

Products & Procedures

MANUAL 2026



Dr. Dan Fischer
Founder, Ultrudent Products, Inc.



ABOUT ULTRADENT PRODUCTS



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 45th year as a family-owned, international dental supply and manufacturing company, Ultradent has continued its vision to improve oral health globally by creating better dental products that continue to set new industry standards. Dr. Fischer has numerous patents to his name.

Ultradent currently researches, designs, manufactures, and distributes more than 500 materials, devices, and instruments used by dentists around the world. This includes its renowned, industry-leading Opalescence™ Tooth Whitening System, and the groundbreaking Opalescence Go™ professional take-home whitening system. Ultradent's product family also includes the award-winning VALO™ LED curing light, UltraSeal XT™ hydro pit and fissure sealant, and Ultra-Etch™ etchant.

Ultradent has been the recipient of Small Business Administration's Exporter of the Year and Direct Distributor of the Year awards. Most recently, Ultradent was the recipient of the Health Care Heroes award in the category of Corporate Achievement. Ultradent and Dr. Fischer have been 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, Instagram and LinkedIn for the best deals and updates!

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Whiter teeth can give your patients the confidence to smile more.

A whiter smile can brighten your world

Opalescence whitening is on a mission to help give your patients brighter, whiter smiles so they can look their best and feel their best, turning good days into better ones. As the global leader in professional whitening,¹ Opalescence has brightened over 100 million smiles.¹ That's a lot of better days.

OpalescenceTM
tooth whitening systems



Learn more about our tooth whitening solutions at ultradent.eu/brighterworld and give your patients more reasons to smile.

1. Data on file.



DEREK HATCH - Bell Canyon Reservoir

WHITEN

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COSMETIC WHITENING
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Accessories



WHITEN YOUR SMILE - Questions Behind Tooth Whitening

There are many causes of tooth staining. Certain medicines, tooth trauma, fillings, and foods and beverages can cause tooth discoloration over time.

Some discolorations are superficial, while others are internal. Both can be effectively treated by a dentist.

Professional whitening is the best option to safely lighten discolored teeth.

Lightening of these discolorations is cosmetic and can be achieved with proven cosmetic whitening products formulated for superior results in our Opalescence™ PF whitening gels that are used with custom trays or in our pre-filled disposable trays offered in Opalescence Go™ with the new UltraFit tray. A brighter, whiter smile is the result. In cases of re-darkening, a short touch-up restores the perfect smile.

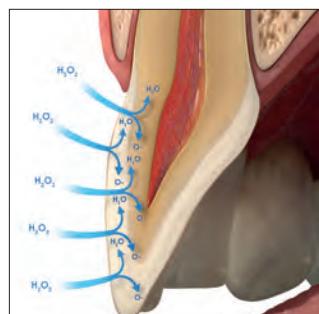
Other types of stains can penetrate into enamel and dentin from the inside, as a consequence of diseases, injury or medical treatment, e.g. congenital, systemic, metabolic, pharmacological, traumatic, or iatrogenic factors such as dental fluorosis, jaundice, tetracycline, and adult minocycline stains, porphyria, trauma, and erythroblastosis fetalis. To treat staining from these causes, a medical, in-office whitening system is needed. In many cases such focused whitening may make restorations, veneers or crowns unnecessary or postpone them for a long time.

Professional whitening is the best and most minimally invasive option to safely lighten discolored teeth.

HOW DOES WHITENING WORK?

Opalescence whitening gels contain a powerful whitening ingredient, either carbamide peroxide or hydrogen peroxide. Peroxide gels break down into water, oxygen, and reactive oxygen molecules. These reactive oxygen molecules oxidize the bonds of discolored stain molecules. By changing the stained molecules, the tooth appearance 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.



WILL WHITENING AFFECT BOND STRENGTH?

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

Note: Wait 7-10 days before any bonding procedure^{2,4} or placing any resin. The high concentration of oxygen in the tooth could have a significant adverse effect on polymerization of the resins.

HOW LONG DO WHITENING RESULTS LAST?

Whitening results are very stable. However, depending on the patient's diet and lifestyle habits, whitening may need to be redone periodically.

Due to the safety of the whitening agents, this should not cause any concerns.

WILL WHITENING CAUSE TOOTH SENSITIVITY?

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

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

No. Opalescence whitening has not been shown to weaken tooth enamel.⁵⁻⁷

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.

- Kwon SR, Wertz PM. Review of the Mechanism of Tooth Whitening. *J Esthet Restor Dent*. 2015 Sep-Oct;240-57.
- 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.
- Spryrides GM, et al. Effect of whitening agents on dentin bonding. *J Esthet Restor Dent*. 2000;12(5):264-70.
- Ulu 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.
- Metz MJ, Cochran MA, Matis BA, Gonzalez C, Platt JA, Pund MR. Clinical evaluation of 15% carbamide peroxide on the surface microhardness and shear bond strength of human enamel. *Oper Dent*. 2007;32(5):427-436. doi:10.2341/06-142
- Cadenaro M, Navarra CO, Mazzoni A, et al. An in vivo study of the effect of a 38 percent hydrogen peroxide in-office whitening agent on enamel. *J Am Dent Assoc*. 2010;141(4):449-454. doi:10.14219/jada.archive.2010.0198
- Cadenaro M, Breschi L, Nucci C, et al. Effect of two in-office whitening agents on the enamel surface in vivo: a morphological and non-contact profilometric study. *Oper Dent*. 2008;33(2):127-134. doi:10.2341/07-89



Whitening Treatment Protocol

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

1. TAKE PATIENT'S MEDICAL HISTORY

Evaluate the origin of tooth staining and check for restorations that could affect the final result (use X-Ray if needed). Assess the intention of whitening system (cosmetic for generic "day-by-day" discoloration; medical devices for teeth discolored by disease, injury or medical treatment). Consider amending your periodical medical history by adding a question about the patient's satisfaction with their oral esthetics. Explain to the patient that restorations will not whiten, and discuss the possible need for new restorations after whitening. Check existing sensitivities, and perform an adequate treatment before starting a whitening procedure. Pregnant or breastfeeding women should not whiten. Patients with serious health concerns should consult their primary care provider prior to treatment. Cosmetic teeth whitening treatments are not permitted under the age of 18.

2. PERFORM DENTAL EXAM

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

3. MANAGE PATIENT'S EXPECTATIONS

Discuss the possibilities and limitations of whitening for their specific circumstance and help them to establish realistic expectations.

4. PERFORM HYGIENE TREATMENT

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

5. DETERMINE THE INITIAL TOOTH COLOR

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

6. EDUCATE PATIENT

Tooth whitening results can last a year or more.^{1,2} Depending on the patient's nutrition and lifestyle habits, whitening may need to be repeated periodically to maintain the look they desire. Instruct patient how to use the chosen whitening products and answer any questions or concerns.

7. CREATE WHITENING TREATMENT PLAN

Multiple Opalescence™ whitening products may be used as part of the whitening treatment plan to help the patient achieve their desired results. If patient has a history of tooth sensitivity, add a desensitizing protocol before, during, and after the whitening treatment and consider using a lower concentration of gel and/or reduced wear time.

Patients can also use Opalescence™ Whitening Toothpaste Sensitivity Relief before and throughout their whitening treatment. Additionally, if patient tolerates whitening treatments without sensitivity, consider providing a higher concentration gel for more rapid results.

8. OBTAIN PATIENT'S CONSENT

Have the patient sign a whitening consent form that outlines the whitening treatment and cost involved.

9. DETERMINE THE FINAL TOOTH COLOR

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

10. PROVIDE SENSITIVITY MANAGEMENT IF NECESSARY

Some patients may experience lingering sensitivity. We recommend using UltraEZ™ desensitizing gel or Enamelast™ fluoride varnish. Opalescence™ Whitening Toothpaste Sensitivity Formula can also be used to help minimize sensitivity.

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

**Opalescence™ Tooth Whitening Reference Guide**

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

PRODUCT NAME	CONTENTS	INDICATIONS FOR USE
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Cosmetic Tooth Whitening

Opalescence™ PF 10 %	Potassium Nitrate, Fluoride, and Xylitol	COSMETIC, TAKE-HOME Patients with sensitivity concerns; can be worn day or night
Opalescence™ PF 16 %	Potassium Nitrate, Fluoride, and Xylitol	COSMETIC, TAKE-HOME Faster whitening, recommended to wear during the day
Opalescence Go™ 6 %	Potassium Nitrate, Fluoride, and Xylitol	COSMETIC TAKE-HOME Ready-to-go, an alternative to store-bought products

Medical Tooth Whitening*

Opalescence™ Quick PF 45 %	Potassium Nitrate, Fluoride, and Xylitol	MEDICAL, DENTIST-ADMINISTERED Office supervised whitening for treating dark, internally discolored teeth
Opalescence™ Endo	—	MEDICAL, DENTIST-ADMINISTERED Internal whitening of non-vital endodontically treated teeth
Opalescence™ Boost™ 40 %	Potassium Nitrate and Fluoride	MEDICAL, DENTIST-ADMINISTERED Fast chairside treatment

Other Treatments

Opalustre™ Microabrasion Slurry	—	DENTIST-ADMINISTERED Chairside treatment to remove superficial enamel imperfections
UltraEZ™ Desensitizing Gel	Potassium Nitrate and Fluoride	TAKE-HOME Sensitivity treatment



Note: To determine HP equivalence from a labeled CP concentration, divide by three. For example, 45% CP is equivalent to ~15% HP. This is important to know in order to correctly assess the potency of whitening products.

FLAVORS	WEAR TIME	ACTIVE INGREDIENT	Hydrogen Peroxide vs. Carbamide Peroxide Concentrations
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10 % Mint 10 % Melon 10 % Regular	8–10 hours a day	10 % Carbamide Peroxide	<p>~3% HP 10% CP</p>
16 % Mint 16 % Melon 16 % Regular	4–6 hours a day	16 % Carbamide Peroxide	<p>~5.8% HP 16% CP</p>
6 % Mint 6 % Melon	60–90 minutes a day	6 % Hydrogen Peroxide	<p>6% HP</p>

45 % Mint	15–30 minutes a day	45 % Carbamide Peroxide	<p>~15% HP 45% CP</p>
—	1–5 days per treatment	35 % Hydrogen Peroxide	<p>35% HP</p>
—	2–3 20-minute applications DO NOT exceed 3 applications per visit	40% Hydrogen Peroxide	<p>40% HP</p>

—	Office visit	6,6 % Hydrochloric Acid Silicone Carbide
—	15–60 minutes a day	3 % Potassium Nitrate and 0,25 % Neutral NaF



- Whiter teeth can give your patients the confidence to smile more.

A whiter smile can brighten your world

Opalescence whitening is on a mission to help give your patients brighter, whiter smiles so they can look their best and feel their best, turning good days into better ones. As the global leader in professional whitening,¹ Opalescence has brightened over 100 million smiles.¹ That's a lot of better days.

Opalescence™
tooth whitening systems



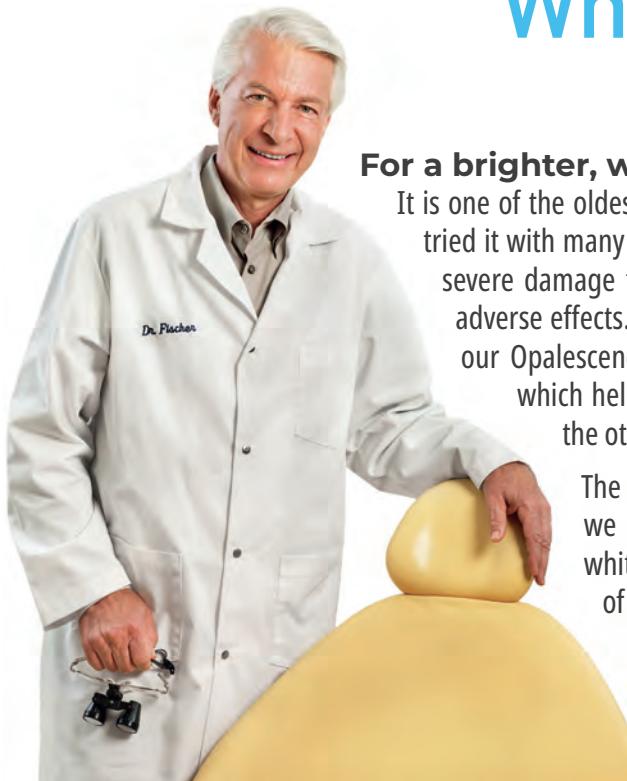
Learn more about our tooth whitening solutions at ultradent.eu/brighterworld and give your patients more reasons to smile.

1. Data on file.





Whiten – COSMETIC



For a brighter, whiter smile

It is one of the oldest dreams of mankind - to have whiter teeth. In ancient times, people tried it with many ingredients and techniques; mostly in vain or they had to put up with severe damage to their teeth. Today we are able to whiten teeth effectively without adverse effects. But the prerequisites are two-fold: you need the right materials - like our Opalescence gels, containing the PF formula (potassium nitrate and fluoride), which helps maintain the health of enamel thorough the whitening process. On the other hand, the correct handling is essential.

The EU amendment for the Cosmetic Directive* stipulates a procedure which we have always practiced: the involvement of a dentist in the cosmetic whitening process. Thus, the whole treatment is carried out under the care of a dental professional and the patient's teeth are in safe hands.

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

Dr. Dan Fischer
Founder, Ultrudent Products, Inc.

PRODUCT NAME	INDICATIONS FOR USE	ACTIVE INGREDIENT	Hydrogen Peroxide vs. Carbamide Peroxide Concentrations
Opalescence™ PF 10 %	COSMETIC, TAKE-HOME Patients with sensitivity concerns; can be worn day or night	10 % Carbamide Peroxide	<p>~3% HP 10% CP</p>
Opalescence™ PF 16 %	COSMETIC, TAKE-HOME Faster whitening, recommended to wear during the day	16 % Carbamide Peroxide	<p>~5,8% HP 16% CP</p>
Opalescence Go™ 6 %	COSMETIC TAKE-HOME Ready-to-go, an alternative to OTC products	6 % Hydrogen Peroxide	<p>6% HP</p>





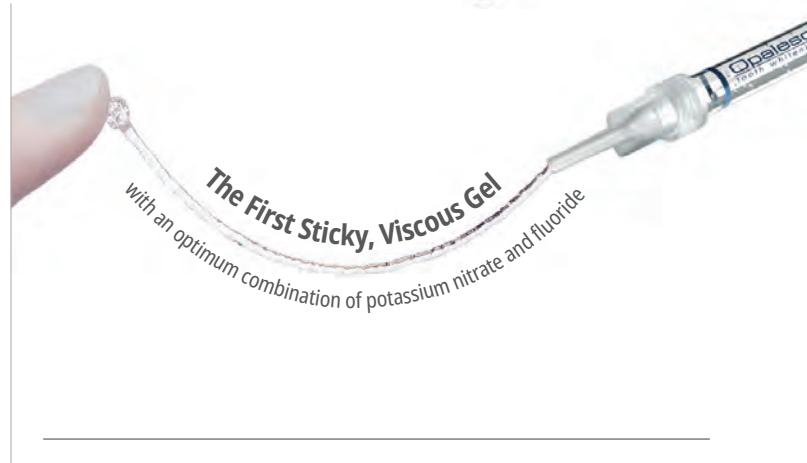
Opalescence™ PF 10% and 16%

CARBAMIDE PEROXIDE
WITH POTASSIUM NITRATE AND FLUORIDE

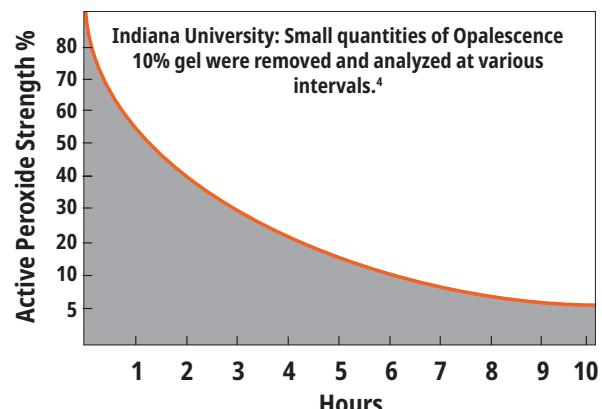
- Cosmetic tooth whitening with custom trays
- Opalescence PF tooth whitening gels contain PF (potassium nitrate and fluoride)
- Opalescence PF cosmetic whitening gel is designed to maximize patient comfort
- Sticky, viscous gel won't migrate to soft tissues and ensures tray stays securely in place²
- Formulated to prevent dehydration and shade relapse
- Two concentrations for treatment flexibility
- Available in **Mint**, **Melon**, and **Regular** flavors
- Day or night wear

The sticky, viscous formula of Opalescence whitening gel does not leach from the tray like other whitening agents². The sticky gel holds the tray securely and comfortably in place. Opalescence PF gel contains potassium nitrate and fluoride. Opalescence 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, flavors, and kit configurations to meet all your patients' whitening needs.

Opalescence whitening gel is recommended for whitening discolored teeth prior to placement of composite, veneers, and/or crowns. It is effective in breaking down some or all internal tooth discolorations due to factors such as congenital, systemic, pharmacologic, traumatic, etc., as well as aging. It is successful with staining from fluorosis and tetracycline.²



STAYS ACTIVE THROUGH THE NIGHT!



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, Gaio 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 with Opalescence PF 10% whitening gel, approximately 40 hours.

Courtesy of Dr. Stephan Hoefer



Before whitening.



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

Courtesy of Dr. Stephan Hoefer



Before whitening; new restorations are planned.



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

Courtesy of Carol Jent, RDH.



Before whitening.



After one month of whitening.

Courtesy of Ultradent Products Inc.



Moderate to advanced tetracycline stains.

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

PATIENT INSTRUCTIONS



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



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



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



4. 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.

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.



PROCEDURE*



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



2. For reservoir spaces, apply Ultradent™ LC Block-Out Resin approximately 0,5 mm thick onto labial surfaces and approximately 1,5 mm shy of the gingival margin. **DO NOT** extend onto incisal edges or occlusal surfaces. Using VALO™ curing light, cure each tooth 5 seconds. Wipe off oxygen inhibition layer.



3. Use the vacuum former to heat Sof-Tray™ Classic tray material until it sags approximately 5 to 15 mm (1/4 to 1/2 inch) for the 0,9 mm (0,035") sheets, and 25 mm (1") for the 1,5 mm (0,060") and 2,0 mm (0,080") sheets. Adapt plastic over model. Cool and remove model from vacuum former.



4. With tactile scissors (Ultra-Trim Scalloping Scissors), carefully and precisely trim tray to clear line which is at gingival height. Scalloped 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.

Opalescence PF Patient Kits



Flavor	10%	16%
Mint	5364	4480
Melon	5365	4481
Regular	5366	4482

8 x 1,2 ml (1,50 g) syringes
1 x 20 ml (28 g) Opalescence Whitenning Toothpaste
1 x Tray case
1 x Shade guide

Opalescence PF Doctor Kits



Flavor	10%	16%
Mint	5379	4483
Melon	5380	4484
Regular	5381	4485

8 x 1,2 ml (1,50 g) Opalescence PF syringes
1 x 1,2 ml (1,38 g) Ultradent LC Block-Out Resin syringe
2 x Sof-Tray 0,9 mm sheets
1 x Black Mini tip
1 x 20 ml (28 g) Opalescence Whitenning Toothpaste
1 x Tray case
1 x Shade guide

Opalescence PF Refill Kit 40pk



Flavor	10%	16%
Mint	5394	4486
Melon	5395	4487
Regular	5396	4488

40 x 1,2 ml (1,50 g) syringes

* See Instructions for use for complete instructions.



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Opalescence whitening is on a mission to help give your patients brighter, whiter smiles so they can look their best and feel their best, turning good days into better ones. As the global leader in professional whitening,¹ Opalescence has brightened over 100 million smiles.¹ That's a lot of better days.

Opalescence[™]
tooth whitening systems



Learn more about our tooth whitening solutions at ultradent.eu/brighterworld and give your patients more reasons to smile.

1. Data on file.





Powerful,
professional
whitening
to go!

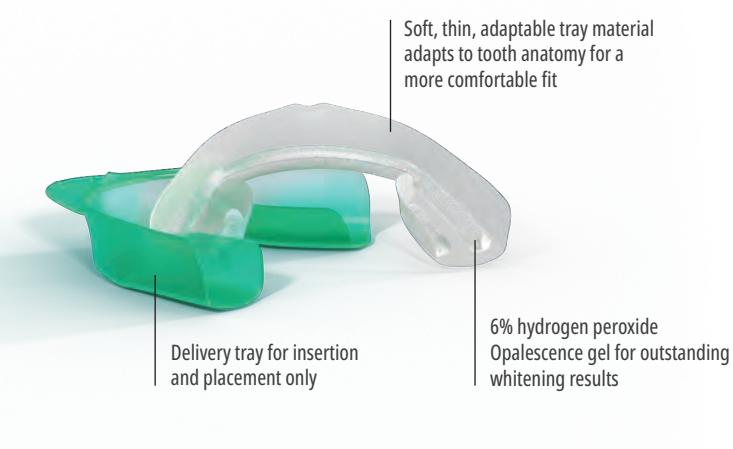
Opalescence Go™ 6%

PREFILLED WHITENING TRAYS
- HYDROGEN PEROXIDE



- Cosmetic tooth whitening in prefilled trays
- 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 cosmetic whitening gel is designed to maximize patient comfort
- Convenient prefilled trays can be worn right out of the package
- Optimal gel quantity allows easy cleanup after whitening
- Wear 60–90 minutes per tray
- Opalescence Go tooth whitening gel contains PF (potassium nitrate and fluoride)
- Delicious **Mint** and **Melon** flavors

Opalescence Go take-home whitening system is recommended for patients looking for professional whitening to go or as an alternative to store-bought whitening products. With no impressions, models, or lab time required, Opalescence Go whitening trays are also a perfect follow-up to in-office whitening.



UltraFit tray before.



After 10 minutes in mouth.

1. realityesthetics.com.



PROCEDURE*



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



2. Position upper tray on teeth.



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



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



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

REFRIGERATE

Opalescence Go Patient Kits



Flavor	6%
Mint	4634
Melon	3592

Each kit contains 10 blister packs w/1upper/1 lower tray
1 x 20 ml (28 g) Opalescence Whitening Toothpaste

REFRIGERATE

Opalescence Go Mini Kits



Flavor	6%
Mint	4644
Melon	3599

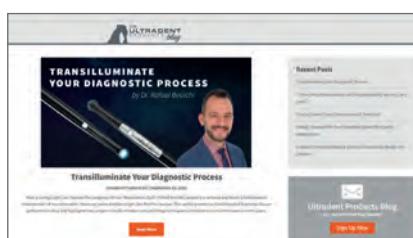
Each kit contains 4 blister packs w/1upper/1 lower tray

* See Instructions for use for complete instructions.



BETTER DENTISTRY THROUGH KNOWLEDGE

Visit the Ultradent Products Blog to get great insight
into the world of dentistry.



Scan to visit Ultradent Products Blog



Sof-Tray™ Classic Sheets

SHEET MATERIAL FOR VACUUM-FORMING OF TRAYS



Select the 0,9 mm for most whitening trays, and the 1,5 mm or the 2,0 mm for whitening patients who are bruxers.



Use the vacuum former to heat Sof-Tray™ Classic tray material until it sags approximately 5 to 15 mm (1/4 to 1/2 inch) for the 0,9 mm (0.035") sheets, and 25 mm (1") for the 1,5 mm (0.060") and 2,0 mm (0.080") sheets. Adapt plastic over model. Cool and remove model from vacuum former.

226 - Sof-Tray Sheets Regular

25 x 0,9 mm (0.035") - 127 x 127 mm

0,9 mm thickness

227 - Sof-Tray Sheets Medium

20 x 1,5 mm (0.060") - 127 x 127 mm

1,5 mm thickness

284 - Sof-Tray Sheets Heavy

20 x 2,0 mm (0.080") - 127 x 127 mm

2,0 mm thickness

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

Opalescence™ Pocket Tray Cases



- Protect trays when they are not in use
- Flat, pocket-sized design
- Inside dimensions: 7,5 x 7 x 1,5 cm

707 - Pocket Tray Cases (Variety) 20pk

6 x blue, 7 x green, 7 x melon



Ultradent™ LC Block-Out Resin

LIGHT CURED BLOCK-OUT RESIN



2024¹
REALITY
RATED BY DENTISTS



Black Mini™ Tip

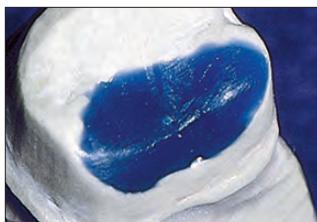
- Optimal viscosity for proper application
- Blue pigment for visibility during application
- Great utility resin with multiple uses

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.



240 - Ultradent LC Block-Out Resin Kit

4 x 1,2 ml (1,38 g) syringes
20 x Black Mini tips



242 - Ultradent LC Block-Out Resin Econo Kit

20 x 1,2 ml (1,38 g) syringes
20 x Black Mini tips



241 - Ultradent LC Block-Out Resin Refill

4 x 1,2 ml (1,38 g) syringes



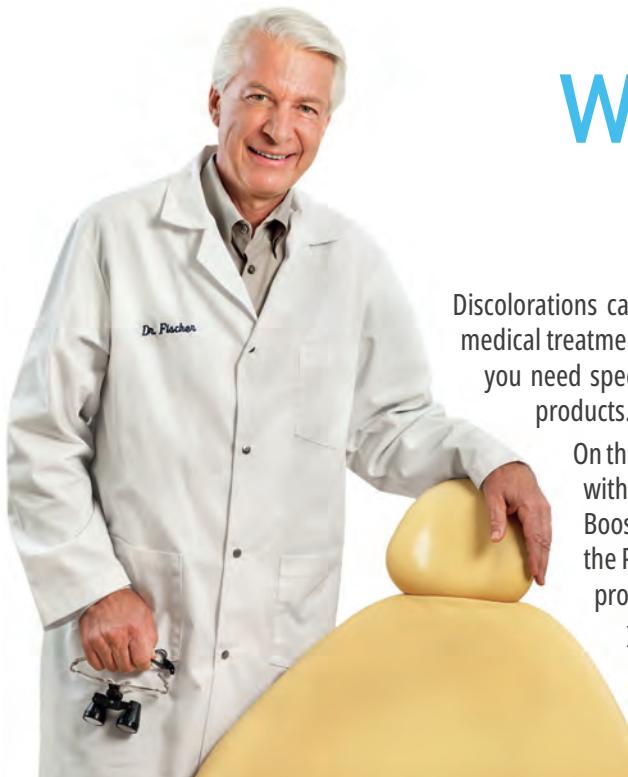
Use for reservoir spaces.



