights simply cannot reach.

VALO™ curing lights have custom LED packs that contain chips in 3 wavelengths, which enable VALO lights to cure all dental materials, whether containing proprietary photoinitiators such as Lucirin TPO, PPD, or more commonly found camphorquinone.

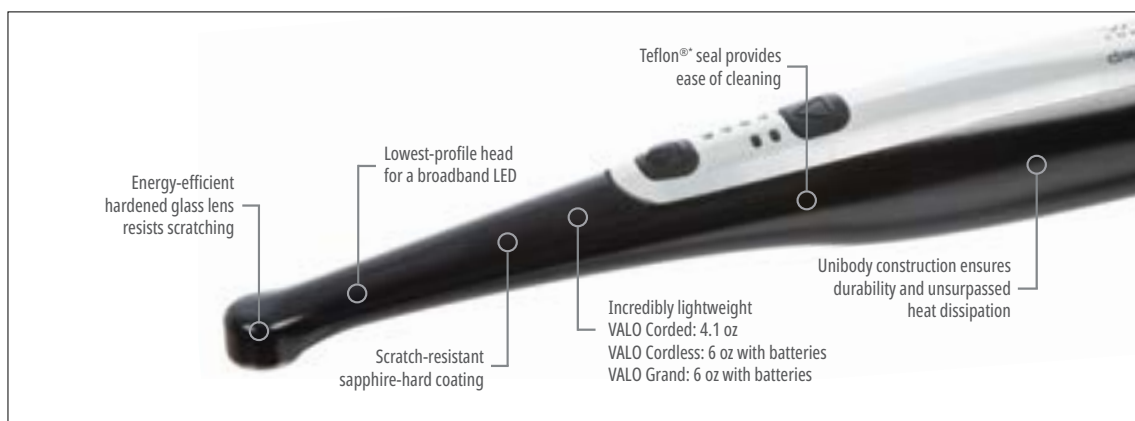


Unique glass lens system
forms the light's collimated
blended beam

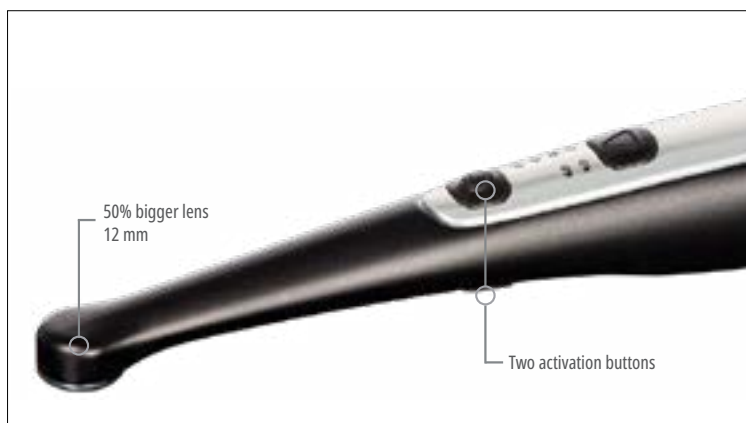




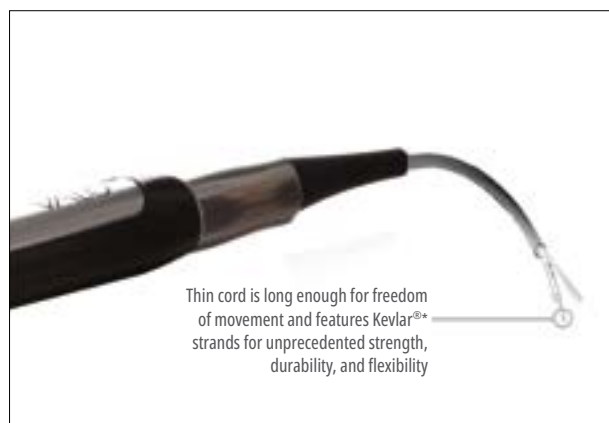
IMPORTANT DESIGN FEATURES



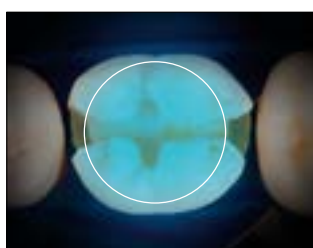
Available on ALL VALO curing lights.



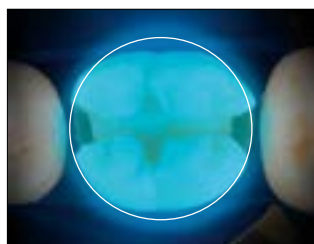
Available on VALO Grand and VALO Grand corded curing lights.



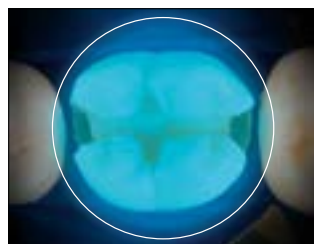
Available on VALO corded and VALO Grand corded curing lights.



Average competitor surface area
46 mm²



VALO curing light surface area
78 mm²



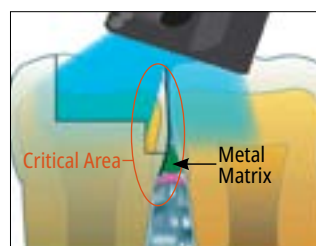
VALO Grand curing light surface area
107 mm²



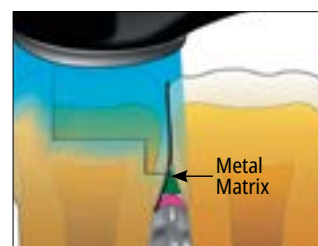
The angle of competitor's 60° light guide causes overextension of jaw and often makes it impossible for light to reach all aspects of preparation.



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



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



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

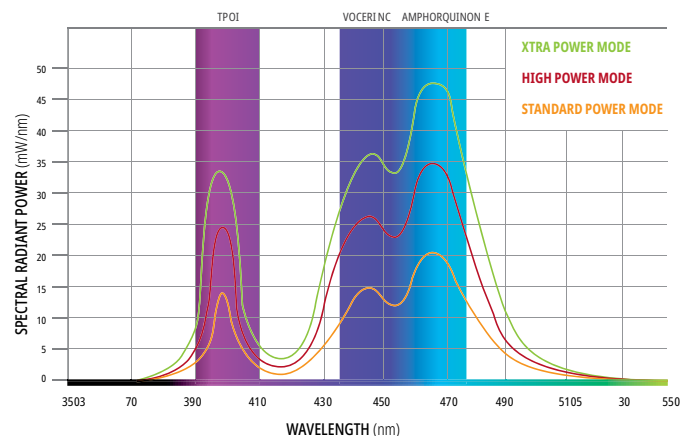
* Trademark of a company other than Ultradent. 1. realityesthetics.com.



VALO TECHNICAL INFORMATION

Range of Light Output (nm)	385 nm–515 nm			
Wand Weight	VALO: 115 g (4.1 oz) VALO Cordless: 190 g (6.7 oz) VALO Cordless without batteries: 150 g (5.3 oz) VALO Grand: 190 g (6.7 oz) VALO Grand without batteries: 150 g (5.3 oz) Dimensions VALO: 9.25" L x 0.8" W x 0.75" H VALO Cordless: 8" L x 1.1" W x 1.3" H			
VALO Power Supply	9V DC at 2A, medical grade (UL CE) with surge protection of 100VAC to 240VAC			
VALO Cordless and VALO Grand Power Supply	Rechargeable batteries LiFePO ₄ RCR123A, Smart battery charger 3.6 VDC LiFePO ₄ Medical grade power adapter (UL, CE, RoHS, WEEE) 100VAC 240VAC			
	IRRADIANCE (mW/cm ²)			
	Total Power (mW)	Demetron LED Radiometer	MARC Spectrum Analyzer	Gigahertz Spectrum Analyzer
	VALO Standard Power	655	1000	1200
	VALO High Power	960	1400	1600
	VALO Xtra Power	1550	N/A	3200
	VALO Grand Standard	970	1000	1200
	VALO Grand High Power Plus	1615	1600	1800
	VALO Grand Xtra Power	2260	N/A	3200
Lens Diameter	9.6 mm VALO and VALO Cordless 11.7 mm VALO Grand			
Light Timing Programs	Adjustable time options			

EFFECTIVE COMPOSITE-CURING WAVELENGTH BANDS



Scan for the video
of the full story



VALO®

DURABILITY THAT'S OUT OF THIS WORLD



VALO™ and VALO™ Grand Lenses

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

PointCure™ Lens



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.

VALO	2pk
PointCure Lens	5934



VALO Grand	2pk
PointCure Lens	4082



ProxiCure™ Ball Lens



The ProxiCure Ball lens helps to hold the matrix band in interproximal contact during polymerization.

VALO	2pk
ProxiCure Ball Lens	5936



VALO Grand	2pk
ProxiCure Ball Lens	4081



TransLume™ Lens



The TransLume lens facilitates the visualization and location of cracks, defects in teeth, or restorative materials.

VALO	2pk
TransLume Lens	5937



VALO Grand	2pk
TransLume Lens	4084



Interproximal Lens



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.

VALO	1pk
Interproximal Lens	4629



VALO Grand	1pk
Interproximal Lens	4658



Black Light Lens



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

VALO	1pk
Black Light Lens	5939



VALO Grand	1pk
Black Light Lens	4319



White Light Lens



The White Light lens provides a pure, controlled, natural light source to aid in accurate shade matching.

VALO Grand	2pk
White Light Lens	4628





VALO™ Grand Cordless

LED CURING LIGHT



50%
Bigger
Lens
(12 mm)



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

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



Best LED
Curing Light

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

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

1. realityesthetics.com.

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

5963 - VALO Grand Rechargeable Batteries 2pk



5962 - VALO Grand Battery Charging Unit 1pk



5961 - VALO Charging Unit Power Supply 1pk

1667 - VALO Surface Mounting Bracket 1pk



3604 - VALO Grand Light Shield 1pk



4666 - VALO Grand Cordless Barrier Sleeves 100pk



508 - Blue Light Blocking Glasses 1pk



VALO™ Cordless

LED CURING LIGHT



Best LED
Curing Light

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

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

1. realityesthetics.com.



5941 - VALO Cordless Kit

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

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

5963 - VALO Cordless Rechargeable Batteries 2pk



5962 - VALO Cordless Battery Charging Unit 1pk



5961 - VALO Charging Unit Power Supply 1pk

1667 - VALO Surface Mounting Bracket 1pk



5929 - VALO Cordless Light Shield 1pk



4667 - VALO Cordless Barrier Sleeves 100pk



508 - Blue Light Blocking Glasses 1pk

**VALO™ Grand Corded**

LED CURING LIGHT



50%
Bigger
Lens
(11.7 mm)

Best LED
Curing Light

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

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

1. realityesthetics.com.

**5971 - VALO Grand Corded Kit**

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

**5930 - VALO Power Supply - 6' cord****5933 - VALO Power Supply - 16' cord****1667 - VALO Surface Mounting Bracket 1pk****3604 - VALO Grand Light Shield 1pk****4669 - VALO Grand Barrier Sleeves 100pk**

\$22.99 ea | \$21.84 ea 3/more | \$20.70 ea 5/more

**508 - Blue Light Blocking Glasses 1pk**



VALO™ Corded

LED CURING LIGHT



Best LED
Curing Light

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

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

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

—DR. JOHN KANCA, DDS – MIDDLEBURY, CT

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

—DR. MARK COLONNA, DDS – WHITEFISH, MT

1. realityesthetics.com.



5919 - VALO Corded Kit

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



5930 - VALO Power Supply - 6' cord

5933 - VALO Power Supply - 16' cord

1667 - VALO Surface Mounting Bracket 1pk



5935 - VALO Light Shield 1pk



4668 - VALO Barrier Sleeves 100pk



508 - Blue Light Blocking Glasses 1pk



NEW!

VALOTM 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)

ACCELEROMETER FUNCTION

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

HIGH-GRADE AEROSPACE ALUMINUM

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

SIMPLIFIED INTERFACE

- Curing and diagnostic modes are indicated, operated, and activated with top and bottom buttons or by Accelerometer 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 LIGHT MODES:** White Light Diagnostic Aid Mode, Black Light Diagnostic Aid Mode

CYCLING BETWEEN MODES



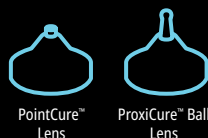
CURING MODES:
Move the VALO X light forward in a drum tap motion to access and cycle through curing modes.



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

INCLUDED LENS ACCESSORIES

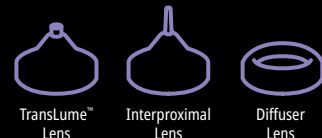
TWO CURING LENSES



PointCure™
Lens

ProxiCure™ Ball
Lens

THREE DIAGNOSTIC LENSES



TransLume™
Lens

Interproximal
Lens

Diffuser
Lens



new

VALO™ X

BROADBAND LED CURING LIGHT



**Bigger
Lens
(12.5 mm)**

- 12 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 diagnostic and curing modes included
- Slim, unibody design and ergonomic shape allows unprecedented access to all restoration sites
- New Accelerometer Feature 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 diagnostic and curing purposes
- Power adapter included for clinicians to use the light as cordless or corded
- International power supply is suitable for power outlets from 100 to 240 volts; no batteries needed

The VALO X light is the curing light reimagined. Its simplified design allows for one button activation and its Accelerometer Function allows the clinician to cycle between power and diagnostic 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 polymerizing 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.

**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

**4952 - VALO X Power Supply (Universal Plugs) 1pk****5189 - VALO X Assembled Cord 1pk****4951 - VALO X Battery Charger 1pk****5437 - VALO X Batteries 2pk****4665 - VALO X Barrier Sleeves 100pk**



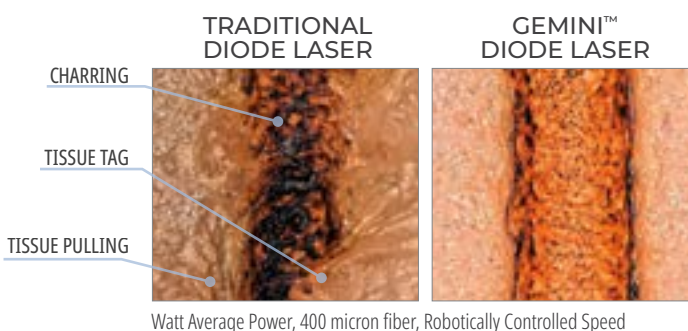
Gemini™

810 + 980 DIODE LASER

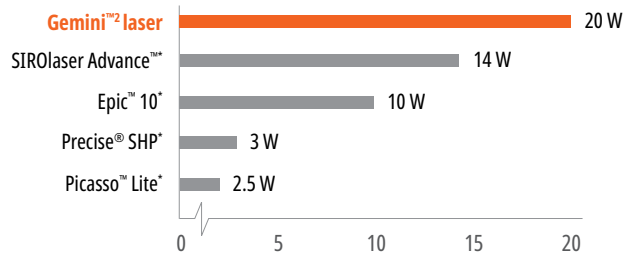


Scan here to connect with other Gemini laser fans on our website

- 20 watts of peak super-pulsed power for faster, smoother cutting
- Dual wavelength technology combines the optimal pigment absorption of the 810 nm wavelength and the optimal water absorption of the 980 nm wavelength in diode lasers
- Sleek, innovative design features a stunning transparent electroluminescent display
- Simple user interface and 20 preset procedures enhance ease of use
- Wireless foot pedal and battery operation allow for convenient movement from operator to operator
- Autoclavable handpiece for simple sterilization between procedures
- Designed/assembled in the U.S. from U.S.