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

* See Instructions for use for complete instructions. 1. realityesthetics.com.



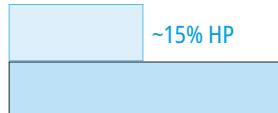
Dr. Dan Fischer
Founder, Ultradent Products, Inc.

Whiten – MEDICAL

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

On the following pages, you will find products for the medical whitening treatments, with increased, highly intensive active ingredients. For instance, Opalescence Boost is a gel with 40% hydrogen peroxide. Nevertheless it is pH neutral, contains the PF formula, which helps maintain the health of enamel thorough the whitening process.

It is chemically activated – so no light is needed. Opalescence Endo and Opalescence Quick are used for other special medical cases. All these materials are valuable in the hand of a dentist who can treat most patients discolorations, even difficult cases, in a minimally invasive way. Restorations, veneers or crowns are no longer required to treat dark teeth.

PRODUCT NAME	INDICATIONS FOR USE	ACTIVE INGREDIENT	Hydrogen Peroxide vs. Carbamamide Peroxide Concentrations
Opalescence™ Quick PF 45 %	MEDICAL, DENTIST-ADMINISTERED Office supervised whitening for treating dark, internally discolored teeth	45 % Carbamide Peroxide	
Opalescence™ Endo	MEDICAL, DENTIST-ADMINISTERED Internal whitening of non-vital endodontically treated teeth	35 % Hydrogen Peroxide	
Opalescence™ Boost™ 40 %	MEDICAL, DENTIST-ADMINISTERED Fast chairside treatment	40% Hydrogen Peroxide	

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

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



2024¹
REALITY
Your Staff Award
5 stars



Black Mini™ Tip

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

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

BEFORE AND AFTER



Before.



After.



Before.



After.



Before.



After.



Before.



After.

REFRIGERATE



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

REFRIGERATE



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



J-Temp™
LIGHT-CURED
TEMPORARY RESIN

TEMPORARY RESTORATION:
WALKING BLEACH TECHNIQUE*



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



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



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



4. Light cure between layers.



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



Light-Cured Temporary Resin,
4 indications in 1,
see page 130.

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

* See Instructions for use for complete instructions. 1. realityesthetics.com.

**Opalescence™ Boost™**IN-OFFICE WHITENER
- 40% HYDROGEN PEROXIDE

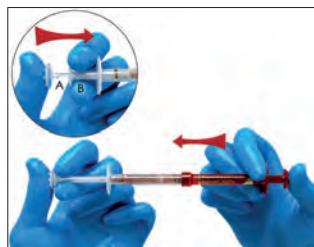
Black Mini™ Tip

- Medical tooth whitening
- NO LIGHT NEEDED!
- No refrigeration required
- 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 medical 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 (for medical treatments) is chemically activated, so it does not require a light. 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.

Opalescence Boost whitening is an alternative, conservative method for treating dark, internal discolored teeth (compared to crowns, veneers, etc.) caused by disease, injury, or medical treatment like e.g. congenital, systemic, metabolic, pharmacological, traumatic, or iatrogenic factors such as dental fluorosis, jaundice, tetracycline, and adult minocycline stains, porphyria, trauma, and erythroblastosis fetalis. With Opalescence Boost in-office whitener, dentists can treat discolorations in a very focused and effective way.

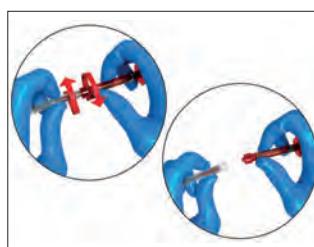
PROCEDURE*



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



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



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



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

BEFORE AND AFTER



Courtesy of Dr. Jörg Weiler



1. Before Opalescence™ Boost™ tooth whitening treatment. 20 year old man with discoloration on central aspect of 21. Tooth whitening started following completion of orthodontic treatment. 21 has an opaque brownish spot in the middle of the facial surface.



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

* See Instructions for use for complete instructions. 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.

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 gauze 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 - Opalescence Boost 40% Intro Kit

- 4 x 1,2 ml (1,49 g) 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 - Opalescence Boost 40% Patient Kit

- 2 x 1,2 ml (1,49 g) Boost/Activator syringes
- 1 x 1,2 ml (1,34 g) OpalDam Green syringe
- 1 x Shade guide card
- 1 x IsoBlock
- 10 x Black Mini tips



4754 - Opalescence Boost 40% Refill Kit

- 20 x 1,2 ml (1,49 g) Boost/Activator syringes

VALO™ X

BROADBAND LED CURING LIGHT



WHICH NEW
HUE IS YOU?

See page 100-102.



SEE THE COLOR



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



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

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

PROCEDURE*



1. Apply OpalDam resin barrier approximately 5–10 mm in height. Seal interproximal spaces. Overlap resin approximately 2–3 mm onto dry enamel to seal. Extend resin one tooth beyond last tooth to be whitened. Light cure using a scanning motion for 20 seconds.

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



324 - OpalDam Kit

4 x 1,2 ml (1,34 g) syringes
10 x Black Mini tips
10 x Micro 20 ga tips



325 - OpalDam 4pk

326 - OpalDam 20pk
1,2 ml (1,34 g) syringes



1824 - OpalDam Green Kit

4 x 1,2 ml (1,34 g) syringes
10 x Black Mini tips
10 x Micro 20 ga tips



1825 - OpalDam Green 4pk

1826 - OpalDam Green 20pk
1,2 ml (1,34 g) syringes

* See Instructions for use for complete instructions. 1. realityesthetics.com.



Opalescence™ Quick PF 45%

WAITING ROOM WHITENER
- CARBAMIDE PEROXIDE



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

For medical tooth whitening, with custom trays. This method is especially appropriate when internal discolorations have to be treated intensively, e. g. after the use of tetracycline. After impressions, custom trays are made and filled with 45% carbamide peroxide gel ($\approx 15\% \text{ H}_2\text{O}_2$), and placed on the teeth. During the treatment time (about 30 min.), the patient can stay in the waiting room of the dental office. The high viscosity gel does not leach, but stays in the tray whitening the stained teeth.

REFRIGERATE



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

REFRIGERATE



5348 - Opalescence Quick Econo Refill
20 x 1,2 ml (1,45 g) syringes
20 x delivery tips

BEFORE AND AFTER



Before: the teeth with dentinogenesis imperfecta have a grey appearance.



After 4 sessions with Opalescence Quick, the teeth are remarkably lighter.



Before: this severe tetracycline case needs a longer treatment. But the alternative would be rather opaque crowns, sacrificing a lot of tooth structure.



After half a year and about 18 sessions with Opalescence Quick: a nice aesthetic result is achieved; no tooth structure had to cut down for that!

Ultradent's e-newsletters

Subscribe to Ultradent's free e-newsletters to receive the latest news on products, events and more.



Scan QR code to sign up today!

1. realityesthetics.com.

**Opalustre™ and OpalCups™**

CHEMICAL AND MECHANICAL ABRASION SLURRY



White Mac™ Tip



OpalCups Bristle

OpalCups Finishing

- Removes superficial enamel imperfections
- Provides minimally invasive treatment
- Can help improve the appearance of mild to moderate fluorosis²
- Low 6,6% hydrochloric acid concentration aids in removal of surface imperfections
- Silicon carbide microparticles provide gentle mechanical abrasion
- OpalCups cups minimize splatter

Opalustre 6,6% hydrochloric acid slurry contains carbide microparticles to treat surface imperfections through gentle mechanical abrasion and chemical means. OpalCups Bristle cups are latch-type bristle polishing cups that are used with the Opalustre slurry microabrasion technique to facilitate a more aggressive action and minimize splatter. OpalCups Finishing cups are used with Opalustre slurry for micropolishing the newly treated enamel surface.

Use Opalustre slurry and OpalCups cups to quickly remove unsightly enamel decalcification defects that are less than 0,2 mm in depth. Opalustre is effective in treating mild fluorosis and stains in the superficial layer of the enamel.³ We recommend using Opalescence teeth whitening products prior to an Opalustre abrasion slurry treatment, as this procedure can sometimes be avoided. Additionally, please be aware that because the reactive oxygen needs to dissipate from the tooth before bonding, it is necessary to wait 7–10 days before any bonding procedure^{4–6} following a teeth whitening treatment.

BEFORE AND AFTER



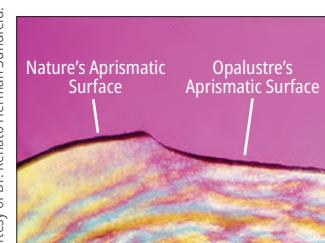
Courtesy of Dr. Bharat Agrawal.
Remove or significantly reduce the appearance of mild fluorosis stains with a few applications of Opalustre™ slurry. Apply with stiff-bristle cup and 10:1 gear reduction handpiece with firm pressure.



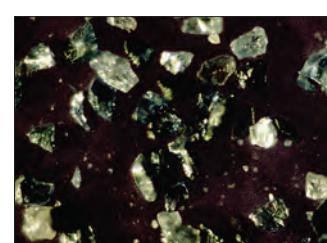
Courtesy of Dr. Rich Tuttle.
Enamel decalcification corrected after one application of Opalustre™ slurry using OpalCups bristle cup and 10:1 gear reduction handpiece with firm pressure.



Courtesy of Dr. Jaleena Fischer-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. da Cunha Coelho ASE, Mata PCM, Lino CA, et al. Dental hypomineralization treatment: A systematic review. *J Esthet Restor Dent.* 2019;31(1):26–39. doi:10.1111/jerd.12420 3. Celik EU, Yazkan B, Yildiz G, Tunac AT. Clinical performance of a combined approach for the esthetic management of fluorosed teeth: three-year results. *Niger Clin Pract.* 2017;20(8):943–951. 4. Da Silva Machado J, Cândido MS, Sundfeld RH, et al. The influence of time interval between bleaching and enamel bonding. *J Esthet Restor Dent.* 2007;19(2):111–119. doi:10.1111/j.1708-8240.2007.00077.x. 5. Spyrides GM, Perdigão J, Pagani C, Araújo MA, Spyrides SM. Effect of whitening agents on dentin bonding. *J Esthet Dent.* 2000;12(5):264–270. doi:10.1111/j.1708-8240.2000.tb00233. 6. Unlu N, Cobankara FK, Ozer F. Effect of elapsed time following bleaching on the shear bond strength of composite resin to enamel. *J Biomed Mater Res B Appl Biomater.* 2008 Feb;84(2):363–368.



PROCEDURE* - RUBBER DAM

Courtesy of Dr. Ted Croll.



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.



554 - Opalustre Kit

2 x 1,2 ml (1,87 g) syringes
5 x Each OpalCups Bristle and finishing
10 x White Mac tips



554 - Opalustre Kit

4 x 1,2 ml (1,87 g) syringes
10 x Each OpalCups Bristle and Finishing
20 x White Mac tips



555 - Opalustre Refill

4 x 1,2 ml (1,87 g) syringes



5800 - OpalCups Bristle 20pk



5799 - OpalCups Finishing 20pk

PROCEDURE* - OPALDAM BARRIER

Courtesy of Dr. Ted Croll.



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.

* See Instructions for use for complete instructions.

**UltraEZ™**DESENSITIZING GEL
WITH POTASSIUM NITRATE AND FLUORIDE

- Designed to quickly and effectively reduce teeth sensitivity^{2,3,4}
- Treats dentin sensitivity
- Non-flavored gel available in syringes or disposable trays

UltraEZ gel is a sustained-release 3% potassium nitrate desensitizing gel with fluoride (0,25% neutral NaF). This sustained-release formula starts working quickly to treat sensitivity caused by tooth whitening, root exposure, and thermal or chemical changes.^{2,3,4}

**1008 - UltraEZ Refill 4pk****1007 - UltraEZ Econo Econo Refill 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**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. **2.** Ozen T, Orhan K, Avsever H, et al. Dentin hypersensitivity: a randomized clinical comparison of three different agents in a short-term treatment period. *Oper Dent*. 2009;34(4):392–398. **3.** Leonard RH Jr, Smith LR, Garland GE, Caplan DJ. Desensitizing agent efficacy during whitening in an atrisk population. *J Esthet Restor Dent*. 2004;16(1):49–56. **4.** Ibrahim PE, Ezzat MA, Ibrahim AH, Shaalan OO. Efficacy of fluoride varnish containing xylitol coated calcium phosphate or potassium nitrate gel versus conventional fluoride varnish in management of hypersensitivity of exposed root surfaces in adult patients: A randomized clinical trial. *Int J Health Sci*. 2022;2760-2776.



Tongue, lip, and cheek retractor, page 37.

Umbrella™

TONGUE, LIP, AND CHEEK RETRCTOR

- 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



WADE SMITH - Zion National Park

PREVENT AND HYGIENE

Pit and Fissure Sealants
Drying Agent
Sodium Fluoride Varnish
Desensitizing Varnish
Whitening Toothpastes



UltraSeal XT™ hydro™

HYDROPHILIC PIT AND FISSURE SEALANT



Inspirail™ Brush Tip

- 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 flowability²
- Two shades: Opaque White and Natural

UltraSeal XT hydro hydrophilic pit and fissure sealant is a light-cured, radiopaque composite sealant that contains fluoride. It is stronger and more wear resistant because it is a 53%-filled resin and has less polymerization shrinkage than competitive products.³ Used with the Inspirail™ 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 complete², 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.

Courtesy of Dr. Jaleena Fischer-Jessop.

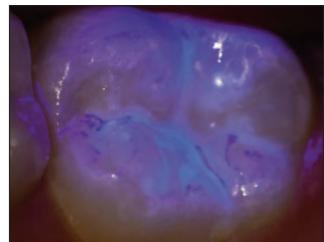
BEFORE AND AFTER



Before.

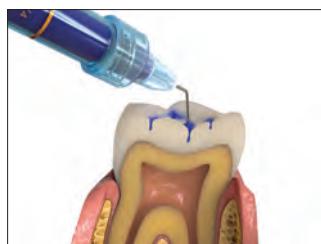


After.

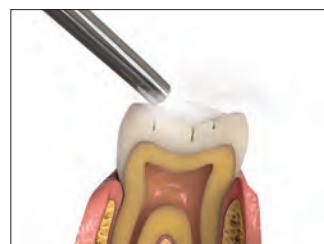


After placing a sealant, it is often difficult to check margins and retention. UltraSeal XT hydro sealant addresses that difficulty with added fluorescent properties. Fully viewable under a black light, the sealant's fluorescence allows you to check the integrity of the sealant at the time of placement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

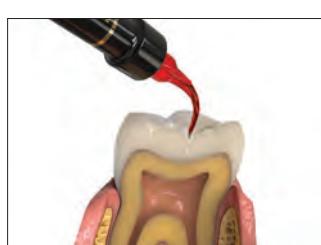
FOUR SIMPLE STEPS*



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



2. Remove visible moisture.



3. Place UltraSeal XT hydro sealant.



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

* See Instructions for use for complete instructions. 1. realityesthetics.com. 2. Data on file. 3. Data on file.

MARGINAL RETENTION AND MICROLEAKAGE¹

UltraSeal XT hydro Sealant



No microleakage.



Sealed margins.

Competitor Hydrophilic Sealant



Microleakage.



Peeling from margins.



UltraSeal XT hydro Kits

Shade	Kit
Opaque White	3532
Natural	3533

1 x 1,2 ml (2,04 g) UltraSeal XT hydro syringe

1 x 1,2 ml (1,58 g) Ultra-Etch syringe

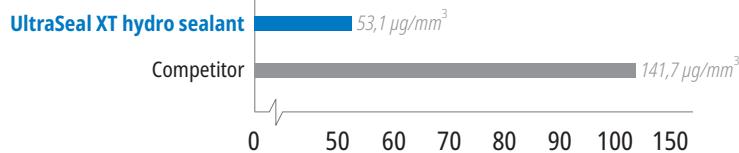
20 x Blue Micro tips

20 x Inspiral Brush tips

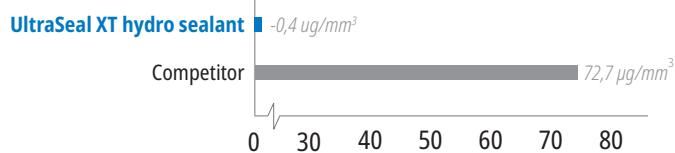
UltraSeal XT hydro Refills

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

1,2 ml syringes (2,04 g)

WATER ABSORPTION²

Balanced water absorption allows forgiveness in moist environments without degradation.

DEGRADATION²

No degradation as a result of balanced water absorption.

¹. Data on file. ². Data on file.



UltraSeal XT™ plus

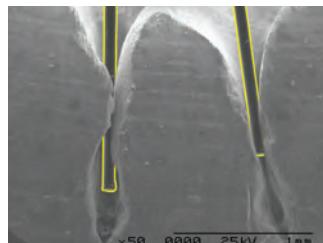
HYDROPHOBIC PIT AND FISSURE SEALANT



Inspirail™ Brush Tip

- Resin based sealants have high retention rates²
- Direct delivery into difficult-to-access areas
- Drip-free placement
- Highly filled resin - 58%
- Penetrates deepest pits and fissures³
- Thixotropic/ideal viscosity flowability³
- 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. The average particle size is 1.4 microns, and the sealant is 58% filled by weight.⁴ UltraSeal XT plus sealant has less polymerization shrinkage than competitive products.⁵ Used with the Inspirail™ Brush Tip, the thixotropic nature of UltraSeal XT plus sealant allows the material 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 complete³, 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.



With its adjustable fibers and helical channel, the Inspirail™ 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.

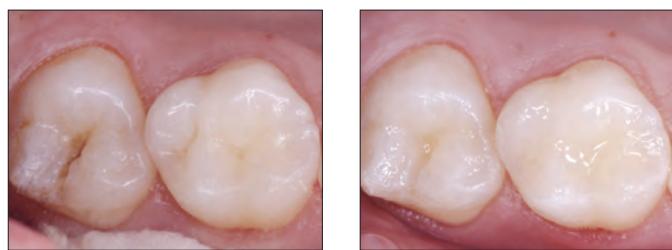
** See Instructions for use for complete instructions. 1. realityesthetics.com. 2. Alirezai M, Bagherian A, Sarraf Shirazi A. Glass ionomer cements as fissure sealing materials: yes or no? A systematic review and meta-analysis. *J Am Dent Assoc.* 2018; 149(7):640-649.e9. doi:10.1016/j.adaj.2018.02.001 3. Data on file. 4. Data on file. 5. Data on file. 6. Reality Ratings. Reality. Reality Publishing Company 1998–2017.

BEFORE AND AFTER



Before.

After UltraSeal XT plus sealant.



Before.

After UltraSeal XT plus sealant.

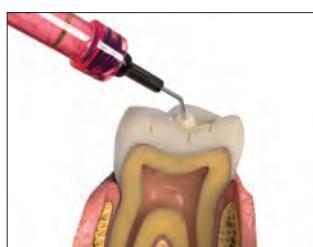
FIVE SIMPLE STEPS**



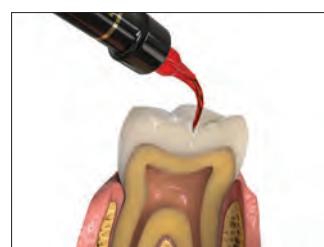
1. Etch for 30 seconds on uncut enamel, 15 seconds on cut enamel. Rinse.



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



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



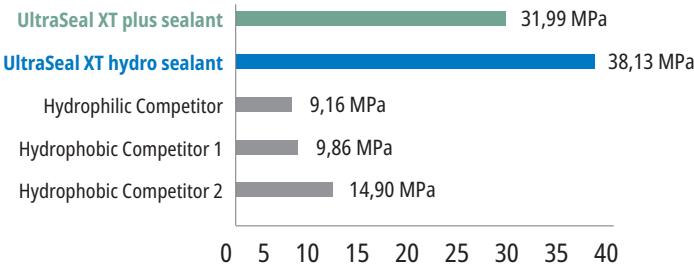
4. Place UltraSeal XT plus sealant.



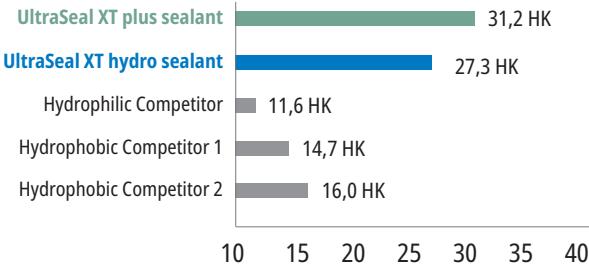
5. Cure for 3 seconds with VALO™ LED curing light on Xtra Power mode or 10 seconds on Standard Power mode.



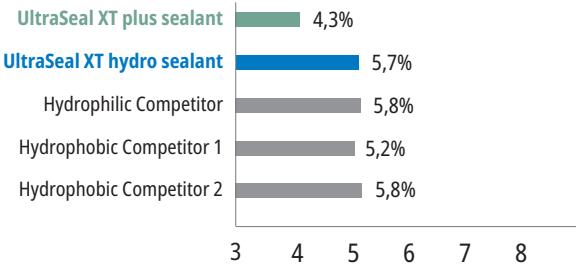
PHYSICAL PROPERTY COMPARISON

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 microlleakage.

PrimaDry™
DRYING AGENT



Black Micro™ FX™ Tip

- For use with UltraSeal XT plus pit and fissure sealant
- Reduces microlleakage 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 the moisture content of pits and fissures after rinsing off etchant with water spray and air drying. The ultrafine primer film allows UltraSeal XT plus pit and fissure sealant to flow perfectly into every pit and fissure.

REFRIGERATE



716 - PrimaDry Syringe Refill
4 x 1,2 ml (0,95 g) syringes

1. Data on file.



UltraSeal XT plus Refills

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

1,2 ml (2,04 g) syringes



Enamelast™ FLUORIDE VARNISH

MORE THAN JUST **GREAT TASTE!**



2024¹
REALITY[®]
Four Star Award
5 stars



SoftEZ Tip



- Patented adhesion-promoting system for enhanced retention
- Superior fluoride release and uptake²
- 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 system for enhanced retention, while providing superior fluoride release and uptake.² Available in syringe applications in **Walterberry™** flavor and unit-dose applications in **Walterberry**, **Orange Cream**, **Cool Mint**, **Bubble Gum**, and **Caramel** flavors, and **Flavor-Free**.

Enamelast fluoride varnish produces a mechanical occlusion of the dentinal tubules in the treatment of tooth hypersensitivity.³ The AAPD recommends fluoride varnish for use as a preventative adjunct to reduce the risk of caries.⁴ The use of fluoride varnish for caries prevention has also been endorsed by the ADA.⁵

*Trademark of a company other than Ultrudent. **1.** realityesthetics.com **2.** Data on file. **3.** Data on file. **4.** 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. **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.** McClure H. Fluoride Uptake into Sound Enamel Substrate Provided by Fluoride Varnishes and Resultant Surface Microhardness Effects via a Combination in Vitro Flow Model & PH Cycling Treatment Regimen Study Number 24-562. Therapeutic Technologies, Inc. Dental Product Testing Division; 2025. **7.** McClure H. Fluoride Uptake into Sound Enamel Substrate Provided by Fluoride Varnishes and Resultant Surface Microhardness Effects via a Combination in Vitro Flow Model & PH Cycling Treatment Regimen Study Number 24-522. Therapeutic Technologies, Inc. Dental Product Testing Division; 2024. **8.** Data on file. **Test results based on Walterberry flavor.

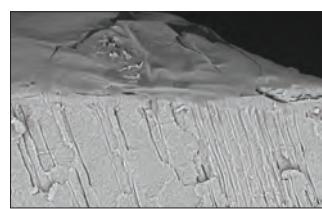
BEFORE AND AFTER



Before Enamelast fluoride varnish.

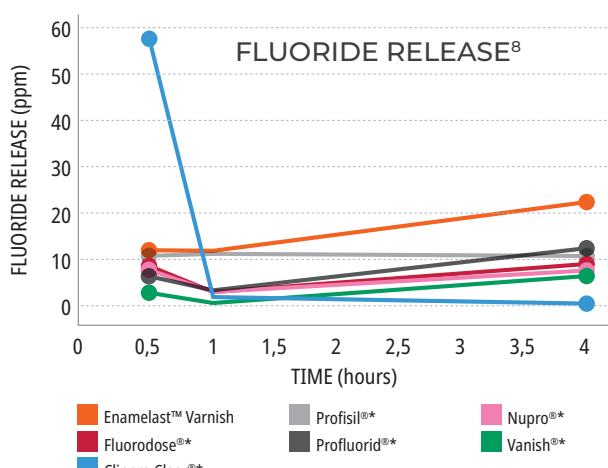
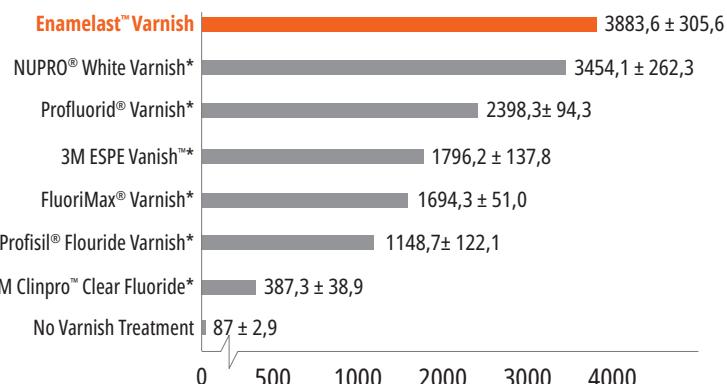


Immediately after applying Enamelast fluoride varnish.



Enamelast varnish produces a mechanical occlusion of the dentinal tubules in the treatment of tooth hypersensitivity.³ This makes it ideal to use before or after whitening to help ease patient discomfort in the cervical area.