Watt Average Power, 400 micron fiber, Robotically Controlled Speed

DIODE LASER PEAK POWER COMPARISON¹**8980 - Gemini Laser Kit**

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

**8998 - Gemini PBM Adapter Kit**

- 1 x Photobiomodulation (PBM) adapter
- 2 x Spacers
- 1 x Handpiece holder clip
- 1 x Cleaning cloth

**8999 - Gemini PBM Spacer Tip Kit 5pk****8981 - Gemini Power Supply 1pk****8983 - Gemini 5 mm Pre-Initiated Tip 25pk****8984 - Gemini 7 mm Uninitiated Tip 25pk****8985 - Gemini Safety Glasses 1pk****8986 - Handpiece Shell 1pk**

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



Gemini EVO™

810 + 980 DIODE LASER

Coming soon



Scan here to
find out more

- Delivers 100 watts of peak power for faster cutting, less heat, and ultra-clean incisions in soft tissue
- 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 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!



UltraTect™

PROTECTIVE EYEWEAR



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

Note: Do not use for laser protection.



Glasses are flexible and impact resistant for ultimate durability.



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

914 - Maroon Frame/Brown Lens 1pk

501 - Black Frame/Clear Lens 1pk

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

Ultradent™ Ultra-Trim Scalloping Scissors

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



605 - Ultradent Ultra-Trim Scalloping Scissors 1pk

Ultradent™ Utility Vinyl Cutters



Use for gross trimming of tray



604 - Ultradent Utility Vinyl Cutters 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

JENACEE BOOTH - Cottonwood Canyon



Listed as a "CAN'T LIVE WITHOUT" product by a prominent independent research institute for more than 20 years.⁴

Listed as a "TRIED & TRUE" product.⁵

The industry leader for more than 35 years

Ultra-Etch™

ETCH AND RINSE ETCHANT



Blue Micro™ Tip page 123



Inspiral™ Brush Tip page 123

- Self-limiting² on dentine
- Penetrates smallest fissures and won't run on a vertical surface
- Precise placement
- Etch and rinse
- Rinses cleanly—leaves no residue

Ultra-Etch etchant 35% phosphoric acid solution features ideal viscosity, 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),² creating an etch pattern that adhesives can penetrate for increased bond strength. Studies demonstrate Ultra-Etch etchant's unique self-limiting chemistry on dentine creates an optimal surface to receive resin.³ Though Ultra-Etch etchant is viscous, it can penetrate into the occlusal fissures or vertical surfaces due to physical and chemical properties that promote capillary action. Its ideal viscosity maintains a layer that is thick enough to prevent premature drying.

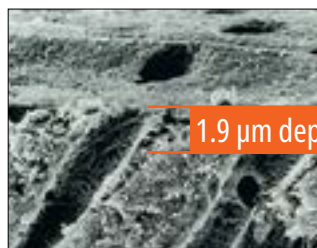
Ultra-Etch etchant is indicated for use on dentine and enamel to create optimal bonding surfaces. Ultra-Etch etchant can be used for 5 seconds to remove the salts created by etching porcelain.

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

Courtesy of Dr. Jaleena Jessop.



Clinical experience and SEM evaluations³ show that 15-second etch time on dentine and cut enamel—30 seconds on uncut enamel—provides optimal conditioning of both substrates.



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

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

—DR. C. BRADFORD THOMAS – GALVESTON, TX

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

—DR. DAVID D. MAY – HEMET, CA



163 - Ultra-Etch Syringe Kit 4pk
4 x 1.2 ml (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

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



Peak™ SE Primer

NO-RINSE SELF-ETCHING PRIMER



Black Mini™ Brush Tip page 122

- Top-rated bond strengths by an independent non-profit dental education and product testing institute²
- 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 optimises 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 dentine sealing prior to impressions and temporisation in order to decrease post-op and cementation sensitivity.

FOR INDIRECT BONDING



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



2. Thin/dry for 3 seconds.



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



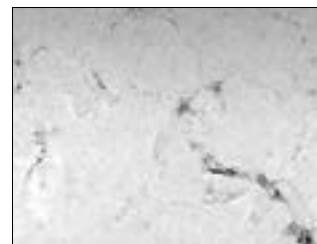
4. Thin/dry for 10 seconds and light cure for 10 seconds on Standard Power mode with VALO™ curing light.

Highest Bond Strengths to Dentin and Enamel!³

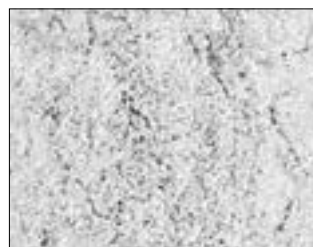
COMPARISON OF 3 SELF-ETCH ADHESIVE SYSTEMS, UNIVERSITY OF IOWA COLLEGE OF DENTISTRY⁴



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

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

Peak™ Universal Bond

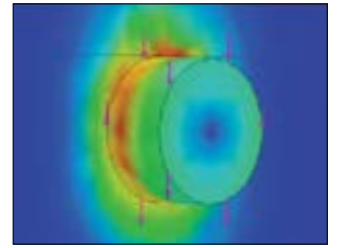
LIGHT-CURED ADHESIVE



Inspiral™ Brush Tip page 123

- Features Ultradent's Dymetech™ phosphate monomer blend for enhanced strength and greater versatility
- Contains 0.2% chlorhexidine to help ensure long-term bond strength²
- Bonds to all dental substrates
- Ideal for direct and indirect bonding, as well as post and core procedures
- Works with self-etch and total-etch techniques
- Available in syringe or bottle delivery

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

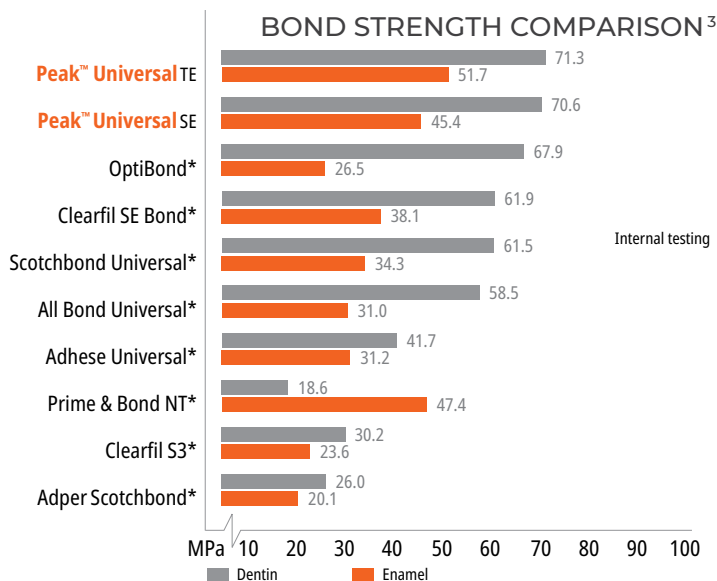


Ultradent's shear bond strength testing method has been adopted as the ISO standard. Many research centers now use this method to determine accurate bond strengths.

REFRIGERATE



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



REFRIGERATE

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



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.

Peak™-ZM

ZIRCONIA/METAL PRIMER



Black Mini™ Brush Tip page 122

Zirconia and metal have met their match!

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

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

Note: Not for use with RMGI or GI.

REFRIGERATE



2464 - Peak-ZM Zirconia Primer Syringe Kit

2 x 1.2 ml Peak-ZM syringes
20 x Black Mini Brush tips

REFRIGERATE



2463 - Peak-ZM Zirconia Primer Bottle 1pk

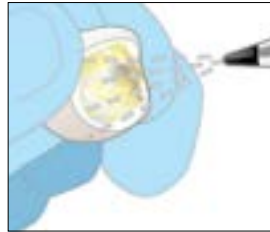
4 ml bottle

1. 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 AlO₂ 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 Consepis™ Scrub slurry.



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

CHOOSE

TOTAL-ETCH TECHNIQUE



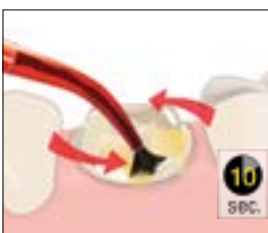
5. Apply Ultra-Etch™ etchant for 15 seconds. Rinse for 5 seconds, lightly dry, leave slightly damp. **Recommended:** Apply Consepis™ solution to preparation, suction off excess.

OR

SELF-ETCH TECHNIQUE



5a. Apply Peak™ SE Primer using the Black Mini™ Brush tip for 20 seconds. **Recommended:** Apply Consepis™ 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 strengths²
- 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.²**

"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 Inspirial Brush tips

1. realityesthetics.com. 2. Pameijer CH, Fischer D. Repairing fractured porcelain: how surface preparation affects shear force resistance. *J Amer Dent Assoc.* 1996; 127(2):203-9. 3. 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 aluminium oxide particles for at least 60 seconds. Alternatively (although less effective), use a diamond bur.



Option: Apply Porcelain Etch with an Inspirial™ 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 Inspirial 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 on Standard Power.



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



Restore fracture by layering light-cured composite.



Finish and polish repaired area.



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

Ultradent™ Porcelain Etch and Silane

90-Second Etch—60-Second Silane



Inspiral™ Brush Tip page 123

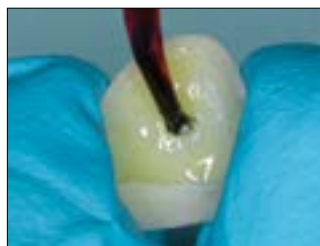


Black Mini™ Brush Tip page 122

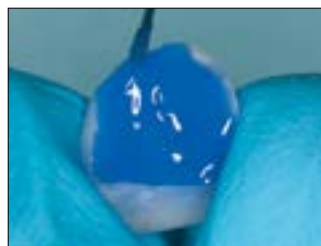
- Etch is easy to control and place
- Yields highest porcelain-to-resin bond strengths²
- Silane is a single component
- Use on feldspathic and lithium disilicate (IPS e.max®³) restorations

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

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



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

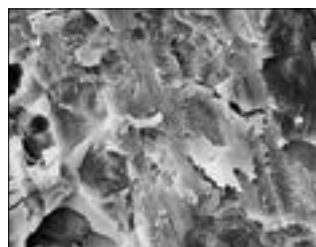


2. Apply Ultra-Etch™ etchant for five seconds to remove porcelain salts and debris formed by hydrofluoric acid etching.

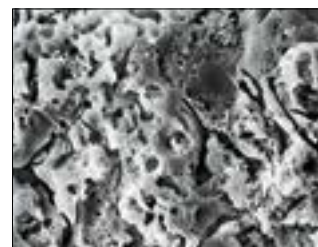


3. Apply a puddle coat of Silane to the inside surface of the prosthesis for 60 seconds, dry, and set aside. Do not rinse. Prosthesis now ready for luting/cementing.

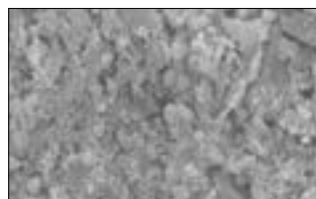
Courtesy of Dr. Cornelis Pameijer.



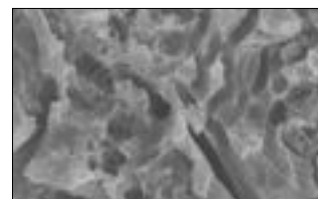
1. Diamond-cut porcelain surface.



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



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



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



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



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



405-AU - Porcelain Etch Syringe Kit

- 2 x 1.2 ml (1.332 g) Porcelain Etch syringes
- 2 x 1.2 ml (0.96 g) Silane syringes
- 20 x Black Mini Brush tips
- 20 x Inspiral Brush tips



406-AU - Porcelain Etch Syringe 2pk

- 1.2 ml (1.332 g) syringes



410 - Silane Syringe 2pk

- 1.2 ml (0.96 g) syringes

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



Ultra-Blend™ plus

DENTIN LINER AND PROTECTIVE BASE



Black Micro™ Tip page 123

Black Mini™ Tip page 122

- Bioactive¹ liner and pulp-capping material
- Superior calcium release²
- Light curable
- Controlled, precise syringe delivery
- No mixing necessary
- Will not dissolve over time
- Radiopaque
- Highly filled
- Use to cover MTAFlow cement for pulp capping prior to restoration

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



Ultra-Blend plus liner used for pulp capping.

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

—DR. TERRY BRAUN – OCALA, FL

"Ultra-Blend plus liner, used with Black Micro tips, is the most efficient method for protecting pulp."

—DR. SHELDON BORUCHOW – AUDUBON, PA

"Ultra-Blend plus liner has been working well and is easy to use compared to other products."

—DR. SUZETTE NIKAS – CARMEL, IN

"Ultra-Blend plus liner application is easy!"

—DR. MIMI V. JOHNSON – BELLWOOD, IL

LIGHT-CURED MATERIAL FOR PULP CAPPING



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



2. **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 dentine for direct or indirect pulp caps and light cure. Minimize dentin coverage to maximize available dentin for bonding.



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



6. **Dentine Bonding/Peak Universal Bond adhesive** - With the Inspirall™ Brush tip, apply Peak™ Universal Bond adhesive, paint onto enamel and scrub into dentine 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 Dentine 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. Pameijer CH, Stanley HR. The disastrous effects of the "total etch" technique in vital pulp capping in primates. *Am J of Dent.* 1998;11:45-54. 2. Data on file.

Consepsis™

2% CHLORHEXIDINE ANTIBACTERIAL SOLUTION



Blue Mini™ DI Tip page 123



Black Mini™ Brush Tip page 122

- Reduces potential for postoperative sensitivity
- No bond strength compromise^{2,3}
- 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 and sensitivity by thoroughly cleaning the preparation prior to sealing and restoring. Use prior to cementation, luting (provisional and/or permanent), and direct restorative placement. Clean with near-neutral Consepsis solution prior to pulp-capping.

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

Use Consepsis antibacterial solution prior to dentine 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

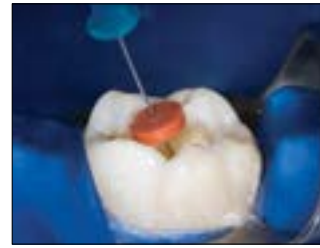
1. Ultra-Etch etchant



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

FINISH

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

DONALD HARRIS - High Unitas





Jiffy™

ORIGINAL COMPOSITE SYSTEM



- Ultradent diamond grit gives a beautiful finish on any composite material
- 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 esthetic 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

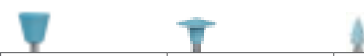
6 x Cups (2 coarse, 2 medium, 2 fine)
3 x Disks (1 coarse, 1 medium, 1 fine)
9 x Points (3 coarse, 3 medium, 3 fine)



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



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



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



Jiffy™ Natural COMPOSITE POLISHING SYSTEM



- Easily re-creates the luster of natural enamel
- Specially formulated Ultradent diamond grit gives a beautiful finish on any composite material
- Ideal for finishing Ultradent's 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 Swirl Medium 3pk

6306-1 - Jiffy Natural Occlusal Swirl Fine 3pk

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

**Jiffy™ Natural**UNIVERSAL **CERAMIC** POLISHING SYSTEM

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

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

EXTRAORAL POLISHING

Recommended speed: 7,000–10,000 RPM



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



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

INTRAORAL POLISHING

Recommended speed: 5,000–8,000 RPM



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



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

Courtesy of Dr. Richard Tuttle.