FLUORIDE UPTAKE 4-HOUR (ppm)^{6,7}



**4521 - Enamelast Walterberry Syringe Kit**2 x 1,2 ml (1,23 g) syringes
4 x SoftEZ tips**4523 - Enamelast Walterberry Syringe Econo Kit**

20 x 1,2 ml (1,23 g) syringes

Enamelast Unit-Dose 0,4 ml (0,41 g)

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

**Ultradent™ Universal Dentin Sealant**

FOR TRANSIENT ROOT SENSITIVITY

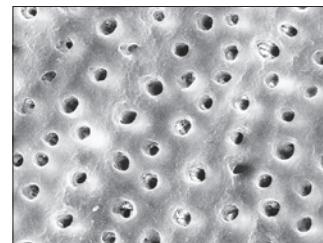


Black Mini™ Brush Tip

- 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 discomfort¹ after scaling and root planing.



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.²

**266 - Universal Dentin Sealant Refill**

4 x 1,2 ml (1,08 g) syringes

Note: Ultradent Universal Dentin Sealant is NOT a bonding agent.

For unsurpassed bonding products, see page 60.

If base or liner is needed, use Ultra-Blend™ plus liner, page 66.

1. Milia E, Castelli G, Bortone A, et al. Short-term response of three resin-based materials as desensitizing agents under oral environmental exposure. *Acta Odontol Scand.* 2013;71(3-4):599-609. doi:10.3109/00016357.2012.700063. **2.** Data on file.



BEFORE AND AFTER



Results in as little as one week¹

Opalescence™ Whitening Toothpaste

ORIGINAL AND SENSITIVITY RELIEF



- Whitens teeth up to 2 shades in just 2 weeks²
- 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 enamel³
- Exceptional fluoride uptake⁴
- 78 RDA⁵
- Triclosan and TiO₂ free
- Vegan - no animal products are used

Opalescence™ whitening is the global leader in professional tooth whitening.⁶ Part of that product family is Opalescence™ Whitening Toothpaste⁷, which was developed by a dentist. It actively removes surface stains² and is gentle enough to use every day⁵, thanks to its unique silica blend.

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



20 ml (28 g)	24pk
Original	402
Sensitivity	3472



100 ml (133 g)	12pk
Original	401
Sensitivity	3470

1. Çakmakçıoğlu O, Yilmaz P, Topbaşı BF. Clinical evaluation of whitening effect of whitening toothpastes: A pilot study. *OHDM BMC*. 2009;8(4):613. **2.** Dursun MN, Ergin E, Tekce AU, Gurgan S. Which whitening toothpaste with different contents is more effective on colour and bond strength of enamel?. *J Esthet Restor Dent*. 2023;35(2):397-405.doi:10.1111/jerd.12968 **3.** Sivapriya E, Sridevi K, Periasamy R, Lakshminarayanan L, Pradeepkumar AR. 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. **4.** Data on file. **5.** Data on file. **6.** Data on file. **7.** This toothpaste does not contain peroxide.



DARREN BECKSTEAD - Grafton

PREPARE

Caries Indicator
Tongue-, Lip-, and Cheek Retractor
Rubber Dams
Interproximal Tooth Guard
Caulking and Putty
Sectional Matrix Systems
Disposable Retainer and Matrix



PREPARE

Sable™ Seek™ CARIES INDICATOR



Black Mini™ Brush Tip

- Stains carious and demineralized dentin
- Provides precise, mess-free delivery
- Dark green color is ideal for working near pulp

Sable Seek caries indicator contains FD&C dyes to stain carious and demineralized dentin. It can be very useful for difficult-to-see areas e.g., undercuts of preparations, dark dentin, and areas along the DE junction. The green color of Sable Seek caries indicator helps visualization of decay in deep caries cases to help avoid pulp exposures.

PROCEDURE*



1. Apply Sable Seek indicator with Black Mini Brush tip.



2. Rinse with air/water and suction. Carious dentin is easily identified.



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



4. Reapply. Rinse and verify appropriate caries removal.



233 - Sable Seek Kit
4 x 1,2 ml (1,22 g) syringes
20 x Black Mini Brush tips



234 - Sable Seek Refill
4 x 1,2 ml (1,22 g) syringes



1805 - Sable Seek Econo Refill
20 x 1,2 ml (1,22 g) syringes



J-Temp™ LIGHT-CURED TEMPORARY RESIN



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



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



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



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

**Light-Cured Temporary Resin, 4 indications in 1,
see page 130.**

* See Instructions for use for complete instructions. 1. realityesthetics.com.

* See Instructions for use for complete instructions



Umbrella™

TONGUE, LIP, AND CHEEK RETRCTOR



- 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 sensitive patients – it won'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, anterior restorations, scanning, impressions, bite registrations, surgical procedures and more.

HOW DO I KNOW WHICH SIZE TO USE?

- If you would use a size XS, S, M impression tray for the patient, use the medium retractor.
- If you would use a size L, XL impression tray for the patient, use the large retractor.
- If in doubt, err on the side of going large.

PROCEDURE*



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



DO NOT place the retractor upside down.



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



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



4. Use the tabs to 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.

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**

* See Instructions for use for complete instructions.



PREPARE

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**

15 cm x 15 cm

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**

314 - DermaDam **Heavy 0,25 mm 36pk**

15 cm x 15 cm

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 0,1016 mm 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.



3097 - InterGuard Kit

5 x Each 4,0 mm and 5,5 mm



InterGuard Refills

Size	10pk	50pk
4,0 mm	4016	4011
5,5 mm	4017	4012

¹ realityesthetics.com. ² Linters 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.



OraSeal™

CAULKING AND PUTTY



White Mac™ Tip

Black Mini™ Tip

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

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



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

PROCEDURE*



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

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 Kit

2 x 1,2 ml (1,28 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



OraSeal Refills

1,2 ml syringe	4pk	20pk
Caulking (1,28 g)	351	354
Putty (1,44 g)	353	355

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



PREPARE

Halo™

SECTIONAL MATRIX SYSTEM



Maximum tooth separation is achieved through the force of the nitinol ring and active wedging provided by the wedges. This ideal system of separation allows you to restore a single tooth or back-to-back restorations with ease. The anatomically contoured design of the Halo ring, along with the active wedging provided by the wedges, 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*



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 (teflon™ coating thickness 0,013 mm)
- Original bands allow for more adaptability and burnishing, while Firm bands resist deformation and are ideal for tight interproximal spaces
- Original and Firm bands are composed of ultra-thin 0,038 mm stainless steel



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™ 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™ Nitinol Rings

UNIVERSAL RINGS



- Super-elastic nitinol metal maintains force during procedures and reduces cyclic fatigue
- Rings will last over 1.000 uses¹
- 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 needed²
- 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™ Wedges

- Firm wedge adapts the matrix band at the gingival margin, 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™ Forceps

RING-PLACEMENT FORCEPS

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



5047 - Halo Forceps 1pk

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



PREPARE

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

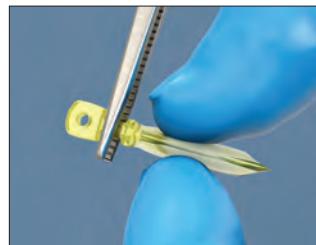


- User-friendly system
- Natural contours
- Tight, anatomically correct contact points at correct height of contour

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.

Courtesy of Dr. James Wright.

DISTO-OCCULSAL CLINICAL CASE



1. Pre-op.



2. Preparation with Halo system.



3. Post-op.

DISTO-OCCULSAL CLINICAL CASE



1. Pre-op.



2. Preparation with Halo system.



3. Post-op.

Courtesy of Dr. Brett Richins.

* See Instructions for use for complete instructions.

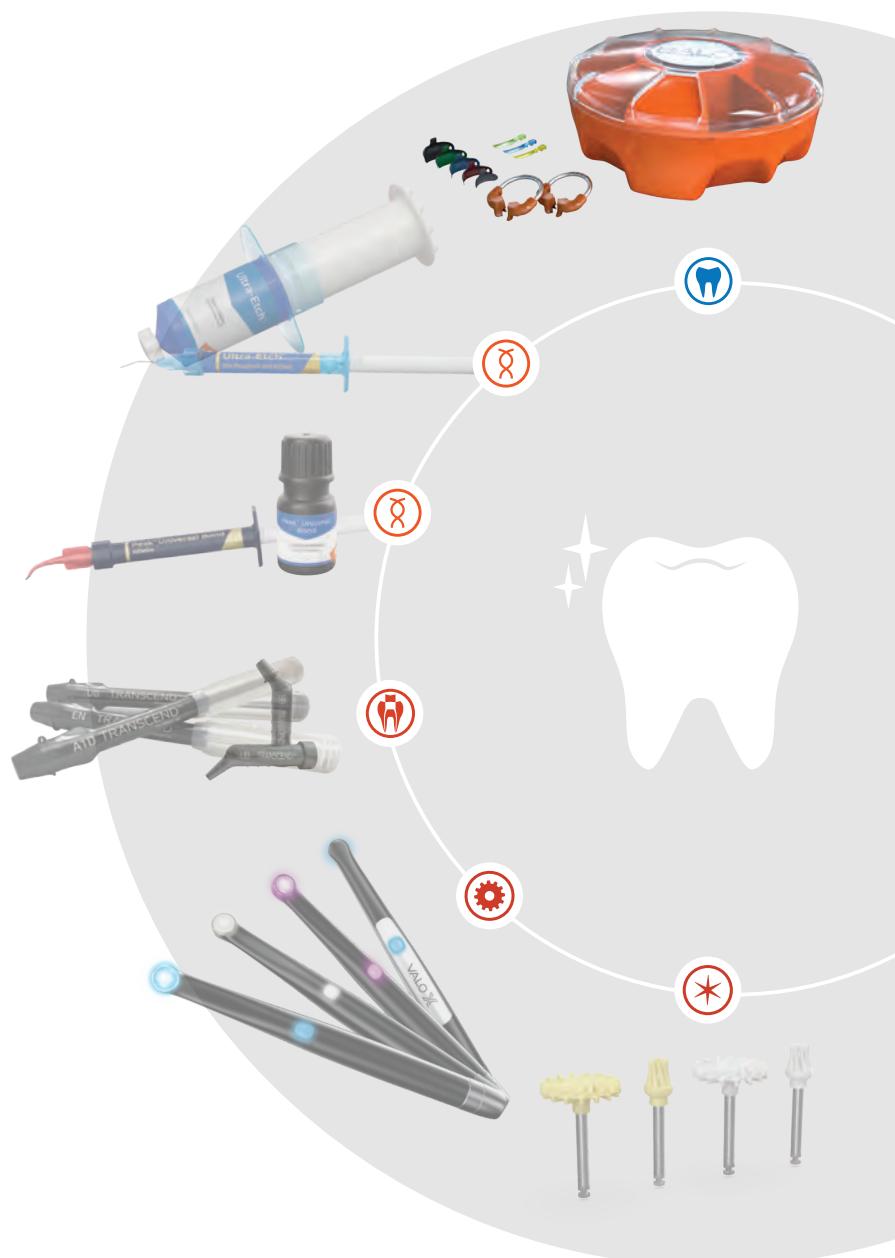


RESTORATIVE SOLUTION

Your complete system for
QUALITY RESTORATIONS

Halo™

The components of the Halo sectional matrix system are anatomically shaped, creating ideal contacts and reducing the time spent shaping and finishing. With the rest of Ultradent's Restorative Solution, you have everything you need to create beautiful, long-lasting restorations, step by step.



LEARN MORE AT ULTRADENT.EU

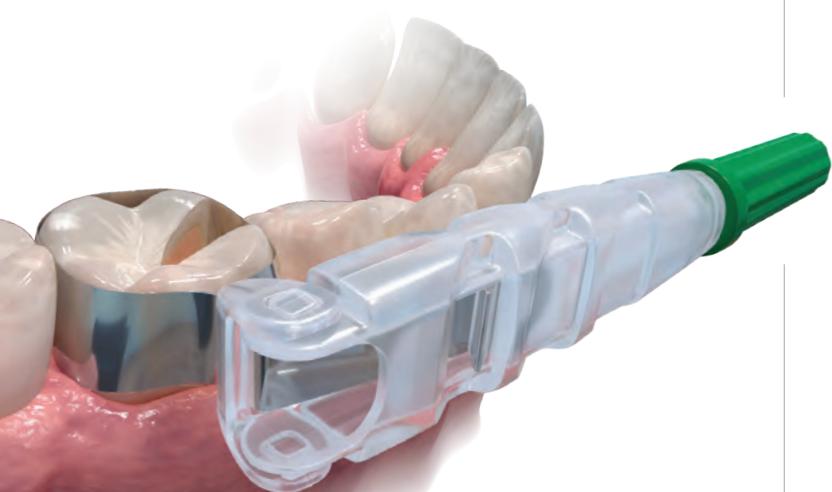




PREPARE

Omni-Matrix™

DISPOSABLE RETAINER AND MATRIX



- Innovative shape allows procedural visibility and patient comfort²
- Ultra-thin burnishable stainless steel adapts to all preparations³
- Unique winged and wingless styles meet individual case needs
- Disposable design saves you time and money

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



Stainless Steel	Wingless 48pk	Winged 48pk
6,5 mm — 0,025 mm	7701	8801
6,5 mm — 0,038 mm	7702	8802
5,2 mm — 0,038 mm	7704	8804

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



GRANT BAUMAN - Great Salt Lake

TISSUE MANAGEMENT

Ferric Sulfate
Aluminum Chloride
Iron Solution
Cleaning Solution
Knitted Cord
Packing Instruments



FOR PROFOUND HEMOSTASIS



Tissue Management

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

FOR HEMOSTASIS AND FLUID CONTROL

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

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



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

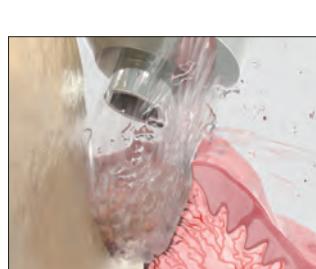
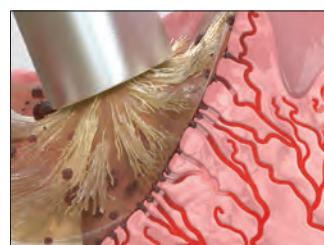


Firmly rub ViscoStat™, Astringedent™, or Astringedent™ X hemostatics against the cut bleeding tissue to obtain hemostasis.

FERRIC SULFATE - ACTIVE HEMOSTASIS*



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



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



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

* See Instructions for use for complete instructions.



FOR INDIRECT BONDING (LUTING)*

PROVISIONAL REMOVED



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

CONTAMINATION



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

SEAL/DRY



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

WASH/DRY



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

SEAT RESTORATION



5. Bond/lute definitive crown.

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 anaerobic 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.

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

* See Instructions for use for complete instructions. 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.



TISSUE MANAGEMENT

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.

Courtesy of Dr. Jaleena Fischer-Jessop.

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



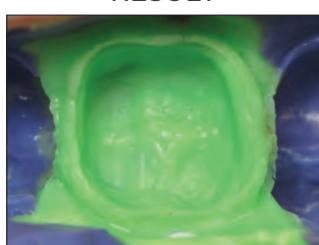
5. Remove Ultrapak knitted cord, follow with a firm air/water spray and dry.

TAKE IMPRESSION



6. Express impression material.

RESULT



7. Predictable quality impressions.

FOR VITAL PULPOTOMY IN PRIMARY TEETH

- EXPANDED APPLICATION*

PULP DEBRIDEMENT



1. Mechanically remove pulp tissue.

HEMOSTASIS



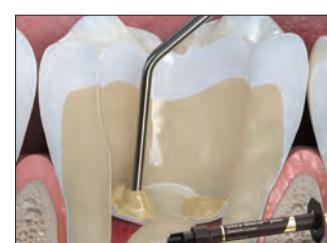
2. Control bleeding. Use Metal Dento-Infusor™ tip with ViscoStat or Astringedent™ hemostatics.¹ Use sterile water for this procedure.

PROTECTION



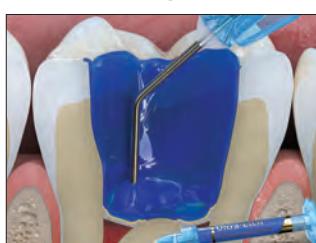
3. Place a thin layer of MTAFlow™ White repair cement over the root canal orifice.

BARRIER



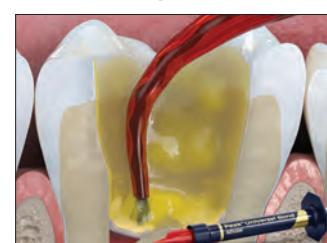
4. Apply a thin layer of Ultra-Blend™ plus liner.

ETCH



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

BOND



6. Apply Peak™ Universal Bond bonding agent. Use your preferred restorative material for definitive restoration.

"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

* See Instructions for use for complete instructions. 1. Fuks AB, Eidelman E, Cleaton-Jones P, Michaeli Y. Pulp response to ferric sulfate, diluted formocresol and IRM in pulpotomized primary baboon teeth. *ASDC J Dent Child*. 1997;64(4):254-259.



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. If restoring using the total etch technique, apply etch then Peak™ Universal Bond adhesive. If the selective etch technique is preferred, apply Peak™ SE primer followed by 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 Fischer-Jessop.



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, using select hemostatics with 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.



If using ViscoStat Clear hemostatic, 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 page 133.

* See Instructions for use for complete instructions.



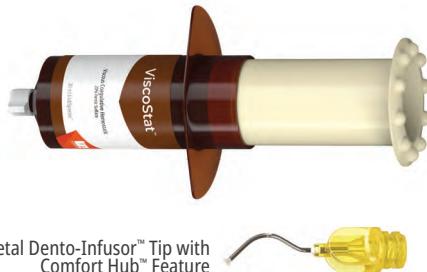
TISSUE MANAGEMENT

ViscoStat™

VISCOUS COAGULATIVE HEMOSTATIC
20% FERRIC SULFATE



2024¹
REALITY
Best New Product
5 stars



Metal Dento-Infusor™ Tip with
Comfort Hub™ Feature

- 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.

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



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



645 - ViscoStat IndiSpense Syringe 1pk

30 ml (36,69 g) syringe



1278 - Hemostatic Delivery Syringe 20pk

1,2 ml empty syringes

**ViscoStat™ Clear**VISCOUS HEMOSTATIC GEL
25% ALUMINUM CHLORIDE2024¹
REALITY
Esthetics
Four Star Award
★★★★★

- Does not discolor the gingiva
- Stops minor bleeding²
- Rinses easily²
- Viscous gel
- Does not interfere with bonding³

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.

6409 - ViscoStat Clear Dento-Infusor Syringe Kit4 x 1,2 ml (1,42 g) syringes
20 x Metal Dento-Infusor tips**6407 - ViscoStat Clear Dento-Infusor IndiSpense™ Syringe Kit**1 x 30 ml (38,52 g) IndiSpense syringe
20 x Metal Dento-Infusor tips
20 x 1,2 ml empty syringes**6410 - ViscoStat Clear Syringe 20pk**

1,2 ml (1,54 g) syringes

**6408 - ViscoStat Clear IndiSpense Syringe 1pk**

30 ml (38,52 g) syringe

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

PROCEDURE*

1. Subgingival preparation and bleeding sulcus.



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



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



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



5. Finished restoration 2 weeks post-op.



* See Instructions for use for complete instructions.



TISSUE MANAGEMENT

Astringedent™

COAGULATIVE HEMOSTATIC
15,5% FERRIC SULFATE SOLUTION



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

Astringedent hemostatic is an aqueous 15,5% ferric sulfate hemostatic solution with a pH of ~1,0.

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 with select hemostatic agents 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)

Astringedent™ X

COAGULATIVE HEMOSTATIC
12,7% IRON SOLUTION



- Clinicians “go-to” hemostatic for all case situations
- Ultradent’s fastest and most powerful hemostatic¹
- Stops minor to severe bleeding

Astringedent X hemostatic is an aqueous 12,7% iron solution that works quickly to stop bleeding in seconds.^{2,3} It contains equivalent ferric sulfate and ferric subsulfate. Note: Diluted Astringedent X hemostatic does not equal ViscoStat or Astringedent hemostatics.

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



Courtesy of Dr. Bruce LeBlanc.

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



5881 - Astringedent X Syringe 20pk
1,2 ml (1,63 g) syringes



112 - Astringedent X Bottle 1pk
690 - Astringedent X IndiSpense™ Syringe 1pk
30 ml (40,71 g)

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

1. Data on file. 2. Bandi M, Mallineni SK, Nuwula S. Clinical applications of ferric sulfate in dentistry: A narrative review. *J Cons Dent.* 2017 Jul-Aug;20(4):278-281. DOI: 10.4103/jcd.jcd_259_16. 3. Spera S. Keeping blood under control in restorative procedures. *Dent Prod Rep.* 2023;57(10):32-33.



Ultrapak™

KNITTED CORD



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

Ultrapak cord is made of 100% cotton which has been knitted into thousands of tiny loops to form long, interlocking chains. After hemostasis is achieved, this unique knitted design exerts a gentle, continuous outward force following placement as the knitted loops seek to open. Optimal tissue displacement occurs in 5 minutes.

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



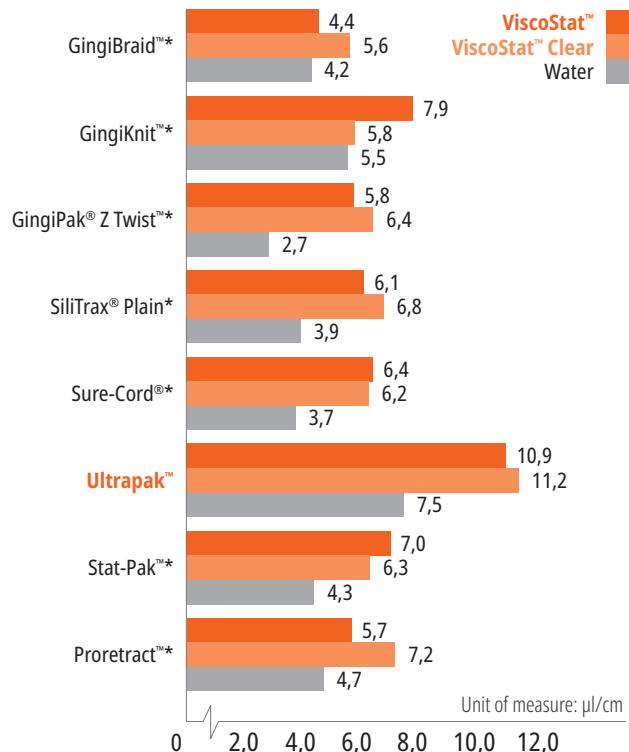
THE ONE WITH THE STRIPE!™

With easy packing, excellent absorption, and exceptional retention, the proprietary knitted design of the Ultrapak cord has been the preferred choice for years.

Listed as a "CAN'T LIVE WITHOUT" product by a prominent independent research institute.²

ULTRAPAK CORD COMPETITOR ABSORPTION COMPARISON

Ultrapak™ knitted cord vs. leading competitors' absorption abilities.³



*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. 3. Data on file.



TISSUE MANAGEMENT

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.

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.

FOR DIGITAL IMPRESSIONS - COMPLETE HEMOSTASIS

HEMOSTASIS



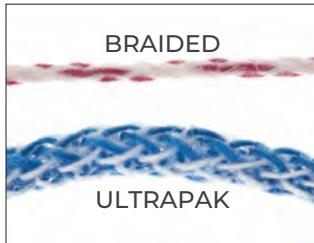
1. Complete hemostasis is essential, especially when taking digital impressions, for the most accurate marginal fit of any restoration.

CLEAR FIELD



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

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 absorption¹ 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.



Each bottle contains
244 cm of cord.

CORD COMPARISON CHART

	#000 - 0,889 mm
	#00 - 1,041 mm
	#0 - 1,143 mm
	#1 - 1,245 mm
	#2 - 1,422 mm
	#3 - 1,6 mm

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



#000 - 0,889 mm

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

9331 - Ultrapak Cord #000 1pk

#00 - 1,041 mm

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

9332 - Ultrapak Cord #00 1pk

#0 - 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

9333 - Ultrapak Cord #0 1pk

#1 - 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

9334 - Ultrapak Cord #1 1pk

#2 - 1,422 mm

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

9335 - Ultrapak Cord #2 1pk

#3 - 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

9336 - Ultrapak Cord #3 1pk

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



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 anterior 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.

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**



RESTORATIVE SOLUTION

Your complete system for
QUALITY RESTORATIONS

LEARN MORE AT ULTRADENT.EU





AMY HIBBARD - Cedar Breaks National Monument

ETCH AND BOND

Self-Etch-System ("No-Rinse")
Total-Etch-System ("Etch and Rinse")
Phosphoric Acid Gel
Self-Etching-Primer
Bonding Material
Light-Cured Adhesive
Porcelain Etching
Hydrofluoric Acid Gel
Silane Solution
Calcium Hydroxide Liner



ETCH AND BOND

The industry leader for more than 35 years

Ultra-Etch™

ETCH AND RINSE ETCHANT



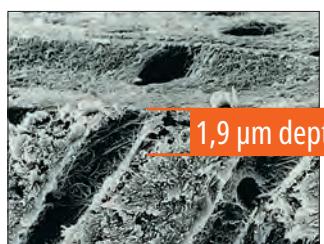
- Self-limiting² on dentin
- Penetrates smallest fissures and won't run on a vertical surface³
- Precise placement
- Etch and rinse
- Rinses cleanly, leaves no residue

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 dentin creates an optimal surface to receive resin.^{2,4,5} Though Ultra-Etch etchant is viscous, it can penetrate into the occlusal fissures or vertical surfaces due to physical and chemical properties that promote capillary action. Its ideal viscosity maintains a layer that is thick enough to prevent premature drying.

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

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

Courtesy of Dr. Jaleena Fischer-Jessop



Clinical experience and FE-SEM evaluations show that 15 seconds etch time on both dentin and cut enamel provides optimal conditioning of both substrates.^{2,4,5}

Ultra-Etch etchant's phosphoric acid is proven to be uniquely self-limiting in its depth of etch.² Acids with a greater depth of etch than Ultra-Etch etchant go beyond the optimum level and increase the potential for incomplete resin impregnation.^{5,6}

Listed as a "CAN'T LIVE WITHOUT" product by a prominent independent research institute for more than 20 years.⁷



163 - Ultra-Etch Kit
4 x 1,2 ml (1,58 g) syringes
20 x Blue Micro tips

167 - Ultra-Etch Econo Kit
20 x 1,2 ml (1,58 g) syringes
40 x Blue Micro tips



383 - Ultra-Etch IndiSpense™ Syringe Kit
1 x 30 ml (39,60 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 (1,58 g) syringes



685 - Ultra-Etch IndiSpense Syringe 1pk
30 ml (39,60 g) syringe



129 - Ultra-Etch Empty Syringe 20pk
1,2 ml empty syringes

1. realityesthetics.com. **2.** Perdigão J, Lopes M. The effect of etching time on dentin demineralization. *Quintessence Int.* 2001;32(1):19–26. **3.** Data on file. **4.** Data on file. **5.** Perdigão J, Lambrechts P, Van Meerbeek B, Vanherle G. FE-SEM study of the ultra-morphology of etched dentin. *J Dent Res* 75 (IADR Abstracts); 1996. **6.** Data on file. **7.** "Can't Live Without" Clinical Research Associates Newsletter, Volume 21, Issue 7, July 1997.