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

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

**6081-1 - Jiffy Natural Universal Extraoral Polishing Kit**

1 x Jiffy HP Medium Natural Universal 26 mm wheel
1 x Jiffy HP Fine Natural Universal 26 mm wheel

**6085-1 - Jiffy Natural HP Medium 26 mm Spiral Polishing Wheel 1pk****6086-1 - Jiffy Natural HP Fine 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

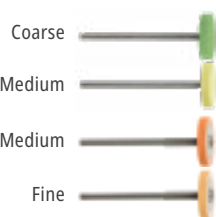
**6082-1 - Jiffy Natural RA Variety 14 mm Spiral Polishing Wheel 6pk****6083-1 - Jiffy Natural RA Medium 14 mm Spiral Polishing Wheel 3pk****6084-1 - Jiffy Natural RA Fine 14 mm Spiral Polishing Wheel 3pk**

* 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
- 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.



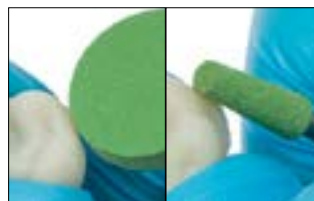
Final Finish Option

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

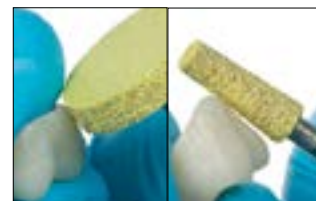
EXTRAORAL ADJUSTING

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

Recommended speed: 8,000–12,000 RPM



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



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

EXTRAORAL POLISHING

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

Recommended speed: 7,000–10,000 RPM



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



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

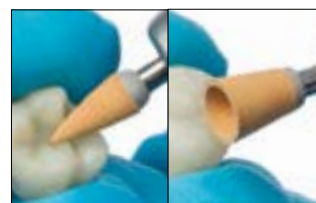
INTRAORAL POLISHING

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

Recommended speed: 5,000–7,000 RPM



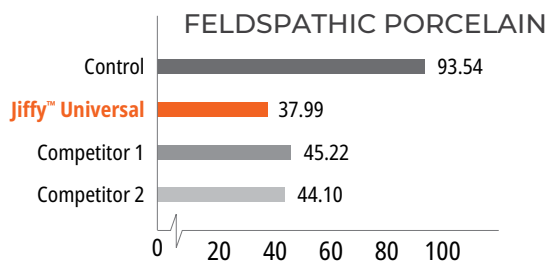
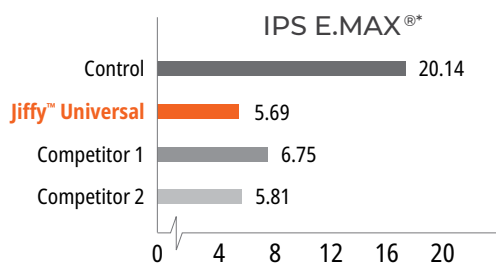
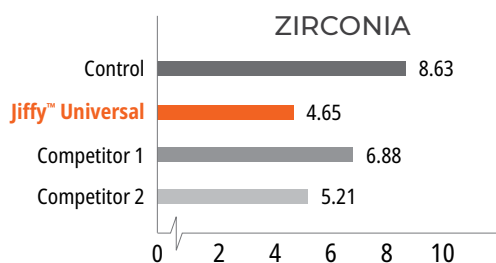
1. Use Jiffy Universal RA Medium point and cup to pre-polish.



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



SURFACE ROUGHNESS (UIN)²



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

—DR. ERIC HOLLANDER DDS - AUSTIN, TX

"These polishing kits give a very nice sheen and are better than any others I've used."

—DR. WILLIAM J. DUNBAR DDS - GLENDOE, 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 122

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



Use Ultradent Diamond Polish Mint with Jiffy Goat Hair Brushes.



5540 - Diamond Polish **Mint Syringe 0.5 μ m 2pk**
5541 - Diamond Polish **Mint Syringe 1 μ m 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

1. realityesthetics.com.

Jiffy™ Composite Polishing Brushes

REGULAR AND POINTED



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

Easily recognizable by their golden shafts.

- Each bristle contains thousands of silicon carbide polishing particles
- Access and polish occlusal fissures of composites or ceramics
- For composite polishing, "whip" bristles with firm pressure and high RPM in a slow-speed handpiece

Recommended speed: 1,000–3,000 RPM



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

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



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

1. realityesthetics.com.



Jiffy™ Diamond Strips



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

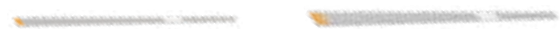
10 x Stainless Steel electroplated diamond strips



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 sterilized 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 122

- 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 122

- 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.² For the final glaze-type finish of resin provisionals, cover PermaSeal sealer with DeOx™ barrier solution prior to light curing. PermaSeal sealer bonds well to composite-type provisional restorations such as ExperTemp™ material and can be used to revitalise old composites as well.



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, Hennesy C. Microleakage of Class V composite restorations using a composite surface sealant. Biomaterials Research Center, Loma Linda University School of Dentistry. May 1996. Data on file.

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.

PrimaDry™

DRYING AGENT



Micro 20 ga FX™ Tip page 124

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 and microcracks of existing restorations following the etching process. The ultrafine primer film allows UltraSeal XT™ plus sealant or PermaSeal sealer to flow perfectly into every pit and fissure. Also useful prior to placing composite repairs. Do not use on dentine.



716 - PrimaDry Syringe 4pk
717 - PrimaDry Syringe 20pk
1.2 ml (0.952 g) syringes

IMPRESSIONS

Thermo Clone VPS
Thermo Clear Bite Registration

ANNA GRAY - Lake Mary



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



THERMO CLONE HEAVY BODY FAST SET MATERIAL



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

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

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

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

1. realityesthetics.com.



Thermo Clone™ VPS 50 ml Cartridges

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

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



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

2 x 50 ml cartridges
6 x Mixing tips



50 ml	Fast 10pk
Light	4076

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



50 ml	Fast 10pk
Heavy	4077

10 x 50 ml cartridges
30 x Mixing tips



Thermo Clone™ Bite Registration

BITE REGISTRATION MATERIAL

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



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

50 ml	2pk
Bite Registration	4072

2 x 50 ml cartridges
12 x Mixing tips



Thermo Clone™ Clear Bite Registration

BITE REGISTRATION MATERIAL

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



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

50 ml	2pk
Clear Bite Registration	4079

2 x 50 ml cartridges
6 x Mixing tips



Thermo Clone™ VPS 380 ml Jumbo Cartridges



Remove cap.



Attach Dynamic Mixing tip.



Load mixing machine.

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

1 x 380 ml cartridges
10 x Dynamic Mixing tips



4073 - Thermo Clone VPS Putty Kit

1 x Each 200 ml base and 200 ml catalyst
2 x Scoops



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



FOR IMPRESSION TAKING

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

BLEEDING



1. Subgingival preparation with bleeding.

HEMOSTASIS



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

CLEANING/TESTING



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

DISPLACEMENT



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

DRYING/TESTING



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

TAKE IMPRESSION



6. Express Thermo Clone VPS impression material.

RESULT



7. Predictable quality impressions.

HYDROPHILIC

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

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



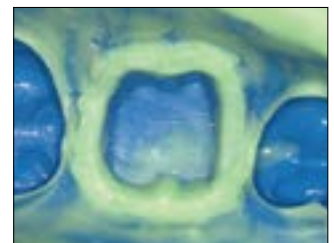
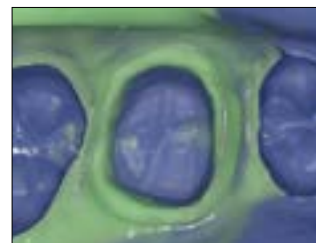
Initial water contact.



After 30 seconds.

THIXOTROPIC

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



Thermo Clone™ VPS Accessories

5100 - Dispensing Gun 1pk



PREPARE

Sable Seek
Seek
Umbrella
PropGard
DermaDam
DermaDam Synthetic

OraSeal
Consepsis Scrub
STARbrush
Omni-Matrix
Omni-Matrix Original
Halo Sectional Matrix System

STEVE HIGHT - Bryce Canyon





Sable™ Seek™ and Seek™ CARIES INDICATORS



Black Mini™ Brush Tip page 122

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

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

Seek and Sable Seek caries indicators stain carious and demineralised dentine and can be very useful for difficult to see areas, for example; undercuts of preparations, dark dentine, 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 color (cariou dentine) with slow-speed round bur or excavator. To control overexcavating near the pulp, remove final portion of caries with hand excavator.



4. Reapply. Rinse and verify appropriate caries removal.



233 - Sable Seek Syringe Kit
4 x 1.2 ml (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



209 - Seek Syringe Kit
4 x 1.2 ml (1.25 g) syringes
20 x Black Mini Brush tips



210 - Seek Syringe 4pk
1804 - Seek Syringe 20pk
1.2 ml (1.25 g) syringes

1. realityesthetics.com.



Umbrella™

TONGUE, LIP, AND CHEEK RETRACTOR



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

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

4870 - Umbrella Retractor Medium 5pk

4871 - Umbrella Retractor Medium 20pk

5162 - Umbrella Retractor Medium 40pk

5256 - Umbrella Retractor Large 5pk

5257 - Umbrella Retractor Large 20pk

5258 - Umbrella Retractor Large 40pk

PROCEDURE



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



DO NOT place the retractor upside down.



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



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



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



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



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



PropGard™ MOUTH PROP



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

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



PropGard mouth prop protects adjacent teeth and tongue.



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



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



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

DermaDam™ RUBBER DAM



- 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.

Zero sensitizing proteins



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

1. realityesthetics.com.



OraSeal™

CAULKING AND PUTTY



White Mac™ Tip page 125

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

Use OraSeal Caulking material when an adequate seal is difficult to obtain with compromised teeth or roots. It may also be used to repair rubber dam leaks. It seals the rubber dam when performing a porcelain repair, protecting gingiva from hydrofluoric acid. Deliver into undercuts and below implant bars, precision attachments, etc. to prevent cold cure acrylic or impression material from locking into empty spaces. Fill in gingival embrasures of splints and bridges to facilitate easy cleanup of permanent cement. Also used to fill in screw holes on implant impressions prior to making impressions.



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

PROCEDURE



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

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

USES



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



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



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



Block out large interproximal spaces for easy and distortion-free removal of impression.



Use under fixed partial or implant bar prior to making an impression.



Use as a block-out medium prior to anchoring attachments, clips, etc. with cold cure acrylic.



352 - OraSeal Syringe Kit

2 x 1.2 ml (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 125

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

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

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

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

Note: Evidence demonstrates that you can further reduce post-op sensitivity by sealing dentin before cementation.

See page 70 for Consepsis™ chlorhexidine antibacterial solution.

PROCEDURE



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

BEFORE AND AFTER



Before.



After.



730 - Consepsis Scrub Syringe Kit

4 x 1.2 ml (1.89 g) syringes
2 x STARbrush brushes
20 x White Mac tips



546 - Consepsis Scrub IndiSpense Syringe Kit

1 x 30 ml (47.31 g) IndiSpense syringe
2 x STARbrush brushes
20 x White Mac tips
20 x 1.2 ml empty syringes



732 - Consepsis Scrub Syringe 4pk

1.2 ml (1.89 g) syringes



689 - Consepsis Scrub IndiSpense Syringe 1pk

30 ml (47.31 g) syringe

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



PROBLEM:

Staining under provisional crowns.

SOLUTION:

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

CHEMISTRIES (THE “WHYS”):

1. Hemostatic agents as well as the blood from cut tissues are both sources of iron, which reacts with the hydrogen sulfide gas (rotten egg gas, H_2S) produced by anaerobic bacteria in this septic environment.

The reaction yields ferric sulfide, the harmless yet annoying dark surface stain that is seen below. This stain can occur to a lesser degree solely from the natural iron in blood.

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

HOW TO PREVENT/TREAT:

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

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

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

Note: Similar staining can occur even under definitive direct and indirect restorations if contamination is on the preparation prior to bonding. It is recommended to etch with Ultra-Etch etchant prior to application of the dentine 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 fibers help to prevent messes and apply appropriate pressure
- Great for cleaning pits and fissures with Consepsis™ Scrub antibacterial slurry prior to sealants



Actual size

	30pk	100pk
STARbrush	1091	1093

1. realityesthetics.com.

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Subscribe to Ultradent's free e-newsletters to receive exclusive promotions, clinical tips, new product information, and continuing education opportunities.



Visit ultradent.au to sign up today!

HALOTM

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.



Halo™

SECTIONAL MATRIX SYSTEM

new



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

Courtesy of Dr. James Wright.



1. Pre-op.



2. Preparation with Halo system.



2. Post-op.

MOD CLINICAL CASE

Courtesy of Dr. Brett Richins.



1. Pre-op.



2. Preparation with Halo system.

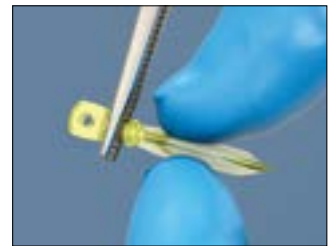


2. Post-op.

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 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.



Halo™ Matrices

MATRIX BANDS

- Anatomically shaped for ideal contacts
- Curve at marginal ridge creates ideal occlusal embrasure, reducing finishing
- Tweezer holes for easy placement
- Bendable tab allows for easy placement and removal with increased visibility
- Optional color 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 colors help identify sizes of wedges
- Collapsible center 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 1000 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
- 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.

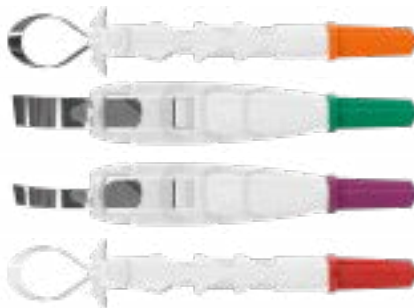


5047 - Halo Forceps 1pk



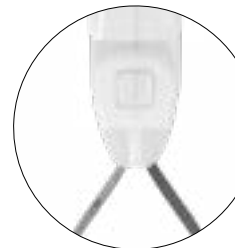
Omni-Matrix™

DISPOSABLE RETAINER AND MATRIX

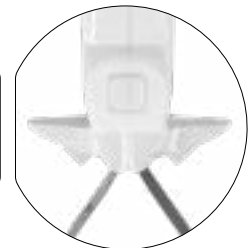


- Innovative shape allows procedural visibility and patient comfort
- Ultra-thin burnishable stainless steel adapts to preparations
- Unique winged and wingless styles meet individual case needs
- Disposable design saves you time and money

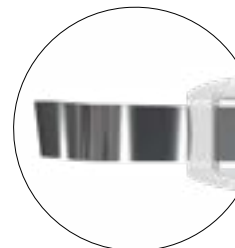
The Omni-Matrix disposable retainer and matrix is a superior circumferential matrix band solution. It's a simple restorative tool designed to perfectly customise to any preparation. The band's circumference can be easily adjusted simply by twisting the handle and the pivoting head allows it to access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



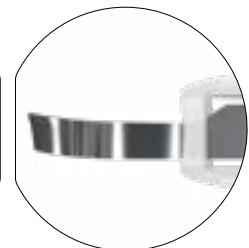
WINGLESS
● ● ● ●



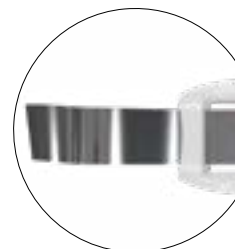
WINGED
● ● ● ●



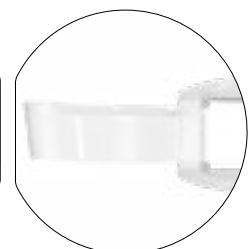
UNIVERSAL
● ● ●



NARROW
●



STAINLESS STEEL
● ● ●



MYLAR
●

"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

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

1. realityesthetics.com.



Omni-Matrix™ Original

DISPOSABLE RETAINER AND MATRIX



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

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



1. Seat



2. Tighten.



3. Remove.



4. Dispose.



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

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



InterGuard™

INTERPROXIMAL TOOTH GUARD



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



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

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

—DR. OLE OSTERBY, INVENTOR, DENMARK



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

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



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



new

VALO™ X

BROADBAND LED CURING LIGHT



- 12 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 aluminium, allows for excellent thermal management
- Simplified interface with diagnostic and curing modes included
- Slim, unibody design and ergonomic shape allows unprecedented access to all restoration sites
- New Accelerometer Feature 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 diagnostic and curing purposes
- Power adapter included for clinicians to use the light as cordless or corded
- International power supply is suitable for power outlets from 100 to 240 volts; no batteries needed

Visit Page 42

PREVENT AND HYGIENE

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



TIFFANY DRAPER - Big Cottonwood Canyon



THE LEADER IN SEALANTS since 1998!*

UltraSeal XT™ plus

HYDROPHOBIC PIT AND FISSURE SEALANT



Inspiral™ Brush Tip page 123

- Resin based sealants have high retention rates²
- Direct delivery into difficult-to-access areas
- Bubble-free, drip-free placement
- High marginal retention prevents microleakage
- Penetrates deepest pits and fissures
- Thixotropic/ideal viscosity flowability
- Four shades: Opaque White, Clear, A1, and A2

UltraSeal XT plus hydrophobic pit and fissure sealant is a light-cured, radiopaque composite sealant that contains fluoride. It is stronger and more wear resistant because it is a 58%-filled resin and has less polymerisation shrinkage than competitive products.³ Used with the Inspiral™ Brush Tip, the thixotropic nature of UltraSeal XT plus sealant causes itself to thin as it's expressed from the tip, allowing it to penetrate deep into the pits and fissures. When the resin stops flowing, the shear thinning ceases and placement is complete—preventing it from running before it can be light cured. Using PrimaDry™ drying agent with UltraSeal XT plus sealant 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. 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, tested to internal procedures.

FIVE SIMPLE STEPS



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



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



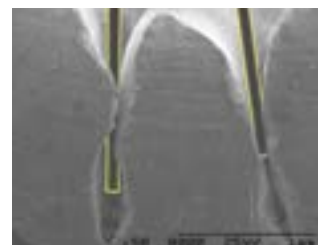
3. Apply PrimaDry agent for 5 seconds with Black Micro™ FX tip, then air dry.



4. Place UltraSeal XT plus sealant.



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



With its adjustable fibers and helical channel, the Inspiral™ Brush tip is designed to optimally deliver UltraSeal XT sealants.

Image of the bristles and tooth (on the right) were taken at the same magnification, and then overlaid.

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

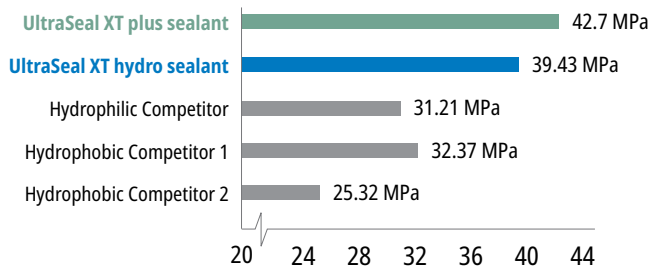
"Being a pediatric dentist, this is one material I cannot practice without. I have never found such a user-friendly sealant that is so easy to apply and with such excellent retention as the UltraSeal XT plus sealant." —DR. DAVID GOLDSTEIN – ORLANDO, FL

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



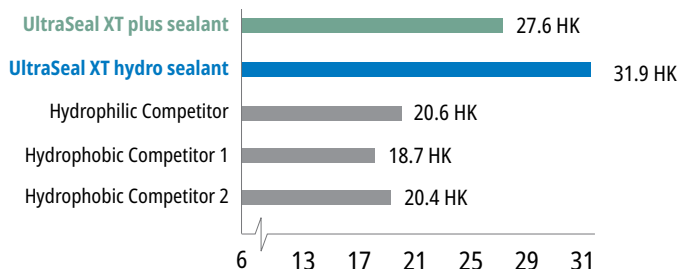
PHYSICAL PROPERTY COMPARISON

SHEAR BOND¹



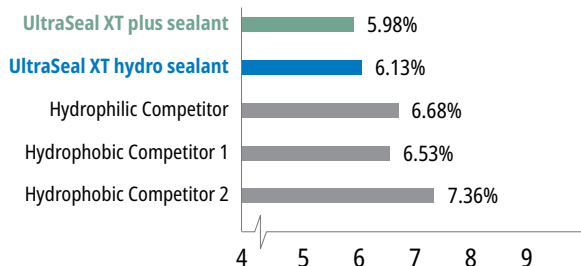
High shear bond strength is essential for retaining the sealant under normal use.

HARDNESS¹



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

SHRINKAGE¹



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

¹. Data on file, tested to internal procedures.



UltraSeal XT plus Syringe Kits

Shade	Kit
Opaque White	725
Clear	563
A1	1286
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

PrimaDry™ DRYING AGENT



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

PrimaDry drying agent is optimal for pit and fissure drying and prior to placement of hydrophobic sealants. It contains 99% organic solvents and 1% primer. PrimaDry drying agent rapidly volatilizes moisture content of pits and fissures after rinsing off etchant with water spray and air drying. The ultrafine primer film allows UltraSeal XT™ plus pit and fissure sealant to flow perfectly into every pit and fissure. Do not use on dentine.



Black Micro™ FX™ Tip page 122

REFRIGERATE



716 - PrimaDry Syringe 4pk
 717 - PrimaDry Syringe 20pk
 1.2 ml (3.53 g) syringes



UltraSeal XT™ hydro

HYDROPHILIC PIT AND FISSURE SEALANT



Inspiral™ Brush Tip page 123

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

UltraSeal XT hydro hydrophilic pit and fissure sealant is a light-cured, radiopaque composite sealant that contains fluoride. It is stronger and more wear resistant because it is a 53%-filled resin and has less polymerisation shrinkage than competitive products.² 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—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.

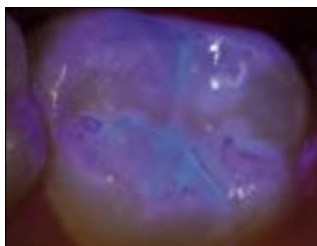
BEFORE AND AFTER



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.



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

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

—STEPHANIE VIEAU, DENTAL ASSISTANT – CENTREVILLE, VIRGINIA

MARGINAL RETENTION AND MICROLEAKAGE

UltraSeal XT hydro Sealant

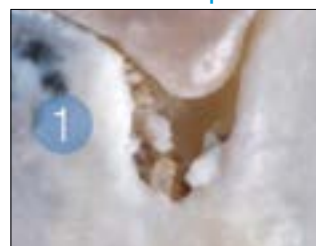


No microleakage.



Sealed margins.

Competitor Hydrophilic Sealant

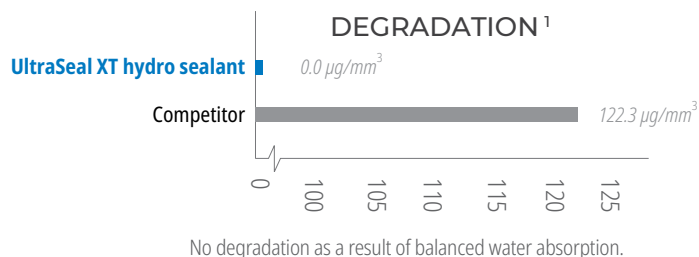
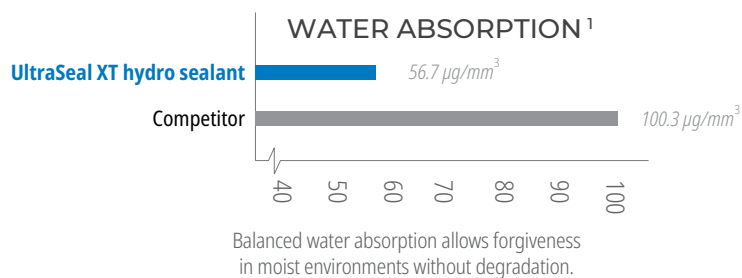


Microleakage.



Peeling from margins.

1. realityesthetics.com 2. Data on file, tested to internal procedures.



¹. 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 (1.58 g) Ultra-Etch syringe
 20 x Blue Micro tips
 20 x Inspiral Brush tips



UltraSeal XT hydro Syringe 4pks and 20pk

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

1.2 ml (2.01 g) syringes



new



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

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.

HALO™, page 79



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, flavors, dyes, and oil

Ultrapro Tx 2 g 200pk

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

1. realityesthetics.com.

DPA HEAD COMPARISON



sweep	144pk	500pk
Soft	8357	8359
Firm	8358	8360



Ultrapro™ Tx

DISPOSABLE PROPHY ANGLES

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

Ultrapro Tx disposable prophylaxis 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, Sweep angles are built to clean better than ever.

Ultrapro™ Tx Sweep

DISPOSABLE PROPHY ANGLES WITH BRUSH GUARD

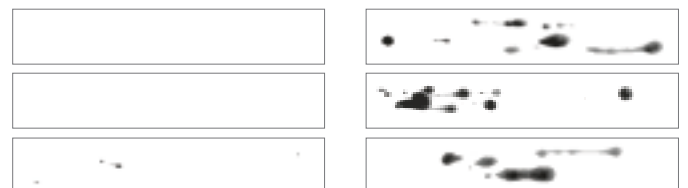


- Brush helps prevent accumulation of saliva and paste on outside of the cup
- Sweeps paste back toward the tooth, allowing the clinician to continue working and make fewer stops to refill the cup with prophylaxis paste
- Advanced internal blade design
- Outer ridges for interproximal cleaning
- A 20% 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 prophylaxis 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 prophylaxis paste back toward the tooth, so the paste is not wasted and lost in the saliva.

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

SWEEP DPA SPLATTER COMPARISON TESTING



Ultrapro Tx Sweep prophylaxis angle

Traditional prophylaxis angle

1. Data on file.



Flavor-Free



Cool Mint



Caramel



Orange Cream



Bubble Gum



Walterberry

Enamelast™

FLUORIDE VARNISH

MORE THAN JUST GREAT TASTE!

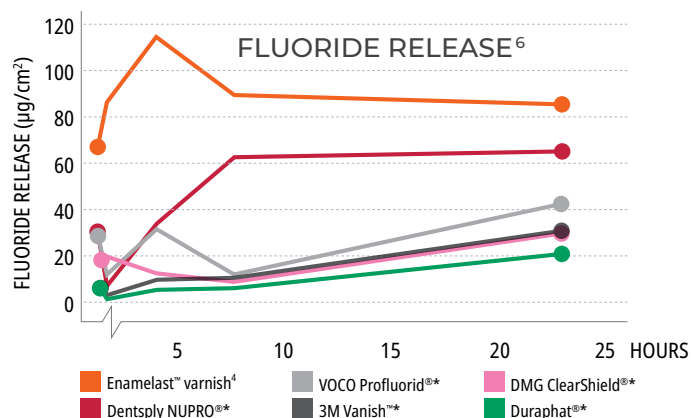
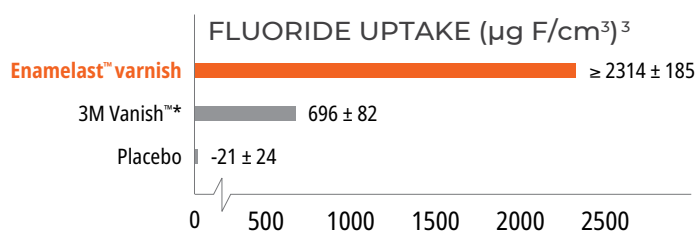


SoftEZ Tip page 125

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

Enamelast fluoride varnish is a xylitol-sweetened, 5% sodium fluoride in a resin carrier. Its unique formula is made with a patented adhesion-promoting agent for enhanced retention, while providing superior fluoride release and uptake. Available in syringe applications in **Walterberry™** flavor and unit-dose applications in **Walterberry, Orange Cream, Cool Mint, Bubble Gum, Caramel** flavors, and **Flavor-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.² The use of fluoride varnish for caries prevention has also been endorsed by the ADA.⁵



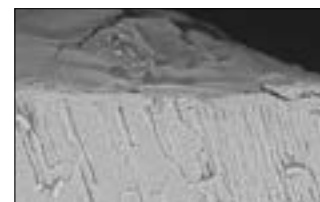
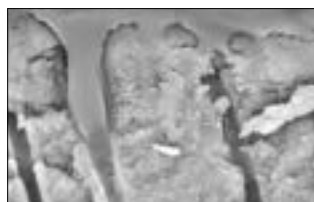
BEFORE AND AFTER



Before Enamelast fluoride varnish.



Immediately after applying Enamelast fluoride varnish.



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



4521 - Enamelast **Walterberry Syringe Kit**

2 x 1.2 ml (1.23 g) syringes
4 x SoftEZ tips

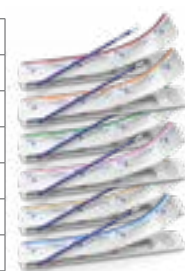


4523 - Enamelast **Walterberry Syringe 20pk**

1.2 ml (1.23 g) syringes

Enamelast **Unit-Dose 0.4 ml**

Flavor	50pk	200pk
Walterberry	4518	4528
Orange Cream	4344	4343
Cool Mint	4353	4352
Bubble Gum	4363	4362
Caramel	4819	4822
Flavor-Free	5188	5187
50 ea - W, OC, CM, BG		4368



4529 - Enamelast **Application Brushes 200pk**



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



Ultradent™ Universal Dentin Sealant

FOR TRANSIENT ROOT SENSITIVITY

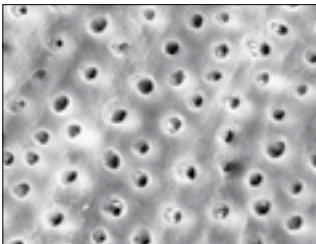


Black Mini™ Brush Tip page 122

- Quick application—paint and dry
- Great for hygienists' "tool box"
- Ideal following scaling and root planing
- Temporary blockage of tubules

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

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



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



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

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

Opalpix™

INTERPROXIMAL CLEANER



Toothpicks vs. Opalpix cleaners.

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

USES



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



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



BEFORE AND AFTER



Results in as little as one week¹

Opalescence™ Whitening Toothpaste ORIGINAL



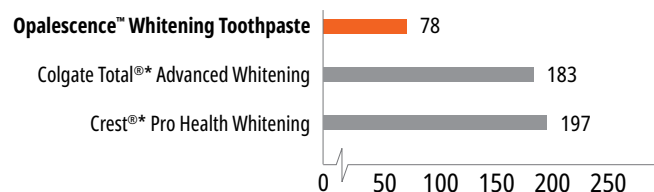
- Results in as little as one week¹
- Proven to whiten teeth in four weeks¹
- Contains hydrated silica which is proven to remove staining¹
- Gentle on gums¹
- Safe for long-term daily use
- Contains sodium fluoride to help prevent cavities and strengthen enamel²
- Exceptional fluoride uptake³
- 78 RDA⁴
- Triclosan and TiO₂ 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.

- Three 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. *OHDMBM*. 2009; 8(4):613. 2. Sivapriya E, Sridevi K, Periasamy R, Lakshminarayanan L, Pradeepkumar AR. Remineralization 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. 5. Schemehorn BR. Relative Dentin Abrasion Test on Dentifrices 12-111 & 14-335. Data on file.

RELATIVE DENTINE ABRASION^{4,5}



Has lower abrasiveness than other leading whitening toothpastes.⁵



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



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

TIPS AND SYRINGES

RESTORATIVE

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

ENDODONTICS

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

IMPRESSIONS

Mixing
IntraOral Impression
Dynamic Mixing

SYRINGES

Skini Delivery
Empty Delivery
Syringes
Syringe Cover

ACCESSORIES

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

MARTIN WEBB - Bryce 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 works perfectly with the chemistry it's intended for.