Peak™ SE Primer

NO-RINSE SELF-ETCHING PRIMER



Black Mini™ Brush Tip

- When used with Peak Universal Bond adhesive, provides 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 optimized priming resin to prevent the hydrolytic breakdown and degradation that occurs with other self-etch chemistries. Components are kept separate until the clinician activates them. 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.³

Ideal for light-accessible bonding procedures. The Peak self-etch adhesive system, which includes Peak SE Primer and Peak Universal Bond adhesive, can be used for immediate dentin sealing (IDS) procedures prior to impressions and temporizations.

FOR INDIRECT BONDING**

Courtesy of Dr. Rich Tuttle.



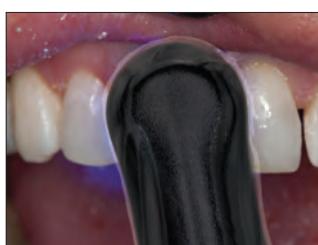
1. Brush Peak SE Primer onto preparation for 20 seconds.



2. Thin/dry for 3 seconds.



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



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

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.



5135 - Peak SE Primer Refill 4pk
1,0 ml (0,993 g) syringes



4541 - Peak Universal Bond Self-Etch Bottle Kit

1 x 4 ml (4,5 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. ** See Instructions for use for complete instructions.
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.



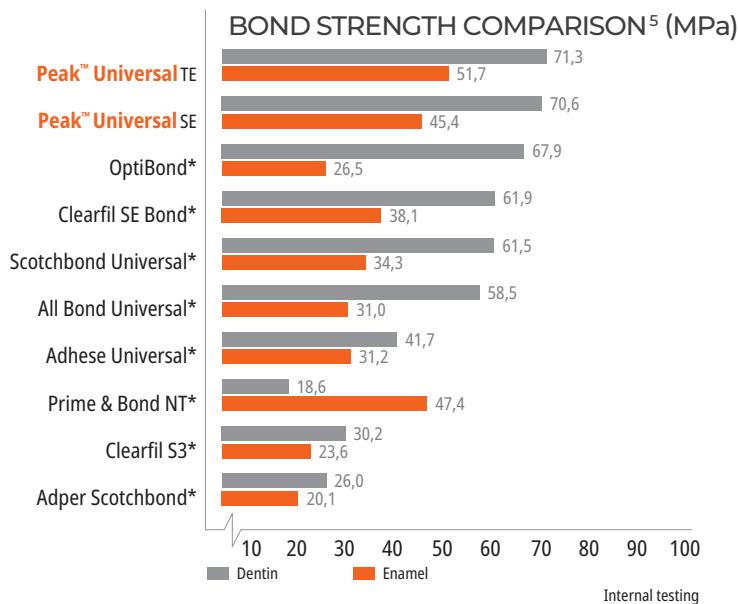
Peak™ Universal Bond

LIGHT-CURED ADHESIVE



- Features Ultrudent's Dymetech™ phosphate monomer blend for enhanced strength and greater versatility
- Contains 0,2% chlorhexidine to help ensure long-term bond strength^{2,3}
- 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
- Patients experience less post-op sensitivity after being treated with Peak Universal Bond adhesive⁴
- 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. Featuring a blend of custom-synthesized phosphate monomers, its viscosity has been optimized for minimal film thickness and superior strength. It is 7,5% filled with an ethyl alcohol solvent carrier and will cure with most dental curing lights, including LEDs.



* Trademark of a company other than Ultrudent. **1.** realityesthetics.com **2.** Breschi L, Maravic T, Comba A, et al. Chlorhexidine preserves the hybrid layer in vitro after 10-years aging. *Dent Mater.* 2020;36(5):672-680. doi:10.1016/j.dental.2020.03.009. **3.** Yaghmoor RB, Jamal H, Abed H, et al. Incorporation of MMP inhibitors into dental adhesive systems and bond strength of coronal composite restorations: A systematic review and meta-analysis of in vitro studies. *Jpn Dent Sci Rev.* 2022;58:298-315. doi:10.1016/j.jdsr.2022.09.004. **4.** Data on file. **5.** Data on file.



MONOMER BLEND

Over decades of refining and improving, Ultrudent's Research and Development team has developed an adhesive that has outperformed the competition.⁵ Rather than building around one monomer such as 10-MDP, we realized that a precise combination of monomers was a better solution. Dymetech™ phosphate monomer blend is a proprietary blend of three phosphate monomers and twelve cross-linking methacrylate groups that provides time-tested strength and versatility across virtually all substrates.⁵ It is the backbone of the strongest bonding agent we have ever tested.⁵

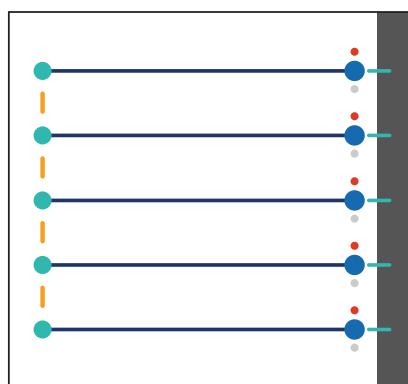


Image 1. 10-MDP

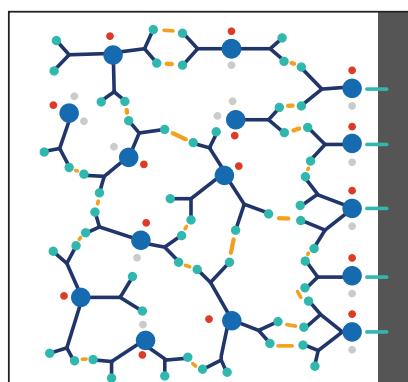
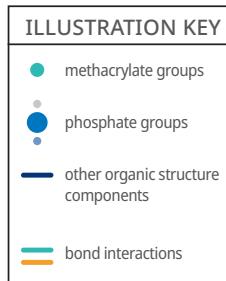


Image 2. Dymetech phosphate monomer blend

Illustrations are meant for demonstration purposes only and may not accurately depict real monomers.

The 10-MDP monomer (Image 1) is a long-chained monomer that consists of a methacrylate group on one end and a phosphate group on the other. This can limit the number of bond interactions. The Dymetech monomer blend (Image 2) has more functional groups (phosphates and monomers) than 10-MDP which creates a greater amount of bond interactions.



Thanks to the Dymetech monomer blend, Peak Universal Bond adhesive bonds to dentin, enamel, porcelain, zirconia, metal, and lithium disilicate. It is ideal for direct and indirect bonding procedures as well as post and core procedures. It also works with both self-etch and total-etch techniques. All in all, Peak Universal Bond adhesive has higher bond strengths across more indirect restorative materials than leading competitors.¹



Dentin and Enamel



Porcelain/Ceramic



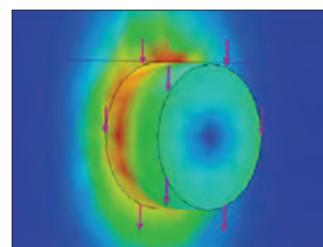
Zirconia



Composite



Metal



Ultradent's shear bond strength testing method has been adopted as the ISO standard (ISO 29022). Many research centers now use this method to determine accurate bond strengths.



4551 - Peak Universal Bond Total-Etch Syringe Kit

1 x 1,2 ml (1,35 g) Peak Universal Bond syringe
1 x 1,2 ml (1,58 g) Ultra-Etch syringe
20 x Blue Micro tips
20 x Inspiral Brush tips



4542 - Peak Universal Bond Total-Etch Bottle Kit

1 x 4 ml (4,5 g) Peak Universal Bond bottle
4 x 1,2 ml (1,58 g) Ultra-Etch syringes
40 x Blue Micro tips
50 x Mixing Wells
50 x Micro Applicator brushes



4553 - Peak Universal Bond Syringe Refill 4pk

4552 - Peak Universal Bond Syringe Econo Refill 20pk
1,2 ml (1,35 g) syringes



4543 - Peak Universal Bond Bottle 1pk

4 ml (4,5 g) bottle

1. Siqueira F, Cardenas AM, Gutierrez MF, et al. Laboratory performance of universal adhesive systems for luting CAD/CAM restorative materials. *J Adhes Dent.* 2016;18(4):331–340. doi:10.3290/j.jad.a36519.



PQ1™

SINGLE-RESIN BONDING



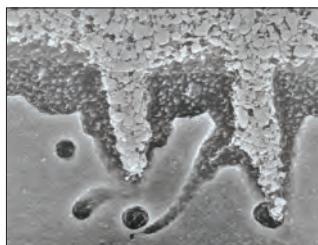
Inspiral™ Brush Tip

- High bond strengths² to dentin, creating long-lasting bonds
- Ideal for direct bonding procedures
- Highly filled for convenient placement and ease of use
- Cures with all dental curing lights

PQ1 resin is a syringe-delivered, single-component, light-cured bonding resin that uses ethyl alcohol as a solvent. It is 40% filled and radiopaque.

The unique, patented chemistry of PQ1 resin bonds to dentin/enamel, cast metal, porcelain, and composite. PQ1 resin is also effective for indirect procedures where light curing is possible.

Courtesy of Prof. Marcos Vargas.



Note: Exceptional filler penetration for high-strength bonding.

REFRIGERATE



641 - PQ1 Syringe Refill 4pk
1806 - PQ1 Syringe Econo Refill 20pk
1,2 ml (1,67 g) syringes

1. realityesthetics.com. 2. Shear bond comparison PQ1 immediate to dentin. 2001. Data on file.

HALO™

SECTIONAL MATRIX SYSTEM

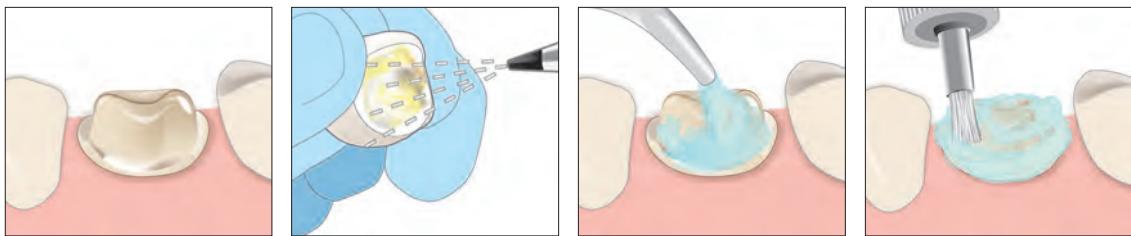


Beautiful Results in Less Time

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

See page 40-42.

ZIRCONIA/METAL PRIMER TECHNIQUE GUIDE



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

2. Air abrade internal surface with 50 μ Al 02, 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.

4. Scrub abrasive with an 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 antibacterial solution to preparation, suction off excess.

OR

SELF-ETCH TECHNIQUE



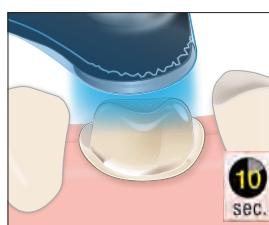
5a. Apply Peak™ SE Primer using the Black Mini™ Brush tip for 20 seconds.
Recommended: Apply antibacterial solution to preparation, suction off excess.



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



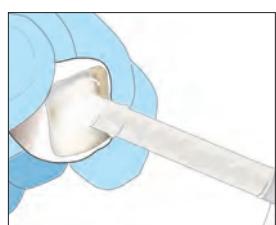
7. Thin aggressively with air and vacuum.



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



9. Apply zirconia/metal 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 Etch and Silane

90-Second Etch — 60-Second Silane



Inspirail™ Brush Tip



Black Mini™ Brush Tip

- 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®*) 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.

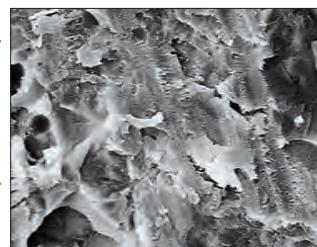


2. Apply Ultra-Etch™ etchant for five seconds to remove porcelain salts and debris formed by hydrofluoric acid etching.

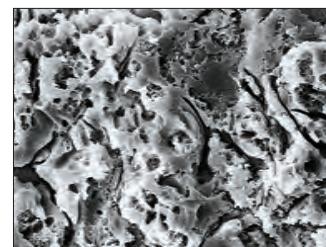


3. Apply a puddle coat of Silane to the inside surface of the prosthesis for 60 seconds, dry, and set aside. Do not rinse. Prosthesis is now ready for luting/cementing.

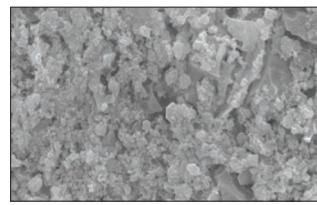
Courtesy of Dr. Cornelis Panier.



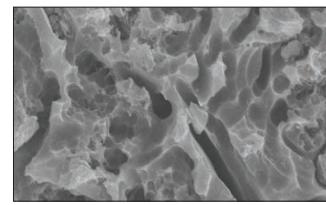
Diamond-cut porcelain surface.



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



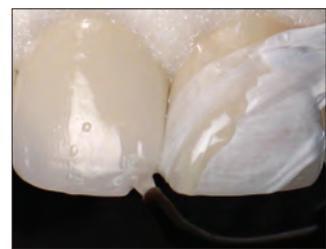
Residual silica salts on porcelain, post hydrofluoric acid etching for 90 seconds with Ultradent Porcelain Etch.



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



Porcelain Etch is delivered from Inspirail Brush tip to prepared porcelain.



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



405 - Porcelain Etch Kit

2 x 1,2 ml (1,33 g) Porcelain Etch syringes
2 x 1,2 ml (0,96 g) Silane syringes
20 x Black Mini Brush tips
20 x Inspirail Brush tips

1019 - Porcelain Etch Mini Kit

1 x 1,2 ml (1,33 g) Porcelain Etch syringe
1 X 1,2 ml (0,96 g) Silane syringe
10 Black Mini Brush tips
10 Inspirail Brush tips

406 - Porcelain Etch Syringe 2pk

407 - Porcelain Etch Syringe 4pk
1,2 ml (1,33 g) syringes



410 - Silane Syringe 2pk

1,2 ml (0,96 g) syringes

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



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.³

REFRIGERATE



1108 - Ultradent Porcelain Repair Syringe Kit

- 1 x 1,2 ml (2,30 g) PermaFlo Dentin Opaquer syringe
- 1 x 1,2 ml (1,58 g) Ultra-Etch syringe
- 1 x 1,2 ml (1,34 g) OpalDam syringe
- 1 x 1,2 ml (1,35 g) Peak Universal Bond syringe
- 1 x 1,2 ml (1,33 g) Porcelain Etch syringe
- 1 x 1,2 ml (0,96 g) Ultradent Silane syringe
- 20 x Black Mini Brush tips
- 20 x Blue Micro tips
- 20 x Micro 20 ga tips
- 20 x Inspiral Brush tips

STEP-BY-STEP GUIDE FOR PORCELAIN REPAIR

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

Place rubber dam if necessary, and/or cover surrounding teeth and gingival tissue with OpalDam™ light-cured resin barrier using a Black Mini™ tip. Light cure 10 seconds on Standard Power mode with VALO™ curing light.



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



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



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



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



Rinse and thoroughly air dry fractured surface.



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



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



Apply Peak™ Universal Bond adhesive with an Inspiral Brush tip onto fractured surfaces. Air thin gently but thoroughly. DO NOT scrub.



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



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



Restore fracture by layering light-cured composite.



Finish and polish repaired area.

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):203-209. **3.** Clinical Research Associates Newsletter, Volume 24, Issue 11, November 2000.



Ultra-Blend™ plus

DENTIN LINER AND PROTECTIVE BASE



Black Micro™ Tip



Black Mini™ Tip

- Bioactive² liner and pulp-capping material
- Superior calcium release³
- Light curable
- Controlled, precise syringe delivery
- No mixing necessary
- Will not dissolve over time
- Radiopaque
- Highly filled
- Use to cover MTAFlow™ repair cement for pulp capping prior to restoration

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



Ultra-Blend plus liner used for pulp capping.



416 - Ultra-Blend plus Dentin Syringe 4pk
417 - Ultra-Blend plus Opaque White Syringe 4pk
1,2 ml (1,64 g) syringes

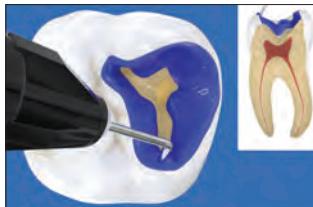
LIGHT-CURED MATERIAL FOR PULP CAPPING



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.



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.



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 antibacterial solution prior to bonding, then place again for 60 seconds. Dry until dentin is slightly moist and proceed to the bonding agent.

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



415 - Ultra-Blend plus Syringe Kit

2 x 1,2 ml (1,64 g) Dentin syringes
2 x 1,2 ml (1,64 g) Opaque White syringes
20 x Black Micro tips
20 x Black Mini tips

1016 - Ultra-Blend Plus Mini Kit

1 x 1,2 ml (1,64 g) Dentin syringe
1 x 1,2 ml (1,64 g) Opaque White syringe
20 x Black Micro tips

1. realityesthetics.com **2.** Pameijer CH, Stanley HR. The disastrous effects of the "total etch" technique in vital pulp capping in primates [published correction appears in Am J Dent 1998 Jun;11(3):148]. Am J Dent 1998;11:45-54. **3.** Data on file.



BRICE TOLBERT - Big Cottonwood Canyon

COMPOSITES

Universal Composite
Flowable Composite
Composite Wetting Resin
Composite Sealer



COMPOSITES

Transcend™ UNIVERSAL COMPOSITE



- Universal Body shade beautifully blends with almost any tooth color
- No blocker required
- Proprietary Resin Particle Match™ technology
- Universal Body shade continues to match the surrounding dentition even after whitening⁵
- Excellent mechanical and optical properties
- Ideal working consistency is easy to sculpt⁶
- High polishability⁶
- Additional Enamel and Dentin shades for more esthetically demanding anterior cases
- Fluoresces similarly to natural dentition⁷

RESIN PARTICLE MATCH™

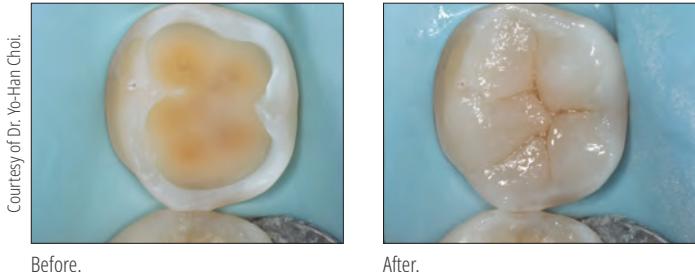
Transcend composite allows you to complete restorations with just one shade. Thanks to Ultrudent's Resin Particle Match technology, the refraction indices of the resin and particles work together to allow Transcend composite to blend with the surrounding tooth color.⁵ That means you can use Transcend composite Universal Body shade almost anywhere in the mouth and know that it will look natural and beautiful, even in larger restorations. Plus, Transcend composite features ideal handling for manipulation and sculptability.⁶

CONTINUALLY MATCHES SURROUNDING DENTITION



No new composite restorations may be required after the whitening treatment is completed for teeth that have been previously restored with Transcend composite, as the shade of the composite can adapt itself to continue to match the optical properties of the surrounding dentition as teeth get whitened.⁵

ONE-SHADE RESTORATIONS NO BLOCKER USED



Courtesy of Dr. Yo-Han Choi.

Before.



After.

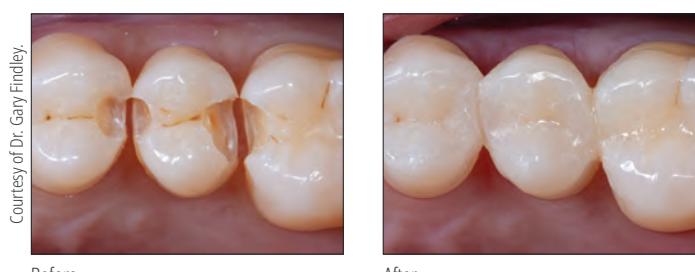


Courtesy of Dr. Rafael Beolchi.

Before.



After.



Courtesy of Dr. Gary Findley.

Before.



After.



Courtesy of Dr. Jaleena Fischer-Jessop.

Before.



After.



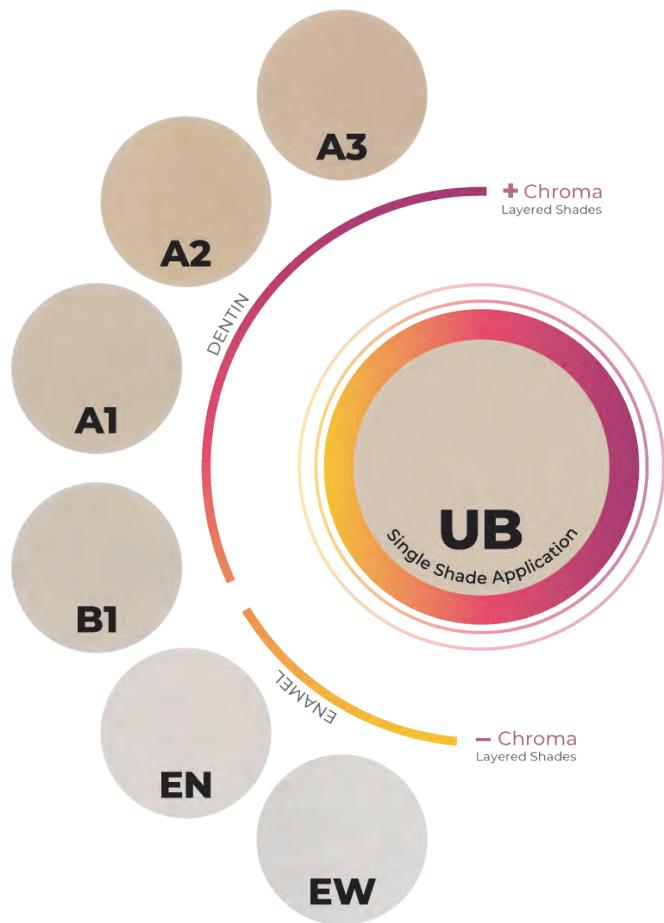
Courtesy of Dr. Jaleena Fischer-Jessop.

Before.



After.

1. Dentistry Today (Award) 2024 Innovative Products Award Jan/Feb 2024 Issue, Volume 43, No 1, Page 40.
2. Dentistry Today (Award) 2024 Top 100 Products Award July/August 2024 Issue, Volume 43, No 6, Page 28.
3. Dentistry Today (Award) 2025 Innovative Products Award Jan/Feb 2025 Issue, Volume 44, No 1, Page 44.
4. Dentistry Today (Award) Top 25 Aesthetic Restorative Products Award - May 2025 Issue, Volume 44, No 4, Page 54. **5.** Data on file. **6.** Data on file. **7.** Data on file.



Simply Beautiful Results FOR ANY RESTORATION

In addition to the Universal Body shade, Transcend composite also includes four dentin shades and two enamel shades for cases when a layering technique is appropriate.

For the reconstruction of anterior teeth with a noticeable difference between cervical and incisal areas (opaque and translucent regions), and/or for larger restorations, such as occasional large Class III and IV cases that lack tooth structure from which the Universal Body shade draws shade from, beautiful outcomes can be achieved through the layering of the additional dentin and enamel shades.

MULTI-SHADE RESTORATIONS



TECHNICAL OVERVIEW¹

	TRANSCEDE UB
Compressive Strength	450,7 MPa
Hardness	60,3 HK
Flexural Strength	156,17 MPa
Flexural Modulus	11,85 GPa
Volumetric Shrinkage	1,60%
Initial Gloss	93,5 GU
Final Gloss	91,2 GU
Depth of Cure	2,85 mm
Radiopacity	3,2 mm-Al
Fill by Volume	60–61%
Fill by Weight	79%

1. Data on file.



COMPOSITES

UNIVERSAL BODY SHADE



4733 - Transcend UB Syringe 1pk
1 x 4 g syringe Universal Body shade

4734 - Transcend UB Syringe 4pk
4 x 4 g syringes Universal Body shade



4757 - Transcend UB Singles 10pk
10 x 0,2 g singles Universal Body shade

4817 - Transcend UB Singles 40pk
40 x 0,2 g singles Universal Body shade

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



3059 - Composite Wetting Resin Syringe 2pk
2 x 1,2 ml (1,85 g) syringes

COMPLIMENTARY SHADES



Transcend Syringe 4 g

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

1 x 4 g syringe



Transcend Singles 0,2 g

Dentin	10pk	Enamel	10pk
A1D	4744	Enamel Neutral	4748
A2D	4745	Enamel White	4749
A3D	4746		
B1D	4747		

10 x 0,2 g singles



4726 - Transcend Syringe Intro Kit

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



4814 - Transcend Singles Intro Kit

10 x 0,2 g singles of each shade:
A1D, A2D, A3D, B1D, EN, EW, UB

**Mosaic™**

UNIVERSAL COMPOSITE

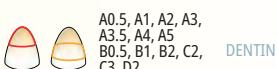


- Smooth, pliable consistency
- Cuts easily and doesn't stick to instruments
- Won't flow or slump out of place after being shaped
- Allows ample working time under ambient light

Mosaic universal composite balances beauty and performance for lasting, lifelike results. Mosaic composite can be used for all restorative purposes: basic or complex. Its nanohybrid formula is composed of zirconia-silica glass ceramic and 20 nanometer silica. Filler load is 68% by volume for dentin shades and 56% for enamel shades.² The exceptional handling, natural esthetics, and high durability of Mosaic composite enable clinicians to create restorations of the highest quality.