Black Micro™ FX™ Tip

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

Designed for: PrimaDry™ and PermaSeal™.

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



Black Mini™ Tip

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

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

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



Black Mini™ Brush Tip

- Precise, controlled delivery of aqueous materials
- Tight, adjustable brush fibers 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

**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: Hemostatics, Consepsis™, and Opal™ Seal.

LOK-TITE™	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 fibers minimise bubbles

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

LOK-TITE™	20pk	100pk	500pk
Inspiral Brush	710	123	1033-I



RESTORATIVE TIPS

Restorative



Intraoral Tip

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

Designed for: PermaFlo™ DC.

	20pk
Intraoral	5922

new



Metal Dento-Infusor™ Tip with Comfort Hub™

- Comfort Hub™ design allows for secure, comfortable control while attaching or removing
- Places hemostatic agents precisely and effectively removes superficial coagulum
- Blunt, bent cannula with padded brush enables gentle pressure in the sulcus
- Ultradent's first tip, the "MDI" remains paramount for successful tissue management

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

COMFORT HUB™

LOK-TITE™	20pk	100pk	500pk
19 ga Metal Dento-Infusor	2558	4955	4956



Micro Capillary™ Tips

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

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

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



Micro 20 ga Tip

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

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

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



RESTORATIVE AND ENDODONTIC TIPS



SoftEZ™ Tip

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

Designed for: Enamelast™.

LOK-TITE™	50pk	100pk
SoftEZ	4712	4711



SST™ - Surgical Suction Tip

- Ideal for delicate surgeries
- Large-diameter tip opening

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

LOK-TITE™	20pk
SST	1248



Ultradent™ Mixing Tip

- Mixes and delivers in one action

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

	20pk
Ultradent Mixing	5920



White Mac™ Tip

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

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

	20pk	100pk	500pk
White Mac	661	1361	1480



White Mini™ Tip

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

Designed for: Consepsis™ Scrub and Opalustre™.

	20pk
White Mini	1247



ENDODONTIC TIPS

WARNING:

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



Capillary Tips

Never use to delivery irrigating materials or endodontic chemistries.

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

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

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



Micro Capillary™ Tips

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

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 reducing risk of expressing chemicals past 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: Luting materials and air/water delivery. Use with: TriAway™ Adapter, PermaFlo™ DC (20 ga), and other Ultradent syringes.

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



ENDODONTIC TIPS

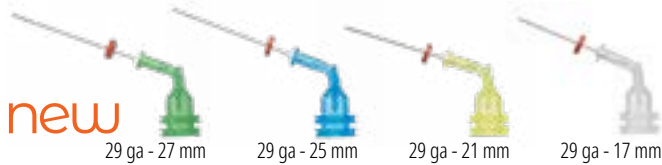
WARNING:

- 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

new



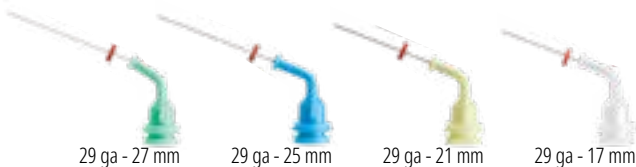
NaviTip™ 29 ga Tips with Single Sideport

- 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™, and UltraCal™ XS.

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

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

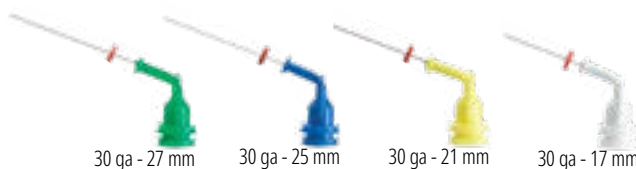


NaviTip™ 29 ga Tips

- 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™ and EndoREZ™.

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

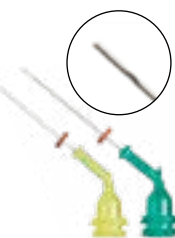


NaviTip™ 30 ga Tips

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

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

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



NaviTip™ 31 ga Tips

with Double Sideport Irrigator

- Double sideports deliver irrigants safely, 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:
Ultradent™ EDTA 18% Solution, and Ultradent™ Citric Acid 20%.

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



NaviTip™ FX™ 30 ga Tips

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

Designed for: Ultradent™ Citric Acid 20% Solution.

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

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

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



IMPRESSION TIPS

Impressions



Impression Mixing Tips

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

Designed for: Thermo Clone™ VPS

	50pk
Yellow	2902

	50pk
Pink	2903

	50pk
Teal	2904



IntraOral Impression Tip

- Allows precise placement
- Attaches to impression mixing tips

Designed for: Thermo Clone™ VPS

	50pk
IntraOral Impression	2906



Dynamic Mixing Tip

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

Designed for: Thermo Clone™ VPS 380 ml cartridges.

	50pk
Dynamic Mixing	4075



SYRINGES

Skini Delivery and Clear 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.



	20pk	50pk
0.5 ml Skini Delivery Syringe	1680	1681
0.5 ml Clear Skini Delivery Syringe	1880	—

ViscoStat™ Delivery Syringe

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

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



	20pk	100pk
1.2 ml ViscoStat Delivery Syringe	1278	3096

Ultra-Etch™ Delivery Syringe

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

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



	20pk
1.2 ml Ultra-Etch Delivery Syringe	129

1.2 ml Delivery Syringe

- Snug Luer Lock threads prevent tips from popping off

Designed for: All 30 ml IndiSpense™ syringes.



	20pk	100pk
1.2 ml Delivery Syringe	124	157

5 ml Delivery Syringe

- Syringe barrel flanges positioned for optimum control/leverage

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



	10pk
5 ml Delivery Syringe	201

Ultradent™ Syringe Cover

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

Designed for: All 1.2 ml syringes.



	300pk
1.2 ml Syringe Cover	249



Luer Lock Cap

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

Designed for: All Ultradent™ plastic syringes.



	20pk
Luer Lock Cap	205

Ultradent™ Luer Vacuum Adapter

- A great time saver for any practice
- Dries canals quickly and efficiently
- 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 Organizer

- Holds 14 syringes
- Made of clear acrylic



	1pk
Syringe Organizer	382

STARbrush™

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



1. realityesthetics.com.



Actual size	30pk	100pk
STARbrush	1091	1093

Ultradent™ Micro Applicators

- Bend easily
- Apply small amounts accurately
- Standard size

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



	400pk
Micro Applicator Brush Variety	4548



TISSUE MANAGEMENT

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

BRETT HOOKE - High Unitas





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

FERRIC SULFATE - ACTIVE HEMOSTASIS



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



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



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



FOR INDIRECT BONDING (LUTING)

PROVISIONAL REMOVED



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

CONTAMINATION



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

SEAL/DRY



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

WASH/DRY



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

SEAT RESTORATION



5. Bond/lute definitive crown.

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

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

FOR DIRECT BONDING

MICROLEAKAGE



1. Leakage under recently bonded composite.

STAINING



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

ISOLATION



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

RESTORATION



4. Repaired restoration.

CONTROL



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

BOND



2. Successful bonded restoration.

INDIRECT VENEER RETRACTION



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



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

CLEANING/TESTING



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

DISPLACEMENT



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

DRYING/TESTING



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

TAKE IMPRESSION



6. Express Thermo Clone™ VPS impression material.

RESULT



7. Predictable quality impressions.

"We have many products and procedures in dentistry that are technique sensitive—tissue management is especially so. Done right, it's gorgeous! You see results almost immediately. Done wrong, the bleeding doesn't stop, and you end up with that awful coagulum everywhere."
—DR. DAN FISCHER, DDS

FOR VITAL PULPOTOMY IN PRIMARY TEETH - EXPANDED APPLICATION

HEMOSTASIS



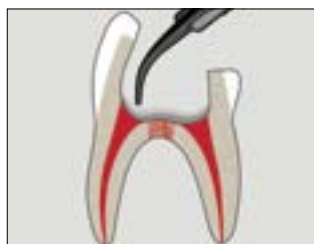
1. Control bleeding. Use Dento-Infusor tip with ViscoStat or Astringedent™ hemostatics.¹ Use sterile water for this procedure.

PROTECTION



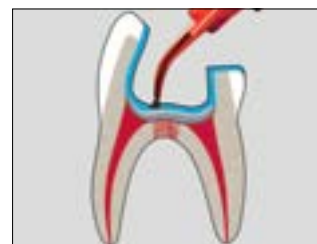
2. Place a thin layer of MTAFlow™ White repair cement over the root canal orifice.

BARRIER



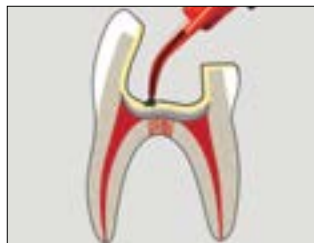
3. Apply a thin layer of Ultra-Blend™ plus liner.

ETCH



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

BOND



5. Apply Peak™ Universal Bond bonding agent.

RESTORE



6. Use your preferred restorative material for definitive restoration.

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



FOR CHALLENGING CASES



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



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



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



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



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



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



7. First, place matrix band to create a gingival barrier, etch and bond after placing matrix band, then place first layer of composite.



8. Wedge after first layer. Loosen matrix band and contour for good interproximal contact. Place an initial adaptive layer with PermaFlo™ flowable composite and fill cavity with one of our quality composites.



Dento-Infusor™ Tips



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

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

Courtesy of Dr. Jaleena Jessop.



Bleeding must be controlled before starting any direct bonding procedure.



Profound hemostasis achieved, preparation is ready to restore.

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

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



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



The 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 98–100.



ViscoStat™

20% FERRIC SULFATE



Metal Dento-Infusor™ Tip with Comfort Hub™ page 124



- 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), as blue/black precipitate will occur.

1. realityesthetics.com.



ViscoStat™ Clear

25% ALUMINUM CHLORIDE



Metal Dento-Infusor™ Tip with Comfort Hub™ page 124

- Does not discolor the gingiva
- Stops minor bleeding
- Rinses easily
- Viscous gel
- Does not interfere with bonding²

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

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

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

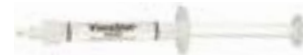
6409 - ViscoStat Clear Dento-Infusor Syringe Kit

4 x 1.2 ml (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. Scrub 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. Firm air/water spray. Air dry. If necessary, scrub hemostatic into the sulcus again. Leave 1 minute. Facilitates great control in aesthetic zone with no gingival stain.



5. Finished restoration 2 weeks post-op.





Astringedent™ 15.5% FERRIC SULFATE



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

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

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

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

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



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

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

Astringedent™ X 12.7% IRON SOLUTION



- Clinicians “go-to” hemostatic for all case situations
- Stops minor to severe bleeding

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

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



Courtesy of Dr. Bruce LeBlanc

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



112 - Astringedent X **Bottle 1pk**
690 - Astringedent X **IndiSpense Syringe 1pk**
30 ml

Astringedent™ Spot Remover CLEANING SOLUTION

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



2160 - Astringedent **Spot Remover 1pk**
30 ml (35.3 g) bottle



Ultrapak™ KNITTED CORD



Best Gingival
Retraction Material



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.³

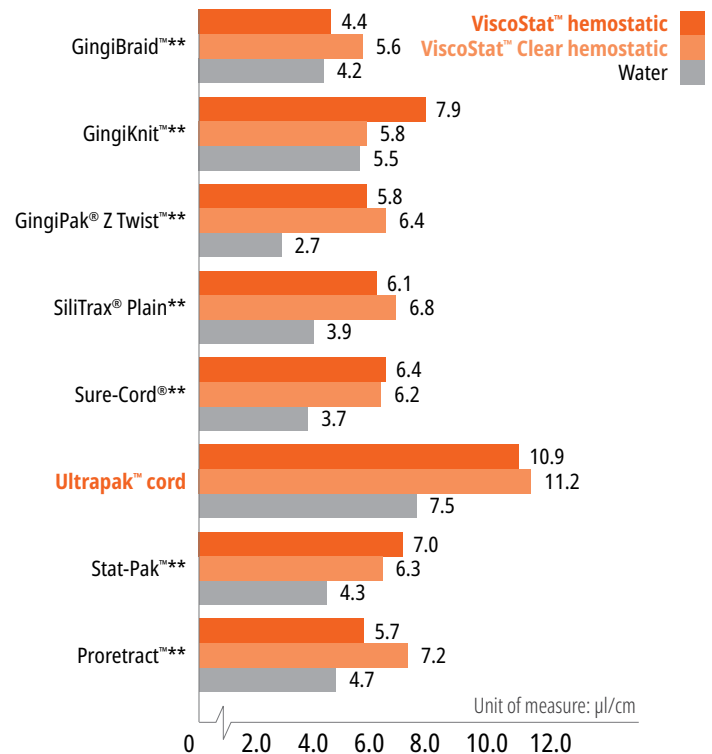
- The original knitted cord
- Provides optimal tissue displacement and detailed margins for quality impressions
- Facilitates easy packing and stays in place better than twisted or braided cord
- Compresses upon packing then expands for optimal retraction

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 Astringent™ hemostatics. Conventional techniques using alum, aluminium chloride, etc. are also enhanced when using Ultrapak plain knitted cords, which carry significantly greater quantities of hemostatic solution than conventional cords.

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 Astringent 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.

BRAIDED



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

ULTRAPAK



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.



TISSUE MANAGEMENT

Each bottle contains
8 ft/244 cm of cord.

CORD COMPARISON CHART

	#000 - .035" (0.889 mm)
	#00 - .041" (1.041 mm)
	#0 - .045" (1.143 mm)
	#1 - .049" (1.245 mm)
	#2 - .056" (1.422 mm)
	#3 - .063" (1.6 mm)

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



#000 - .035" (0,889 mm)

- Lower cord in the "double-cord" technique
- Anterior teeth



137 - Ultrapak Cord #000 Regular 1pk



#00 - .041" (1,041 mm)

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



136 - Ultrapak Cord #00 Regular 1pk



#0 - .045" (1,143 mm)

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



131 - Ultrapak Cord #0 Regular 1pk



#1 - .049" (1,245 mm)

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



132 - Ultrapak Cord #1 Regular 1pk



#2 - .056" (1,422 mm)

- Upper cord for "double-cord" technique
- Protective "pre-preparation" cord



133 - Ultrapak Cord #2 Regular 1pk



#3 - .063" (1,6 mm)

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



134 - Ultrapak Cord #3 Regular 1pk





Fischer's Ultrapak™ Packers

THIN SERRATED
PACKING INSTRUMENTS

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

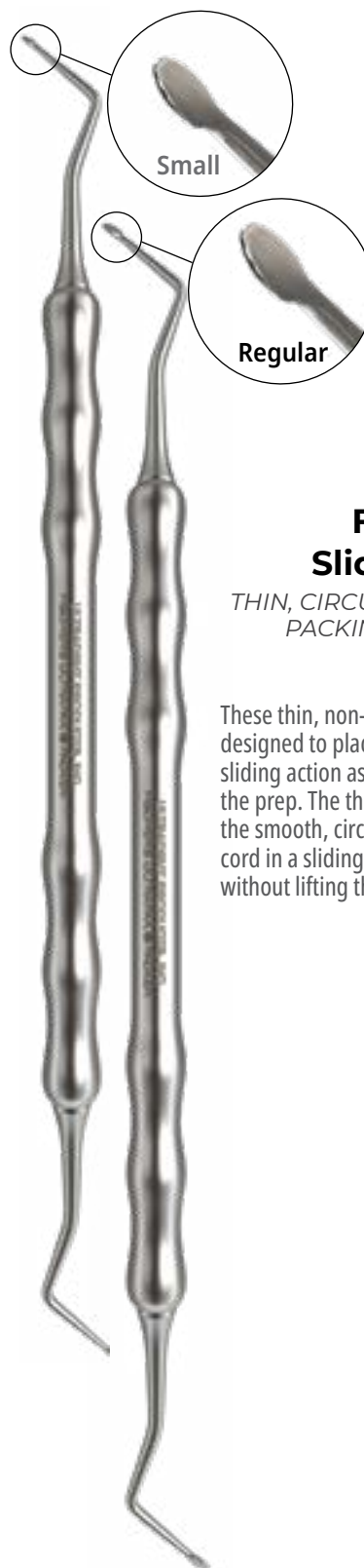
45° TO HANDLE: Our most popular packers, with heads at 45° to the handle and three packing sides. Circular packing of the prep can be completed without the need to flip the instrument end to end. Use the small packer on lower anteriors and upper lateral incisors.