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

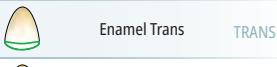
TWENTY INTUITIVE SHADE OPTIONS PRODUCE PREDICTABLE, NATURAL RESULTS.



DENTIN



ENAMEL



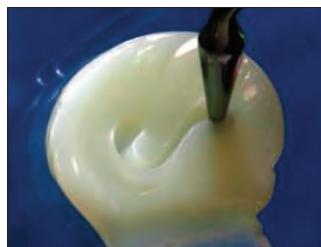
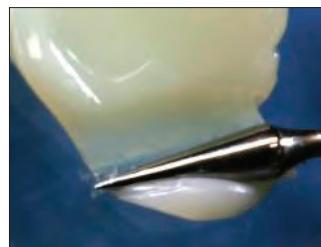
TRANS



OPAQUE



* See Instructions for use for complete instructions. 1. realityesthetics.com. 2. Data on file.

HIGHLY SCULPTABLE

Highly sculptable handling properties provide total control during manipulation.

BEFORE AND AFTER

Courtesy of Dr. Rafael Beolchi.

Esthetic restoration using Mosaic composite shades: A4, A3, A2, and A1 from cervical to incisal. Enamel White and Opaque White on incisal edge. Universal application suits Class I–V restorations in both anterior and posterior regions.

PROCEDURE*

1. Preoperative Class II restoration.



2. Preparation with matrix placement.



3. Marginal crest built with Enamel Neutral.



4. A5 dentin shade used for initial layer.



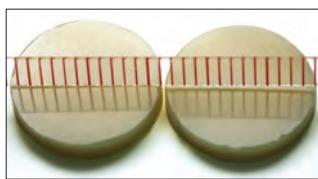
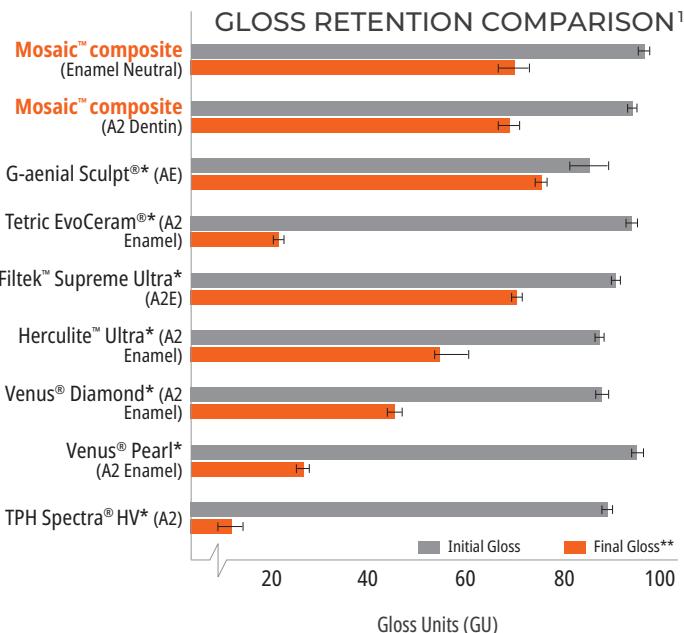
5. Enamel Neutral shade used for final layer.

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

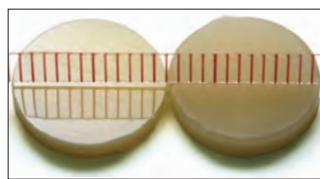
TECHNICAL OVERVIEW¹

	DENTIN SHADES	ENAMEL SHADES
Shrinkage Volume	2,6%	3,7%
Shrinkage Stress	3,9 MPa	6,1 MPa
Compressive Strength	486,4 MPa	447,6 MPa
Hardness	66,9 HK	65,4 HK
Flexural Strength	166,1 MPa	176,7 MPa
Flexural Modulus	17,3 GPa	11,7 GPa
Water Sorption	≤40 µg/mm ³	≤40 µg/mm ³
Water Solubility	≤7,5 µg/mm ³	≤7,5 µg/mm ³
Radiopacity	≥2 mm Al (200%)	≥2 mm Al (200%)
Working Time (Ambient Light)	4:00 min	4:00 min
Depth of Cure	2 mm	2 mm
% Fill by Volume	68%	56%

Balanced performance ensures both functional durability as well as esthetic longevity.



Mosaic composite polished before brushing

Mosaic composite after 5,000 brush cycles¹

Competitor composite polished before brushing

Competitor composite after 5,000 brush cycles¹

4803 - Mosaic Shade Guide—20 shades
 A0.5, A1, A2, A3, A3.5, A4, A5, B0.5, B1, B2, C2, C3, D2, EY, EB, EG, EN, EW, OW, ET

Mosaic™ Syringe 1pk 4 g

Dentin	1pk	Enamel	1pk
A0.5	4760	Enamel Yellow	4773
A1	4761	Enamel Blush	4774
A2	4762	Enamel Gray	4775
A3	4763	Enamel Neutral	4776
A3.5	4764	Enamel White	4777
A4	4765	Enamel Trans	4779
A5	4766	Opaque White	4778
B0.5	4767		
B1	4768		
B2	4769		
C2	4770		
C3	4771		
D2	4772		



x 1

Mosaic™ Single Capsules 10pk 0,2 g

Dentin	10pk	Enamel	10pk
A0.5	4799	Enamel Yellow	4792
A1	4780	Enamel Blush	4793
A2	4781	Enamel Gray	4794
A3	4782	Enamel Neutral	4795
A3.5	4783	Enamel White	4796
A4	4784	Enamel Trans	4798
A5	4785	Opaque White	4797
B0.5	4786		
B1	4787		
B2	4788		
C2	4789		
C3	4790		
D2	4791		



x 10

* Trademark of a company other than Ultradent. ** Final gloss measured after 5,000 simulated brush cycles in gloss units (GU). 1. Data on file.

**PermaFlo™**

FLOWABLE COMPOSITE

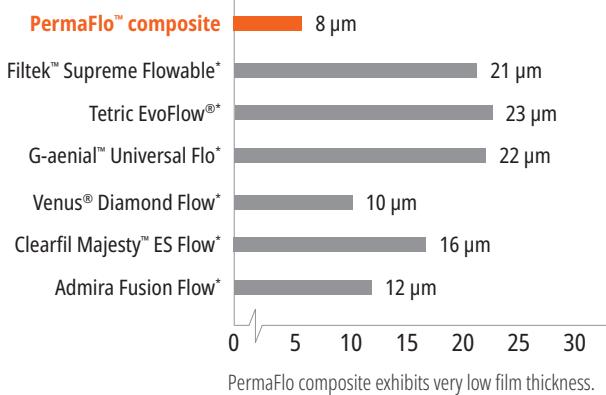


- High-fill, high-flow formula
- Highly radiopaque²
- Fluoride-releasing formulation³
- Superior polishability
- Strong and wear resistant
- Available in 5 shades

PermaFlo flowable composite is light-cured, radiopaque, methacrylate-based, and available in 5 shades. Its thixotropic properties impart ideal flowability for improved adaptation.

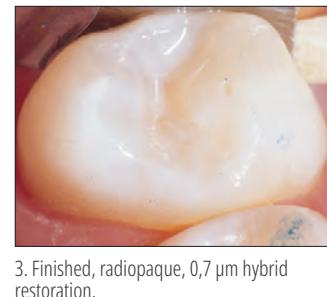
PermaFlo composite is 67–68% filled by weight, 42–44% filled by volume,⁴ and has an average particle size of 0,7 µm.⁴

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

FILM THICKNESS⁵**MICRO RESTORATIVE**

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

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



3. Finished, radiopaque, 0,7 µm hybrid restoration.

MASKER

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

METAL MASKING

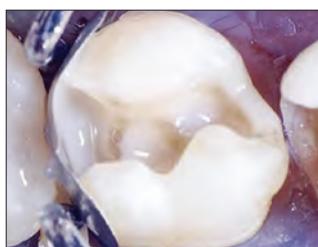
Place a thin layer of PermaFlo Dentin Opquer over exposed metal and light cure for 10 seconds on Standard Power mode with VALO™ curing light.

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



SUPERADAPTIVE INITIAL LAYER

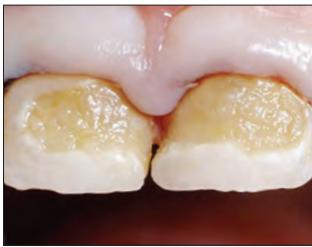
Courtesy of Dr. Howard Strassler.



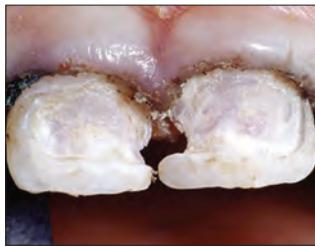
After bonding agent, apply a thin layer of PermaFlo composite at gingival margin, proximal box axial margins, and internal line angles to ensure quality adaptation of composite.



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.



Shade	Kit	Shade	Kit
A1	947	B1	956
A2	948	Dentin Opaquer	1005
A3	949		

2 x 1,2 ml (2,30 g) syringes
4 x Micro 20 ga tips

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



Composite Wetting Resin

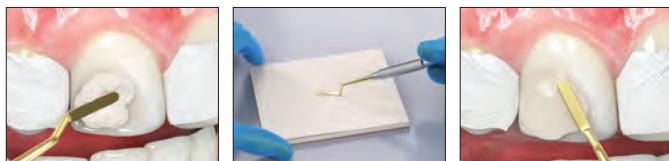
WETTING RESIN



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

Composite Wetting Resin is a 45%-filled², light-cured, liquid resin. It is significantly superior to single-component adhesives which contain solvents and inhibit composite polymerization.

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



1. Before Composite Wetting Resin.
2. Dip tool in Composite Wetting Resin or apply directly to tooth.
3. Application of Composite Wetting Resin allows for better instrument glide and composite adaption.

REFRIGERATE



3059 - Composite Wetting Resin Refill
2 x 1,2 ml (1,85 g) syringes



PermaFlo™ Pink

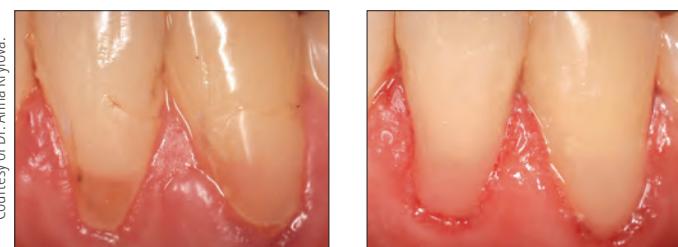
COMPOSITE



- Acts as an attractive solution for esthetic gingival substitute

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

BEFORE AND AFTER



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 Kit
2 x 1,2 ml (2,30 g) syringes
4 x Micro 20 ga tips



COMPOSITES

PermaSeal™

PENETRATING COMPOSITE SEALER



2024¹
REALITY
Penetrating Composite Sealer Award
5 Stars



Black Micro™ FX™ Tip

- 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 minimizes staining and wear by sealing voids and irregularities created during the polishing process. Place on Class V composite margins to reduce microleakage.² PermaSeal sealer bonds well to composite-type provisional restorations and can be used to revitalize old composites as well.

NEW RESTORATIONS



Courtesy of Dr. Dan Fischer
Before: Interproximal spaces and slight rotations to be corrected with Peak™ Universal Bond adhesive and composite.



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

EXISTING RESTORATIONS



Courtesy of Dr. Brett Richins
Clean surfaces and margins to be sealed thoroughly with antibacterial 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. Proceed to PermaSeal sealer application.



Restoration immediately after PermaSeal composite sealer application.



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

REFRIGERATE



631 - PermaSeal Kit
4 x 1,2 ml (1,30 g) syringes
10 x Black Micro FX tips

REFRIGERATE



1013 - PermaSeal Mini Kit
2 x 1,2 ml (1,30 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.

PrimaDry™

DRYING AGENT



Black Micro™ FX™ Tip

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. The ultrafine primer film allows UltraSeal XT™ plus sealant to flow perfectly into every pit and fissure.

REFRIGERATE



716 - PrimaDry Syringe Refill
4 x 1,2 ml (0,95 g) syringes

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



KODA PEARCE - Snowbasin

CEMENTS

Polycarboxylate & Resin-Based Non-Eugenol Temporary Cements
Temporary Veneer Cement
Dual-Cure Composite Luting/Restorative Resin



CEMENTS

QUALITY SEAL. SUPERIOR HOLD
ULTRADENT CEMENTS

	UltraTemp™	UltraTemp™ REZ II	ClearTemp™ LC	PermaFlo™ DC
Description	Temporary luting cement	Temporary luting cement	Temporary veneer cement	Luting/restorative cement
Chemistry	Paste-to-paste, non-eugenol polycarboxylate	Paste-to-paste, non-eugenol resin-based	Low/medium-filled composite resin	Highly filled small-particle composite resin
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)	Temporary cementation of provisional veneers	Permanent cementation of crowns, inlays, onlays, bridges, endodontic post cementation, and fabrication of core buildups
Delivery	5 ml dual-barrel syringe with mixing tip	5 ml dual-barrel syringe with mixing tip	0,67 g contra-angle syringe	5 ml dual-barrel syringe with mixing tip. Additional intraoral tip for precise delivery.
Cure Type	Self cure	Self cure	Light cure	Dual cure
Working Time/ Set Time	2–3 minutes	Fast Set 1–2 minutes	Light cure with VALO™ curing light for 10 seconds	2,5-minutes working time, full set in 5–8 minutes. Light cure with VALO™ curing light according to instructions.
Viscosity	Flowable	Flowable	Medium	Flowable
Shades	Off-white	Off-white	Translucent (fluoresces under a UV light)	A2, Translucent, Opaque White
Differentiation	Mixes and delivers in one action. Hydrophilic polycarboxylate non-irritating formula is kind to pulp. Ideal for sealing the access opening of walking bleach cases. Designed to flake off easily.	Mixes and delivers in one action. Hydrophilic resin-based formula is well-suited for cases when longer retention is required. Available in Fast Set time. Is radiopaque and fluoresces to ensure full cement removal.	Provides the additional strength necessary to keep provisional veneers in place. Fluoresces under a UV light for easy detection.	Lowest film thickness (8 µm) known for a luting cement. ¹ Higher compressive bond strength than other quality luting cements. ² Economically priced.

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

UltraTemp
temporary
cementClearTemp LC
temporary cementPermaFlo DC resin cement
with Peak Universal Bond
adhesive

← Temporary → BOND STRENGTHS: Lowest to Highest → Permanent

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



UltraTemp™ & UltraTemp™ REZ II

POLYCARBOXYLATE & RESIN-BASED
NON-EUGENOL TEMPORARY CEMENTS

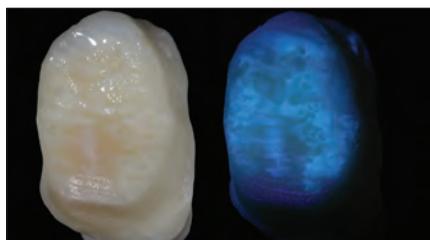


Ultradent™ Mixing Tip

- Non-eugenol formula won't interfere with resin bonding²
- 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 forces³
- Hydrophilic chemistry ensures a quality seal

UltraTemp™ temporary cement is a hydrophilic, polycarboxylate chemistry that ensures low irritation to pulp and a quality seal.⁴ It can be easily removed with water prior to setting. UltraTemp temporary cement is suggested for routine 1–2 week temporisation of custom-fabricated provisionals or standard preformed provisionals.

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



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

TWO DIFFERENT CEMENTS

for Different Retention Options

TEMPORARY PROVISIONAL LUTING



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



3. Flake off residual cement with blunt hand instrument.

4. Use an abrasive CHX antibacterial slurry with a rubber cup or coronal brush to remove residual cement.



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



6061 - UltraTemp REZ II Fast Set Kit (1- to 2-Minute Set Time)
1 x 5 ml (7,96 g) syringe
20 x Mixing tips

1. realityesthetics.com. 2. Millstein PL, Nathanson D. Effects of temporary cementation on permanent cement retention to composite resin cores. J Prosthet Dent. 1992;67(6):856–859. 3. Data on file. 4. Data on file.



CEMENTS

ClearTemp™ LC

TEMPORARY VENEER CEMENT



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

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

ESTHETIC



Courtesy of Dr. Richard Tuttle.

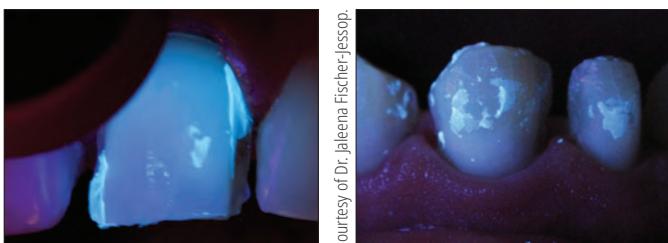
Today's provisionals look more natural than ever. ClearTemp LC cement helps create a short-term smile that patients will be proud to reveal.

COMPARE



A traditional temporary cement shows through the provisional crown on 11. ClearTemp LC cement does not show through the provisional veneer on 21.

FLUORESCING PROPERTIES



Courtesy of Dr. Jaleena Fischer-Jessop.

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

PROCEDURE



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



3. Remove flash.



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

REMOVAL



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



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

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

REFRIGERATE



3518 - ClearTemp LC Refill
4 x 0,67 g (0,5 ml) syringes

1. realityesthetics.com.



PermaFlo™ DC

DUAL-CURE COMPOSITE LUTING/RESTORATIVE RESIN



Ultradent™ Mixing Tip

- Multiple uses including post cementation, core buildup, and luting
- Wear resistant
- Maximum strength
- Radiopaque
- Low polymerization shrinkage
- Self-mixing
- Redesigned syringe for easy dispensing
- 2,5-minute working time, 5 to 8-minute chemical set time
- Total-etch or self-etch compatible

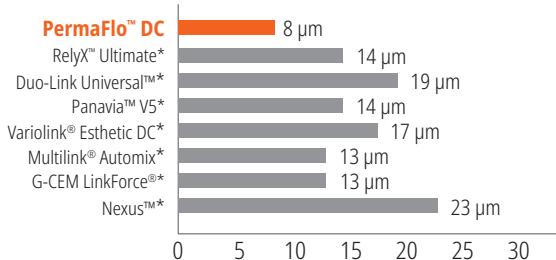
PermaFlo DC luting resin is a highly filled, small-particle, dual-cure resin that flows easily through a small-orifice tip, making post luting simple and convenient. It has the lowest film thickness of only 8 µm.¹

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

TECHNICAL DATA²

Shear Bond Strength to Enamel (Total-Etch)	53,38 MPa
Shear Bond Strength to Dentin (Total-Etch)	62,07 MPa
Flexural Strength	128,5 MPa
Flexural Modulus	9,37 GPa
Compressive Strength	355,91 MPa
Compressive Modulus	4,22 GPa

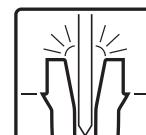
FILM THICKNESS³



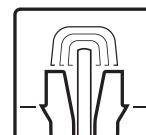
PermaFlo DC resin has the lowest film thickness known for a composite luting resin.³

MULTIPLE OPTIONS

Failure is NOT one of them



Post
Cementation



Core Buildup



Luting

PROCEDURE**



Courtesy of Dr. Gary Findley



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

USES



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



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

REFRIGERATE



PermaFlo DC Syringe Kits

Shade	Kit	Shade	Kit
A2	5912	Translucent	5914

1 x 5 ml (9,5 g) PermaFlo DC syringe
 A2 - 5 ml (9,63 g), Translucent - 5 ml (9,42 g), Opaque White - 5 ml (9,5 g)
 20 x Mixing tips
 20 x Intraoral tips

* Trademark of a company other than Ultradent. ** See Instructions for use for complete instructions. 1. Data on file. 2. Data on file. 3. Data on file..



ENDODONTIC POST CEMENTATION GUIDE USING PERMAFLO DC RESIN



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



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



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



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



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

CHOOSE THE ETCH AND RINSE TECHNIQUE



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



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

OR



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



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



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



8. Remove excess Peak Universal Bond adhesive using the TriAway Adapter* with Endo-Eze 22 ga tip and suction. Continue for 10 seconds using full air pressure, then air thin adhesive on coronal surface for 10 seconds.



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



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



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



12. Insert post slowly and seat to predetermined depth.



13. Tack cure PermaFlo DC cement in canal for 5 seconds.



14. Express PermaFlo DC cement around post for core buildup. Incrementally build up core and light cure for 10 seconds between layers. If cement starts to slump, tack cure between layers. Incrementally build up core.

* TriAway Adapters are not available in the EU.



RACHEL NILSEN - Neffs Canyon

FINISH

Single-Use Polishers
Shaping and Finishing Disks
Original Composite Polishing System
Natural Composite Polishing System
Natural Universal Ceramic Polishing System
Universal Ceramic Polishing System
Polishing Brushes
Diamond Polish Paste
Drying Agent
Finishing Strips
Composite Sealer

**Jiffy™ One**

SINGLE-USE POLISHERS



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

SIMPLE, STRAIGHTFORWARD, AND SAFE

Recommended speed: 3.000–8.000 RPM



Polish.



Toss in the bin.



Quick. Easy. Beautiful.

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

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



Medium



Fine

Jiffy One Cups, Disks, Points 20pk

	Cups 20pk	Disks 20pk	Points 20pk
Medium	7024	7026	7028
Fine	7025	7027	7029

**7030 - Jiffy One Single Use Polisher Sample Kit**

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



Jiffy™ Spin

COMPOSITE SHAPING & FINISHING DISKS



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

Recommended speed: 7,000–10,000 RPM

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



**5570 - Jiffy Spin
10 mm Shaping & Finishing Disk Kit**
2 x Mandrels, 50 x Extra-Coarse Disks, 50 x Coarse Disks,
50 x Medium Disks, 50 x Fine Disks



**5571 - Jiffy Spin
14 mm Shaping & Finishing Disk Kit**
2 x Mandrels, 50 x Extra-Coarse Disks, 50 x Coarse Disks,
50 x Medium Disks, 50 x Fine Disks



5581 - Jiffy Spin Mandrel 10pk

Jiffy Spin Shaping & Finishing Disks 75pk

75pk	Extra-Coarse	Coarse	Medium	Fine
10 mm	5582	5572	5573	5574

75pk	Extra-Coarse	Coarse	Medium	Fine
14 mm	5583	5576	5578	5579

**Jiffy™**

ORIGINAL COMPOSITE SYSTEM



- Unique disk shape gives you leverage on working surfaces
- Polishing cups feature a flared, flexible thin-wall design that is ideal for polishing near the gingiva
- Available with or without autoclavable aluminum blocks*
- Jiffy grit gives a beautiful finish on any composite material
- Not made with natural rubber latex

**1. Shaping to Polishing**

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

**2. High Shine Polish**

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

**3. Final Finish**

Polishing Brush used with Ultradent™ Diamond Polish Mint gives a final esthetic finish to composite or ceramic restorations.

**7010 - Jiffy Original Polisher Variety Pack 18pk**

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

Jiffy Cups, Disks, Points 12pk

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

Jiffy HiShine Cups, Disks, Points 10pk

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

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



INTRAORAL CONTOURING & 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.



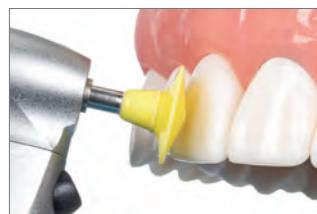
Use Jiffy Coarse Green point to shape occlusal and labial/buccal surfaces.

INTRAORAL FINISHING & 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.

INTRAORAL POLISHING

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.



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 Mosaic™ universal composite
- Available with or without autoclavable aluminum blocks*

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

Recommended speed: 5.000–8.000 RPM



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

Recommended speed: 5.000–8.000 RPM



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



6384-1 - Jiffy Natural Composite Polishing Kit (Plastic Block)

2 x Jiffy Natural Wheels (1 Medium, 1 Fine)
2 x Jiffy Natural Twirl (1 Medium, 1 Fine)



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

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

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



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

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

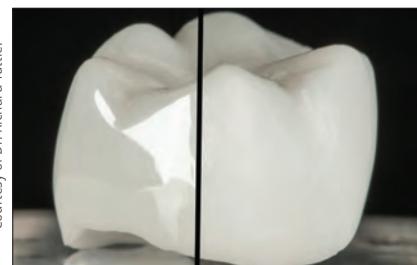


Jiffy™ Natural

UNIVERSAL CERAMIC POLISHING SYSTEM



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.

- 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

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 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.

CERAMIC 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 RA Fine Universal cup should be used.



6082-1 - Jiffy Natural Universal RA Polishing Wheel Variety Pack 6pk

3 x Each Jiffy RA Medium and Fine Natural Universal 14 mm wheels



6083-1 - Jiffy Natural Universal RA Medium Spiral Polishing Wheel 3pk

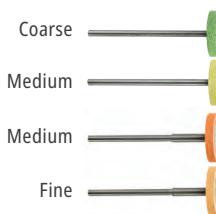
14 mm wheels

6084-1 - Jiffy Natural Universal RA Fine Spiral Polishing Wheel 3pk

14 mm wheels

**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 finish²
- Optimized two-step adjusting and polishing sequence
- Maximum diamond retention ensures a long service life
- Autoclavable aluminum block extends the life of the system

**Extraoral Kit for Gross Adjustments and Polishing**

Use the green (coarse) and yellow (medium) Jiffy grinder 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**

Polishing Brush used with Ultradent™ Diamond Polish Mint gives a final esthetic finish to ceramic restorations.

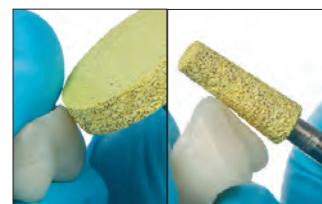
EXTRAORAL ADJUSTING

- 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.

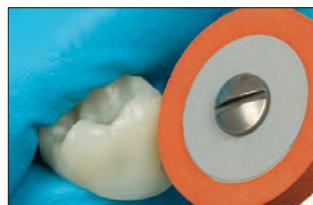


Jiffy Universal Medium Yellow grinders are designed for adjustments of lithium disilicate, zirconia, and feldspathic porcelain.

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.

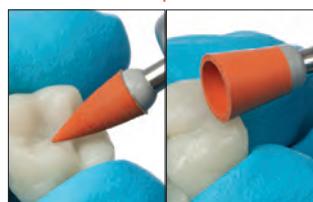


2. Use Jiffy HP Fine Universal wheel to create final polish.

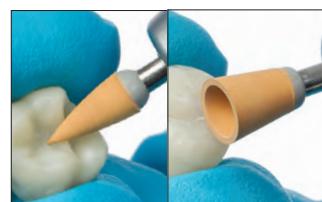
INTRAORAL POLISHING

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

Recommended speed: 5.000–7.000 RPM



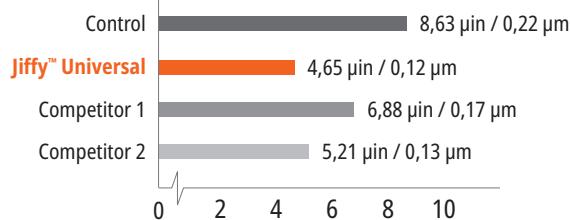
1. Use Jiffy Universal RA Medium point and cup to pre-polish.



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

SURFACE ROUGHNESS ($\mu\text{in}/\mu\text{m}$)³

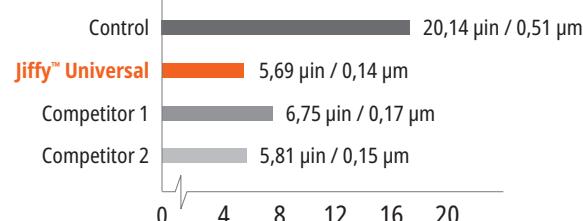
ZIRCONIA



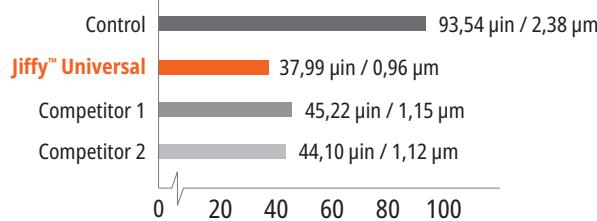
4018-1 - Jiffy Universal Extraoral Adjusting & Polishing Kit (Aluminum Block)

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)

IPS E.MAX®*

4238-1 - Jiffy HP Coarse Polishing Grinder Wheel 1pk
 4241-1 - Jiffy HP Medium Polishing Grinder Wheel 1pk4239-1 - Jiffy HP Coarse Polishing Grinder Taper 1pk
 4242-1 - Jiffy HP Medium Polishing Grinder Taper 1pk

FELDSPATHIC PORCELAIN

4236-1 - Jiffy HP Medium Polishing Wheel 1pk
 4237-1 - Jiffy HP Fine Polishing Wheel 1pk4108-1 - Jiffy RA Medium Polishing Point 5pk
 4109-1 - Jiffy RA Fine Polishing Point 5pk4234-1 - 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. 3. Data on file.

**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.

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

1. realityesthetics.com.

Ultradent™ Diamond Polish Mint

Black Mini™ Tip

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



5540 - Diamond Polish Mint Refill 0,5 µm
5541 - Diamond Polish Mint Refill 1 µm
2 x 1,2 ml (1,40 g) syringes

PrimaDry™
DRYING AGENT



Black Micro™ FX™ Tip

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 the moisture content of pits and fissures after rinsing off etchant with water spray and air drying. The ultrafine primer film allows UltraSeal XT plus pit and fissure sealant to flow perfectly into every pit and fissure.

REFRIGERATE



716 - PrimaDry Syringe Refill
4 x 1,2 ml (0,95 g) syringes

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

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.

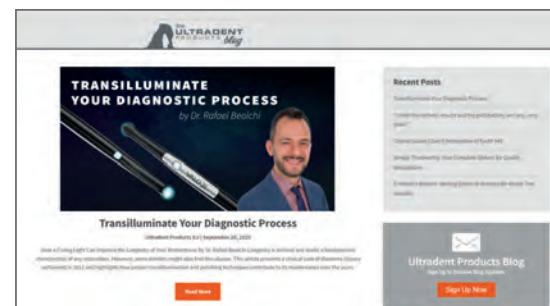


4680 - Jiffy Proximal Saw Stainless Steel 10pk
10 x Stainless Steel Ribbon Saw



BETTER DENTISTRY THROUGH KNOWLEDGE

Visit the Ultradent Products Blog to get great insight into the world of dentistry.



Scan to visit Ultradent Products Blog

**PermaSeal™**

PENETRATING COMPOSITE SEALER



Black Micro™ FX™ Tip

- 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 minimizes staining and wear by sealing voids and irregularities created during the polishing process. Place on Class V composite margins to reduce microleakage.² PermaSeal sealer bonds well to composite-type provisional restorations and can be used to revitalize old composites as well.

NEW RESTORATIONS

Courtesy of Dr. Dan Fischer
Before: Interproximal spaces and slight rotations to be corrected with Peak™ Universal Bond adhesive and composite.



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

EXISTING RESTORATIONS

Courtesy of Dr. Brett Richins.



Clean surfaces and margins to be sealed thoroughly with antibacterial 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. Proceed to PermaSeal sealer application.

Restoration immediately after PermaSeal composite sealer application.



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

REFRIGERATE

631 - PermaSeal Kit
4 x 1,2 ml (1,30 g) syringes
10 x Black Micro FX tips

REFRIGERATE

1013 - PermaSeal Mini Kit
2 x 1,2 ml (1,30 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. Data on file.



MELISSA AXEN - Left Fork Subway Entrance

EQUIPMENT

Curing Light Accessories
LED Broadband Curing Lights
Diode Laser
Protective Eyewear
Cutters and Scissors



EQUIPMENT

VALO™ Family

LED CURING LIGHTS



Reality Five Star Award, 13x Winner (2012–2024)

Cellerant Best of Class, Technology Award, 6x Winner (2012–2015, 2017, 2019)

Dentistry Today Top 50 Technology Products, Readers' Choice Award, 5x Winner (2012, 2015, 2017, 2018, 2019, 2024)

Dentistry Today Top 25 Aesthetic/Restorative Products, Readers' Choice Award, 4x Winner (2020–2023)

Dental Townie Choice Awards, 10x Winner (2014–2017, 2019–2024)

Dental Townie Choice Award "Best New Product", 2x Winner (VALO Grand 2022, VALO X 2023)



VALO X, 10 sec, trans shade



Competitor, 10 sec, trans shade



Competitor, 10 sec, trans shade



Competitor, 10 sec, trans shade

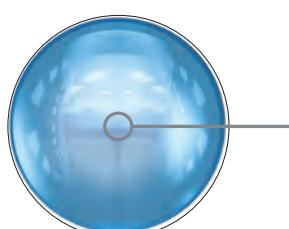


Competitor, 3 sec, trans shade



Competitor, 1 sec, trans shade

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



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



1. realityesthetics.com.



POWER

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

DURABILITY

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



5-YEAR MANUFACTURER WARRANTY

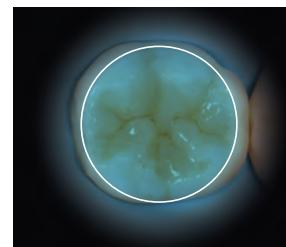
We are proud of our manufacturing process and stand behind the quality of the VALO light. Each VALO light comes with a 5-year manufacturer's warranty, so you can be confident in your purchase.

ACCESSIBILITY

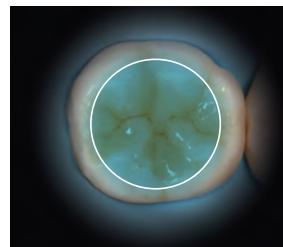
The VALO family of curing lights have a low-profile design to allow easy access to posterior restorations without sacrificing patient comfort.¹ The slim head allows the light to be placed directly over the curing site, no matter where it is in the mouth, ensuring all aspects of the preparation are covered.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



VALO X curing light
Diameter and Surface Area
12,5 mm & 123 mm²



VALO Grand curing light
Diameter and Surface Area
11,7 mm & 108 mm²



VALO curing light
Diameter and Surface Area
9,7 mm & 74 mm²

DISTAL ACCESSIBILITY

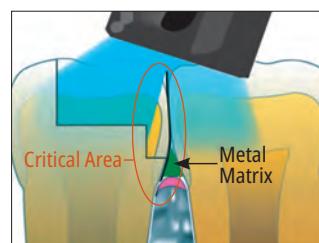


COMPETITOR: The angle of competitor's 60° light guide causes overextension of jaw and often makes it impossible for light to reach all aspects of preparation.

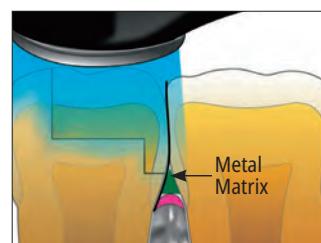


VALO light's slim head allows easy and direct access to all curing sites.

ACCESS WITH A MATRIX



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



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

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



PRODUCT SPECIFICATIONS

	VALO X	VALO Grand	VALO
Range of Light Output (nm)	380 nm–515 nm	385 nm–515 nm	385 nm–515 nm
Peak Wavelengths (nm)	380–420 nm and 420–515 nm	395–415 nm and 440–480 nm	395–415 nm and 440–480 nm
Power (mW)			
Standard	1350 mW	970 mW	670 mW
High Power	NA	1620 mW	970 mW
Xtra Power	2700 mW	2260 mW	1570 mW
Irradiance* (mW/cm²)			
Standard	1100 mW/cm ²	900 mW/cm ²	900 mW/cm ²
High Power	NA	1500 mW/cm ²	1300 mW/cm ²
Xtra Power	2200 mW/cm ²	2100 mW/cm ²	2100 mW/cm ²
Total Energy Per Cycle			
Standard	13,5 J (10 seconds)	9,70 J (10 seconds)	6,65 J (10 seconds)
High Power	NA	6,46 J (4 seconds)	3,83 J (4 seconds)
Xtra Power	13,5 J (5 seconds)	6,30 J (3 seconds)	4,65 J (3 seconds)
Curing Time Modes			
Standard	10 sec	20/15/10/5 sec	20/15/10/5 sec
High Power	NA	1/2/3/4 sec	1/2/3/4 sec
Xtra Power	5 sec	3 sec	3 sec

	VALO X	VALO Grand	VALO
Dimensions			
Lens Diameter	12,5 mm	11,7 mm	9,75 mm
Cordless	22,6 x 2,1 x 2,1 cm (8,9 x 0,83 x 0,83 in)	20,3 x 3,3 x 2,7 cm (8 x 1,28 x 1,06 in)	20,3 x 3,3 x 2,7 cm (8 x 1,28 x 1,06 in)
Corded	22,6 x 2,1 x 2,1 cm (8,9 x 0,83 x 0,83 in) Cord Length: 1,80 m (6 feet)	23,5 x 2 x 2 cm (9,26 x 0,79 x 0,79 in) Cord Length: 1,80 m (6 feet)	23,5 x 2 x 2 cm (9,26 x 0,79 x 0,79 in) Cord Length: 1,80 m (6 feet)
Wand Weight			
Cordless	Unit: 108 gram (3.8 oz) With Batteries: 136 gram (4.8 oz)	Cordless Unit: 150 gram (5.3 oz) With Batteries: 190 grams (6.7 oz.)	Cordless Unit: 150 gram (5.3 oz)
Corded	Corded: 158 gram (5.6 oz)	Corded Unit: 226 grams (8 oz)	Corded Unit: 226 grams (8 oz)
Power Operation	Cordless/Battery or Corded	Cordless/battery unit Corded Unit	Cordless/battery unit Corded Unit
Battery	Protected, Rechargeable, Chemistry Lithium Iron Phosphate Battery (LiFePO4) 1IMR14/65 3,7 V, 900 mAH 3,33 WH	Rechargeable, Chemistry Lithium Iron Phosphate Battery (LiFePO4) RCR123A, 3,2 V, 400 mAH 1,28 WH	Rechargeable, Chemistry Lithium Iron Phosphate Battery (LiFePO4) RCR123A, 3,2 V, 400 mAH 1,28 WH

*Irradiance conforms to ISO 10650 when measured with a Gigahertz spectrum analyzer.

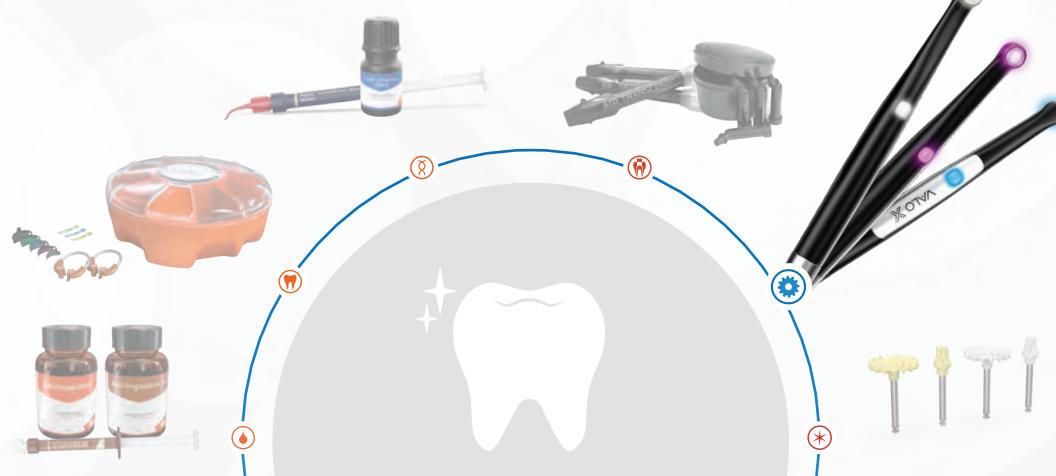


RESTORATIVE SOLUTION

Your complete system for QUALITY RESTORATIONS

VALO™ X Curing Light

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





VALO™ X Operation Modes

FRONT	BACK	BUTTON INDICATOR	STATE OR FUNCTION
			STANDARD POWER MODE
			XTRA POWER - TRIPLE PULSE MODE
			WHITE LIGHT DIAGNOSTIC AID MODE
			BLACK LIGHT DIAGNOSTIC AID MODE

Always refer to the Instructions for Use prior to use.

CYCLING BETWEEN MODES

MOVEMENT



Tap the unit forward to change through 2 curing modes



Tap the unit sideways to change through 2 diagnostic aid modes

BUTTON PRESS



To cycle to curing modes from diagnostic aid modes, press and hold the top button for 1 second.



To cycle to diagnostic aid modes from curing modes, press and hold the bottom button for 1 second.

BUTTON INDICATION

BUTTON INDICATOR	STATE OR FUNCTION
	Standard Power Mode
	Xtra Power - Triple Pulse Mode
	White Light Diagnostic Aid Mode
	Black Light Diagnostic Aid Mode
	Sleep Mode

	Mode actively running and light is busy
	Low/Recharge Power
	Dead Battery
	Temporary LED over temperature protection

VALO™ Grand and VALO™ Operation Modes

CORDED	CORDLESS	STANDARD POWER	HIGH POWER PLUS	XTRA POWER
		 5 sec. 10 sec. 15 sec. 20 sec.	 1 sec. 2 sec. 3 sec. 4 sec.	 3 sec.

Always refer to the Instructions for Use prior to use.



VALO™ X

BROADBAND LED CURING LIGHT



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

CYCLING BETWEEN MODES



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



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

LENS ACCESSORIES

TWO CURING LENSES

ProxiCure™ Ball Lens 5889	PointCure™ Lens 5890

THREE DIAGNOSTIC AID LENSES

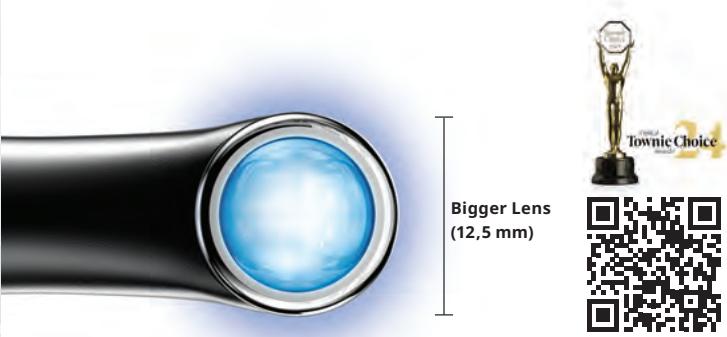
TransLume™ Lens 5891	Diffuser Lens Interproximal 5892	Lens 5893

SIX NEW COLORS SAME IMPRESSIVE POWER



VALO™ X

BROADBAND LED CURING LIGHT



Scan here for more information on the VALO X light.

- Twelve ultra-high-energy broadband LEDs cure all light-curable dental materials
- Optimally collimated beam delivers consistent, uniform power
- Two curing modes, Standard Power and Xtra Power, accommodate your preferences
- Extremely durable build, crafted with high-grade aerospace aluminum, allows for excellent thermal management
- Simplified interface with curing and diagnostic aid modes included
- Slim, unibody design and ergonomic shape allows unprecedented access to all restoration sites¹
- Accelerometer Function allows you to quickly change between modes with a drum-tap motion
- Second activation button on the underside allows for intuitive operation
- Five accessory lenses included with the kit for curing and diagnostic aid purposes
- Included power adaptor allows clinicians to use the light as cordless or corded
- International power supply is suitable for power outlets from 100 to 240 volts

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



Note: If you need support or service on your VALO product, please contact your Ultradent Products Medical Device Consultant.

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 aid modes with a simple wave of the wand. This eliminates awkward fumbling during a procedure, reduces the likelihood of dropping the instrument, and helps clinicians keep their minds on the task at hand. It uses a custom, multiwavelength light-emitting diode (LED) for producing high-intensity light at 380–515 nm, which is capable of polymerizing all light-curable 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

new

6538 - VALO X Colors Kit - GALAXY PURPLE

6497 - VALO X Colors Kit - AURORA PINK

6499 - VALO X Colors Kit - NEBULA GREEN

6498 - VALO X Colors Kit - STARDUST GRAY

6496 - VALO X Colors Kit - HORIZON RED

6519 - VALO X Colors Kit - TWILIGHT BLUE

6539 - VALO X Colors Kit - ONYX BLACK

1 x VALO X LED curing light

1 x Diffuser lens

2 x Rechargeable batteries

1 x Battery charger

1 x Power supply (for battery charger and cord adapter*)

1 x Blue-light-blocking light shield

1 x Sample pack of barrier sleeves

*Cord dapter not included





EQUIPMENT



Note: If you need support or service on your VALO product, please contact your Ultradent Products Medical Device Consultant.



4665 - VALO X Barrier Sleeves 100pk
5898 - VALO X Barrier Sleeves 600pk

508 - UltraTect Glasses 1pk



5437 - VALO X Rechargeable Batteries 2pk



4951 - VALO X Battery Charging Unit 1pk



5189 - VALO X Assembled Cord 1pk



4952 - VALO X Power Supply 1pk

VALO™
BROADBAND LED CURING LIGHT



WHICH NEW
HUE IS YOU?



VALO™ Grand Cordless

LED CURING LIGHT



- Ultra-high-energy broadband LEDs cure all light-curable 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 sites²
- Unique unibody design is both extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch
- Second activation button on the underside allows for intuitive operation
- Battery-operated, cordless wand design provides optimal convenience and flexibility
- Operates on environmentally responsible, safe, inexpensive, rechargeable batteries

VALO Grand Cordless curing light uses a custom, multiwavelength light-emitting diode (LED) for producing high-intensity light at 385–515 nm, which is capable of polymerizing all light-curable 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.



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

1 x VALO Grand 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



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

3604 - VALO Grand Light Shield 1pk



508 - UltraTect Glasses 1pk



1667 - VALO Surface Mounting Bracket 1pk



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

5963 - VALO Grand Rechargeable Batteries 2pk



5962 - VALO Grand Battery Charging Unit 1pk



5961 - VALO Power Supply 1pk



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



EQUIPMENT

VALO™ Grand Corded LED CURING LIGHT



- Ultra-high-energy broadband LEDs cure all light-curable 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 sites²
- Unique unibody design is both extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch
- Second activation button on the underside allows for intuitive operation
- International power supply is suitable for power outlets from 100 to 240 volts; no batteries needed

VALO Grand Corded LED curing light uses a custom, multiwavelength light-emitting diode (LED) for producing high-intensity light at 385–515 nm, which is capable of polymerizing all light-curable dental materials. This intensity will also penetrate porcelain and is capable of curing underlying resin cements. The VALO Grand 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.



Note: If you need support or service on your VALO product, please contact your Ultrudent Products Medical Device Consultant.



5971 - VALO Grand Corded Kit

1 x VALO Grand LED curing light - 2,13 m cord
1 x Power supply with universal plugs - 1,83 m cord
1 x Handpiece bracket holder
1 x Blue light blocking light shield
1 x Sample pack of barrier sleeves



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



508 - UltraTect Glasses 1pk



1667 - VALO Corded Surface Mounting Bracket 1pk



5930 - VALO Power Supply - 1,83 m cord

5933 - VALO Power Supply - 4,88 m cord

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



VALO™ Cordless

LED CURING LIGHT



9.7 mm
Lens



- Ultra-high-energy broadband LEDs cure all light-curable 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 sites²
- Unique unibody design is both 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-curable 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.



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



4667 - VALO Cordless Barrier Sleeves 100pk
5896 - VALO Cordless Barrier Sleeves 600pk

5929 - VALO Cordless Light Shield 1pk



508 - UltraTect Glasses 1pk



1667 - VALO Surface Mounting Bracket 1pk



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

5963 - VALO Cordless Rechargeable Batteries 2pk



5962 - VALO Grand Battery Charging Unit 1pk



5961 - VALO Power Supply 1pk

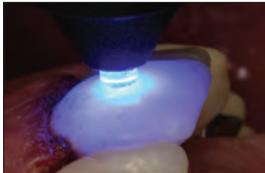
1. realityesthetics.com. **2.** Moreira RJ, de Deus RA, Ribeiro MTH, et al. Effect of light-curing unit design and mouth opening on the polymerization of bulk-fill resin-based composite restorations in molars. *J Adhes Dent.* 2021;23(2):121–131. doi:10.3290/j.ad.61079561.



EQUIPMENT

VALO™ X, VALO™ Grand and VALO™ Accessory 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 that is ideal for point curing (tacking) veneers and all porcelain crowns.	5890 - VALO X PointCure Lens 2pk	4082 - VALO Grand PointCure Lens 2pk	5934 - VALO PointCure Lens 2pk
ProxiCure™ Ball Lens 	The ProxiCure Ball lens helps to hold the matrix band in interproximal contact during polymerisation.	5889 - VALO X ProxiCure Ball Lens 2pk	4081 - VALO Grand ProxiCure Ball Lens 2pk	5936 - VALO ProxiCure Ball Lens 2pk
TransLume™ Lens 	The TransLume lens facilitates the visualisation and location of cracks, defects in teeth, or restorative materials.	5891 - VALO X TransLume Lens 2pk	4084 - VALO Grand TransLume Lens 2pk	5937 - VALO TransLume Lens 2pk
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.	5893 - VALO X Interproximal Lens 2pk	4658 - VALO Grand Interproximal Lens 2pk	4629 - VALO Interproximal Lens 2pk
Black Light Lens 	The Black Light lens aids in detecting fluorescent particles in resin for easy differentiation from natural enamel.	N/A	4319 - VALO Grand Black Light Lens 1pk	5939 - VALO Black Light Lens 1pk
White Light Lens 	The White Light lens provides a pure, controlled, natural light source to aid in accurate shade matching.	N/A	4628 - VALO Grand White Light Lens 2pk	N/A
VALO X Diffuser Lens	In Black Light diagnostic aid mode, the Diffuser lens gives visual aid of fluorescent particles in various dental resins. In White Light diagnostic aid mode, the Diffuser lens provides a pure, controlled, natural light source to aid in accurate shade matching.	5892 - VALO X Diffuser White Light Lens 1pk	N/A	N/A



GEMINI EVO™

810 + 980 DIODE LASER

THE NEXT EVOLUTION IN LASER DENTISTRY

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



EQUIPMENT

Gemini EVO™

810 + 980 DIODE LASER



Dentistry Today Top 100, 4x Winner (2016–2020)

Dentistry Today Top 50 Technology Products, Readers Choice 2023

Dentistry Today Editors' Choice Award 2023

Cellerant Best of Class, Technology Award, 3x Winner (2017–2019)

Good Design Award

Dental Product Shopper "Best Product" 2022

- Delivers 100 watts of peak power for faster cutting, less heat, and ultra-clean incisions in soft tissue¹
- 3-in-1 design allows you to choose the optimal wavelengths for coagulation, ablation, or a combination of both
- Three photobiomodulation adapters (3 mm, 7 mm, and 25 mm) are included so your patients can experience the benefits of laser dentistry
- Streamlined display and user interface gives more intuitive and user-friendly control
- 16 preset procedures are divided into three categories for efficient, intuitive use
- Uses the same tips as the original Gemini laser
- Patented single-use tips and autoclavable handpiece for easy laser use and simple sterilization between procedures
- 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
- Battery operation and wireless foot pedal allow for convenient movement from operatory to operatory
- Two-year warranty
- Designed and assembled in the U.S. from U.S./imported components

The revolutionary Gemini EVO soft tissue laser makes laser dentistry easier than ever. With a dual wavelength diode laser delivering up to 100 watts of super-pulsed peak power, the Gemini EVO laser offers faster and gentler cutting with greater clinical predictability.¹

Soft tissue diode lasers are minimally invasive and can perform many procedures without the need for incisions or sutures, resulting in less trauma, bleeding, and discomfort for patients.