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

"Ultrapak Packers help place the cords properly in a quick and efficient manner. Thanks to the inventors!"

— DR. JOHN LUI – BELLEVUE, WA

- 171 - Small Packer - 45° to handle 1pk
- 170 - Regular Packer - 45° to handle 1pk
- 174 - Small Packer - 90° to handle 1pk
- 172 - Regular Packer - 90° to handle 1pk



Fischer's Slide Packers

THIN, CIRCULAR, NON-SERRATED
PACKING INSTRUMENTS

These thin, non-serrated slide packers are designed to place and compress cord with a sliding action as the clinician places cord around the prep. The thin head presses into the cord, and the smooth, circular head allows placement of cord in a sliding motion around the preparation without lifting the instrument from the cord.

- 834 - Small Slide Packer - 45° to handle 1pk
- 833 - Regular Slide Packer - 45° to handle 1pk

WHITEN

Questions Behind Tooth Whitening
Whitening Treatment Protocol
Opalescence Tooth Whitening Reference Guide
Tips on Growing your Tooth Whitening Business
Opalescence PF 10%, 16%, 20%, 35%, and 45%
Opalescence Go 6%, 10% and 15%
Opalescence Boost
Opalescence Endo
OpalDam and OpalDam Green
Opalustre and OpalCups
Opalescence Whitening Toothpaste

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

DEREK BEEMER - Lake Mary





WHITEN YOUR SMILE - Questions Behind Tooth Whitening

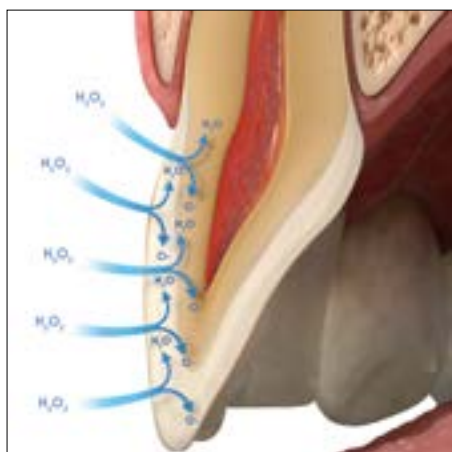
There are many causes of tooth staining. Certain medicines, tooth trauma, root fillings, and foods and beverages can cause tooth discolouration over time. Some discolourations are superficial, while others are internal. Both can be effectively treated by a dentist. Professional whitening is the best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

HOW DOES WHITENING WORK?

Opalescence whitening gels contain an active whitening ingredient, either carbamide peroxide or hydrogen peroxide. Peroxide gels break down into water, oxygen, and reactive oxygen molecules. These reactive oxygen molecules treat both the enamel and the dentine, oxidising the bonds of discoloured stain molecules. By changing the stained molecules, the tooth becomes lighter.¹

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

Because the reactive oxygen molecules need to dissipate from the tooth before bonding, it is necessary to wait 7–10 days before any bonding procedure.^{2–4}



WILL WHITENING AFFECT BOND STRENGTH?

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

Note: Allow a period of 7–10 days after whitening treatment before placing any resin. The high concentration of oxygen in the tooth could have a significant adverse effect on 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 as a result of whitening. If sensitivity occurs, 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. Opalescence™ Whitening Toothpaste Sensitivity Relief can also be used to help to prevent or lessen sensitivity if it occurs.

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

No. Opalescence whitening has not been shown to weaken tooth enamel.^{5–6}

IMPORTANT: DENTIST SUPERVISION IS THE BEST WAY TO WHITEN!

Opalescence tooth whitening treatments are effective and safe if they are used appropriately and with the correct materials. This includes a comprehensive exam, briefing on the chosen whitening process, and monitoring of the patient during the treatment phase. Self-treatment by the patient with store-bought products often does not provide the results desired, and leaves the patient without options for managing potential sensitivity or other concerns.

1. Kwon SR, Wertz PM. Review of the Mechanism of Tooth Whitening. *J Esthet Restor Dent.* 2015 Sep-Oct;240-57.
2. Da Silva Machado J, et al. The influence of time interval between bleaching and enamel bonding. *J Esthet Restor Dent.* 2007;19(2):111-8; discussion 19. 3. Spyrides GM, et al. Effect of whitening agents on dentin bonding. *J Esthet Restor Dent.* 2000;12(5):264-70. 4. Unlu N, Cobankara FK, Ozer F. Effect of elapsed time following bleaching on the shear bond strength of composite resin to enamel. *J Biomed Mater Res B Appl Biomater.* 2008 Feb;84(2):363-8.
5. Basting RT, Rodrigues AL Jr, Serra MC. The effects of seven carbamide peroxide bleaching agents on enamel microhardness over time. *J Am Dent Assoc.* 2003; 134(10):1335-42. 6. Al-Qunaian TA. The effect of whitening agents on caries susceptibility of human enamel. *Oper Dent.* 2005;30(2):265-70.



Whitening Treatment Protocol

We recommend the following steps for professional whitening evaluation and treatment.

1. TAKE PATIENT'S MEDICAL HISTORY

Pregnant or breastfeeding women should not whiten. Patients with serious health concerns should consult their primary care provider prior to treatment.

2. PERFORM DENTAL EXAM

Determine origin of staining, evaluate gingival and dental health. Check for restorations in the 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. 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.



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.



Opalescence™ Tooth Whitening Reference Guide



PRODUCT NAME	CONTENTS	INDICATIONS FOR USE
Opalescence™ PF 10%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Patients with sensitivity concerns; can be worn day or night
Opalescence™ PF 16%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Faster whitening, recommended to wear during the day
Opalescence™ PF 20%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Faster whitening, recommended to wear during the day
Opalescence™ PF 35%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Shorter wear time and touch-ups
Opalescence™ Quick PF 45%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Shorter wear time and touch-ups
Opalescence Go™ 6%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Ready-to-go, an alternative to store-bought products
Opalescence Go™ 10%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Ready-to-go, an alternative to store-bought products
Opalescence Go™ 15%	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Ready-to-go, an alternative to store-bought products
Opalescence™ Endo	—	DENTIST-ADMINISTERED Internal whitening of non-vital endodontically treated teeth
Opalescence™ Boost™ 40%	Potassium Nitrate and Fluoride	DENTIST-ADMINISTERED Fast chairside treatment
Opalustre™ Microabrasion Slurry	—	DENTIST-ADMINISTERED Chairside treatment to remove superficial enamel imperfections
UltraEZ™ Desensitizing Gel	—	TAKE-HOME Sensitivity treatment



FLAVORS	Wear Time	ACTIVE INGREDIENT	<div> <div>Hydrogen Peroxide vs.</div> <div>Carbamide Peroxide Concentrations</div> </div>
10% Mint 10% Regular	8–10 hours a day	10% Carbamide Peroxide	<div> <div>~3% HP</div> <div>10% CP</div> </div>
15% Mint 16% Regular	4–6 hours a day	16% Carbamide Peroxide	<div> <div>~5.3% HP</div> <div>16% CP</div> </div>
20% Mint 20% Regular	2–4 hours a day	20% Carbamide Peroxide	<div> <div>~6.6% HP</div> <div>20% CP</div> </div>
35% Mint 35% Regular	30–60 minutes a day	35% Carbamide Peroxide	<div> <div>~11.6% HP</div> <div>35% CP</div> </div>
45% Mint	15–30 minutes a day	45% Carbamide Peroxide	<div> <div>~15% HP</div> <div>45% CP</div> </div>
6% Mint	60–90 minutes a day	6% Hydrogen Peroxide	<div> <div>6% HP</div> </div>
10% Melon	30–60 minutes a day	10% Hydrogen Peroxide	<div> <div>10% HP</div> </div>
15% Mint	15–20 minutes a day	15% Hydrogen Peroxide	<div> <div>15% HP</div> </div>
—	1–5 days per treatment	35% Hydrogen Peroxide	<div> <div>35% HP</div> </div>
—	2–3 20-minute applications DO NOT exceed 3 applications per visit	40% Hydrogen Peroxide	<div> <div>40% HP</div> </div>
—	Office visit	6.6% Hydrochloric Acid Silicone Carbide	<p>Note: To determine HP equivalence from a labeled CP concentration, divide by three. For example, 4% CP is equivalent to ~15% HP. This is important to know in order to correctly assess the intensity of whitening products.</p>
—	15–60 minutes a day	3% Potassium Nitrate and 0.25% Neutral NaF	



Tips on Growing your Tooth Whitening Business

Whitening not only creates more profit, it can create better patients, increased interest in cosmetic and restorative services, and positive buzz for your practice.

Here are some simple tips to help grow the tooth whitening business in your practice:

- 1) Designate a Whitening Specialist. This member of your team is responsible for focusing on tooth whitening in your office. They can train the other team members, order supplies, answer any tooth whitening questions, 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 practice.
 - b. It's a great way to get referrals—the patient who wins will tell friends and family about their FREE whitening.
 - c. Take the names of those who did not win and send a letter or give them a phone call to let them know that although they didn't win, because they expressed an interest in whitening, your office will extend a special discount to them (whatever discount or special you choose). This is a simple way to get in touch with patients who are interested in whitening their teeth, but may not necessarily ask for it.
- 5) Give FREE whitening or touch-ups to patients who schedule and keep their dental hygiene 6-month check-up appointments.
- 6) Offer Tooth Whitening Menus in your reception area and operatories. People love options, and this gives your patients an opportunity to see what is available to them to whiten their teeth.
- 7) Offer tooth whitening gift cards your patients can purchase for family or friends.
- 8) Increase your office's social media presence by entering patients into a drawing for a FREE whitening treatment when they check in at your office on Facebook, or Instagram a picture of their smile and tag your office.
- 9) Attend a local bridal show or host a bridal event at your practice. Every bride is looking for ideas for the big day—and what's a better idea than a bright white smile for her and her bridal party?
- 10) Set a goal of providing one whitening treatment a day. "Things that are measured are improved."

Contact your local Ultradent Sales Representative for even more tips!





Opalescence™ 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)
- Opalescence PF whitening gel is designed to maximise 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,² 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.³ Opalescence whitening gel is made up of at least 20% water which helps prevent dehydration. A university study proves that the gel stays active for 8–10 hours during overnight whitening,⁴ which means patients experience results quickly, increasing compliance. Opalescence gel is available in a variety of concentrations, formulations, flavours, and kit configurations to meet all your patients' whitening needs.

Opalescence 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 mild fluorosis and even tetracycline staining.²

1. realityesthetics.com. 2. Caughman WF, DMD, Frazier KB, Haywood, VB. Carbamide peroxide whitening of non-vital single discolored teeth: Case reports. *Quintessence Int.* 1999;30(3):155-61. 3. Grobler, S.R., et al. A Clinical Study of the Effectiveness of Two Different 10% Carbamide Peroxide Bleaching Products: A 6-Month Follow-up; *Int J Dent.* May 5, 2011: 167525; doi: 10.1155/2011/167525. 4. Matis BA, Gaiao U, Blackman D, Schultz FA, Eckert G. In vivo degradation of bleaching gel used in whitening teeth. *J Am Dent Assoc.* 1999;130(2):227-35.



BEFORE AND AFTER

Courtesy of Dr. Robert Nixon.



Before whitening.



Upper teeth after 5 nights of treatment, approximately 40 hours.

Courtesy of Carol Jent, RDH.



Before whitening.



After seven Opalescence™ Boost™ whitening treatments over six months. Patient also whitened at home with Opalescence™ PF 10%, 16%, 20%, and 35% whitening.

Courtesy of Carol Jent, RDH.



Before whitening.



After one month of whitening.



A 12-year-old before whitening.



After 5 nights of whitening.



Before whitening.



After 16 days of treatment with Opalescence™ PF 20% whitening gel.



Moderate to advanced tetracycline stains.

Improvement in 2 weeks. With tetracycline stains, treatment can require 2 to 6 months.¹

1. Haywood VB, Leonard RH, Dickinson GL. Efficacy of six months of nightguard vital bleaching tetracycline-stained teeth. *J Esthet Dent.* 1997;9(1):13-19

INSTRUCTIONS



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



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



3. Use the vacuum former to heat Sof-Tray™ Classic tray material until it sags approximately 1/4 to 1/2 inch for the 0.035" sheets, and 1" for the 0.060" and 0.080" sheets. Adapt plastic over model. Cool and remove model from vacuum former.



4. With tactile scissors (Ultra-Trim Scalpolding 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.



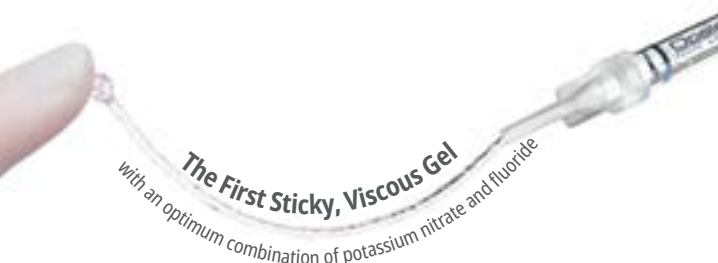
6. Instruct the patient to brush their teeth prior to loading and inserting tray. Go over instructions with the patient that are provided in the whitening kit. Explain the process of loading the tray by expressing one continuous bead of gel approximately halfway up from the incisal edge on the facial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



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



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



"I recommend Opalescence PF gel to other doctors because the results from patients using it are consistent. The sticky, viscous Opalescence PF gel is one of the most effective solutions I've used. My patients feel better knowing that the application of the gel also provides beneficial results such as improving enamel health and increasing enamel microhardness."

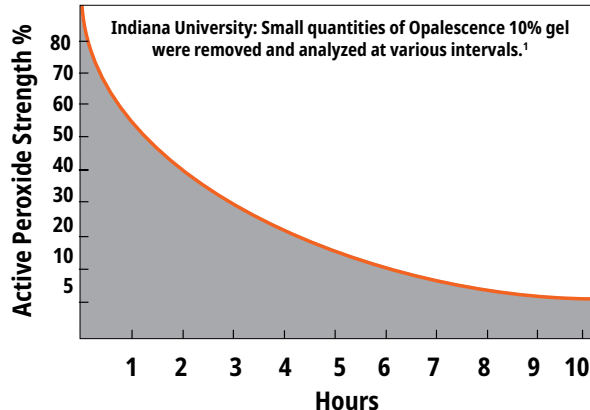
—DR. FRANK SPEAR – SEATTLE INSTITUTE FOR ADVANCED DENTAL EDUCATION

"On behalf of my staff as well as my patients, not one person has made a comment in regards to sensitivity while using this product."

—DR. HEDY ATASHBAR – SILVER SPRING, MD

"Opalescence gel has had 100% patient satisfaction [in our office] for over 10 years. Despite all the changes and competition of OTC products and otherwise, Opalescence gel has been a product that we have been proud to stake our reputation on....The cosmetic aspect of my practice has been dramatically enhanced." —DR. GUY MINOLI – NEW YORK, NY

STAYS ACTIVE THROUGH THE NIGHT!



1. Matis BA, Gaiao U, Blackman D, Schultz FA, Eckert GJ. In vivo degradation of bleaching gel used in whitening teeth. *J Am Dent Assoc.* 1999;130(2):227-35.

Opalescence Doctor kits



Flavor	10% PF	16% PF	20% PF	35% PF	45% PF
Mint	5379-AU	4483-AU	5385-AU	5388-AU	5358-AU
Regular	5381-AU	4485-AU	5387-AU	5390-AU	—

8 x 1.2 ml (1.5 g) Opalescence syringes
 1 x 1.2 ml Ultradent LC Block-Out Resin syringe
 2 x Sof-Tray 0.035" 5" x 5" sheets
 1 x Black Mini tip
 1 x Tray case
 1 x Shade guide

Opalescence Syringe 40pk



Opalescence™ Refill Sleeve



4845

Flavor	10% PF	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





WHITEN



Powerful,
professional
whitening
to go!

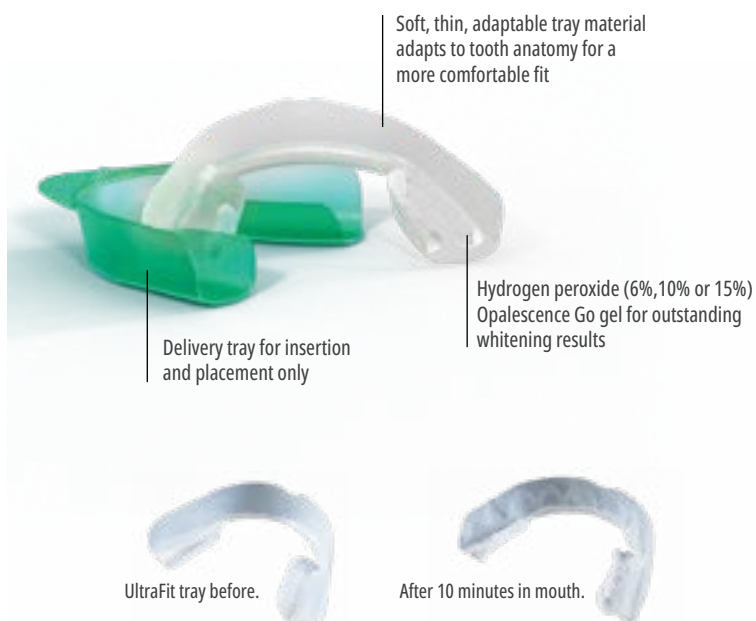
Opalescence Go™ 6%, 10% and 15%

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** flavour

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.



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

PATIENT INSTRUCTIONS



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



2. Position upper tray on teeth.



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



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



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

Opalescence Go



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

10 x Each upper/lower trays

Opalescence Go Sample Dispenser Kits



Flavor	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 122

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

Opalescence Boost in-office whitener is chemically activated, so it does not require a light for whitening. In fact, some research shows that using a light for whitening can be harmful to lips and gums.² Syringe-to-syringe mixing activates the product just prior to application. The activated 40% hydrogen peroxide is conveniently delivered via syringe and applied to teeth for whitening.

While there are many other factors to consider, the beginning shade sets the foundation for proper expectations after treatment. This is especially true with in-office whitening. Opalescence Boost whitening is an excellent in-office treatment for less severe, more mild staining as well as tetracycline staining. Patients should see immediate results and, in most cases, their teeth will continue to whiten 24–48 hours after the treatment.

"Opalescence Boost whitening gives the patient the results they are looking for: having whiter teeth after one hour of sitting in the dental chair. Instant gratification is very important to people who desire beautiful white teeth. This product achieves the results we're looking for in our practice." —DR. RONALD FISHER – DELRAY BEACH, FL

1. realityesthetics.com. 2. Bruzell EM, Johnsen B, Aalerud, TN, Dahl JE, Christensen T. In vitro efficacy and risk for adverse effects of light-assisted tooth bleaching. *Photochem Photobiol Sci.* 2009;8(3): 377-85.

BEFORE AND AFTER

Before Opalescence Boost in-office whitener.



After two 20-minute applications of Opalescence Boost whitening treatments.



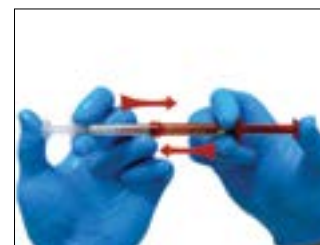
Before Opalescence Boost in-office whitener.



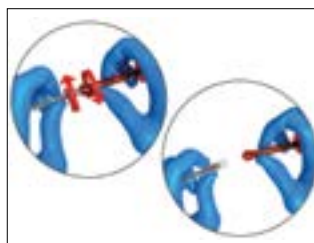
After three 20-minute applications of Opalescence Boost and Opalescence 10% whitening treatments.

INSTRUCTIONS

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



2. Press the contents of the clear syringe back into the red syringe. Thoroughly and rapidly mix the contents by pushing back and forth continually a minimum of 50 times (25 times each side).



3. Press all mixed gel into RED syringe and separate the two syringes.



4. Attach the Black Mini™ tip onto the red syringe. Verify flow on a cotton gauze or mixing pad prior to applying it intraorally. If resistance is met, replace the tip and recheck the flow.



INSTRUCTIONS CONTINUED



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



6. Securely attach a Micro 20 ga tip to an OpalDam™ resin barrier syringe and check flow. Express a continuous bead along the gingival margin, overlapping approximately 0.5 mm onto the enamel. Begin and finish the bead one tooth beyond the most distal tooth that is being whitened. Express the resin through any open embrasures.



7. Light cure the OpalDam resin barrier for 20 seconds per arch using a scanning motion. Check the resin cure with an instrument, using caution to not disrupt the seal.



8. Apply a 0.5–1.0 mm thick layer of the gel to the labial surface of the tooth. Allow the gel to remain on the teeth for 20 minutes per application.



9. Suction gel from teeth using the Ultradent™ Luer Vacuum Adapter and SST™ tip or a surgical suction tip. To avoid gel splatter, do not use water while suctioning gel. When no gel is visible, lightly rinse and air dry. Use caution not to dislodge the isolation barrier or rubber dam seal.



10. After the final application is complete and all visible gel is removed, thoroughly rinse the teeth with an air/water spray and high volume suction.



11. Gently slide the tip of a dental instrument beneath the OpalDam resin barrier and lift it off. Check for and remove any interproximal remnants.



12. Evaluate the shade change. If additional whitening is desired and no sensitivity is noted, reschedule patient in 3–5 days for repeat treatment or dispense take-home whitening treatment.

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

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

**4750-AU - Opalescence Boost 40% Syringe Intro Kit**

4 x 1.2 ml (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 syringes
1 x Shade guide cards
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 traumatized teeth, any sign of cervical resorption, or after multiple previous whitening attempts.

Opalescence™ Endo

NON-VITAL "WALKING BLEACH"
- 35% HYDROGEN PEROXIDE



Black Mini™ Tip page 122

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

Opalescence Endo non-vital whitening gel is formulated specifically to whiten non-vital endodontically treated teeth using the "walking bleach" technique.

BEFORE AND AFTER

Courtesy of Dr. Rich Tuttle.



Before.



After.



Before.



After.

Courtesy of Dr. Jaleena Jessop.



Before.



After.

Courtesy of Dr. Arno Schoeler.



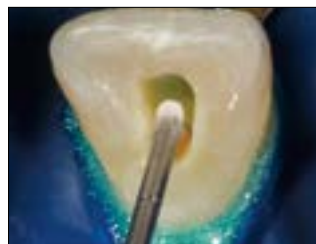
Before.



After.

PROCEDURE

Courtesy of Dr. Carlos Ramos.



1. Completely remove all the restorative and root sealing material from the coronal pulp chamber and 2–3 mm below healthy gingiva. Place a 2 mm thick conventional glass ionomer or a resin-modified glass ionomer to seal the endodontically treated canal. Verify set of material before proceeding.



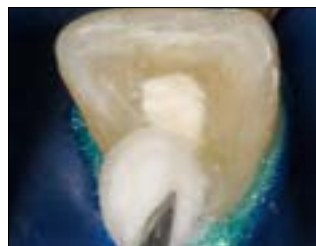
2. Express Opalescence Endo whitening into the coronal pulp chamber, avoiding soft tissues. Fill the pulp chamber with UltraTemp™ Regular temporary filling material, leaving 3–5 mm of space to allow for the necessary depth.



3. A thin cotton membrane or a small piece of cotton pellet can be used as a separator between temporary and whitening gel. Make sure to place gently to not displace the whitening gel onto the margins, as this will compromise the temporary seal. However, this is not a requirement if adequate space is left to accommodate temporization.



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



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



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

MUST BE REFRIGERATED



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

1. realityesthetics.com.



WHITEN



SEE THE **COLOUR**



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

OpalDam™ and OpalDam™ Green

LIGHT-CURED RESIN BARRIERS



Black Mini™ Tip page 122

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

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

INSTRUCTIONS



1. Apply OpalDam resin barrier 4–6 mm wide on gingiva. Seal interproximal spaces. Overlap resin approximately 0.5 mm onto dry enamel to seal. Extend resin one tooth beyond last tooth to be whitened. Light cure using a scanning motion for 20 seconds.

2. Remove cured resin quickly and easily in one piece or a few large pieces. Check interproximally for retained resin. Designed to remove easily from embrasures and undercuts.

1. realityesthetics.com.



324-U - OpalDam Syringe Kit

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



326-U - OpalDam Syringe 20pk

1.2 ml (1.34 g) syringes



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 125



OpalCups Bristle

OpalCups Finishing

- Permanently removes superficial enamel imperfections
- Provides minimally invasive, permanent treatment for mild fluorosis
- Low 6.6% hydrochloric acid concentration aids in removal of surface imperfections
- Silicon carbide microparticles provide gentle mechanical abrasion
- OpalCups cups 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 minimize splatter. OpalCups Finishing cups are used with Opalustre slurry for micropolishing the newly treated enamel surface.

Use Opalustre slurry and OpalCups cups to quickly remove unsightly enamel decalcification defects that are less than 0.2 mm in depth. Opalustre is effective in treating mild fluorosis and stains in the superficial layer of the enamel.² This treatment can be classified under ADA insurance code 9970: enamel microabrasion.

BEFORE AND AFTER



Courtesy of Dr. Renato Herman Sundfeld.

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



Courtesy of Dr. Rich Tuttle.

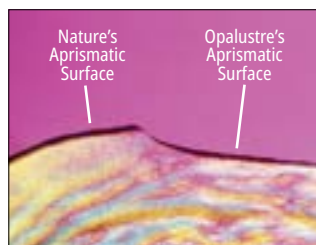
Enamel decalcification corrected after one application of Opalustre™ slurry using OpalCups Bristle cup and 10:1 gear reduction handpiece with firm pressure.



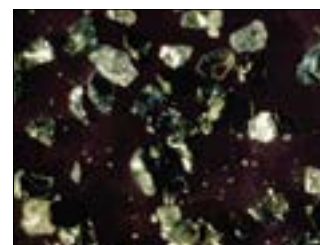
Courtesy of Dr. Jaleena Jessop.

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

Courtesy of Dr. Renato Herman Sundfeld.



Chemical and mechanical abrasion produce a natural-looking surface.



Silicon carbide microparticles contained in Opalustre slurry.

1. realityesthetics.com. 2. Celik EU, et al. Clinical performance of a combined approach for the esthetic management of fluorosed teeth: three-year results. *Niger J Clin Pract.* 2017;20(8):943–951.



INSTRUCTIONS - RUBBER DAM



1. Before.



2. After rubber dam placement, apply Opalustre slurry to discolored enamel using the syringe.



3. Use OpalCups™ Bristle cup to compress Opalustre slurry on tooth surface using medium to heavy pressure. Suction the paste from the teeth then rinse, evaluate, and repeat as necessary. Finish treatment by polishing with OpalCups™ Finishing cup.



4. After enamel microabrasion and 21 days of using Opalescence™ whitening gel.

INSTRUCTIONS - OPALDAM



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

**554 - Opalustre Syringe 4pk Kit**

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**

opalpix™

Toothpicks vs. Opalpix cleaners.



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

Interproximal Cleaner, page 93.



BEFORE AND AFTER

Results in as little as one week¹

Opalescence™ Whitening Toothpaste

ORIGINAL

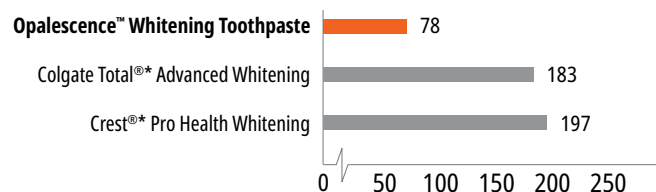


- Results in as little as one week¹
- Proven to whiten teeth in four weeks¹
- Contains hydrated silica which is proven to remove staining¹
- Gentle on gums¹
- Safe for long-term daily use
- Contains sodium fluoride to help prevent cavities and strengthen enamel²
- Exceptional fluoride uptake³
- 78 RDA⁴
- Triclosan and TiO₂ 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.

- Three 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. *OHDMBM*. 2009; 8(4):613. 2. Sivapriya E, Sridevi K, Periasamy R, Lakshminarayanan L, Pradeepkumar AR. Remineralization 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. 5. Schemehorn BR. Relative Dentin Abrasion Test on Dentifrices 12-111 & 14-335. Data on file.

RELATIVE DENTIN ABRASION^{4,5}Has lower abrasiveness than other leading whitening toothpastes.⁵

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



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



UltraEZ™

DESENSITISING GEL WITH
POTASSIUM NITRATE AND FLUORIDE



- Provides immediate results
- 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 74.



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™ Ultra-Trim Scalloping Scissors

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



605 - Ultradent Ultra-Trim Scalloping Scissors 1pk



Ultradent™ LC Block-Out Resin



Black Mini™ Tip page 122

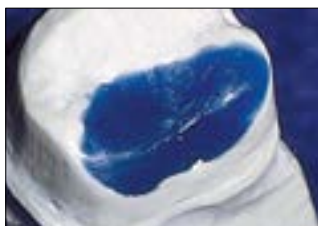
- Optimal viscosity for proper application
- Blue pigment for visibility during application
- Great utility resin with multiple uses

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

USES



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



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



Also use for periodontal trays.

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

1. realityesthetics.com.