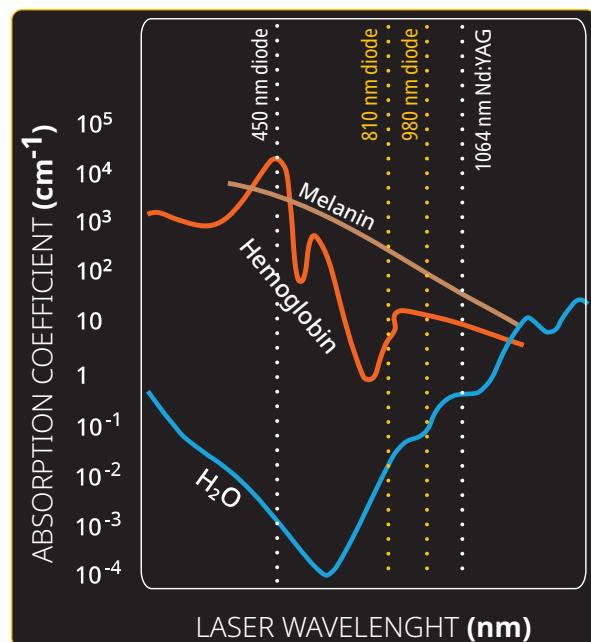
1. R Borchers. Comparison of diode lasers in soft tissue surgery using CW and superpulsed mode, an in vivo study. *Int J Laser Dent.* 2011; 1(1):17–27. **2.** Akbulut N, Kursun ES, Turner MK, Kamburoglu K, Gulsen U. Is the 810-nm diode laser the best choice in oral soft tissue therapy? *Eur J Dent.* 2013;7(2):207-211. doi:10.4103/1305-7456.110174. **3.** S Pirnat. Versatility of 810 nm laser in dentistry. *J Laser Health Academy.* 2007; (4).

Additionally, laser procedures often result in less pain and swelling than procedures performed using traditional methods, such as electrocautery or a scalpel, leading to reduced healing time for increased patient comfort and satisfaction. The ability to precisely target and treat specific areas of soft tissue with great accuracy leads to more predictable and consistent outcomes.

BENEFITS	SCALPEL	ELECTROSURGE	LASER
Efficient soft tissue removal	x	x	x
Excellent hemostasis	x	x	x
Generally safe around implants			x
Requires less anesthesia			x
Reduced post-operative pain	x		x
Less risk of gingival recession			x
Reduced swelling and discomfort		x	x
No suturing required		x	x
Decontaminates wound edges			x

WAVELENGTH & TISSUE INTERACTION

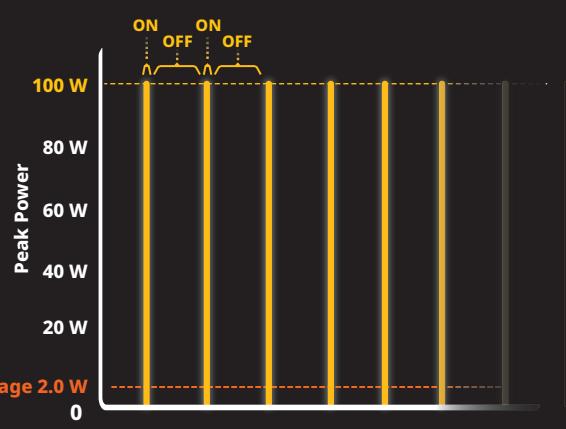
Dental soft tissue diode lasers work by emitting a focused beam of light (non-ionizing infrared radiation of 800–980 nm wavelength) that is absorbed by the water, Haemoglobin, and pigment molecules within soft tissue. This causes the molecules to heat up and vaporize, allowing the laser to cut through the tissue with great precision. The laser also coagulates, cauterizes nerve endings, and decontaminates surrounding tissue, resulting in improved hemostasis, reduced patient discomfort, and a lower risk of post-op infections.



Selecting the optimal wavelength is important for maximizing the laser's efficacy in soft tissue applications. The Gemini EVO laser features 810 nm, 980 nm, and dual wavelength options to combine the best absorption in melanin, hemoglobin, and water to provide the greatest clinical versatility.^{2,3}



PEAK POWER AND SUPER-PULSING



GEMINI EVO

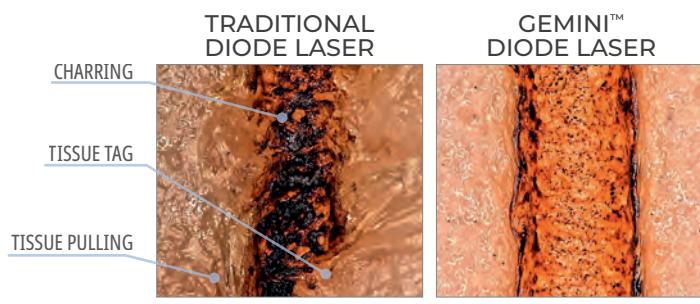
2.0 W Average Power Output

Gemini EVO Laser
Pulse Duration: 0.05 ms
Pulse Interval: 2.45 ms

The desired results with the least risk of unwanted thermal damage can be achieved with very short pulses at the highest power density for the shortest time possible.¹²

TRADITIONAL DIODE LASER

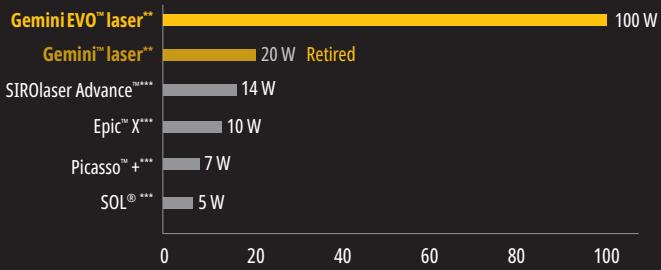
GEMINI™ DIODE LASER



1 Watt Average Power, 400 micron fiber, Robotically Controlled Speed.

Gemini EVO laser's high peak power allows for efficient ablation, while the short pulses allow soft tissues to cool during the procedure, reducing charring and thermal damage to the collateral tissues. This results in increased patient comfort without compromising the speed or effectiveness of the treatment.^{1,2}

DIODE LASER PEAK POWER COMPARISON*



PHOTOBIMODULATION



Gemini EVO laser offers photobiomodulation (PBM) therapy options, allowing clinicians to provide pain relief to patients with various dental conditions or post-operative discomfort. The integrated PBM attachments make it easy for clinicians to deliver light energy to improve cellular function, reduce pain, inflammation, and promote accelerated healing.^{3,4}

The benefits of PBM:

- Temporary pain relief
- Improved local blood circulation
- Temporary relaxation of muscle
- Modulation of inflammation
- Acceleration of soft and hard tissue healing



Photobiomodulation protocols are available to help you and your patients get the most of PBM therapy treatment.

Scan here to see more info about the Gemini EVO laser on our website



Note: Gemini laser is no longer available. * Data published by manufacturer. ** Peak Power in dual wavelength Mode. *** Trademark of a company other than Ultradent. 1. Goharkhay K, Moritz A, Wilder-Smith P, et al. Effects on oral soft tissue produced by a diode laser in vitro. *Lasers Surg Med*. 1999;25(5):401–406. doi:10.1002/(sici)1096-9101(1999)25:5<401::aid-lsm6>3.0.co;2-u. Borchers R. Comparison of diode lasers in soft tissue surgery using CW and superpulsed mode, an in vivo study. *Int J Laser Dent*. 2011; 1(1):17–27. 2. Borchers R. Comparison of diode lasers in soft tissue surgery using CW and superpulsed mode, an in vivo study. *Int J Laser Dent*. 2011; 1(1):17–27. 3. Ross G, Ross A. Photobiomodulation: an invaluable tool for all dental specialties. *J Laser Dent*. 2009;17(3):117–124. 4. Mármore BC, Brochado FT, Schmidt TR, et al. Defocused high-power diode laser accelerates skin repair in a murine model through REDOX state modulation and reepithelialization and collagen deposition stimulation. *J Photochem Photobiol B*. 2021;225:112332. doi:10.1016/j.jphotobiol.2021.112332.



EQUIPMENT



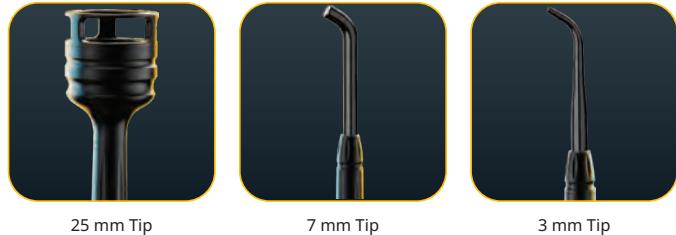
WIFI CONNECTIVITY & DASHBOARD

The Gemini EVO Dashboard gives you additional tools, training, and information at your fingertips so you can get the most out of your laser.



Dashboard Includes:

- Procedure reports
- Helpful videos, support content, and CE-training courses
- PBM protocols
- Software updates and over-the-air support
- Usage statistics
- ROI tracker
- Promotions and more



BUILT-IN PHOTOBIMODULATION

Three PBM adapters are included for intraoral and extraoral treatment.

- 3 mm
- 7 mm
- 25 mm



HAPTIC SENSE & TOUCH TECHNOLOGY

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



GUIDED TOUCH INTERFACE

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

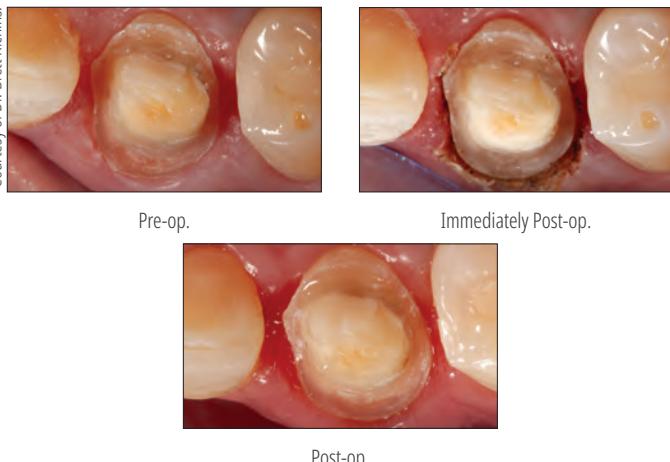


SURGICAL PROCEDURES

- Excisional and incisional biopsies
- Exposure of unerupted teeth
- Fibroma removal
- Frenectomy
- Frenotomy
- Gingival troughing for crown impression
- Gingivectomy
- Gingivoplasty
- Gingival incision and excision
- Hemostasis and coagulation
- Implant recovery
- Incision and drainage of abscess
- Lesion (tumour) removal
- Leukoplakia
- Operculectomy
- Oral papillectomies
- Pulpotomy
- Pulpotomy as an adjunct to root canal therapy
- Reduction of gingival hypertrophy
- Soft tissue crown lengthening
- Treatment of canker sores, herpetic, and aphthous ulcers of the oral mucosa
- Vestibuloplasty

Courtesy of Dr. Brett Richins.

TROUGHING

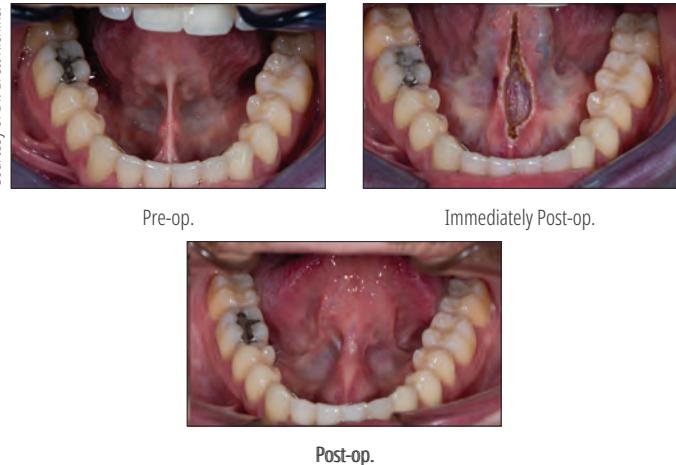


CLINICAL BENEFITS: Quickly and gently obtain precise, bloodless gingival margins within seconds, reducing the need for cord packing. Impressions can be taken immediately post troughing without additional time for fluid control. Bad impressions are the #1 reason for poor fitting restorations. Using a laser can ensure accurate, precise margins every time, and is especially important when using a digital scanner as there is no physical impression material to push any tissue out of the way.

PATIENT BENEFITS: Patients have a more comfortable experience without the need for cord packing, which can cause tissue trauma. Laser troughing provides better crown margins resulting in more precise fitting restorations leading to better clinical outcomes.

LINGUAL FRENECTOMY

Courtesy of Dr. Brett Richins.



LABIAL FRENECTOMY

Courtesy of Dr. Renato Miotti Palo.



CLINICAL BENEFITS: The gentleness of the Gemini EVO laser allows for efficient and gentle frenectomies with less patient discomfort, and there is no need for sutures due to the coagulation effect of the laser.

PATIENT BENEFITS: Patients benefit from minimal pain, bleeding, and swelling during and after the procedure and enjoy a speedy recovery.

GINGIVECTOMY

Courtesy of Dr. Jaleena Fischer-Jessop.



CLINICAL BENEFITS: Efficient and precise soft tissue contouring for predictable margins and ideal gingival architecture. The gentleness of the Gemini EVO laser procedure minimises the risk of gingival recession during healing, allowing for same-day final impressions and predictable outcomes while reducing patient discomfort. Also, the coagulation effect of lasers minimises bleeding during and after the procedure.

PATIENT BENEFITS: Patients achieve a beautiful smile without the pain and discomfort typically associated with soft tissue surgery and with fewer visits to the dental office.



EQUIPMENT

Courtesy of the late Dr. Stephen Tracey.

TOOTH EXPOSURE



Pre-op.



Immediately Post-op.



Immediate Bracket Bonding.

CUSPID EXPOSURE



Pre-op.



Immediately Post-op.

CLINICAL BENEFITS: Easily remove tissue over an impacted tooth, such as a cuspid or molar, for immediate bracket/button attachment. This quick and painless procedure is typically accomplished with topical anaesthetic with little to no bleeding. Bypassing the need to wait for passive eruption can save many months of orthodontic treatment.

PATIENT BENEFITS: A quick and painless way to speed up orthodontic treatment without needing to see a specialist.

HYGIENE INDICATIONS

- Laser soft tissue curettage
- Reduction of bacterial level (decontamination) and inflammation
- Removal of diseased, infected, inflamed, and necrosed soft tissue within the periodontal pocket
- Removal of highly inflamed edematous tissue affected by bacterial penetration of the pocket
- Sulcular debridement (removal of diseased, infected, inflamed, and necrosed soft tissue in the periodontal pocket to improve clinical indexes including gingival index, gingival bleeding index, probe depth, attachment loss, and tooth mobility)

BACTERIAL DECONTAMINATION OR LASER BACTERIAL REDUCTION (LBR)



CLINICAL BENEFITS: Using a diode laser for bacterial reduction can significantly reduce the bacterial load in the sulcus and reduce the risk of cross-contamination between sites during hygiene procedures. The procedure is quick and efficient, taking only 10–20 seconds per tooth.

PATIENT BENEFITS: Reduced pocket depths and improved overall periodontal health.

SULCULAR DEBRIDEMENT OR SOFT TISSUE CURETTAGE



CLINICAL BENEFITS: Diode lasers can selectively target and remove diseased tissue in periodontal pockets, promoting healthy tissue regeneration.

PATIENT BENEFITS: Reduced pocket depths and improved overall periodontal health.

Courtesy of Dr. Renato Miotto Palo.

BIOPSY/FIBROMA



Pre-op.



Immediately Post-op.



Post-op.


9121 - Gemini EVO Laser Kit

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



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


9127 - Gemini EVO Handpiece Shell 1pk

9126 - Gemini EVO Power Supply 1pk

8995 - Gemini EVO Safety Glasses 1pk

Note: If you would like to order the PBM adapters or Gemini EVO foot pedal, please contact your Ultradent Products Medical Device Consultant


9123 - Gemini EVO Intraoral PBM Adapter Kit

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


9124 - Gemini EVO Extraoral PBM Adapter Kit

- 1 x 25 mm Photobiomodulation (PBM) adapter
- 2 x Disposable spacer tips
- 1 x Cleaning cloth


8999 - Gemini PBM Spacer Tip Kit 5pk



EQUIPMENT

UltraTect™

PROTECTIVE EYEWEAR



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

Note: Do not use for laser protection.



Glasses are flexible and impact resistant for ultimate durability.



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



914 - Black-Green Frame/Gray Lens 1pk

501 - Black Frame/Clear Lens 1pk

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

Ultradent™ Ultra-Trim

SCALLOPING SCISSORS

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

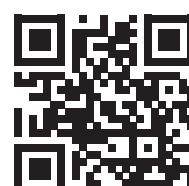


605 - Ultradent Ultra-Trim Scalloping Scissors 1pk



BETTER DENTISTRY THROUGH KNOWLEDGE

Visit the Ultradent Products Blog to get great insight into the world of dentistry.



Scan to visit Ultradent Products Blog



HILLARY HUBBARD – Skull Arch, Arches National Park

ENDODONTICS

Mineral Trioxide Aggregate Repair Cement

Canal Sealer

File Lubricants

Calcium Hydroxide Paste

Citric Acid

Endodontic Tips

Posts

Light-cured temporary resin



Endo-Eze™

MTAFlow™ White and MTAFlow™ 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

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

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

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

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

THE DIFFERENCE YOU CAN FEEL

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



1. Use a cement spatula to remove excess powder. **DO NOT** use powder without 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 Skinny 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.

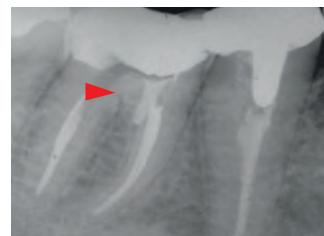


6. Use thin consistency and a NaviTip™ 29 ga tip to deliver MTAFlow cement inside canal.

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 Skinny syringe, can be used for up to 15 minutes after mixing. Full setting is one hour. Complete cure and strengthening is four weeks.



Perforation located in cervical third of mesial buccal canal.



MTA cement in place showing repair.



THE RIGHT CONSISTENCY FOR THE RIGHT PROCEDURE

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

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

MIXING PROPORTION SUGGESTIONS (POWDER AND GEL)*

Applications	Pulp Capping, Pulp Chamber Perforation, Primary Dentition Vital Pulpotomy	Resorption, Apexification, Apical Plug	Root End Filling
Powder (Measuring Spoon)	2 big ends (0,26 g)	1 big end plus 1 small end (0,19 g)	1 big end plus 1 small end (0,19 g)
Gel Drops	3 drops	3 drops	1 drop**
Consistency	Thick	Thin	Putty
Delivery Tip	Micro 20 ga tip	NaviTip 29 ga tip	Non-syringe delivery

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

** Depends on the desired consistency.

EVERYTHING YOU NEED IN ONE PLACE

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



5980 - 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



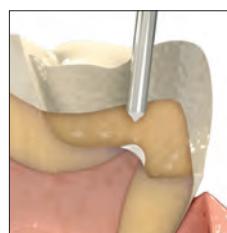
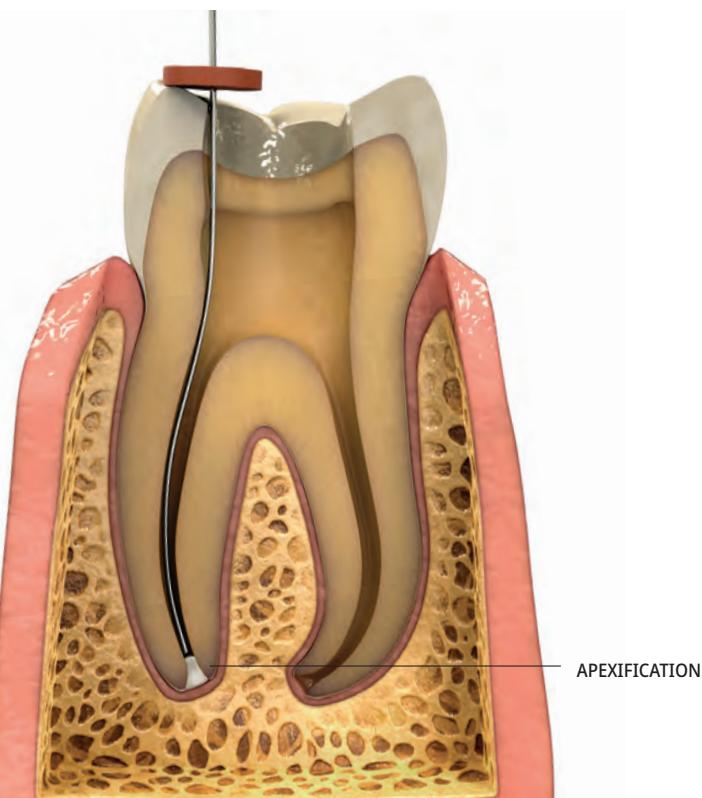
3980-1 - MTAFlow Repair Cement Kit

- 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

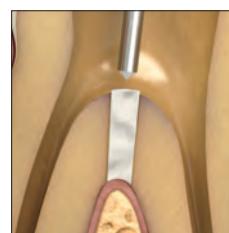


3981 - MTAFlow Repair Cement Refill

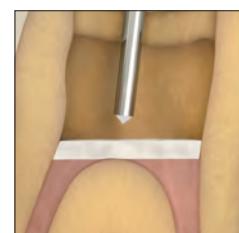
- 1 x Each Technique guide, instructions for use
- 2 g MTAFlow powder
- 2 ml MTAFlow gel, and measuring spoon



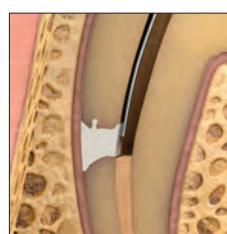
PULP CAPPING



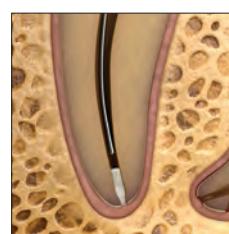
PULP CHAMBER FLOOR
PERFORATION



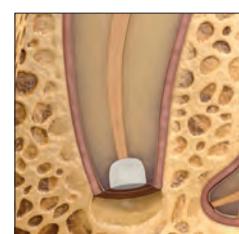
PRIMARY DENTITION VITAL
PULPOTOMY



RESORPTION



APICAL PLUG



ROOT END FILLING



EndoREZ™

CANAL SEALER



2024¹
REALITY
ESTHETICS
Product of the Year Award



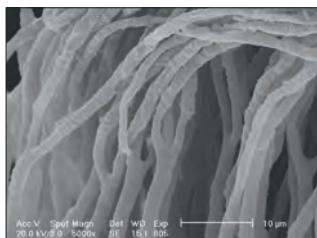
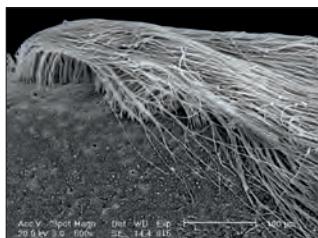
Ultrudent™ Mixing Tip

20-30 minute regular set

- The world's first hydrophilic and self-priming resin sealer
- More effective obturation in less time
- Provides a complete, thorough 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 minimizes the amount of chair time required for obturation. This thixotropic material has an affinity for the moisture found deep in dentinal tubules and lateral canals⁴ and provides a complete seal.² 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.⁵ Additionally, 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.

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 1.000 µm into tubules.⁶



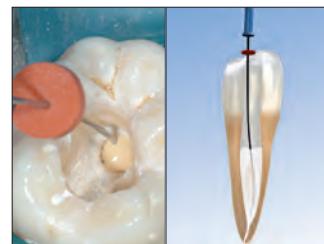
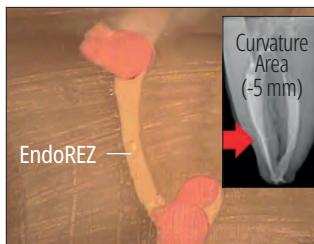
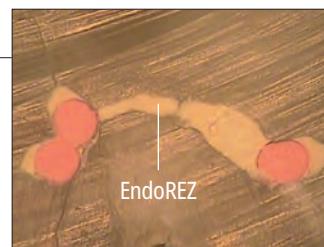
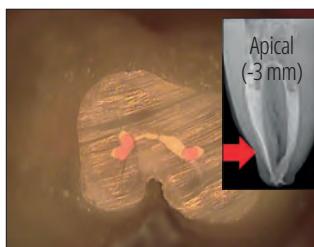
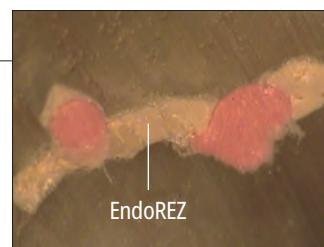
EndoREZ canal sealer penetrates into tubules and adapts to the walls like no other sealer on the market.



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

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

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.



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

* Trademark of a company other than Ultrudent. **1.** realityesthetics.com. **2.** Zmener O, Pameijer CH. Clinical and radiographic evaluation of a resin-based root canal sealer: an eight-year update. *J Endod.* 2010;36(8):1311-1314. **3.** Zmener O, Banegas G, Pameijer C. Efficacy of an automated instrumentation technique in removing resin-based, zinc oxide and eugenol endodontic sealers when retreatting root canal: an in vitro study. *Endod Pract.* 2005;8:29-33. **4.** Zmener O, Pameijer CH, Serrano SA, Videira M, Macchi RL. Significance of moist root canal dentin with the use of methacrylate-based endodontic sealers: an in vitro coronal dye leakage study. *J Endod.* 2008;34(1):76-79. **5.** Hammad M, Qualtrough A, Silikas N. Effect of new obturating materials on vertical root fracture resistance of endodontically treated teeth. *J Endod.* 2007;33(6):732-736. doi:10.1016/j.joen.2007.02.004 **6.** Data on file.



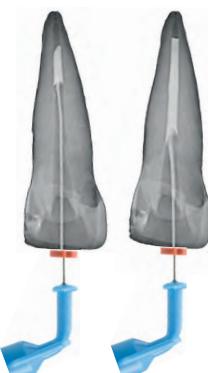
ENDOREZ CANAL SEALER SEQUENCE OF CLINICAL USE



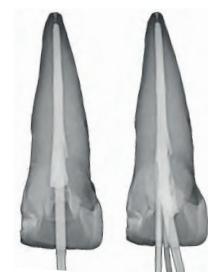
1. Fit an gutta percha point to working length. Verify radiographically.



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



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



4. Slowly insert master 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 is less than 0,3 mm thick and aids in immediate restoration. Trim excess gutta percha with a very hot instrument or using a tip with ultrasonification (no water). Complete restorations following obturation to properly seal canal entrance. Do not leave cotton pellets between obturation and temporary restoration.