240 - Ultradent LC Block-Out Resin Syringe Kit 4pk
4 x 1.2 ml (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

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Display Brochures

Opalescence Frosted Bags
Opalescence Display Stand Bags

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1009695 - PF



1009694 - Go



1009693 - Boost

Opalescence™ Display Brochures

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1009731 - PF



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1009733 - Boost

Opalescence™ Frosted Plastic Bag



	10pk
Frosted Plastic Bag	8752

Opalescence™ Large Posters

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1009698 - PF



1009697 - Go



1009696 - Boost

Opalescence™ Displays

1pk Free of charge



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NOTES

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810 + 980 Diode Laser	44-46	Composite Polishing Brushes	65	Fluoride	92,123-125,126-127,128-129
A cid, Citric	20	Composite Veneers	13-14	Fluoride Gel	135
Acid, Hydrofluoric	54	Composite Wetting Resin	10	Fluoride Varnish	92
AdaptiVe Wedge	83	COMPOSITES SECTION	6-15	Foot Pedal, Gemini	45
Adjusters and Polishers, Ceramic	59-62	Consepsis	19	G emini Diode Laser	44-46
Adjusters and Polishers, Composite	59-62	Consepsis Scrub	77	Gemini Foot Pedal	45
Alginate	68	Consepsis V	19	Gemini PBM Adapter	44-46
Aluminum Chloride	107	Cord, Displacement	113-115	Gemini Protective Eyewear	45,47
Anatomical Wedge	82	Cordless LED Curing Light	38-39,42-43	Glasses	38-41,45,47
Anatomical Sectional Matrix	82	Cord Packers	116	Goat Hair Brush	65
Antibacterial Slurry	77	Cover, Syringe	103	Gun, ExperTemp	5
Antibacterial Solution	19,57,77	Crossover Action Tweezers	82	Gun, Impression Material	71
Applicators	92	CEMENTS SECTION	1-5	H andpiece, Ultrapro Tx Air	91
Astringedent Hemostatic	112	Crown/Bridge Material	2-4	Hemostasis	106-108
Astringedent Spot Remover	112	Cups, Finishing	61-62	Hemostatic Agents	111-112
Astringedent X Hemostatic	112	Curing Lights	38-39,42-43	Hydrochloric Acid Microabrasion Slurry	132-133
B arrier Solution	66	Custom Trays	136	Hydrofluoric Acid Etchant	55
Base and Liner	56	D ams	22,75	Hydrogen Peroxide	126-127,128-129,130
Bilateral Support	135	Dentin Bonding Agents	50-51	Hydrophilic Pit and Fissure Sealant	89-90
Bis-GMA	7-9	Dentin Sealant	93	Hydrophobic Pit and Fissure Sealant	87-88
Bite Block	74,75	DeOx	66	HYGIENE SECTION	86-94
Bite Registration Material	69-70	DermaDam	22,75	Impression Gun	71
Black Light Lens	37	DermaDam Synthetic	22	Impression Materials	69-70
Black Micro FX Tip	96	Desensitizing Gel	22	Impression Taking	71
Black Micro Tip	96	Diamond Polish Mint	65	Impression Tray Adhesive	71
Black Mini Brush Tip	96	Diamond Strips	66	IMPRESSIONS SECTION	68-71
Black Mini Tip	96	Difficult Bleeding	112	In-Office Whitening Gel	164-165
Bleaching, In-Office	128-129	Diode Laser	44-46	Indicator, Caries	102
Bleaching, Take-Home	123-125,126-127	Direct Bonding	50-52	Indirect Bonding	50
Bleaching Trays	126-127	Direct Composite Veneers	13-14	Inspirial Brush Tip	97
Block-Out Resin	100	Disks, Finishing	59-60	Instruments, Packing	116
Blue Micro Tip	97	Disinfectants and Cleaners	18-19,57	Intercoronal Brush	78
Blue Mini Dento-Infusor Tips	97,109	Displacement Cord	113-115	InterGuard	85
BOND SECTION	48-57	Disposable Anatomical Wedge	113	Interproximal Cleaner	93
Bottles (480 ml), Irrigants	18-20	Disposable Prophyl Angles	91-92	IntraOral Impression Tip	102
Brochures	138	Disposable Retainer	83-84	Intraoral Tip	98
Brush Tips	96,97,109	Double-Cord Technique	114	Iron Solution	112
Brushes, Polishing	65	Drying Agent	15	Irrigator Tips	100,101
C alcium Hydroxide Paste	20	Dynamic Mixing Tip	102	IsoBlock	135
Canal Sealer	29-30	EDTA Lubricant	18	J iffy Composite Polishing Brush	65
Capillary Tips	23,100	EDTA Solution	18	Jiffy Diamond Strips	66
Caps, Luer Lock	104	Empty Syringes	103	Jiffy Extraoral Kit	62
Carbamide Peroxide	123-125	Enamel Bonding Agents	49-50	Jiffy Goat Hair Brush	65
Carbamide vs Hydrogen Peroxide	121	Enamelast	92	Jiffy HiShine	60
Caries Indicator	73	ENDODONTICS SECTION	16-32	Jiffy Intraoral Kit	60,62,64
Carryall	138	Endodontic Tips	23-24,100-101	Jiffy Proximal Saw	66
Caulking Material	76	Endo-Eze Irrigator Tips	23,100	K nitted Displacement Cord	113-115
Ceiling Posters	138	Endo-Eze MTAFlow	25-26	L aser, Gemini	44-45
Cement, Temporary (Provisional)	3	Endo-Eze Syringe Tips	23,100	Laser, Gemini EVO	56
Ceramic Finishing System	62,63-65	EndoREZ	29-30	LC Block-Out Resin	136
Cheek Retractor	74	EndoREZ Accelerator	30	LED Curing Lights	34-43
Chelating Agent	18	EndoREZ Obturation	29-30	Lenses, VALO	37
Chelating and Filing Lubricant	18	EndoREZ Points	31	Light-Cured Bonding System	50-51
Chemical Abrasion Slurry	132-133	Esthetic Restorative Material	7-9	Liner Material	56
Chlorhexidine	19,77	EQUIPMENT SECTION	33-47	Lip Retractor	74
Chromaclone PVS	69	ETCH SECTION	48-57	Luer Lock Cap	104
Citric Acid 20% Solution	20	Etchants	49,54,55	Luting/Filling Material	3
Clamps, Matrix	80	ExperTemp	4-5	M ARKETING MATERIALS SECTION	137-138
Classic Sheets	136	ExperTemp Mixing Tip	5,97	Matrices	82-84
CleanCut	85	Eyewear	38-41,47	Matrix Bands	82,84
ClearMetal Matrix	82	F erric Subsulfate Hemostatic	112	Matrix Clamps	82
Cleaner/Conditioner	18	Ferric Sulfate Hemostatic	110,112	Matrix System	79
Cleaning Brush	78	File-Eze EDTA	18	Mechanical Abrasion Slurry	132-133
Cleaning Solution	112	Filing Lubricant	18	Metal Dento-Infusor Tip	98
ClearMetal Matrices	82	Filling/Sealer, Canal	29-30	Metal Opal Seal Tip	102
Coagulative Hemostatics	110-112	FINISH SECTION	58-67	Metal Matrix	82
Coated Gutta Percha	31	Finishing Strips	66	Microcrystalline Diamonds	65
Comfort Hub Tip	98	Finishing System, Ceramic	62-64	Microhybrid Composite	7-8
Composite Gun	10	Finishing System, Composite	59-61	Micro Applicators	92,104
Composite Restorative Material	7-9	Fischer's Ultrapak Packers	116	Micro Capillary Tips	23,98,100
Composite Sealant	15,67	Fissure Sealant	87-88,89-90	Mixing Tips	97,99,102
Composite Shade Guides	9	Flowable Composite	11-12	Mixing Wells	104
Composite Polishers	59,61	Fluid Control	106	Mounting Bracket	34-43

Mouth Prop	75	Ring Placement Forceps	82	Tips, SoftEZ	99
MTApex	27-28	Rings	82	Tips, SST	99
MTAFlow White	25-26	Rubber Dam	22,75	Tips, Surgical Suction	99
NaviTip 29 ga Tips	24,101	Rubber Dam Sealer	76	Tips, White Mac	99
NaviTip 31 ga Tips	24,101	Rubber Dam Synthetic	22,75	Tips, White Mini	99
NaviTip FX Tip	24,101	Sable Seek	73	TIPS SECTION	95-104
NaviTip Reference Guide	21	Safety Glasses	38-41,47	TISSUE MANAGEMENT SECTION	105-106
NaviTip Tips	24,101	Scalloping Scissors	47	Tongue Guard	74,75
Non-Vital Bleach	130	Scissors	47	Toothpaste	94,134
Omni-Matrix	83	Sectional Matrix Rings	82	Toothpicks	93
Omni-Matrix Original	84	Sectional Matrix System	79	Tooth Whitening Reference Guide	120-121
OpalCups	132	Sealant Material	87-88,89-90	TransLume Lens	26
OpalDam Green	131	Sealer, Composite	67	Tray Adhesive	71
OpalDam	131	Sealer/Filler, Canal	29-30	Tray Fabrication	136
Opalescence 10%	123-125	Seek	73	Tray Sheets	136
Opalescence	123-125	Self-Etch Adhesive System	50	TriAway Adapter	104
Opalescence Boost	128-129	Sheets, Soft Vinyl	136	Tweezers	82
Opalescence Endo	130	Sideport Irrigator Tips	101	Ultra-Blend plus	56
Opalescence Go	126-127	Silane	55	UltraCal XS	20
Opalescence PF	123-125	Skini Syringe	31,103	Ultra-Etch Etchant	49
Opalescence Reference Guide	120	Slide Packers	116	UltraEZ	135
Opalescence Whitening Toothpaste	94,134	Sodium Fluoride Varnish	92	UltraFit Tray	126-127,135
Opalpix	93	SoftEZ Tip	99	Ultrapak Knitted Cord	113-115
Opalustre	132-133	Sof-Tray Classic Sheets	136	Ultrapro Tx	91
OraSeal	76	Spot Remover	112	UltraTemp	2
Organizers, Syringe	104	Synthetic Rubber Dam	22,75	UltraTemp REZ II	3
Oxygen Barrier Solution	66	STARbrush	78,104	Ultra-Trim Scalloping Scissors	47
Packers, Fischer's	116	SuperCurve	82	Umbrella	74
Peak-ZM	52-53	SYRINGES SECTION	103	Universal Bonding Agent	51
Peak SE Primer	50	Syringe Covers	103	Universal Ceramic Finishing System	62-63
Peak Universal Bond	51	Syringe Organizer	104	Universal Dentine Sealant	93
PermaFlo	11-12	Syringes, 1.2 ml Plastic	103	Utility Resin	136
PermaFlo Pink	10	Syringes, 5 ml Plastic	103	Uveneer	13-14
PermaFlo Purple	22	Syringes, Empty	103	VALO LED Corded Curing Light	34
PermaSeal	15	Syringes, Skini	31,103	VALO LED Cordless Curing Light	39
Phosphoric Acid	49	Tab-Matrix	79	VALO LED Grand Corded Curing Light	34
Pit and Fissure Sealant	87-88,89-90	Template, Direct Veneer	13-14	VALO LED Grand Cordless Curing Light	38
PointCure Lens	37	Temporary Crown/Bridge Material	4-5	VALO Lenses	37
Points, Gutta Percha	31	Thermo Clone VPS Accessories	69	VALO Mounting Bracket	39-41
Points, Finishing	59-60,62-63	Thermo Clone Bite Registration	70	VALO X	42-43
Polish, Diamond	65	Thermo Clone Clear Bite Registration	70	Varnish, Fluoride	92
Polishing Brushes	65	Thermo Clone VPS Dispensing Gun	69	ViscoStat Clear Hemostatic	111
Polishing, Ceramic	62,63-64	Thermo Clone VPS Impression Material	69-70	ViscoStat Hemostatic	110
Polishing, Composite	59-60,61	Thermo Clone VPS Mixing Tips	102	Vit-I-escence	7-9
Polycarboxylate	3	Thermo Clone VPS Putty	70	Waiting Brochures	138
Polysiloxane, Vinyl	69-70	Tips, Black Micro	97	Walking Bleach	87
Porcelain Etch	55	Tips, Black Micro FX	96	Wedge	82
Porcelain Repair Kit	54	Tips, Black Mini	96	Wetting Resin	10
Posters	138	Tips, Black Mini Brush	96	Wheels, Finishing	61,62,64
Potassium Nitrate and Fluoride	123-129	Tips, Blue Micro	97	White Mac Tip	99
Power Bleach	128-129	Tips, Blue Mini Dento-Infusor	97	White Mini Tip	99
Prefilled Whitening Trays	126-127	Tips, Capillary	23,100	WHITEN SECTION	117-136
Preparation Cleansers/Disinfectants	77	Tips, Dento-Infusor	97,98	Whitening In-Office	128-129,132
Preparation Wedge	82	Tips, Dynamic Mixing	102	Whitening, Non-Vital Teeth	130
PREPARE SECTION	71-85	Tips, Endodontic	100-101	Whitening Reference Guide	120-121
PREVENT SECTION	86-94	Tips, Endo-Eze	100	Whitening Take-Home	123-127
PrimaDry	15,88	Tips, Endo-Eze Irrigator	100	Whitening Toothpaste	94,134
Primers, Bonding/Luting	50-51	Tips, ExperTemp Mixing	97	Whitening Trays	126-127
Primers, Metal	52	Tips, Gemini Laser	45	Whitening Treatment Protocol	119
Primers, Zirconia	52	Tips, Impression	102		
Protective Eyewear	38-41,47	Tips, Inspiral Brush	97		
ProxiCure Ball Lens	37	Tips, Intraoral	98		
Proxitector	108	Tips, IntraOral Impression	102		
Pulp Capping	56	Tips, Irrigator	100,101		
Putty Material	76	Tips, Metal Dento-Infusor	98		
Quad Key	9	Tips, Micro Capillary	98,100		
QuadraSpense	9	Tips, Mixing	97,99,102		
Repair Cement	25-26	Tips, NaviTip 29 ga	24,101		
Resin Barrier	131	Tips, NaviTip 31 ga	24,101		
Restorative Material	7-9	Tips, NaviTip	24,101		
Restorative Resins	7-9	Tips, NaviTip FX	24,101		
Retainer	83,84	Tips, Opal Band Cement Mixing	102		
Retraction Cords	113-115	Tips, Opal Bond Flow	102		

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03-2023 = Year, 2023



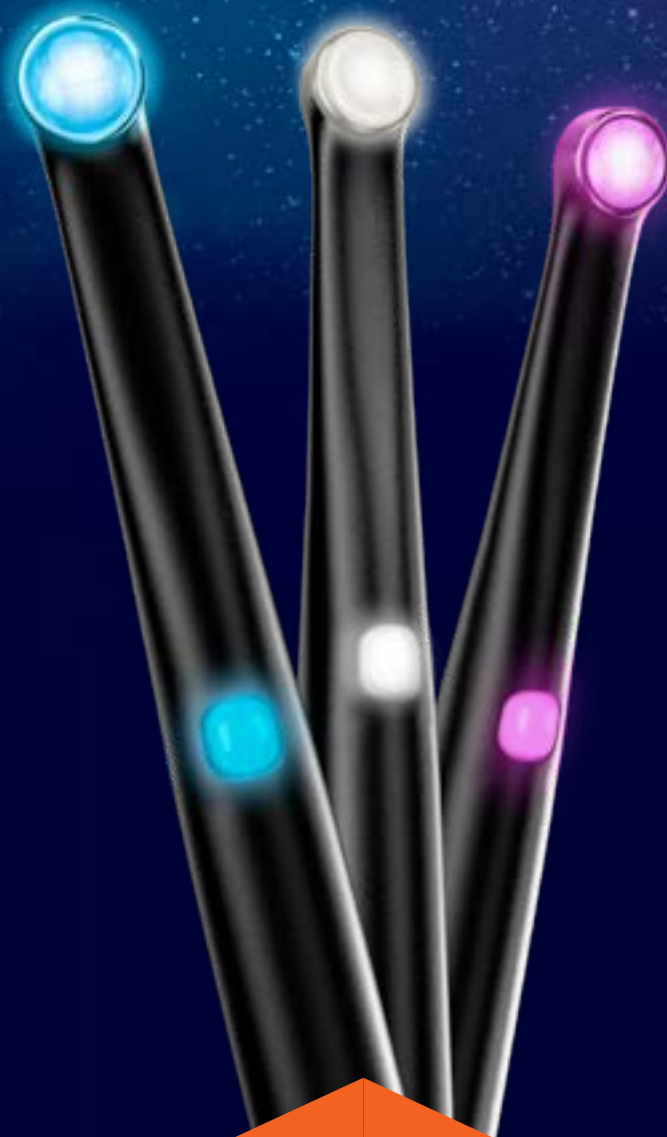
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