REFRIGERATE

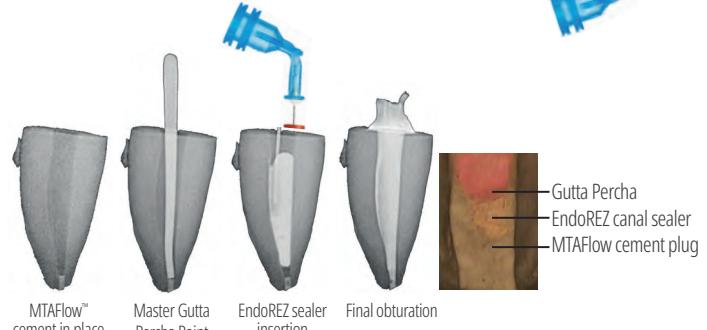
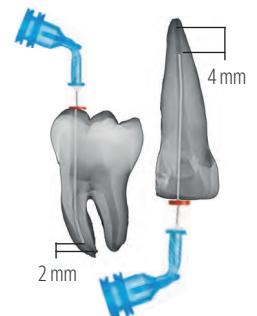


5900 - EndoREZ Kit

1 x 5 ml (8,15 g) syringe
20 x Mixing tips

CANAL SEALING

EndoREZ resin-based canal sealer is designed with enhanced flowability properties. The delivery technique using a Skinny 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.

Opalescence™ Endo

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



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

For more information on Opalescence Endo,
see page 19.



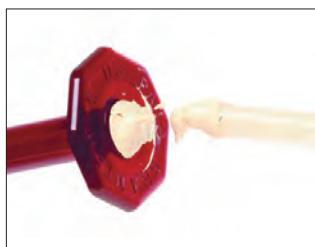
Skinny Delivery Syringe



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



1. Transfer EndoREZ™ canal sealer out of the dual barrel syringe into back of a Skinny syringe using the Mixing tip.



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



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

0,5 ml	20pk
Skinny Delivery Syringe	1680

PermaFlo™ Purple

ANATOMICAL INDICATING COMPOSITE



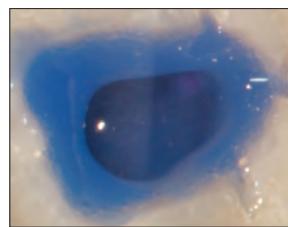
Micro 20 ga Tip

PermaFlo Purple composite 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.

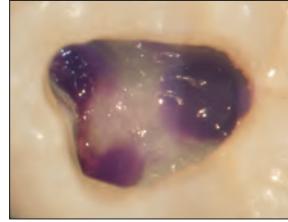


Courtesy of Dr. Carlos Ramos

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 less than 1 mm thick layer of PermaFlo Purple. Light cure 10 seconds to create an immediate coronal seal. When a post and/or core is prepared, the purple identifies the position of root canal preparation. The contrast shows the clinician the pulp chamber floor in relation to the canal orifices, minimizing risk of perforation.

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

REFRIGERATE



962 - PermaFlo Purple Composite Syringe Kit

2 x 1,2 ml (2,28 g) syringes
4 x Micro 20 ga tips



RESTORATIVE SOLUTION

Your complete system for
**QUALITY
RESTORATIONS**

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



ULTRADENT.EU/RESTORATIVE

HALO
 SECTIONAL MATRIX SYSTEM

ULTRA-ETCH
 UNIVERSAL ADHESIVE SYSTEM

PEAK
 UNIVERSAL COMPOSITE

TRANSCEND
 UNIVERSAL COMPOSITE

VALO

Jiffy natural



Ultradent™ Luer Vacuum Adapter



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

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



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

DRIES CANALS FASTER THAN EVER



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



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



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



4. Insert paper points to verify level of dryness.

230 - Luer Vacuum Adapters 10pk

DermaDam™ Synthetic

DENTAL DAM



Zero sensitizing proteins

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



299 - DermaDam Medium Synthetic 0,20 mm 20pk

330 - DermaDam Medium Synthetic 0,20 mm 60pk

15 cm x 15 cm

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

314 - DermaDam Heavy 0,25 mm 36pk

15 cm x 15 cm

1. realityesthetics.com.



NaviTip™ Reference Guide

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

	Product	Recommended Tip	Compatible Tips
	File-Eze™	NaviTip™ 29 ga or 30 ga	NaviTip™ 29 ga Single Sideport
	EDTA 18%	NaviTip™ 31 ga Double Sideport Irrigator	NaviTip™ 30 ga and NaviTip™ FX™
	UltraCal™ XS	NaviTip™ 29 ga Single Sideport	For direct pulp capping and pulp floor perforation application, use Micro 20 ga tip
	Citric Acid	NaviTip™ FX™	NaviTip™ 30 ga and NaviTip™ 31 ga Double Sideport Irrigator
	EndoREZ™	NaviTip™ 29 ga	NaviTip™ 29 ga Single Sideport
	MTAFlow™	NaviTip™ 29 ga	Micro 20 ga
	MTAFlow™ White	NaviTip™ 29 ga	Micro 20 ga

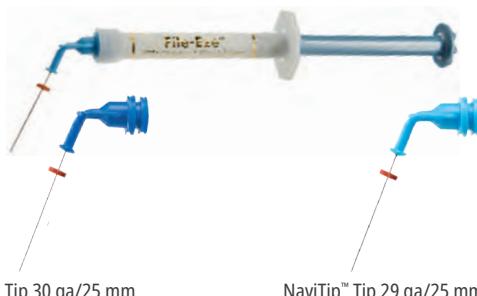


ENDODONTICS

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

File-Eze™ EDTA Lubricant

FILE LUBRICANT



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

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

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



1075 - File-Eze 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 Refill
4 x 1,2 ml (1,43 g) syringes

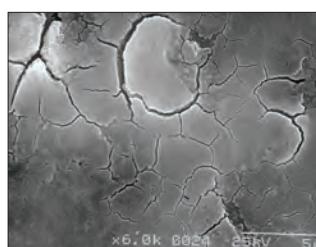


682 - File-Eze IndiSpense™ Syringe 1pk
30 ml (35,64 g) syringe

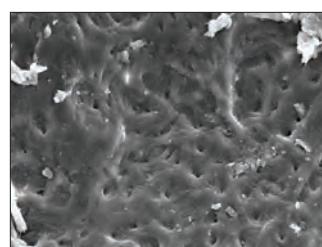
Ultradent™ EDTA 18% Solution



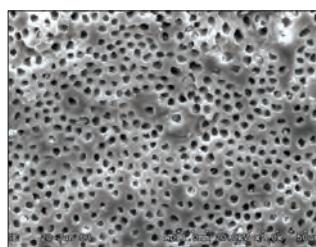
A root canal chelating agent that conditions/cleans through a chelation process, Ultradent EDTA 18% Solution is the irrigant of choice for smear layer removal and can be used as a final irrigant prior to obturation.



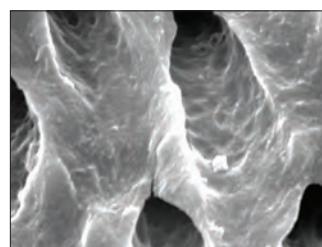
1. After canal instrumentation (no irrigants or lubricants). Smear layer intact.



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.



162 - EDTA IndiSpense Syringe 1pk
30 ml (33,27 g) syringe

* Trademark of a company other than Ultradent.



UltraCal™ XS

35% CALCIUM HYDROXIDE PASTE



NaviTip™ Tip 29 ga Single Sideport

- 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



5145 - UltraCal XS Refill
4 x 1,2 ml (1,76 g) syringes



5149 - UltraCal XS Econo Refill
20 x 1,2 ml (1,76 g) syringes

Ultradent™ Citric Acid 20% Solution



NaviTip™ FX™ Tip 30 ga/25 mm



NaviTip™ FX™ Tip 30 ga/17 mm



Empty 1,2 ml syringe

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

Ultradent Citric Acid is a mild acidic material that is effective at dissolving/cleaning calcium hydroxide from canals (e.g., UltraCal XS paste). It is also recommended as a cleanser/conditioner to remove smear layer from dentinal walls.

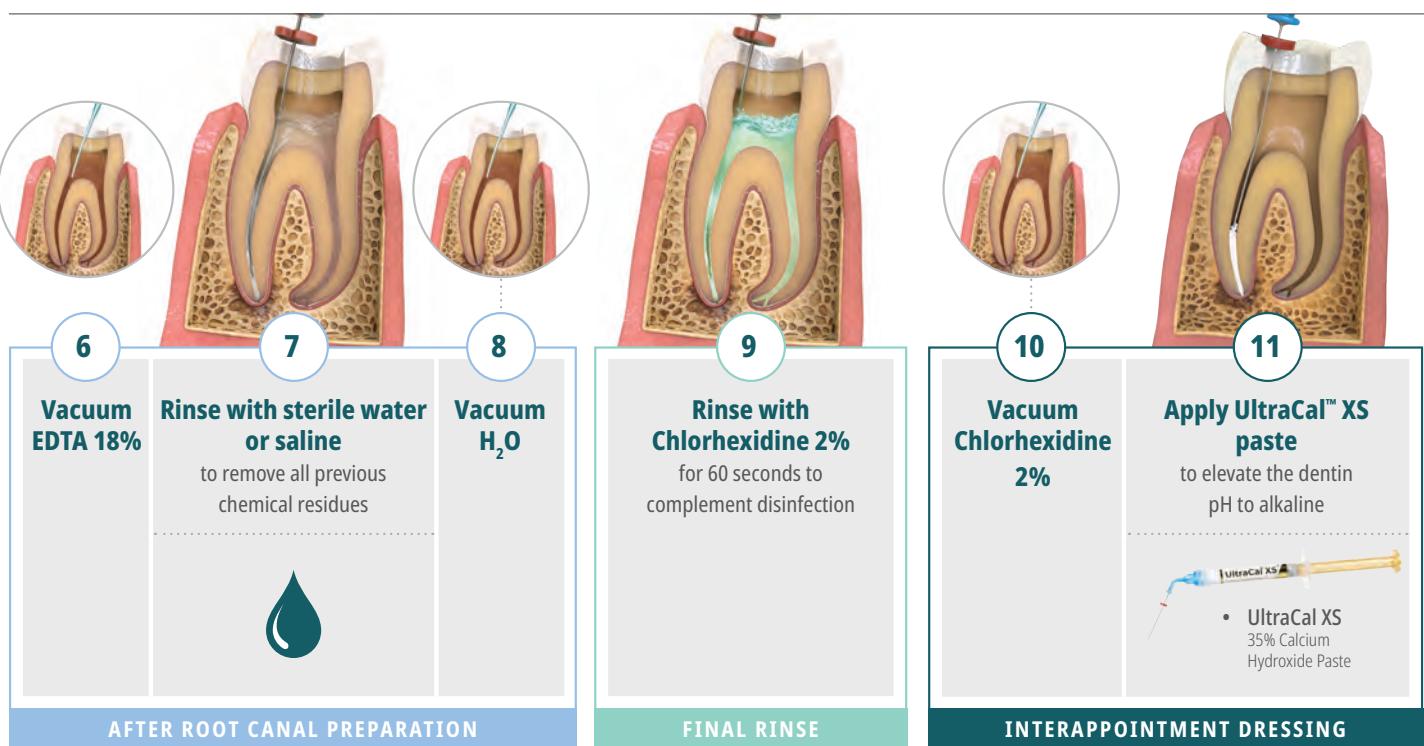
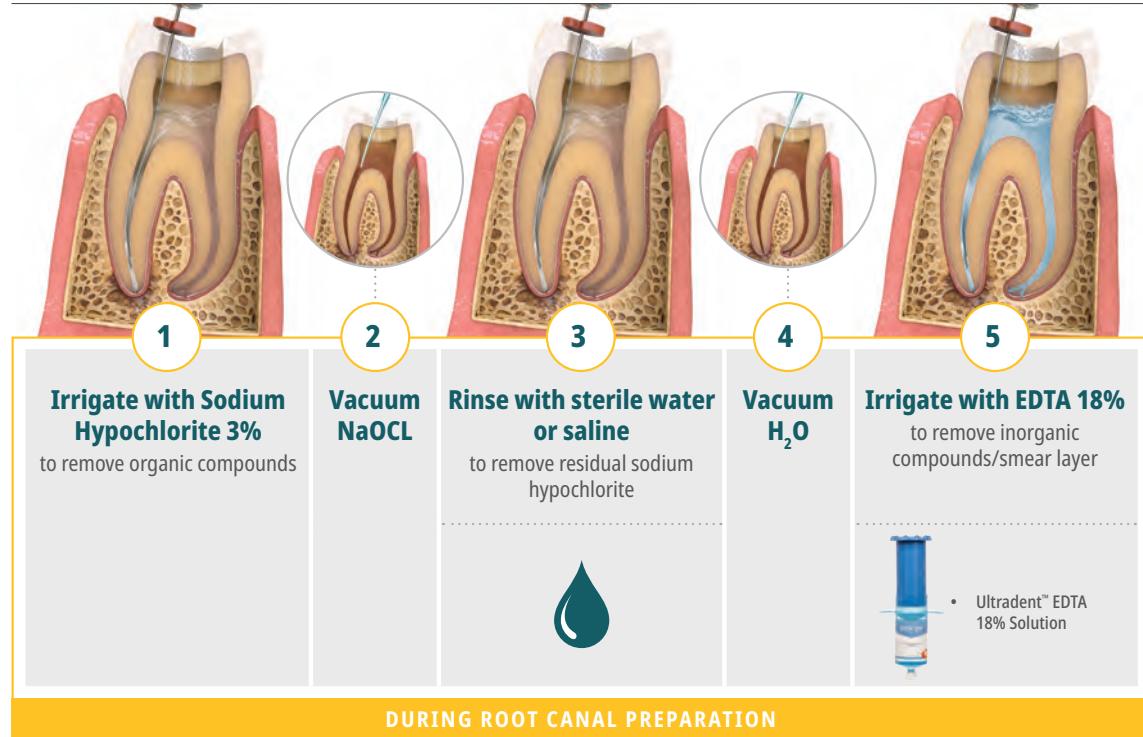


329 - Citric Acid IndiSpense™ Syringe 1pk
30 ml (31,26 g) syringe

1. Pedrinha VF, Cuellar MRC, de Barros MC, et al. The vehicles of calcium hydroxide pastes interfere with antimicrobial effect, biofilm polysaccharidic matrix, and pastes' physicochemical properties. *Biomedicines*. 2022;10(12):3123. doi:10.3390/biomedicines10123123.



IRRIGATION PROTOCOL





Potential Considerations: Always verify flow and functionality prior to intraoral use.

WARNING:

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



Capillary Tips

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

Never use to delivery irrigating materials or endodontic chemistries.

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

LOK-TITE™	Internal diameter	20pk	50pk
Capillary	0,36 mm	341	3099
Capillary	0,48 mm	186	1425



Micro Capillary™ Tips

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

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

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



Endo-Eze™ Irrigator Tip

- Provides ideal reach while expressing chemicals towards the canal wall, reducing pressure directly towards the apex
- Comes with a flexible, blunt cannula with a unique, anti-obturating end
- Non-sterile

Designed for: Ultradent™ 5 ml syringe.

	Tip length	20pk
27 ga (0,40 mm) Endo-Eze Irrigator	25 mm	207

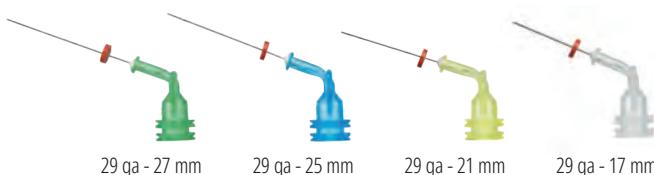


Endo-Eze™ Tips

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

Designed for: PermaFlo™ DC (20 ga) and air/water delivery. Use with Ultradent syringes.

	Bendable tip	20pk	100pk
22 ga Endo-Eze	0,70 mm	348	1431
20 ga Endo-Eze	0,90 mm	347	1430
19 ga Endo-Eze	1,06 mm	346	1429
18 ga Endo-Eze	1,25 mm	345	1428



NaviTip™ 29 ga Tips

with Single Sideport

- Designed to direct the flow of chemistry through the sideport of the tip, thus reducing the risk of product extrusion
- Flexible, stainless steel cannula easily navigates curved canals
- Bendable tip

29 ga delivers paste materials: MTAFlow™, MTAFlow™ White, 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 NaviTip	27 mm	4989
29 ga NaviTip	25 mm	4990
29 ga NaviTip	21 mm	4991
29 ga NaviTip	17 mm	4992
29 ga-29 ga NaviTips	27-17 mm	5143



Potential Considerations: Always verify flow and functionality prior to intraoral use.

WARNING:

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



NaviTip™ 29 ga Tips

- Provide controlled delivery
- Flexible, stainless steel cannulae easily navigate curved canals
- Bendable tip

29 ga delivers paste materials: MTAFlow™, MTAFlow™ White, File-Eze™, Ultradent EDTA 18% Solution, and EndoreZ™.

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



NaviTip™ 30 ga Tips

- Provide controlled delivery
- Flexible, stainless steel cannulae easily navigate curved canals
- Bendable tip

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

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



NaviTip™ 31 ga Tips with Double Sideport Irrigator

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

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

LOK-TITE™	Tip length	20pk	50pk
31 ga NaviTip	21 mm	5121	5122
31 ga 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 NaviTip FX	17 mm	1452
30 ga NaviTip FX	25 mm	1454

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



UniCore™ POSTS

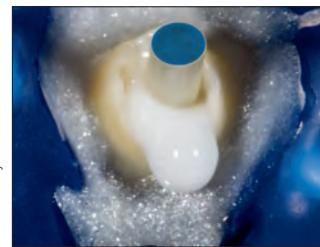


- Superior strength
- Esthetic and radiopaque
- Color-matched posts

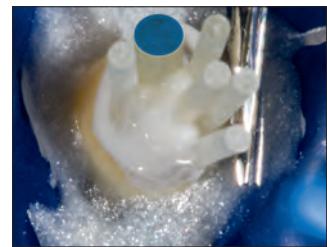
UniCore Posts are composed of glass fibers. Unidirectional UniCore glass fiber posts have a flexural strength similar to dentin.² The gentle taper of the UniCore Post corresponds to the natural anatomy of the tooth.

	Size 0	Size 1	Size 2	Size 3	Size 4
Apical Ø	0,6 mm	0,8 mm	1,0 mm	1,2 mm	1,5 mm
Coronal Ø	1,0 mm	1,15 mm	1,35 mm	1,55 mm	1,75 mm
Taper	2,1°	1,8°	1,8°	1,8°	1,3°
Length	19 mm	19 mm	19 mm	19 mm	19 mm
Physical properties			UniCore quartz fiber post		
Flexural modulus of elasticity (GPa)			43–44		
Flexural strength (MPa)			1500–1600		
Tensile strength (MPa)			1200		
Modulus of elasticity at 30° (GPa)			13 (similar to dentin)		
Interlaminar shear strength (MPa)			70–80		

Courtesy of Dr. Carlos Ramos.



UniCore master post in place.



Additional accessory posts.



Final.



UNICORE™ POST Prestressed fibers and bondable

- Microporous surface ensures micromechanical retention
- No chairside chemical treatment required
- Radiopaque beyond highest ISO standards
- Translucent post transmits light to the complete depth of preparation
- Gently tapered design follows natural tooth anatomy
- Can be removed if endodontic retreatment is required



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

UniCore Posts

Size	mm	5pk
0	0,6 mm	7135
1	0,8 mm	7125
2	1,0 mm	7126
3	1,2 mm	7127
4	1,5 mm	7128



1. realityesthetics.com. 2. Brown PL, Hicks NL. Rehabilitation of endodontically treated teeth using the radiopaque fiber post. *Compend Contin Educ Dent*. 2003;24(4):275–284.



J-Temp™

TEMPORARY RESIN

J-Temp™

LIGHT-CURED TEMPORARY RESIN



Black Mini tip

Four clinical indications for use:

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

• Self-leveling¹

• Less than a 5% shrinkage rate²

• Purple color for ease of identification and removal

• Dye free

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



4897 - J-Temp Syringe Kit

4 x 1,2 ml (2,02 g) syringes
20 x Black Mini tips



BEST
PRODUCT



TEMPORARY RESTORATION: ENDODONTICS



1. Prepare root canal system.



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



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



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

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



ANGELA WELLS - Fire Lake

TIPS AND SYRINGES

Restorative Tips
Endodontic Tips
Syringes and Covers
Accessories



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.

► B

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?

Ultrudent makes tips designed to deliver each chemistry we create. Whether you're delivering a solution, a flowable composite, or a viscous gel, we make the perfect tip for the job. And since our tips are engineered on-site, we test each design to ensure it performs to the highest standards.

Restorative



Black Micro™ FX™ Tip

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

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

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



Black Mini™ Tip

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

Designed for: J-Temp™, Ultra-Blend™ plus, Ultrudent™ LC Block-Out Resin, PermaFlo™, Opalescence™ Boost™, Ultrudent™ Diamond Polish Mint, OpalDam™, OpalDam™ Green, 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 minimize bubbles
- Unique to Ultrudent

Designed for: Peak™ SE, Sable™ Seek™, Ultrudent™ Silane, and Ultrudent™ 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.

LOK-TITE™	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™.

	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: Astringedent™ and Astringedent™ X.

LOK-TITE®	mm	20pk	100pk	500pk
Blue Mini Dento-Infusor	1,20	128	1086	1440



Inspiral™ Brush Tip

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

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

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



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, PQ1™, and Peak™ Universal Bond.

COMFORT HUB™

LOK-TITE®	20pk	100pk	500pk
19 ga Metal Dento-Infusor	4954	4955	4956



RESTORATIVE TIPS



Micro Capillary™ Tips

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

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

LOK-TITE™	mm	20pk
0,2 mm Micro Capillary	5	1120
0,2 mm Micro Capillary	10	1121



Micro 20 ga Tip

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

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

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



SoftEZ™ Tip

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

Designed for: Enamelast™.

LOK-TITE™	50pk
SoftEZ	4712



SST™ - Surgical Suction Tip

- Ideal for delicate surgeries
- Large-diameter tip opening

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

LOK-TITE™	20pk
SST	1248



Ultradent™ Mixing Tip

- Mixes and delivers in one action

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

	20pk
Ultradent Mixing	5920



White Mac™ Tip

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

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

	20pk	100pk
White Mac	661	1361

Potential Considerations: Always verify flow and functionality prior to intraoral use.

WARNING:

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



Capillary Tips

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

Never use to delivery irrigating materials or endodontic chemistries.

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

LOK-TITE™	Internal diameter	20pk	50pk
Capillary	0,36 mm	341	3099
Capillary	0,48 mm	186	1425



Micro Capillary™ Tips

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

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

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



ENDODONTIC TIPS

Potential Considerations: Always verify flow and functionality prior to intraoral use.

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



Endo-Eze™ Irrigator Tip

- Provides ideal reach while expressing chemicals towards the canal wall, reducing pressure directly towards the apex
- Comes with a flexible, blunt cannula with a unique, anti-obturating end
- Non-sterile

Designed for: Ultradent™ 5 ml syringe.

	Tip length	20pk
27 ga (0,40 mm) Endo-Eze Irrigator	25 mm	207



Endo-Eze™ Tips

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

Designed for: PermaFlo™ DC (20 ga) and air/water delivery. Use with Ultradent syringes.

	Bendable tip	20pk	100pk
22 ga Endo-Eze	0,70 mm	348	1431
20 ga Endo-Eze	0,90 mm	347	1430
19 ga Endo-Eze	1,06 mm	346	1429
18 ga Endo-Eze	1,25 mm	345	1428



NaviTip™ 29 ga Tips with Single Sideport

- Designed to direct the flow of chemistry through the sideport of the tip, thus reducing the risk of product extrusion
- Flexible, stainless steel cannula easily navigates curved canals
- Bendable tip

29 ga delivers paste materials: MTAFlow™, MTAFlow™ White, 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 NaviTip	27 mm	4989
29 ga NaviTip	25 mm	4990
29 ga NaviTip	21 mm	4991
29 ga NaviTip	17 mm	4992
29 ga-29 ga NaviTips	27-17 mm	5143



NaviTip™ 29 ga Tips

- Provide controlled delivery
- Flexible, stainless steel cannulae easily navigate curved canals
- Bendable tip

29 ga delivers paste materials: MTAFlow™, MTAFlow™ White, File-Eze™, Ultrudent EDTA 18% Solution, and EndoREZ™.

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



WARNING:

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

**NaviTip™ 30 ga Tips**

- Provide controlled delivery
- Flexible, stainless steel cannulae easily navigate curved canals
- Bendable tip

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

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

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

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

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

LOK-TITE™	Tip length	20pk	50pk
31 ga NaviTip	21 mm	5121	5122
31 ga 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 and Ultradent EDTA 18% Solution.

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

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

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



Skini Delivery Syringes

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

Designed for: EndoREZ™ and MTAFlow™.



20pk

0,5 ml Skini Delivery Syringe

1680

Hemostatic Delivery Syringe

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

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



20pk

1,2 ml Hemostatic Delivery Syringe

1278

Ultra-Etch™ Delivery Syringe

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

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



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

Designed for: Irrigants for in-office or dentist-supervised procedures, and Ultradent™ EDTA 18% Solution.



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

5993



Luer Lock Cap

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

Designed for: All Ultradent™ plastic syringes.



Luer Lock Cap

20pk

205

Ultradent™ Luer Vacuum Adapter

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



Luer Vacuum Adapter

10pk

230

Syringe Organizer

- Holds 14 syringes
- Made of clear acrylic



Syringe Organizer

1pk

382

See page 3-26.

A whiter smile can brighten your world

Opalescence whitening is on a mission to help give your patients brighter, whiter smiles so they can look their best and feel their best, turning good days into better ones.



Opalescence™
tooth whitening systems



Learn more about our tooth whitening solutions at ultradent.eu/brighterworld and give your patients more reasons to smile.

NOTES



Whiter teeth
can give your
patients the
confidence to
smile more.

See page 3-26.

A whiter smile can brighten your world

Opalescence whitening is on a mission to help give your patients brighter, whiter smiles so they can look their best and feel their best, turning good days into better ones. As the global leader in professional whitening,¹ Opalescence has brightened over 100 million smiles.¹ That's a lot of better days.

Opalescence[™]
tooth whitening systems



Learn more about our tooth whitening
solutions at ultradent.eu/brighterworld
and give your patients more reasons to
smile.

1. Data on file.



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AWARDS



PRODUCT LABELING



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



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



10-2020 = Lot number
10-2020 = Month, October
10-2020 = Year, 2020



O100 = Lot number
O100 = Month, October
O100 = Year, 2020

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

VALOTM X

BROADBAND LED CURING LIGHT



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SAME IMPRESSIVE POWER

See page 100-102.

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